

WESTERN INDIA INSTITUTE OF NEUROSCIENCES

MLC / DAMA / EXPIRY

REGISTRATION CHART

WIINS
विहारी इंस्टीट्यूट

Normal.

REIMBURSEMENT/MEDICLAIM

UHID 20019280

Patient's Name Mr Shrikant Rhamdev Ingawale
 Age 25 Sex M Occupation Engineer Or / FAO Occupation Farmer
 Permanent Address Alp- Top, Tal- Hatkanangale, Dist - Kolhapur
 (Res.) Phone - Mobile 9975867570 E-mail -
 Pincode 416122 Aadhar Number 8558 5122 3944

Name Mr Soham Babasaheb Patil (Bro in law)

Address Alp - Top, Tal- Hatkanangale, Dist Kolhapur
 Mobile 9545067274 E-mail :

Referred By Self Cold patient, was admitted from 14 to 14.

Phone - Address -

Remark : His M.O notes on Radar

ADMITTED BY Megha More

ADMISSION Provisional Diagnosis Right fronto parietal S D H

Date of Admission 17/5/24 Time 6.50 p.m Day / Night Day

Bed GW. ① Relative Bed -

Admitted by - Doctor Dr. Arshiet Sister Anuja Aya Margret

DISCHARGE Final Diagnosis Emergency Evacuation of Right FTP SDH

Date of Discharge 5/6/24 Time 8pm Day / Night day

Discharge By Doctor Dr. Bhagyalek Sister Shanti Aya Mage

Documents Handed Over To Mr. / Mrs. - TuShar Chandrakant Ingawale

1) SUMMARY Discharge Summary

2) CT SCAN (1) 17/5/24 - WIINS (2) 19/5/24 - WIINS

3) MRI (3) 27/5/24 (4) 28/5/24

4) HISTOPATH

5) OTHER Lab report



रुग्णालयात दाखल होताना माझ्या सर्व तक्रारीचे समाधानकारक जिवारण झाल्यानंतर घरी जात आहे. हॉस्पिटलमध्ये असताना मला सर्व प्रकारची जरुर ती उपचार पद्धती व सेवा मिळाली. घरी जाण्यास परवानगी दिल्यानंतर मला वैद्यकीय सल्ला, डिस्चार्ज कार्ड, बिले व पावत्या, रुग्णालयीन तपासण्याचे कागद मिळाले. त्याबद्दल मी पूर्ण समाधानी असून माझी कोणतीही तक्रार नाही.

DISCHARGED BY DR. : Sign. DR. [Signature]

Discharge Remark by Authority P.T.O.

अनुमती पत्र

रुग्णाला दाखल करून घेण्याचा हक्क या रुग्णालयाच्या व्यवस्थापनाने राखून ठेवला आहे.

Shrikant Ingavale

गॅक्टरांनी मला माझ्या रुग्णाच्या (रुग्णाचे नाव : Shrikant Ingavale) प्रकृतीच्या परिस्थितीची संपूर्ण माहिती व कल्पना दिलेली आहे.

भाजाराच्या व त्याच्या प्रकृतीच्या परिस्थितीची संपूर्ण माहिती व कल्पना दिलेली आहे.

ला डॉक्टरांना कराव्या लागणाऱ्या तपासण्या, औषधोपचार, त्यांचे परिणाम व संभाव्य दुष्परिणाम किंवा अकलित प्रतिक्रिया व संभाव्य विकृती व विकोप इ. सर्व

रज भासत्यास रुग्णाच्या बाबतीत जरुरीप्रमाणे अतिरिक्त विशेष तज्ज्ञांचा सल्ला घेणेस माझी संमती आहे. त्या संबंधीच्या खर्चाची जबाबदारी माझ्यावर राहील.

रज भासत्यास लग्नास (अतिदक्षता विभाग) मध्ये हॉस्पिटल्यास माझी संमती आहे. अशा निर्णयाचे परिणाम व त्यासाठी करावा लागणारा रुचे याची जबाबदारी मी स्वीकृत आहे.

कियता असत्यास त्याबद्दल मी संबंधित डॉक्टरांकडून वेळोवेळी माहिती जाणून घेईन.

रुग्णालयात वापरण्यात येणारी औषधे, सलाईन वाटल्या / सलाईन सेट इ. वस्तूंचे रुग्णालयात उत्पादन केले जात नाही व रुग्णालयात वापरण्यात येणारी औषधे

माणित कंपन्यांची असतात, याची मला जाणीव आहे.

रुग्णाच्या प्रकृतिविषयी वेळोवेळी मी डॉक्टरांकडून माहिती करून घेईन.

एव्हा किंवा रुग्णाच्या नातेवाईकांकडून रुग्णालयातील वस्तूंची मोडतोड झाल्यास त्याची सर्व जबाबदारी माझ्यावर राहील. व त्याचा वेगळा आकार मी भरेन.

हॉस्पिटल्यास असलेल्या युविधा मला माहित आहेत, काही प्रकारच्या सुविधा नसत्याची कल्पनाही मला डॉक्टरांनी दिलेली आहे.

रुग्णालयाच्या नियमाप्रमाणे रुग्णालयाच्या व्यक्तिस शस्त्रक्रिया वा इतर योजनेस माझ्या / रुग्णाच्या शरीराचे काढलेले वा घेतलेले स्नायु / अवयव तपासण्यास व

ग्रनंतर त्याची योग्य दिलेवाट लावण्यास मी अनुमती देत आहे.

दृश्यीय ज्ञानाच्या अभिवृद्धीसाठी उपयार / शस्त्रक्रिया करताना घेतलेली छायाचित्रे, दृक्शाव्य फिल्मी प्रदर्शित अथवा प्रकाशित करणेस माझी अनुमती आहे. मी

से गृहित धरतो की, अशा प्रदर्शनात किंवा प्रकाशनात माझी / रुग्णाची ओळख दिली जाणार नाही.

रील सर्व कलमे मी वाचली आहेत. ती मला समजली आहेत व नान्य आहेत आणि ती माझ्यावर घंथनकारक आहेत. तरी मी रुग्णालयाच्या अधिकाऱ्यांना

रुग्णालयाचे काही नियम आहेत, त्याला अनुसरून राहण्याची माझी तयारी आहे.

याची तपासणी नातेवाईकांची परवानगी नाव Mr. Shrikant Ingavale

तेवाईकांची परवानगी नाव Mr. Soham B. Patil

Brother in law

सही / अंगठा

पुरुष सही / अंगठा

सही / अंगठा

खर्च व विले घुकती करण्याची संमती

गाव्य खर्चाची कल्पना देणेत आलेली आहे. मी रुग्णालयात येणारा सर्वसाधारण दैनंदिन खर्च त्याचप्रमाणे तपासण्यांचा सर्व उपयार व औषधे याचाठी होणारा खर्च कवूल करतो. मी आवश्यक अनामत रक्कम भरण्याचे व साप्ताहिक व अंतिम विल भरण्याचे स्वखुशीने मान्य करतो.

नाव Mr. Soham B. Patil	रुग्णाशी नातेवाईकांची तारीख १७/५/२५	सही / अंगठा
पत्ता Alp - Top, Tal - Hattkanan gale, Dist - Kolhapur	वेळ ६.५० p.m	१०८

रुग्णाचे प्रकृतीच्या गांभीर्यावद्दलचे निवेदन

गाची प्रकृती अत्यंत चिंताजनक असत्यावद्दल डॉक्टरांनी पूर्ण कल्पना दिली आहे. रुग्णाचे आजार, त्यावर केले पचार आणि त्यांचे संभाव्य दुष्परिणाम व इतर धोके यावद्दलही स्पष्ट व संपूर्ण कल्पना दिली आहे. वरील सर्व गोष्टी घेतल्यानंतरच, याच रुग्णालयात, मी पुढील औषधोपचारांना संमती देत आहे.

