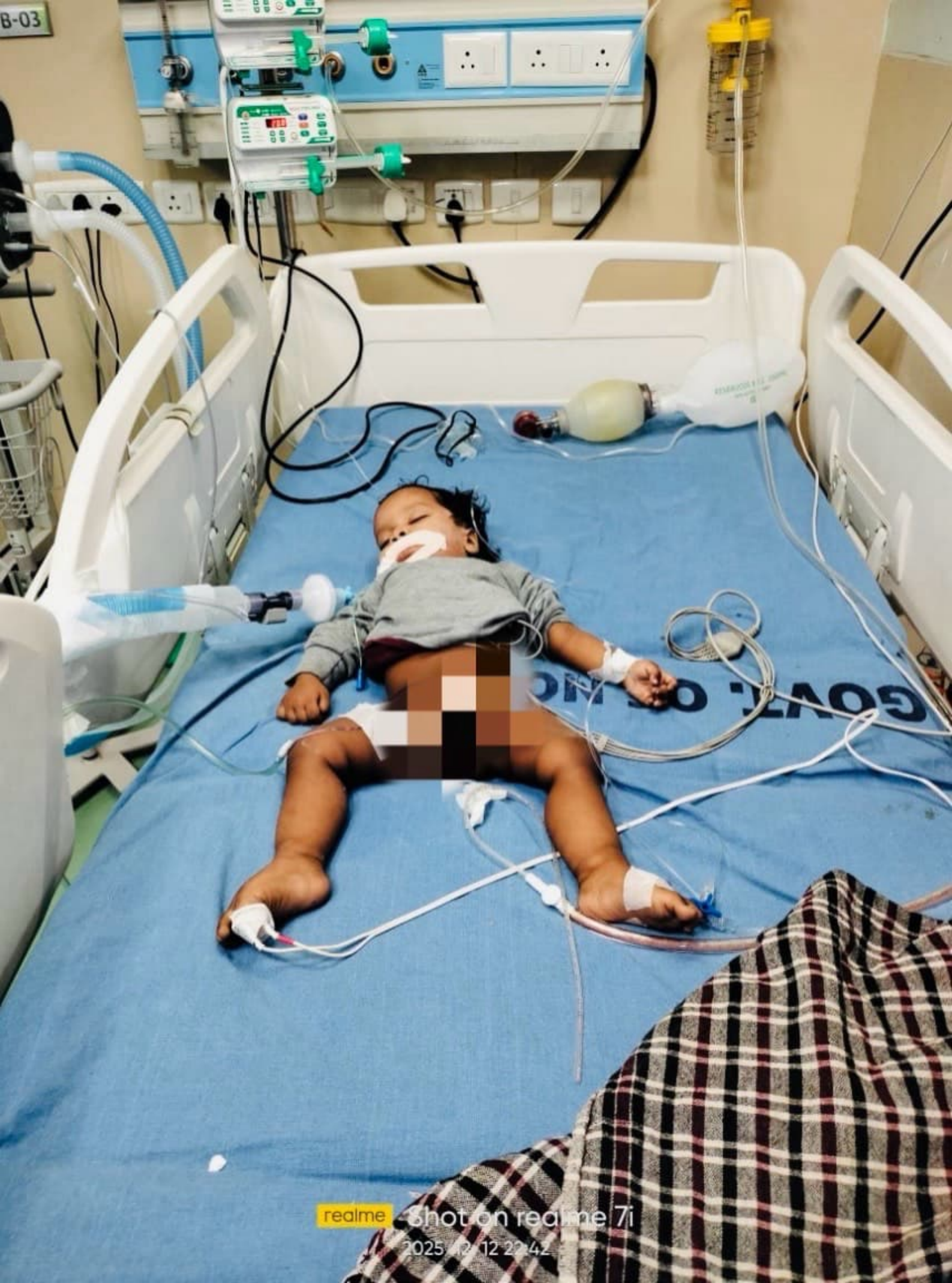
B-03
realme Shot on realme 7i
2025 12 12 22:42

भारत सरकार / Government of India

ए.बी.वी.आई.एम.एस. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Department of Radio Diagnosis

CT Center, Telephones 011-23404533, 23404534

NAME: Shivansh   **AGE/SEX:** 11/M

CT No.: 20125   **DATE:** 3/12/25

Non MLC/MLC

NCCT Head

Procedure: Contiguous axial CT Section were taken from the base of skull to the vertex.

