

अनुरोध - पत्र

सेवा के:

श्रीमान निकाक,

आयुर्वेदिक एवं गुनानी सेवाये, उत्तराखण्ड शासन

द्वारा:- उचित माध्यम।

मैंषषः- दाम्पत्य नीति के अंतर्गत कुर्गम स्थल से कुर्गम स्थल हेतु स्पानान्तरण के लिये अनुरोध।

महोदय,

साविनय तिवदन है कि मैं डॉ. राकेश कुमार अग्रवाल, श्री अधिकारी राज्य आयुर्वेदिक विकासालय, ललौलीखाल, टिंगोग एवं मेरी पत्नी डॉ. अंजु अग्रवाल, विधायिका अपैथन, आयुष विंग मर्हला बिला विकिलालय, पौड़ी गढ़वाल में कार्यरत हैं।

मेरे माता-पिता वर्तमान में आगरा, उठापुर में निवासित हैं, मेरी माताजी को १७/०५/२०२५ को Brain Gz Hemorrhage हो गया था जिस कारण वो शूलीकृप से अपने दैनिक कार्य की करने में असमर्थ हो गयी है (झोजन शी एग्जाम फॉर्म में R. tube से देगा कड़ रहा है) मेरे पिताजी का शी विज्ञत वर्ष १२.१०.२०२५ को Femur Head fracture हो जाने के कारण Implant हुआ था जिसले वो शी शूली रूप से अपने दैनिक कार्य करने में सक्षम नहीं है। वर्तमान में उनके पास उनकी उचित देखवाल हेतु कोई नहीं है। (उमस्त सक्षम सलमन)

०० ०० अतः आपसे अनुरोध है की दाम्पत्य नीति एवं मेरी उपरान्त पारास्थितियों को ज्ञान में रखते हुए मेरे वर्तमान तैनाती स्थल से संलग्न स्पानान्तरण आवेदन-पत्र में मेरे द्वारा किये गये कुर्गम कम्पीस्थल विकल्पों में से लिखी हुई स्थल पर स्पानान्तरित करने की कृपा करें जिससे मैं अपने व्यावहारिक दायित्वों के साधन-पासीरह कर्तव्यों का शी निवृद्ध कर सकूँ।

चलन्यताद्

मुद्रित:- ०४/०५/२०२५

Rakesh Agarwal
04/05/2025
डॉ. राकेश कुमार अग्रवाल
प्रभारी विकिलालयाधिकारी
चलकीव आयुर्वेदिक विकिलालय
ललौलीखाल (टिंगोग)

आयुर्वेदिक एवं यूनानी सेवायें, उत्तरारण्ड

जनपद—

दिनांक - 08/05/2025

पत्रांक संख्या—

स्थानान्तरण हेतु आवेदन पत्र।

01. आवेदक का नाम— डॉ रामेश कुमार आयुर्वेद
02. पिता/प्रति का नाम— श्री डॉ रामेश अनुवाल
03. पदनाम— डॉ रामेश कार्यकारी
04. नियुक्ति का प्रकार— नियमित
05. वर्तमान तैनाती का रथान— राजा आयुर्विकल्पालय, सत्याग्रहालय, १००
06. वर्तमान तैनाती की तिथि— 13/05/2025
07. पूर्व में तैनात कार्यालयों का विवरण—

क्रमांक	रीतनामी का स्थान	तैनाती की अवधि	दुर्गम/अस्ति दुर्गम/सुगम	टिप्पणी
संख्या	०१			
१.	राजा आयुर्विकल्पालय, सत्याग्रहालय, १००	२२/०४/२०२३ से २७/०५/२०२४	दुर्गम	
२.	राजा आयुर्विकल्पालय, सत्याग्रहालय, १००	२७/०५/२०२४ से १३/०६/२०२५	दुर्गम	
३.	आयुर्विकल्पालय, सत्याग्रहालय, १००	१३/०६/२०२५ से १०/०७/२०२५	दुर्गम	
४.	राजा आयुर्विकल्पालय, सत्याग्रहालय, १००	१०/०७/२०२५ से १३/०८/२०२५	दुर्गम	
५.				
६.				
७.				
८.				
९.				
१०.				