डॅमिट होत असताना नेशंटच्या अंगावरचे दागिने, पैसे, घड्याळ, मोबाईल इ. वस्तू डॅमिट पूर्वी काढून घ्याव्यात. त्यावद्दल हॉस्पिटल जबाबदार राहणार नाही.



सही तेवा
तारीख १७/५/२५
वेळ ६.५० p.m

गंभीर व अत्यावस्थ रुग्णाबद्दल माहिती

गांवे नाव :

रुग्ण हे दिनांक : ____/____/____ पासून आमच्या हॉस्पिटलमध्ये ऑफिट आहेत. त्यांना _____

_____ हा आजार झाला असून गेल्या _____ तासा/दिवसांपासून त्यांची प्रकृती ताजनक आहे. त्यांच्या डोळ्यांच्या बाहुल्या _____ व त्यांना कृत्रिम श्वासोच्छ्वासाचे मशीन (ventilator) वण्यात आले आहे. यातून रुग्ण बरा होण्याची शक्यता _____ % आहे. या संबंधित सर्व माहिती आम्हाला देण्यात लेली आहे व ती आम्हाला समजलेली आहे. आमच्या सर्व शंकांचे योग्य निरसन करण्यात आले आहे.

१ -

रुग्णाचे उपचार पुढे चालू ठेवण्यासाठी आमची परवानगी आहे व

याबद्दल येणाऱ्या खर्चाची आम्हाला पूर्ण कल्पना आहे.

रुग्णाला आम्ही घरी घेऊन जाण्याचा निर्णय घेत आहेत.

क्र.	नातेवाईकाचे नाव	नाते	सही
१.			
२.			
३.			

नांक :

अ :

कटर/मेडिकल ऑफिसरचे नाव व सही :



CHARGE AGAINST MEDICAL ADVICE (DAMA)

वरील पुढील उपचारांकरिता डॉक्टरांच्या सल्ल्याविरुद्ध चे जबाबदारीने रुग्णास रुग्णालयातून बाहेर हलवित आहोत.

IFTING

वरील पुढील उपचारांकरिता डॉक्टरांच्या सल्ल्यावरुन आमचे न आम्ही..... रुग्णालयात हलवित आहोत.

वैद्यकीय सल्ल्याविरुद्ध कार्यवाही

सही

तारीख

वेळ

सही

तारीख

वेळ

ग्राशी नाते

तोख : वेळ :

साक्षीदाराचे नाव

पत्ता

सही

तारीख : वेळ :

C - Expiry Body Handed over to Police Constable For Post Mortem

Police Con. Name :

Date :

Time :

Con. No. :

P. C. Sign. :

Police Station :

M.O. Sign. :

मी रुग्णालयातून उपचार घेऊन जात असताना माझ्या सर्व तक्रारींचे निवारण झाल्यानंतर घरी जात आहे. मला सर्व प्रकारचे जरुरी उपचार व सेवा मिळाली. घरी जाण्यास निघाल्यानंतर मला खालील गोष्टींची कल्पना व तपासण्यांचे कागद मिळाले आहेत.

1. वैद्यकीय सल्ला

2. डिस्चार्ज समरी

3. हॉस्पिटल बिल

4. सि.टी. स्कॅन

5. मेडिकल बिल

6. पैसे भरलेल्या पावत्या

7. एम.आर.आय.

8. एक्स रे

9. इतर

मी समाधानी असून माझी कोणतीही तक्रार नाही.

नाव : Tushar C Ingwale

सही : TCI

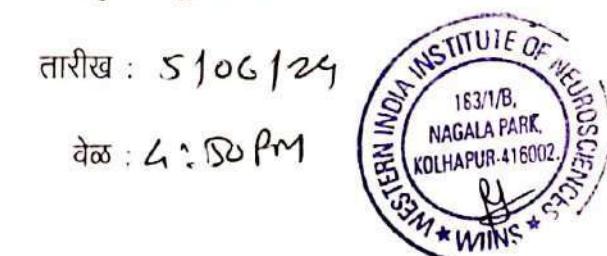
पत्ता : A.I.P. Top Tal - Hatkanangle

तारीख : 5/06/24

..... Dist - Kolhapur

वेळ : 4 : 00 PM

रुग्णाशी नाते : Brother



SPECIAL INFORMED CONSENT



Patient Name: SHRIKANT INGWAL

UHID: 20011280

Date
12/12/26Time
8:45PM

मी तुमारे हांगन्हे कर्य 25 वर्षे प.टीप ना. हातकुण्डले
सिंहा - क्लोनिक्स जारे चिक्कून देतो यी माझा माझा शीर्षक हांगन्हे
विनस हॉस्पिटलमध्ये अंडरग्राउंड क्लोन्हा आहे. 15 दिवसांपूर्वी त्याचा डाला
दात आणि वारत दोता. डोक्याच्या संकेतवर मेंदू आणि कृतदीया गांजा उल्लंघन
क्लॉबरक्लॉबर आहेत. हे रक्ताचाव काटल्यालाई राखीचा राखा दिला.
आहे.

हे धर्मरी जरताना क तंत्र काढी घोडे दोजा राळतात येणे की
1) क्लोन्हा 2) जेवर्सेंसर्स 3) फिट चेन 4) डोजा 5) दातापाचायी
लांड 6) कूमी दोने 7) दृष्टत घोडे कुवने 8) स्त्रियाचात लंदन
9) ट्रायोराशन्नीमध्ये बदल 10) नरवंग मरताना वेक लागते 11) उल्लंघन
मेंदूतील पाणी बांदू. अंगो.

हे धर्मरी जरताना ही भूत व्यायामी गरेल आहेत. भूत -
गंभीरी काढी घोडे दोजा राळतात येणे की - 1) अंडरग्राउंड 2) लंदन्हांसर्स
(फुफ्फुसात) 3) भूत उत्तरव्यापारी वेक लागते 4) क्लोनालमध्ये बदल
5) उदयाचे डोक्याचे लंदन 6) उदया लंदन 7) पडतो 8) जाहल वेक
9) एंट वेंटिलेशन नी गरेल पडते.

वरील दिलेची तर्फ आहिती जाता डॉ. दंगोष त्रिशू आहिला
डॉ. नंकास पाणी गंभीरी दिलेची आहे. तर घोडे इंग्लॉन्डी नी हे
ओपरेशन उत्तरव्यापारी घरतानगी देतो.

Patient's Signature

Relative's Signature

Relative Name Tushar Ingwale Relation Brother M.O. Name:



WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)

• DEPT. OF NEUROSURGERY & ADVANCED TRAUMA CARE •



संमती पत्र

UHID :



W
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S
NABH CERTIFIED

पेशंटची माहिती	नातवाईकाची माहिती
नाव : SHRIKANT INGAWALE	नाव : TUSHAR INGAWALE
लिंग : <input checked="" type="checkbox"/> पुरुष / <input type="checkbox"/> स्त्री • वय २५ वर्षे	लिंग : <input checked="" type="checkbox"/> पुरुष / <input type="checkbox"/> स्त्री • वय २१ वर्षे
आवास निवास : (R) F-9 ८०८	पत्ता : A/P - Top, HUMKARANGAL,
शस्त्रक्रिया : UVAC Opt. Left	पेशंटची नाते : १९७८

मी, TUSHAR INGAWALE खाली सही करणार

माझे स्वतःवर / सदर पेशंटवर वर लिहिल्याप्रमाणे शस्त्रक्रिया व औषधोपचार / तपासण्या / भूल / उपचारपद्धती, इत्यादीकरिता पुढीलप्रमाणे माझे संमती पत्र देत आहे.