The study reveals

SUPRATENTORIAL :

Bilateral cerebral parenchyma shows Normal

Lateral & III ventricles III rd ventricle prominent (9mm) with dilated 4th ventricle (10mm) and normal evan's index - 0.25

Bilateral basal ganglia and thalami (N)

Basal cisterns and sylvian fissures (N)

Falx is in (midline) / not in midline

POSTERIOR FOSSA :

Cerebellar parenchyma (N)

Area of CP Angle (N)

4th Ventricle (N)

Brainstem appears (N)

Bony calvaria (N)

Additional Findings

Impression:- ?? Mild ventriculomegaly. Prominent III rd & IV th ventricles as described. Adv. clinical correlation

Name & Signature of Senior Resident

D. Lohan

Dr. ... Senior Resident ABVIMS & Dr. RML Hospital DMC 17047 New Delhi-1

Name of Resident on Duty

R. Anil (JR)

भारत सरकार / Government of India

ए.बी.वी.आई.एम.एस. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Department of Radio Diagnosis

CT Center, Telephones : 011-23404533, 23404534

NAME : Shivansh **AGE/SEX:** 11y/M

CT No.: 20125 **DATE :** 21/12/15

Non MLC/MLC

NCCT Head

Procedure: Contiguous axial CT Section were taken from the base of skull to the vertex

The study reveals

SUPRATENTORIAL :

Bilateral cerebral parenchyma shows normal

Lateral & III ventricles III rd ventricle prominent (9mm) with dilated 4th ventricle (15mm) and normal evan's index - 0.25

Bilateral basal gangila and thalami N

Basal cisterns and sylvian fissures N

Falx is in midline / not in midline

POSTERIOR FOSSA :

Cerebellar parenchyma N

Area of CP Angle

4th Ventricle

Brainstem appears

Bony calvaria

Additional Findings

Impression:- Prominent III rd & IV th ventricles as described. ? no obvious hydrocephalus. Adv clinical correlation

Name & Signature of Senior Resident D. Lohan

Dr. [illegible]
Senior Resident
ABVIMS & Dr RML Hospital
DMC 1204 [illegible]
New Delhi [illegible]

Name of Resident on Duty R. Anand [illegible]

kindly allow for free. It is not affordable

Dr. Rosrgo Datta
Dept ...
New Delhi-110001

4 pm

Allowed for free as web. Pz gmo

विकिरण एवं प्रतिबिम्बन विभाग

DEPARTMENT OF RADIOLOGY & IMAGING

डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

सी.टी.मांग पत्र

C.T. REQUISITION FORM

रोगी का नाम
Patient's Name: Shivansh | आयु Age: 11 months | लिंग स्त्री/पुरुष Sex: Male/Female

डा. द्वारा भेजा गया
Referred by: Dr Vishal Kumar

बहि. रोगी विभाग/के.स.स्वा.यो. संख्या
O.P.D. No./CGHS No.: 202580026

पता
Address: Central Delhi | के. पंजीकरण सं. C.R. No | वार्ड/पलंग Ward/Bed: HDU 3rd floor ECB. Bed 3

टेलीफोन संख्या
Telephone No | आय Income

रोग वृत और स्वास्थ्य जाँच
Clinical History & Physical Examination: A/s/s: Acute meningoencephalitis c̄

अनन्तिम निदान
Provisional diagnosis: ... / Klebsiella VAP c̄ feed intolerance / Dyselectronemia / thrombocytopenia c̄ shock (R) / Transaminitis (R)

किस भाग की जाँच की जानी है
Area of particular Interest: Sudden ↑ in BP ? ICH

अधिमस्तिष्कच्छदि
Supra Tentorial | दायां Rt | बायां Lt | मध्य Midline

पश्चखात
Post Fossa | सी. पी. ए. CPA | मस्तिष्क-स्तम्भ Br. St. | ग्रीवा CER

नेत्र गुहा
Orbit: NCCT Head.

क्या अंत: कपाल की पहले कोई शल्य चिकित्सा की गई है
Any previous intracranial surgery | हाँ Yes | नहीं No

अन्य परीक्षणों के परिणाम
Other Tests Results

कपाल का एक्सरे
Skull X-Ray | सी. एस. एफ. C.S.F.

ई. ई. जी.
E. E. G | कोई अन्य Any Other

पिछला कैट स्कैन
Previous CAT SCAN

कृ.पृ.उ./P.T.O.

Patient ID:45597155	**Patient Name**:SHIVANSH KUMAR
Age:1 Years	**Sex**:M
Accession Number:	**Modality**:MR
Referring Physician:DEPT. OF PAEDIATRICS	**Study**:e+1 MRI BRAIN PLAIN
Study Date:19-Dec-2025	

MRI– BRAIN (PLAIN)

PROTOCOL:

- Axial T1, T2 FSE, FLAIR, GRE
- Sagittal T1
- Coronal T2
- DWI,ADC

OBSERVATIONS:

Altered signal intensity areas are noted in subcortical regions in bilateral parietal, occipital lobes & right temporal lobes which appears hyperintense on T2/FLAIR sequences.

Similar altered signal intensity areas also noted in pons and cerebellar peduncle on right side which appears hyperintense on T2/FLAIR sequences and showing diffusion restriction.

Rest of the Both the cerebral hemispheres show normal intensities of grey and white matter. The cerebral sulci are normal. The extra cerebral spaces are clear.

The medulla, and midbrain show normal signals in both the sequences.

The thalami, basal ganglia and internal capsules are normal on both sides.

The fourth ventricle shows normal size, shape and position. Both the C.P angles are clear. The third and lateral ventricles are of normal in size, shape and position. No midline shift is noted.

The basal cisterns are normal.

The orbits appear normal.

The pituitary gland and optic chiasm are normal.