०८. श्रेणी जिसमें स्थानान्तरण चाहते हैं— (कोई भी एक विकल्प चुनें)

सुगम
से
दुर्गम

अनुरोध

दुर्गम
से
सुगम

स्थानान्तरण
से छूट

स्थानान्तरण नहीं
चाहते हैं (फ्रेवल
दुर्गम में तैनात
कार्यिकों हेतु)

✓ ०९. स्थानान्तरण से छूट चाहने वाले कार्यिक (साक्ष्य संलग्न किया जाना अनिवार्य) —

अर्धसैनिक
कार्यिक

दुर्गम
में १०
वर्ष की
सेवा पूर्ण

गंभीर
रोगाग्रस्त/यिकलाम
कार्यिक

पुत्र/पुत्री
की
विकलागता

अर्धसैनिक/सैनिक
में तैनात कार्यिकों के
पति/पत्नी

अनुरोध उप क्षेणी (साक्ष्य संलग्न विचा जाना अनिवार्य) -

- | | | | | |
|---|---|--|---|--|
| <input checked="" type="checkbox"/> गवीर रोग
प्रस्तुति/विकलांग | <input type="checkbox"/> भावशिक
लोग रो
मिहिपा
मात्रों को
माता-पिता। | <input type="checkbox"/> पुरुष/पुत्री
की
पिलापा। | <input checked="" type="checkbox"/> उत्तराधिकारी
सारगढ़ में
वनर्यरा
पति-पत्नी। | <input type="checkbox"/> शिखर/विधवा/
तालाकथुदा/वरिष्ठ
वर्मिक |
| <input checked="" type="checkbox"/> दुर्गम से दुर्गम | <input type="checkbox"/> दुर्गम से
दुर्गम | | | |

11. स्थानान्तरण के 10 विकल्प-

क्र०	विकल्प का नाम	क्षेणी (दुर्गम/दुर्गम)
1.	राज० ऊरु० विकल्पस्तालय, सत्यालय, पौड़ी	दुर्गम
2.	राज० ऊरु० विकल्पस्तालय, बाड़ी, पौड़ी	दुर्गम
3.	राज० ऊरु० विकल्पस्तालय, पौड़ी मुख्यालय	दुर्गम
4.		
5.		
6.		
7.		
8.		
9.		
10.		

12. संलग्न साक्षों की पृष्ठ संख्या— 10

(साक्ष्य संलग्न किया जाना अनिवार्य है)

(टोट— ऐसे वरिष्ठ विकिळसाधिकारों जो जिला आयुर्वेदिक एवं धूनानी अधिकारी पद का प्रभार लिये जाने के इच्छुक नहीं हैं, अनिवार्य रूप से वेबसाइट में उपलब्ध घोषणापत्र भी हस्ताक्षरित कर जाना करेंगे।)

उत्तराधिकारी— *Rakesh Kumar* 08105420925
 नाम— डॉ राकेश कुमार अग्रवाल
 पासवान— प्रभारी विकिळसाधिकारी
 वारकरी आयुर्वेदिक चिकित्सा संस्था
 ललूडीखाल (ठिंगो)

Discharge Summary

Patient Name	: Mrs. MANJU AGARWAL	Age & Sex	: 69Y Female
DOA	: 17 th Apr 2025 11:45 AM	Admission ID	: A18321
DOD	: 30 th Apr 2025 06:47 PM	UHID	: P132418
Husband's Name	: Mr Umesh Chand Agarwal	Contact No.	: 8958039623
Consultant	: Dr. Udbhav Bansal		
Address	: R 1 Karm Yogi Enclave Kamla Nagar, AGRA, UTTAR PRADESH, INDIA		