१. सटर औषधोपचार / तपासण्या / शस्त्रक्रिया / उपचारपद्धतीची आवश्यकता, न केल्यास होणारे परिणाम आणि ऑपरेशनखेरीज अन्य उपचारांमधील धोके व तोटे हे सर्व, मला डॉ. SANTOSH PRASHU यांनी समजावून दिले आहेत.

२. कोणतेही ऑपरेशन विशेषत: मेंदू व मणक्याचे ऑपरेशन हे संपूर्णतः सुरक्षित नसते व औषधोपचार / तपासण्या / शस्त्रक्रिया / उपचारपद्धती वा भुलेमुळे जीवाला धोका व इजा होण्याची शक्यता सर्वसाधारणपणे निरोगी असणाऱ्या व्यक्तीला सुद्धा असते याची मला स्वच्छ कल्पना दिली गेली आहे.

३. जादा रक्तस्त्राव, जंतुबाधा, हृदय बंद पडणे व फुफ्फुसात गुठळी अडकणे हे व यासारखे अकल्पित / अकस्मित इतरही काही धोके शस्त्रक्रियेतून वा भूल देण्यात उद्भवू शकतात याची कल्पना मला डॉक्टरांनी दिली आहे.

४. औषधोपचार / तपासण्या / शस्त्रक्रिया / उपचारपद्धती करताना डॉक्टरांनी काही कारणाने शस्त्रक्रिया वा भुलेचे स्वरूप बदलावे लागले तर, तसेच अत्यावश्यक वाटल्यास एखादा अवयव वा भाग काढून टाकावा लागल्यास, अशा बदलास माझी संमती गृहीत आहे व तशी मला कल्पना दिली आहे.

५. वरील ऑपरेशन व संबंधित भूल यांच्यानंतर कवचित, इच्छित फायदा होण्याऐवजी अन्य त्रास चालू होऊ शकतो, पण तो टाळण्यासाठी व झाल्यास सुधारण्यासाठी आवश्यक ती काळजी

डॉक्टर (सर्जन) D. SANTOSH PRASHU,

व डॉक्टर (भूलतज्ज्ञ) D. PANKAT PATIL

आणि जरुर वाटल्यास त्यांनी सुचिलेले डॉक्टर घेतील याचा मला विश्वास आहे व संभाव्य धोक्याची कल्पना दिली आहे

वरील सर्व मजकूर मी वाचला आहे. / मला वाचून दाखविण्यात आला आहे.
मला तो समजला आहे व त्यास माझी संपूर्ण मान्यता आहे.

Shrikant

पेशंटची सही

तारीख :



INFORMED CONSENT ANESTHESIA

भुलीसाठी माहितीपूर्ण संमती

डॉक्टरचे नाव : SHRINKANT INGAWAL

मी आपणास आक्षस्त करतो की उपरोक्त नमूद करण्यात आलेल्या रुग्णास त्यांच्या गंभीर स्थितीविषयी स्वतः रुग्ण आणि पालक माता-पिता यांना विश्वासात घेऊन समजेल अशा पद्धतीने सांगितले आहे. प्रत्येक रुग्णाला न्यायिक अधिकार प्राप्त आहे त्याप्रमाणे संमती देणे, शल्यचिकित्सा, भुलविधी, रोगनिदान, तपासणी आणि औषध उपचार घ्यावे किंवा करो हे रुग्णांनी स्वतः ठरवणे आवश्यक आहे. त्याप्रमाणे लेखी संमती लिहून देणे आणि प्रत्येक बाब विधिवत त्यांना समजावून सांगण्याची जबाबदारी डॉक्टरची आहे. रुग्णांनी दिलेली संमती नाकारण्याची किंवा माझे घेण्याचे सर्वतोपरी निर्णय, संमती लेखी स्वरूपात नोंदणीकृत या फॉर्मवर करण्यात यावी.

Patient's Details रुग्णाचा तपशील

Allergies एलर्जी	<input type="checkbox"/> होय <input checked="" type="checkbox"/> नाही	Vulnerable Patient अत्यवस्थ रुग्ण	<input type="checkbox"/> होय <input type="checkbox"/> नाही
Patient's Name : रुग्णाचे नाव	<u>SHRINKANT INGAWAL</u>	Age/Sex : वय/लिंग	<u>25/m</u>
UHID NO. :	<u>2001 927</u>	Ward/Bed No. : वार्ड/ बेड क्रमांक	<u>13/12</u>
Doctor's Name : डॉक्टर नाव	<u>SHRINKANT INGAWAL</u>	Date of admission दाखल होण्याची तारीख	<u>13/12/2015</u>
Diagnosis : निदान	<u>(R) F1 P S1A</u>		

पद्धत

उपचाराकरिता खालीलपैकी एक किंवा त्याहून जास्त प्रकारच्या भुलीची गरज पढू शकते (योग्य त्या चौकोनात खुण करा)

प्रकार	अपेक्षित परिणाम	तंत्र	धोका
जनरल अनेस्थेशिया OR	पूर्ण बेशुद्ध अवस्था	श्वासनलिकांमध्ये एक नवी घातली जाते रक्त प्रवाहामध्ये इंजेवशन देणे आणि किंवा औषधयुक्त वायू फुफ्फुसाद्वारे शोषले जातात	तोंड व घसा दुखणे, घोगरा आवाज, तोंड वा दाताना इजा, रक्तवाहिनीला इजा, नुमोनिया, फुफ्फुसाचा जंतुसंसर्ग
स्पायनल एपिङ्चुरल वेदनाशमन अनेस्थेशिया	शरीराच्या खालच्या भागात तात्पुरता बघिरपणा, संवेदना / हालचाल कमी करणे	सुईद्वारे कॅथेटरद्वारे पाठीच्या मणक्यात औषध दिले जाते	डोकेदुखी, पाठदुखी, कानात आवाज येणे, चक्र येणे, जंतुसंसर्ग, सारखा थकवा वाटणे, बघिरपणा, रक्तवाहिनीला इजा, फिट येणे.
रीजनल अनेस्थेशिया मेजर मायनर नव्हॅ ब्लॉक	विशिष्ट भागाला तात्पुरती संवेदना न होणे	ऑपरेशनच्या जागी संवेदना कमी करण्याकरिता जवळच्या शिरेमध्ये इंजेवशन दिते जाते	जंतुसंसर्ग, चक्र येणे, कायमचा बघिरपणा, दुखणे, रक्तवाहिनीला इजा.
शिरेद्वारा रिजनल अनेस्थेशिया वेदनाशमक सह <input type="checkbox"/> वेदनाशमक पिरहित <input type="checkbox"/> (योग्य प्रकारावर खुण करा)	विशिष्ट हात अथवा पायाची संवेदना तात्पुरती कमी करणे किंवा हालचाल थांबवणे	ट्रनिके वापरून पाय अथवा शिरेच्या नसेमध्ये इंजेवशन देणे	जंतुसंसर्ग, चक्र येणे, कायमचा बघिरपणा, दुखणे, रक्तवाहिनीला इजा.
मॉनिटर्ड अनेस्थेशिया केअर	भीती व वेदना कमी करणे अर्धवट किंवा पूर्ण गुंगी येणे	रक्त प्रवाहामध्ये इंजेवशन देऊन आणि किंवा फुफ्फुस व इतर माणाने शोषले जाते	क्षासोच्छवास कमी होणे. रक्तवाहिनीला इजा.