Patient ID [illegible]	Patient Name [illegible]
Age 1 Years	Sex M
Accession Number	Modality CT
Referring Physician DEPT. OF PAEDIATRICS	Study e+1 CECT HEAD
Study Date 13-Dec-2025	

CT SCAN OF BRAIN (PLAIN AND CONTRAST)

Protocol:

Plain and contrast enhanced CT Scan of brain has been done by injecting IV iodinated non ionic contrast . 5 mm thin axial sections have been obtained No Immediate Contrast Reaction Observed

Observations:

Brain stem and both cerebral and cerebellar hemispheres appear normal.

Basal cisterns, sulcal spaces and sylvian fissures are well defined and appear normal.

Ventricular system appears normal. No ventricular dilatation, displacement or distortion is noted.

IIIrd and IVth ventricles are in midline.

No shift of midline structures.

No empty delta sign seen.

No infarct, haemorrhage or enhancing space occupying lesion noted in supra or infra tentorial region.

Govt. of NCT of Delhi

INDIRA GANDHI HOSPITAL

Sector-9, Dwarka, New Delhi-110077

DEPARTMENT OF MICROBIOLOGY

LABORATORY REPORT

Name: Shivansh C. | Permanent ID: | Registration Date:

Age/Sex: 1/M yrl | Patient ID: 12771 | Report Date & Time:

Sample Type: ET | Department: PICU | Doctor in Charge: Dr.

Specimen : ~~Urine / sputum / Stool / Blood~~ / ET

Clinical Details : Not Mentioned /

Gram Stain : Few pus cell seen, gram negative Bacilli seen

Gram Stain (sputum) : Pus cells /LPF, Epithelial Cells /LPF

(Sample Satisfactory/Unsatisfactory)

Colony Count for Urine : ≥ 10^5 CFU/ml, – 10^4 CFU/ml, ≤ = 10^3 CFU/ml

Organism isolated : Klebsiella spp

Isolated after 24 hrs of aerobic incubation at 3

Antibiotic Susceptibility pattern as per CLSI

First line antibiotics	
ANTIBIOTICS	**SENSITIVITY**
Ampicillin	R
Amoxicillin-Clavulanic Acid	R
Ampicillin/-Sulbactam	–
Cefazolin**	–
Cefuroxime	R
Ceftriaxone/Cefotaxime	–
Ciprofloxacin/ Levofloxacin	– / R
Gentamicin	–
Tetracycline/ Doxycycline	–
Cotrimoxazole	R
Nitrofurantoin	–

Appointment _____ Date _____ Time _____

Precaution for patients and attendants:

Please be assure that at the time of entering M.R.I. Centre, do not have any of the following on person

Hairpin Clips	Wallet	Denture	Mobile Phone
Watch	Credit Card	Pacemaker	Keys
Belt	Metallic Implant	Chochlear Implant	

Any history of prior surgery or foreign body-specify _____

Consent :—

I am prepared to get M.R. Scan done with Contrast/Anaesthesia, risks of which have been explained to me. I also certify that to the best of my knowledge I don't have any of the following on my person

Pacemaker	Aneurysm Clip	Foreign Body
Metallic Prosthesis	Denture	Chochlear Implant

Witness _____ Signature of Patient/Guardian _____ Date _____

History of URI, Drug Allergy, Bronchial Asthma, CAD

Examination of CVS
Resp. System
Other System

Drug Dose and Route of Administration _____

Signature of Doctor

Note:

1. a. The MRI Form can be deposited to sister I/c MRI Centre from 9.00 A.M. to 12.30 P.M. (Monday to Friday) and the same can be taken back from 2.00 P.M. to 3.00 P.M. from Sister I/c MRI Centre.
   b. On Saturday, The MRI form can be deposited to Sister I/c MRI Centre from 9.00A.M. to 11.00 A.M. and the same can be taken back from 12.30 P.M. to 1.00 P.M. from Sister I/c MRI Centre.
2. The patient must bring any previous X-rays and results of investigation at the time of taking appointment for MRI Scan.
3. Patient must inform the referring doctor and MRI Centre of Department of Radiology regarding previous history of allergy/reaction to dust, food, medicines or iodinated contrast media.

Mob : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. .... Date ....

03/01/2026

सेवा मे
श्रीमान
संस्थापक महोदय
जीवन केयर फाउंडेशन
मदनपुर खादर
महोदय,

मै शिवांश का पिता सुरेंद्र शाह आपके संस्था से निवेदन करता है कि हमारे बच्चे की सहायता करे हमारे बच्चे को किडनी मे संक्रमण है और हमारे बच्चे के दिमाग मे भी संक्रमण है पिछले एक महीने से हमारे बच्चे ने आंखे नही खुली हमारा बच्चा अभी ग्यारह महीने का है हमारे बच्चे के इलाज का खर्चा बहुत ज्यादा है कृप्या करके हमारे बच्चे को बच्चा लीजिए आपकी संस्था हमेशा सबकी मदद करती है कृप्या करके हमारे भी बच्चे को बचा लीजिए हमारा पूरा परिवार आपके संस्था के लिए दुआ करेगा।

आभारी
सुरेंद्र शाह

Reg. No. 92