FINAL DIAGNOSIS

LEFT CAPSULO GANGLIONIC BLEED WITH RIGHT HEMIPARESIS

REASON FOR ADMISSION

C/O: FALL DOWN IN BATHROOM IN MORNING
VERTIGO, DROWSINESS

VITALS AT ADMISSION

PR - 78 /min; BP- 140/80 mmHg; RR- 20/min; SpO2-99% ON ROOM AIR; TEMP-98.2°F; RBS: 106 mg/dl

SYSTEMIC EXAMINATION

ON ADMISSION

CNS - E4V5M5

CVS - S1, S2 +

CHEST - S/L AIR ENTRY ++

P/A - SOFT

COURSE IN HOSPITAL

PATIENT WAS ADMITTED AT SVIMS, AGRA WITH HISTORY FALL DOWN IN BATHROOM IN MORNING VERTIGO, DROWSINESS PATIENT EVALUATED & INVESTIGATED THOROUGHLY. CT S/O LEFT CG BLEED PATIENT WAS SHIFTED TO MICU FOR FURTHER MANAGEMENT AND OBSERVATION STARTED WITH IV FLUIDS IV ANTIBIOTICS, NUTRITIONAL SUPPORT ANTI EDEMA MEASURES AND SUPPORTIVE TREATMENT. PATIENT WAS GRADUALLY IMPROVED THEN PATIENT SHIFTED TO WARD. PATIENT WAS TREATED CONSERVATIVELY. PATIENT AND HER FAMILY WELL COUNSELLLED REGARDING DISEASE CONDITION. NOW SHE HAS STABLE VITALS & GLASGOW COMA SCALE E4 V2 M6 & BEING DISCHARGED.

PATIENT CONDITION AT DISCHARGE

VITALS- STABLE

GCS - E4 V2 M6

POWER RIGHT UL: 1/5

POWER RIGHT LL : 2/5

POWER LEFT UL : 5/5

POWER LEFT LL: 5/5

PUPIL- NSRL

NUTRITIONAL ADVICE

AS ADVISED

PAST HISTORY

K/C/O: HYPERTENSION

H/O: CVA (2019)

TRIGEMINAL NEURALGIA SINCE 3 YEAR

SEIZURE

HISTORY SUBSTANCE ABUSE AND ADDICTION

NA

TREATMENT ADVICE

# Medicine	Dosage	Frequency	Duration
01 TAB. LEVIPIL 500 MG	1	TWICE A DAY	7 DAYS
02 TAB. STROCIT PLUS	1	TWICE A DAY	7 DAYS
03 TAB. TELMA AM 40/5 MG	1	TWICE A DAY	7 DAYS
04 TAB. ASPIRIN + ATORVA 75/20 MG	1	ONCE A DAY	7 DAYS
05 SYP. DUPHALAC	30 ML	AT BED TIME	7 DAYS
06 PROTIFHENZ HP WITH H2O POWDER	2 TSF	THRICE A DAY	7 DAYS
07 TAB. PANTOP 40 MG	1	ONCE A DAY	7 DAYS
08 TAB. APIXABAN 2.5 MG	1	TWICE A DAY	7 DAYS
09 RT FEED 250 ML / 2 HOURLY			
10 TAB. SHELCAL - XT	1	TWICE A DAY	7 DAYS

INVESTIGATIONS

CT - S/O LEFT CG BLEED

ALL REPORTS ARE HANDED OVER TO THE ATTENDANTS.

INSTRUCTIONS

ADVISED:

AIR BED

FREQUENT CHANGE OF POSTURE

RT CARE AS ADVISE

FOLEY'S CARE AS ADVISE

DVT STOCKING

UL/ LL PHYSIOTHERAPY AND CHEST PHYSIOTHERAPY

FOLLOW UP ADVICE

REVIEW AFTER 7 DAYS IN OPD / ^{SIGNS} CNS OF RAISED ICP EXPLAINED TO ATTENDANT

URGENT CARE INSTRUCTION

REPORT IMMEDIATELY AT HOSPITAL (EMERGENCY NO.8122222222), IF FOLLOWING PERSIST:

1. FEVER MORE THAN 100 DEGREE F.
2. VOMITING, LOOSE STOOLS/MOTION.
3. CHEST PAIN, BREATHING DIFFICULTY.
4. BLEEDING FROM ANY SITE,
5. REDUCED URINE OUTPUT.
6. FLATUS/STOOL NOT PASSED.
7. SEVERE WEAKNESS, RASHES OVER SKIN, SWELLING OVER BODY.