Version	WIINS/001	Document Number	WIINS / SOP/DPT/001
Effective Date		Revision Date	



INFORMED CONSENT ANESTHESIA

भुलीसाठी माहितीपूर्ण संमतीपत्र

संमती

- माझ्या रुग्णाच्या उपचाराच्या संबंधित आजाराचा पूर्वेतिहास एलर्जी औषधाचे दुष्परिणाम शस्त्रक्रिया व इतर सर्व गोटी मी डॉक्टरांना सांगितले आहेत. माहिती न सांगितल्यामुळे उद्भवणाऱ्या परिणामांसाठी मी डॉक्टर अथवा हॉस्पिटलला जबाबदार धरणार नाही.
- शस्त्रक्रियेपूर्वी अथवा शस्त्रक्रियेनंतर एलर्जिक रिएक्शन उद्भवू शकते याची मला कल्पना देण्यात आली आहे. काही परिस्थितीमध्ये ठरवलेल्या भुलीच्या प्रकारांमध्ये बदल करण्याची गरज पढू शकते हे मला समजावून सांगण्यात आले आहे.
- कोणतेही औषध तपासणी व शस्त्रक्रिया उपचार पूर्णपणे सुरक्षित नसून यामध्ये निरोगी व्यक्तीलाही धोका संभवू शकतो हे मला ज्ञात आहे वर उल्लेख केलेल्या गोटी मला समजावू आहेत / लिहिलेले मला वाचून दाखवण्यात आले आहे व मी यास माझी संमती देत आहे.

Personnel	Signature / Thumb सही अंगठा	Name (with Relation) नाव व नाते
Patient रुग्ण		SURGEON TUSHAR J. NIGAWALE
Next of Kin (रुग्णाचे नातेवाईक)		TUSHAR J. NIGAWALE
Reason for Next of Kin counseling रुग्णाशिवाय इतरांनी संमती देण्याचे कारण		
Witness साक्षीदार		
Doctor डॉक्टर		Dr. HARDIK SHUKLA
Interpreter (if required) अनुवादक (आवश्यक असल्यास)		Dr. Pankey Patil



Version	WIINS/001	Document Number	WIINS / SOP/DPT/001
Effective Date		Revision Date	

दिनांक : 03/06/2024

पेशंटचे नाव : श्रीकृष्ण देशातले

वय/लिंग : २५/४७

पत्ता : मुंगी, टोप, ला. हातकांडाळी
जि. कोणारकपूर

आम्ही आमच्या पेशंटला खालील प्रोसिजर करण्यासाठी परवानगी देत आहोत, त्यातून निर्माण होणाऱ्या संभाव्य धोक्याची आम्हाला पूर्ण कल्पना दिलेली आहे.

Sr. No.	Procedure	Date & Time	Relative Name & Sign	MO Name & Sign
१	सेंट्रल लाईन			
२	इंट्युबेशन			
३	ट्रॅकिओस्टोमी			
४	चेस्ट ड्रेनेज ट्यूब			
५	लंबर पंक्चर			
६	ई.व्ही.डी.			
७	हॉटेक्युलर टॅपिंग	03/06/2024	पुमार रागवले गो.	
८	सी.टी. स्कॅन			
९	एम.आर.आय.			
१०	सोनोग्राफी			
११	एच.आय.व्ही./एच.बी.एस.एजी.टेस्ट			
१२	Restraint / प्रतिरोध			
१३	फिजिओथेरेपी			
१४	ब्लड ट्रान्सफूजन			
१५	द्रॉन्कोरस्कोपी			
१६	सबड्युरल टॅपिंग	03/06/2024	उषार. दंगवले गो.	Dr. P. M. M.
१७	आयव्ही लाईन / केथेटर			
१८	D.S.A (डी.एस.ए.)			
१९				
२०				
२१				
२२				
२३				
२४				



DISCHARGE SUMMARY			
UH ID	: 20019280	IPD No	: IPWH21-22/14472/2024
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Age-Sex	: 25 - Male
DOA	: 17/5/24 6:50PM	DOD	: 5/6/24 12:27PM
Address	: A/P Top	Mobile No	: 9975867570
Consultant	: Dr. Santosh Prabhu	Follow Up Date	: 14/06/2024

Final Diagnosis: Right Frontotemporoparietal Subdural Haemorrhage in an operated case of Thecoperitoneal Shunt
Surgery: Emergency Evacuation of Right Frontotemporoparietal Subdural Haemorrhage (18/5/2024)

History

The patient came with complaints of

Tingling Numbness in his left upper limb and clenching of his left fist (?seizure) - 15 days ago
The episode lasted for around 10 minutes, following which he had another similar episode a few minutes later, lasting for 10 minutes.

The patient came to WIINS for further management

On Examination

Conscious, obeys commands
GCS: E4V5M6 = 15/15

Pupils b/l reactive 3mm

Power Rt Lt

V V
V V

Operative Notes

Surgery: Emergency Evacuation of Right Frontotemporoparietal Subdural Haemorrhage (18/5/2024)

Details: Under sedation, patient positioned supine with head turned to the left. Right parietal incision marked and local anaesthesia given. Parts painted and draped, incision taken. Right parietal burr hole drilled. 50ml of altered haemorrhagic fluid drained. Thick membrane seen, the edges of which were coagulated, defect left open. Haemostasis secured. Wound closed in layers.

Status during Indoor Stay

Routine investigations were done on admission and treatment was started. After counseled the relatives and with their written, informed consent, the patient was posted for surgery. Surgery was uneventful. Post-operatively, the patient was stable, with no new neurological deficit. Sutures were removed on Post-Op Day 10; wound healthy. On post-op days 9 and 12 the patient had a tingling sensation in the left upper and lower limbs for some time for which the



dose of LEVETIRACETAM was increased. Despite this, as the tingling sensation appeared on and off, PREGALIN and RANXIT was added. An MRI was done which show a minimal subdural collection on the right, for which a subdural tapping was done; 7cc of altered haemorrhagic fluid yielded. Tingling sensations stopped completely. For cerebral venous sinus thrombosis, UFH was given, and then overlapped with ACITROM (INR 4/6/24 = 3.8, hence tablet held). As the patient is neurologically stable now, we are discharging him.

Investigations

17/5/2024 CT Brain (WIINS): Right Frontotemporoparietal Subdural Haemorrhage

19/5/2024 CT Brain (WIINS): Near Complete Evacuation of Right Frontotemporoparietal Subdural Haemorrhage

27/5/2024 CT Brain (WIINS): Minimal Right Frontotemporoparietal Subdural Collection

29/5/2024 CT Brain (WIINS): Minimal Right Frontotemporoparietal Subdural Collection. No increase in size of the bleed.

1/6/2024 MRI brain (Shruti): Subacute to chronic subdural haemorrhage 3mm along right frontoparietal convexity, and of 1.5mm along left frontoparietal convexity. Subacute cerebral dural venous sinus thrombosis.

Condition at Discharge

Conscious, obeys commands

GCS: E4V5M6 = 15/15

Pupils b/l reactive 3mm

Power Rt Lt

V V

V V

Wound healthy

TT Provided

CEFTRIAXONE, SULBACTAM, DICLOFENAC, RABEPRAZOLE, LEVETIRACETAM, PREGALIN NT, FRANXIT

TT Advised

TAB LEVETIRACETAM 1 GRAM 1-0-1 TILL FURTHER INSTRUCTIONS

TAB FRANXIT 10MG 0-0-1 FOR 15 DAYS

TAB PREGALIN NT 0-0-1 FOR 15 DAYS

TAB ZERODOL SOS IF PAIN

TAB ACITROM - to be restarted on OPD basis as per INR report (last INR 3.8 on 4/6/24)

Advise

Follow up after 10 days with PT INR report

Do not skip doses

Do not drive/swim

Consult immediately if headache/vomiting/limb weakness/seizures/loss of consciousness

May have an overhead bath



Prepared By : Dr Arshiet Dhamnaskar

Consultant : Dr. Sandeep Patil

Emergency contact no : 0231 26444881,82 , 9422813030



WIINS

WIINS - ELECTRO CARDIOGRAM

①

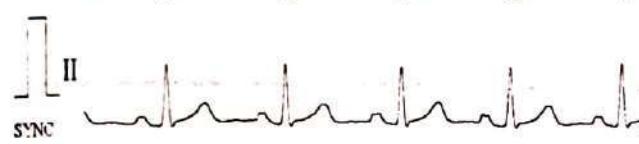
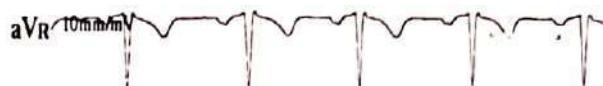


UHID: 20019280

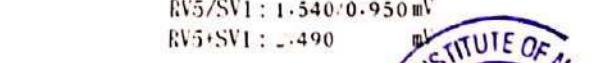
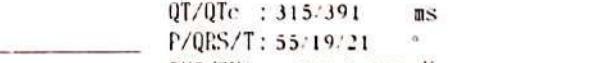
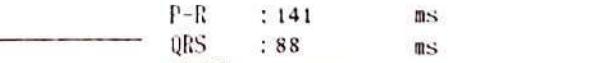
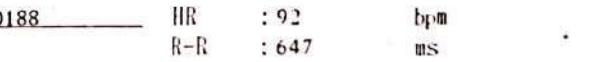
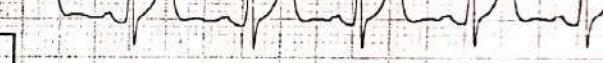
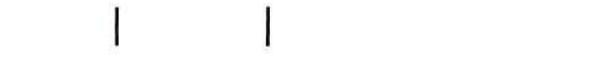
Date: 16/05/2024

Name: Shreekant Patil Ingole Ingole

25mm/s 0.5~25Hz
10mm/mV



10mm/mV



ID : 0188

HR : 92 bpm

R-R : 647 ms

P-R : 141 ms

QRS : 88 ms

QT/QTc : 315/391 ms

P/QRS/T : 55/19/21

RV5/SV1 : 1.540/0.950 mV

RV5+SV1 : 2.490

Sex : _____

Age : _____

V1-006(BIOS:V1206/AMP:V1001)

2024-05-17 22:02

Unconfirmed report Verified by: _____



20019780

WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)



PRE OPERATIVE CHECKLIST

CERTIFIED
Patient Name : Shrikant Ingawale Ward/Room No : GU.

gnosis/operation : Eva. of RT FTP SDH

chedule Surgery Name : Eva. of RT FTP SDH Surgeon Name : Dr. S.K.P.

Check List			Material Used in Operation Theatre		
Particulars	Yes/No.	Sr. No.	Particulars	Qty.	Remarks
High risk consent is recorded	✓		Bone wax	①	
Anaesthesia consent	✓		Syringe 10cc	②	
Procedure consent	✓		— 1 — sc	①	
Skin / Part preparation	✓		— 1 — 2g	①	
Artificial implants removed	✓		Blade 28 No	①	
Dentures / Loose teeth / Prosthesis / Lens	No		JY set	①	
Bath + Hair wash	✓		Blade 15 No	①	
Skin / Pressure sore	No		Ab Jel	①	
Patient is in Hospital Uniform	✓		Vicryl 2.0	①	
Any Allergy	No		Ethibond 3.0	①	
Urine Voided	✓				
Pre medication given	✓				
Initial signs	✓				
Weight (Kg)	58 kg				
JBM (Nill by mouth)	7 AM 1 cup Tea 4 Biscuits				
Blood group	A Positive				
Blood arranged, amount and Bank	SHAHIN				
Investigation report	✓				
Blood reports (No. s)	✓				
Serology (HIV / HBsAg / HCV) Negatitve	✓				
MRI films (No. s)	— ①				
CT films (No. s)	— ①				
CD	—				
X-Ray films (No. s)					
Scan / USG / Other reports (No. s)					
Any implants in the body (e.g.: Joint Replacement, Pace maker)					
Surgery deposit checking by office					
Voucher No.					

Staff Nurse Name : Samita SistooO. T. staff Name Shubham Roop Thakur



Surgical Safety Checklist (WHO)

Shrikant Ingawale

Confirm all team members have introduced themselves by name & role

Confirm patients name, procedure & where incision will be made

A) Before Induction of Anaesthesia

-) Has the patient confirmed his/her identity, site, procedure & consent ?

-) Is the anaesthesia machine & medication check complete?

Shubham

-) Is the multipara monitor on the patient & functioning ?

-) Does patient have a central line or a functioning good IV line?

-) Difficult airway or aspiration risk ?

 Yes / No Yes & Equipment/ assistance available

-) Is essential imaging displayed ?

 Yes / No Not applicable

B) Before Skin Incision

- 1) Is the side & site marked ?

 Yes PP Not applicable

- 2) Has antibiotic prophylaxis been given within the last 60 minutes ?

 Yes Not applicable

3) Anticipated critical events

To Surgeon:

- What are critical / non-routine steps ? ~ 2 hour

- How long will case take ?

- What is the anticipated blood loss ? 100 ml

To Anaesthetist:

- Are there any patient-specific concerns ? No

To Nursing Team :

- Has sterility (including indicator results) been confirmed ?

- Are there equipment issues or any concerns ?

Shubham
18/05/24

C) Before Patient Leaves Room Operating

- 1) Nurse Verbally confirms:

 The name of the procedure

- Completion of instrument, sponge & needle counts

- Specimen labelling (read specimen labels aloud, including patient name)

- Whether there are any equipment problems to be addressed

To surgeon, Anaesthetist & Nurse:

- What are the key concerns for recovery & management of this patients ?

O.T. Incharge :

Anaesthetist Sign : Pankaj

Dr. Pankaj Patil

18/05/24



(5)

Western India Institute of Neurosciences (WIINS)

PRE - OPERATIVE ASSESSMENT

UHID : 20019260

DATE : 17/5/26

Name : SHRIKANT DINGAWALE Age / Sex : 25/M Weight : 70 kg.

Surgery : EVACUATION OF RIGHT FEP SDH

History : DM / HT / COPD / ASTHMA / ALLERGY / BLEEDING TENDENCY / PAST ILLNESS / SURGERY /

HABITS / ADDICTION / DRUG THERAPY / - Theco-peritoneal shunt Insertion done on 02/04/24.

Examinations Pulse: 104 BP: 124/80 Oedema ~ Pallor ~ Jaundice ~

Systems : CVS S₁S₂⁽⁺⁾ RS B/L breath sounds⁽⁺⁾ ABD WNL CNS conscious.

Investigations : HB 16.3 PCV 50 Platelets 312000 Urea 25.2 Creat 0.89 Sug F Sug PP 110.6

TC-8500 SugR CXR ECG Non-specific changes. 2D Echo

Bld Grp. HIV Neg HBsAg Neg INR 1-10 Na 142-1 PT 14.1 K 3-7 BT 2m 523 CT 6m 92

Others

Impression & Advise : Can be taken for surgery

S/B Physician _____ Signature:

S/B Anaesthesiologist Dr. Pankaj

Anaesthetic Plan : GA

Premedication : continue ongoing medications

NBM Time : 7am → Tea + 4 Biscuits

Signature: Pankaj

OT Charting

Shaving

Bath / Sponging

Mouth Wash

Consent / Blood Grp _____ / Units Ready _____ / Blood Bank _____

Material Vicryl 2 No ⁽¹⁾ Bonewax / Abgel / IV Set / Urobag / Catheter / Syringes 10 cc ⁽²⁾ Blado 2g No ⁽¹⁾ Ethilon - ⁽¹⁾ 8 cc ⁽¹⁾ — — 15 No ⁽¹⁾ Implants : 3.0 ⁽¹⁾ Supplied By :

Biopsy :

Lab :

Handed over to : Name : _____ By _____

Relation :

Signature :



Date: 18/05/24



Age: 25 yrs.