हमें सारी दवाइयों के बारे में समझा दिया गया है। (Govind Kumar) परिचारक हस्ताक्षर.

हमने सारी दवाइयों के बारे में मरीज़ के साथ बालों को समझा दिया है। (Govind Kumar) नर्स स्टाफ हस्ताक्षर.

Dr. Udbhav Bansal
M.B.B.S., M.S., M.Ch.
Neurosurgeon (Brain & Spine)
Regd. No.: UPMC 78958

Udbhav Bansal



P132418

DEPARTMENT OF RADIODIAGNOSIS

IPD / OPD NO	P132418	DATE	17.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

NON CONTRAST CT SCAN OF BRAIN

Contiguous axial sections of 5 mm thickness were taken through the brain from base of skull till vertex

SUPRATENTORIAL: -

There is a $52.5 \times 30.4 \times 44.2$ mm (AP x TR x CC) sized hyperdense area (HU 70-90) noted in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.

There is 4.1 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

Right basal ganglia, thalamus, internal and external capsules appear normal.

Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

Supra sellar and prepontine cisterns are normal.

Sellar and parasellar regions are unremarkable.

INFRATENTORIAL: -

Bilateral cerebellopontine angles appear normal.

Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

Super Speciality Tertiary Care Hospital

All tests have technical limitations. Collaborative Clinicopathological / Radiological interpretation is mandatory. In case of disparity, test may be repeated immediately. In case of discrepancy due to machine error or typing, please get it rectified immediately. Not Valid for Medico-Legal Purpose.

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9829 70 6029 6106

DEPARTMENT OF RADIODIAGNOSIS

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PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
- Mild midline shift towards right side.
- Mild effacement of left lateral ventricle.
- Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
- Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
- Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.

- *Suggested follow up.*



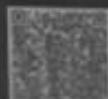
DR. VIGNESH BALASUBRAMANIAN, MBBS, MD
CONSULTANT RADIOLOGIST

Super Speciality Tertiary Care Hospital

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There is 4.0 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

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Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

Supra sellar and prepontine cisterns are normal.

Sellar and parasellar regions are unremarkable.

INFRATENTORIAL: -

Bilateral cerebellopontine angles appear normal.

Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

Super Speciality Tertiary Care Hospital

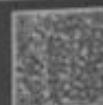
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IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
- Mild midline shift towards right side.
- Mild effacement of left lateral ventricle.
- Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
- Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
- Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.

- As compared to previous CT dated 17.04.2025, previously mentioned intraparenchymal hemorrhage in left capsuloganglionic region and midline shift appear similar in size and extent.

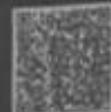
- Suggested follow up.



DR. VIGNESH BALASUBRAMANIAN, MBBS, MD
CONSULTANT RADIOLOGIST

Super Speciality Tertiary Care Hospital

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DEPARTMENT OF RADIODIAGNOSIS

IPD/ OPD NO	P132418	DATE	26.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

NON CONTRAST CT SCAN OF BRAIN

Contiguous axial sections of 5 mm thickness were taken through the brain from base of skull till vertex

SUPRATENTORIAL: -

There is a 50.6 x 30.0 x 44.0 mm (AP x TR x CC) sized hyperdense area (HU 70-90) noted in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.

There is 3.8 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

Right basal ganglia, thalami, internal and external capsules appear normal.

Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

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Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

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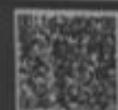
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PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
- Mild midline shift towards right side.
- Mild effacement of left lateral ventricle.
- Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
- Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
- Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.

- As compared to previous CT dated 17.04.2025, previously mentioned intraparenchymal hemorrhage in left capsuloganglionic region and midline shift appear marginally reduced in size and extent.