Patient's Name: Mr. Shrikant Ingawale

SURGERY: Evacuation of Right Fronto-temporo-parietal subdural haematoma

ANAESTHESIOLOGIST: Dr. Pankaj

SURGEON Dr. Sandeep

ASSISTANT: Dr. Arshiet/Gaurav

OT ASSISTANT Shubham,

PULSE: 106 BP: 115/75 RR 16

O2SAT 95%, PUPILS B/L reacting

NEUROLOGICAL STATUS: Conscious

PREMEDICATION Inj. Fentanyl 100 mcg IV

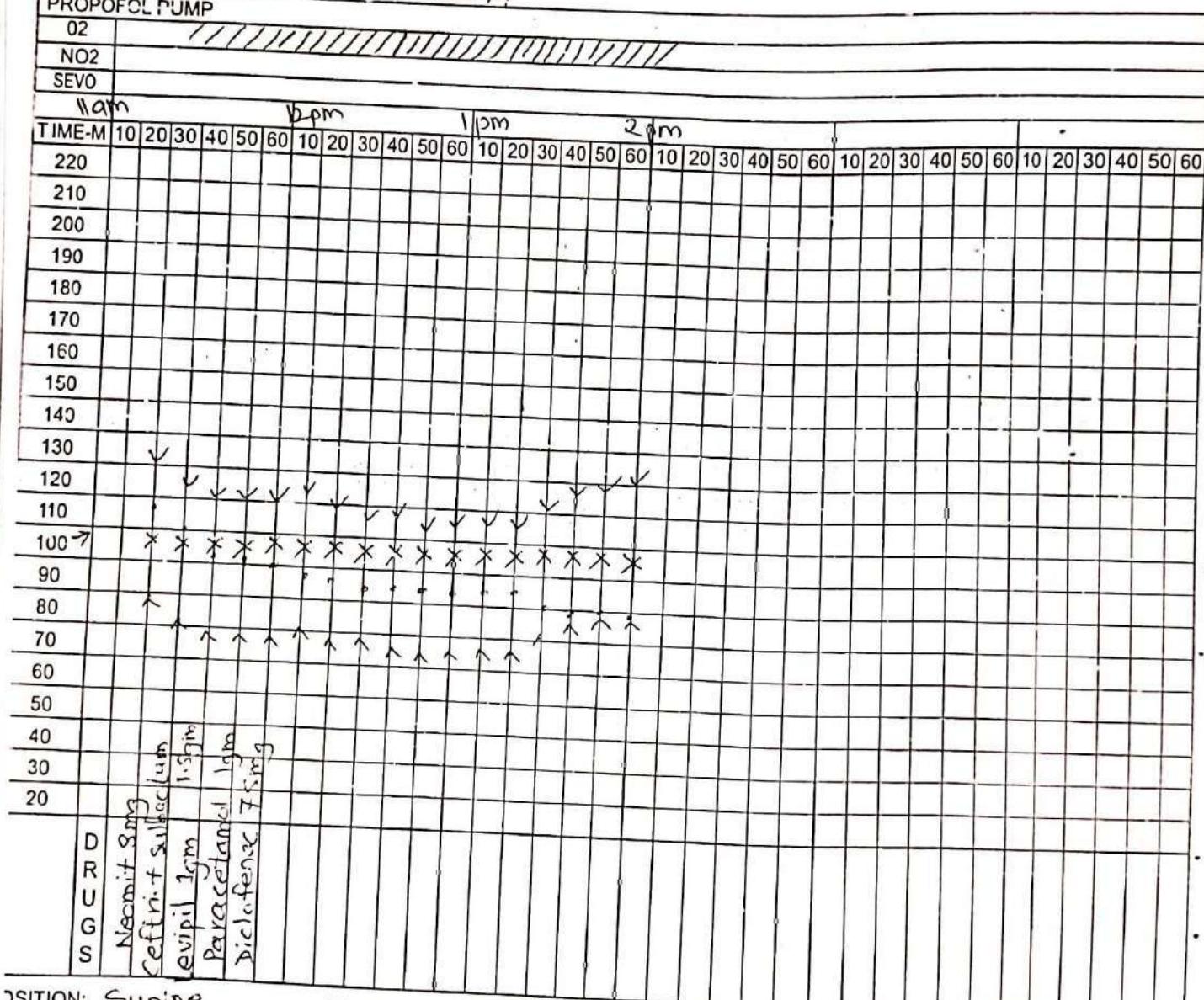
INDUCTION Inj. Dexmedetomidine IV Infusion @ 30 mcg/hr

TIME 11:25AM ET

RATE 14

PROPOFOL PUMP

IV FLUIDS	PCV	FFP
NS		
RL		



POSITION: Supine

INFILTRATION: T + T

Pulse • BP X SPO2 X ETCO2 —

VERSAL: —

TRAOPERATIVE PROBLEM N/A

EXTUBATION —

STOPERATIVE CONDITION conscious, moving all 4 limbs

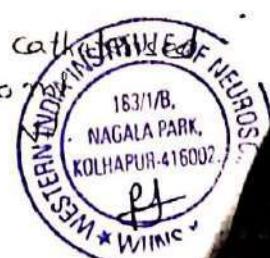
URINE OUTPUT Not cathed

123/88 ILS 81 BP RR 14 02 SAT 97% PUPILS B/L reacting

LOSS 500 ml REPLACED

UROLOGICAL CONDITION: conscious, obeying verbal commands

REFINED TO NICU AT: 2 PM

Pankj
Anaesthetist Sign.

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Page No.
Bed :

DOCTOR ORDER CHART

UHID : WH 20019280

Name : Bhrikant Ingawale	Age : 25	Sex : m	Wt.:	DOA:	Date :
Diagnosis : At IT			Surgery :		
					ALLERGY / SENSITIVITY
DATE	31/3/11/14	1/4	2/4		
	SIGN	18/5/24	SIGN		STOP ORDER
ANTIBIOTIC					
Tabs Ixi 1000	2	✓			
ANALGESIC					
Tabs Ixi 500	2				
ANTACID					
Tab Metformin 500mg	01	7:30pm	✓		
STEROID					
DECONGESTANT					
ANTIEPILEPTIC					
Tab Levetiracetam 500mg	01	7:30pm	✓		
OTHER DRUGS					
I/V FLUIDS					
DIET ORDER					
SPECIAL INSTRUCTIONS		15 11pm	NAM		
DRAINS	1Ltr	500	✓		
	1				
	0	Prbs	0	0	



DOCTOR ORDER CHART - ICU

Name: Sharad Ingawale Age: 25 Sex: M UHID: 700 9280 19-5-24

Diagnosis: **(R) F7P Subdural Hematoma** Surgery: Em. Evac. of **(R) F7P**

ALLERGY / SENSITIVITY

Ordered By	Time	Drug	Route	Frequency	STOP ORDER
		ANTIBIOTIC			
①		IM CEFTRIAZONE + SULFATIM 1.5g BD	IV	QD PP	
		ANALGESIC			
		IM DICLOFENAC 75mg IM TR	IM	QD PP	
		ANTACID			
		IM RABEPHM 100g 20g	OD	IV QD	
		STEROID			
		DECONGESTANT			
		ANTIEPILEPTIC			
		IM LEVETIRACETAM 500mg BD	IV	QD PP 1gm	QD 1gm

OTHER DRUGS

INVESTIGATIONS (ORDERED)	DIET NBM	PROCEDURE + PLAN
	I/V FLUIDS 1. NS 2. RL 3. DNS	
SPECIAL INSTRUCTIONS	4. RL	

O N U M A R S D I

8G 4. RL

Sulf DNS

I

O





(3)

DOCTOR ORDER CHART - ICU

POD-3

22-5-24

Name : Shaikant Ingawle .

Age : Sex : UHID : 20019286

Diagnosis : RT F+P SDIT

Surgery :

ALLERGY / SENSITIVITY

Ordered By	Time	Drug	Route	Frequency	STOP ORDER
		ANTIBIOTIC			
		JN1 CEFTIRAXONE + SUBACTUM 1.5gm BD	6 AM	6 AM	
		ANALGESIC			
		TB DICO 75mg BD	6 AM	6 AM	
		ANTACID			
		Tb RABEE 205 OD	6 AM		
		STEROID			
		DECONGESTANT			
		ANTIEPILEPTIC			
		TB LEVIPIL 500mg BD	6 AM	6 AM	
OTHER DRUGS					
		1 ml. VFH 2500m IU TDS	12 AM	9 AM	

INVESTIGATIONS (ORDERED)

DIET

I/V FLUIDS

PROCEDURE + PLAN

SPECIAL INSTRUCTIONS

1.

2.

3.

4.

1 4300 orally

0 Pass.

O N U M A R S D



Name : Shrikant Ingawale Age: 25 Sex: M

UHID: 2009286

ALLERGY / SENSITIVITY

Diagnosis : El FTP SDIA

Surgery :

Ordered By	Time	Drug	20/5/21	Route	Frequency	STOP ORDER
		ANTIBIOTIC			Qd	(Post 4)
		Tabs Ceftriaxone + Sulphameth 1.5g Tab	8	po	6 AM	6 PM
		ANALGESIC				
		Tabs Oiclo 75mg BD	8	po	6 AM	6 PM
		ANTACID				
		Tabs Ralteze 20 mg OD	8	po	6 AM	
		STEROID				
		DECONGESTANT				
		ANTIEPILEPTIC				
		Tabs Levetiracetam 500 BD	8	po	6 AM	6 PM
OTHER DRUGS						
		2i- VFH 2500 TDS			6 AM	6 PM
		Thrombustat gel	TDS		6 AM	6 PM

INVESTIGATIONS (ORDERED)	DIET	PROCEDURE + PLAN
	I/V FLUIDS	
	1.	
SPECIAL INSTRUCTIONS	2.	
	3.	18550
O N U M A R S D	4.	0 Pass



DOCTOR ORDER CHART

Name: Shaikant Ingawle Age: 25 m Sex: M.

UHID: 20019280

Diagnosis: (R) FIP SBH

Management: En En of (1) F10 SBH (18/5124)

ALLERGY / SENSITIVITY

DATE	23-05-24	24-5-24	25-5-24
	SIGN P01-5	SIGN P01-6	SIGN P01-7 STOP ORDER
ANTIBIOTIC			
Tb Dext 100 mg QD	6		
Tb Metax-0 200mg BID	6		
ANALGESIC			
Tc. Dolo 750 mg SOS	6		
Diclo 75 mg ID	R	6 AM	6 Evening
ANTACID			
Tb Rabe 20mg OD	6	6	6
	R	Evening	Evening
STEROID			
DECONGESTANT			
ANTIEPILEPTIC			
Tb Levpit 500mg B.D	6	6	6
	R	Morn	Evening
OTHER DRUGS			
Tb UPH 2500 TDS	6	6	6
	SIC	9 AM	9 PM
Tromethamine gl 1000	6	6	6
	R	AM	PM
Tub Acetam 2mg Evening			
IV FLUIDS	(6 p.m.)		
DIET ORDER	L Dapple		
SPECIAL INSTRUCTIONS	Dressing	Pressing	1 liter Bolus
DRAINS			
	13000 today	12900	12800
	0 Pass.	0 pass	0 pass.





DOCTOR ORDER CHART

(6)

Name : SHRIKANT INGAWALE Age : 25 Sex : M

UHID : WH 20019 280

Diagnosis : RT FTP SDH

ALLERGY / SENSITIVITY

Management : EVACUATION OF RT FTP SDH.

	DATE	SIGN POD-8	POD 10 AM	SIGN POD-10	STOP ORDER
ANTIBIOTIC					
TB BTOTOX-0200 MG BD	✓	6/6	6/6	X/6	
ANALGESIC					
TB DTC10 75 MG BD	✓	6/6	6/6	X/6	
ANTACID					
TB RABEE 20 MG ON.	✓	6/6	6/6	X/6	
STEROID					
DECONGESTANT					
ANTIEPILEPTIC					
TB LEVIPIL 750 MG BD	✓	6/6	6/6	X/6	
OTHER DRUGS					
INJ. UEH 2500 IU SC TDS	✓	9/9	9/9	9/9	2/9
THROMBOPHOB GEL SOS	Audt	13	13	13	
TB ACTIROM 2 MG AT EVENING 2.5 MG (6 PM)	✓	6/6	6/6	6/6	
SHANTI					
IV FLUIDS					
DIET ORDER	WT done				
SPECIAL INSTRUCTIONS	LPT-1M R shanti 1.17 Surge 2ml				
DRAINS					
	18000	18800	18600		
	0 PASS	0 PASS	0 PASS		





Page No.

Bed :

DOCTOR ORDER CHART

UHID : WH 20019280

Name : SHRIKANT INGAWALE Age : 25 Sex : M Wt. DOA (7) Date :

Diagnosis : RT FTP (CSF) 4ml Surgery .

ALLERGY / SENSITIVITY

DATE	SIGN	SIGN	SIGN	STOP ORDER
ANTIBIOTIC				
ANALGESIC				
Tab ZENONOL BD	f. ✓	✓	✓	✓
ANTACID				
TB - RESEG 20 MG OD	f. ✓	✓	✓	✓
STEROID				
DECONGESTANT				
ANTIEPILEPTIC	1g. ✓	✓	✓	✓
TB - LEVETIL 250 MG BD.	f. ✓	✓	✓	✓
Tab PRGALIN-NI HS	✓	✓	✓	✓
OTHER DRUGS				
TB - ACTROM 2.5 MG (Gpm)	f. ✓	✓	✓	✓
TRIROMBOPHOB GEL SOS				
Tab - PRANXIT HS				
I/V FLUIDS				
DIET ORDER				
SPECIAL INSTRUCTIONS				
DRAINS				
# - 3500	29/10/	2000 ml/dl	1	
O - Pass.	0 Pass.	0 Pass	0	





Page No.