- Suggested follow up.



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Its own technical limitations. Collaborative Clinicopathological / Radiological interpretation is mandatory. In case of disparity, test may be repeated immediately. In Case of discrepancy due to technical error or typing, please get it rectified immediately. Not Valid for Medico-Legal Purpose.

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NAME:	MANJU AGARWAL	AGE/SEX:	69 YRS / F
REF.BY:	DR. ALOK AGARWAL, MS, M.Ch	DATE:	11-May-25

NCCT OF BRAIN

TECHNIQUE: - A plain study of the brain was performed.

REPORT

INFRATENTORIAL

Cerebellar folia appears prominent - Age Related cerebellar atrophy.

Rest of the cerebellar parenchyma shows normal attenuation pattern.

Brain stem appears normal.

SUPRATENTORIAL

Resolving intraparenchymal hemorrhage measuring approx. $4.0 \times 1.8 \times 2.0$ cms is seen in left gangliocapsular region and thalamus with moderate surrounding edema. Edema is extending into the left parietal and temporal lobes. There is mass effect in the form of effacement of left lateral ventricle with midline shift of 7.0 mm towards right side.

Bilateral sylvian fissures & sulcal spaces are prominent. There is dilatation of both lateral & third ventricles - Mild age Related cerebral atrophy.

Hypodensities are seen in periventricular white matter of bilateral fronto-parietal lobes, suggestive of chronic ischemic changes.

Chronic lacunar infarcts are seen in right basal ganglia and corona radiata.

Fat density hypodense lesion measuring approx. 6.4×5.7 mm is seen along falx cerebri in anterior interhemispheric fissure - likely lipoma.

Rest of the cerebral parenchyma shows normal attenuation pattern.

Please correlate clinically.

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All tests have technical limitations. Collaborative clinicopathological interpretation is mandatory. In case of disparity test may be repeated immediately.

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AMBULANCE SERVICE
AVAILABLE
FOR CT AND



DISCHARGE SUMMARY

Date : 10-10-2024 Regd. No. : 40738
 Patient's Name : Mr. Umesh Chaudhary Agarawal S/o Ballabh Lal Age/Sex : 74 Yrs/M

Address :	Niyar Over Head Tank R-1, Karamyogi Enclave, Kamla Nagar, Agra	Consultant: Dr.AnupKhare
Contact :	9412875234	DOA : 15-10-2024
Diagnosis :	Intracapsular Fracture Neck Femur (Pathological) Gross Osteoporosis	Date of Operation 15-10-2024
		DO D : 19-10-2024

Treatment : Bi Mentre Dual Mobility THR press fit
 Shell 52
 Liner 53/28
 Head 28 ceramic
 Stem : Corail 11

Investigation Reports : Attached with the file

Treatment on Discharge :

- INJ. CLEXONE 0.4ML S/C TWICE A DAY X 2 DAYS (19 And 20-10-2024)
- INJ. CLEXONE 0.4ML S/C ONCE A DAY X 4 DAYS (21,22,23 And 24-10-2024)
- TAB. ACITROM 4MG AT BED TIME (21-10-2024 TO CONTINUE)
- INJ. AMIKACIN 500 MG TWICE A DAY FOR 5 DAYS
- TAB. CEFTUM 500 MG TWICE A DAY
- TAB. DISPERZYME 1 TAB. THRICE A DAY (FOR PAIN & SWELLING)
- CAP. ULTRASET SEMI ONE CAP IF PAIN IS SEVERE
- PHYSIOTHERAPY AS ADVISED
- KEEP PILLOW IN BETWEEN THIGH AT NIGHT
- CAN TURN TO RIGHT SIDE KEEPING A PILLOW IN BETWEEN THIGH
- EXERCISES AS ADVISED

(To Clex 0.25 (1u) 2/19

Follow Up : REVIEW AFTER 10 DAYS / SOS
 REPEAT INR - PT / INR ON 26-10-2024.



Cop Ramlokal 8/22 (B2B)

Dr.AnupKhare