Bed :

DOCTOR ORDER CHART

UHID : WH 5009280

Name : SHRIKANT INGAWALE Age : 25 Sex : M Wt. DOA: Date : 2/16/24

Diagnosis (RT) FTP SDH

Surgery : EVACUATION OF

(RT) FTP SDH

ALLERGY / SENSITIVITY

DATE	1/6/24	2/6/24	3/6/24	STOP ORDER
ANTIBIOTIC	SIGN	SIGN	SIGN	

ANALGESIC

TB ZEPADOL BD 5 6 6 16 AM 6X

ANTACID

TB RABEE 20 MG OD 1/6 1/6

STEROID

DECONGESTANT

ANTIEPILEPTIC

TB LEVIRIL 2GM BD 5 6/8 1/6 1/6
TB PRECALIN NT HS 2/3 9 1/6 1/6

OTHER DRUGS

TB ACTRADM 2.5 MG (6PM) 1/6 1/6 1/6
THROMBOPHORE GEL SOS 1/6 1/6 1/6
TB FRAN XIT HS 8 2/1 9

SYRUP

IN FLUIDS

Diet Order

SPECIAL INSTRUCTIONS

DRAINS

S. 2000 full drz 1 2000 full drz 1 3000 1
0 - pass 0 pass 0 pass 0

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Page No.
Bed :

DOCTOR ORDER CHART

UHID : 20013280

Name : Shrikant Ingawale Age : Sex : Wt : DOA : Date :

Diagnosis :

Surgery :

ALLERGY / SENSITIVITY

DATE	SIGN	SIGN	SIGN	2/4	STOP ORDER
ANTIBIOTIC Tab 600 mg 200 mg					
ANALGESIC					
ANTACID Tab Rabele					
Tab Rabele 200 mg					
STEROID					
DECONGESTANT					
ANTIEPILEPTIC Tab Levetiracetam 800 mg					
OTHER DRUGS Tab Ativan 2.5 mg 800 mg					
Tab Fraxit					
Tab Pregabalin 75 mg					
I/V FLUIDS					
DIET ORDER					
SPECIAL INSTRUCTIONS					
DRAINS					
IV - 2000 ml	3000	1	1		
O - pulse.	Pass	0	0		



WARD NURSE'S RECORD

Page : ①

Name : Shrikant Jigawale

Bed : M-1 UHID No : 20019280

D. 17/05/2024

D. 18/05/2024

D. 19=

TIME	6	12	7
PUPILS		x	
PULSE		x	
B. P.		x	
R. R.		x	
TEMP		x	
URINE OUT PUT		x	
SPONGING MOUTHWASH / BATH		x	
MOTIONS		x	
PHYSIO / POSITION CHANGE		x	
		x	
		x	
SIGNIFICANT CLINICAL CHANGE		x	
THERAPEUTIC INTERVENTION			
RT FEEDS / DIET			



Shift Doc
et - ~~18/05/2024~~
Blue chart is being passed
temp. fed. gen.
Hand over to Asap.
19/05/2024 Dr. Dey.

NURSE NAME :

WARD NURSE'S RECORD

Page 2



Name: Shrikant Ingawale

Bed 1

UHID No. 200192 Jan 2022

TIME	6	12	7	D: 20-5-24	6	12	7	D: 21-5-24	6	12	7	D: 22-5-24
PUPILS	React	React	React		React	React			React	React	React	
PULSE	58	38	100		68	72			82	86	84	
B. P.	117	120	121		107	112			114	116	121	
R. R.	35	30	83		72	52			74	70	82	
TEMP	20	20	20		20	21			22	21	21	
URINE OUT PUT	✓	✓	✓		✓	✓			✓	✓	✓	
SPONGING												
MOUTHWASH / BATH	+	-	-		-	-			-	-	-	
MOTIONS	+	✓	-		✓	✓			-	-	-	
PHYSIO / POSITION CHANGE	✓	-	-		-	-			-	-	-	
	+	-	-		-	-			-	-	-	
SIGNIFICANT CLINICAL CHANGE	as per obs	as per obs	as per obs		as per obs	as per obs			as per obs	as per obs	as per obs	
THERAPEUTIC INTERVENTION	T+B - 200				T+B - 200				T+B - 200 ml			
	water - 250				300 ml				300 ml			
RT FEEDS / DIET	Water - 800				Water - 700				water - 300 ml			
	Full diet - 600				Full diet - 800				Full diet - 400 ml			
	water - 800				water - 400				water - 300 ml			
	Tea + BIS - 150				Tea + B - 200				Tea + B - 150 ml			
	Water - 600				water - 300				water - 400 ml			
	full diet 700				Full Diet - 700				full diet 100			
	water - 300				water - 400				water - 300			
	4300				3550				3000			

NURSE NAME :



ICU NURSE'S RECORD



UHID No.: 20019280

Name: Shrikant Ingawale
Date: 18/05/21
11:28 AM

BED: _____ Page No. (3)

TIME	07						
PUPILS	8mm						
PULSE	100						
B.P.	115/75						
O ₂ SAT	95%						
TEMP							
R.R.	16						
CVP							
URINE OUT PUT							
MOTIONS							
SPONGING / MOUTHWASH							
PHYSIO / POSITION CHANGE							
SIGNIFICANT CLINICAL CHANGE	↑ ↓						
THERAPEUTIC INTERVENTION	⑤						
Blood loss - 500ml	⑤						
Replace - Nil	⑤						
RT FEEDS / DIET	⑦						
	⑨						



WARD NURSE'S RECORD



Page (4)

Name: Shrikant Ingole..... Bed: UHID No. 2001g2

TIME	6	12	7	D: 23-5-24	6	12	7	D: 24-5-24	6	12	7	D: 25-5-24
PUPILS				React & equal				React	React & equal			react
PULSE				97	85			81	82	95		95
B. P.				124	129			121	130	128		127
R. R.				176	87			85	80	90		81
TEMP				22	n			22	21	21		20
URINE OUT PUT				98F	98F			97F	98F	97F		97F
SPONGING				✓	✓			pass	pass	✓		pass
MOUTHWASH / BATH				✓	✓			✓	✓	-		✓
MOTIONS				✓	-			pass	pass	-		✓
PHYSIO / POSITION CHANGE				-	-			-	-	-		X
				-	-			-	-	-		X
				-	-			-	-	-		X
SIGNIFICANT CLINICAL CHANGE				Brachial Qn				Shruti Prachi Qn				Reena Prachi PW
THERAPEUTIC INTERVENTION				T+B = 150 Nasogastric = 300 water = 400				T+B - 150ml Nasogastric - 250ml water - 200				T+B = 150 Nasogastric = 300ml water = 200
				full diet - 600				full diet - 400ml water - 300ml				full diet - 400 water - 300
				water - 300				T+B - 150ml water - 200ml				T+B - 150ml water - 300ml
				T+B - 150				full diet - 500				full diet - 700 water - 300
RT FEEDS / DIET				water 300				water - 300				2800
				full diet 700								
				water 300								
				2900				2450				

NURSE NAME :



WARD NURSE'S RECORD



Page 5

Bed No-1

UHID No 900X150

D 28/5/24

Name: Shrikant Ingawale

D 26-5-24

D 27/5/24

TIME	6	12	7	6	12	7	6	12	7
PUPILS	React	React	Pass	React	React	React	React	React	Pass
PULSE	85	89	92	67	62		83	101	
B.P.	135/85	116/93	123/99	120/80	93/60	110/60	117	121	
R.R.	22	22	21	20	21	22	22	21	
TEMP	98.0°F	97.9°F	97.8°F	98.5°F	97.9°F	97.8°F	97.4°F	97.3°F	
URINE OUTPUT	pass	✓	✓	pass	pass	-	pass	pass	
SPONGING / MOUTHWASH / BATH	✓	-	-	✓	✓	-	✓	-	
MOTIONS	pass	-	-	pass	✓	-	pass	-	
PHYSIO / POSITION CHANGE	-	-	-	-	✓	-	-	-	
	-	-	-	-	✓	-	-	-	
	-	-	-	-	✓	-	-	-	
SIGNIFICANT CLINICAL CHANGE	Stomach pain	Pass		Stomach pain	Pass		Stomach pain	Pass	
	Water - 300 ml			Water - 300 ml			Water - 300 ml		
	T+B - 150 ml			T+B - 150 ml			T+B - 150 ml		
THERAPEUTIC INTERVENTION	Nasta - 200 ml			Nasta - 150 ml			Nasta - 200 ml		
	water - 300 ml			water - 300 ml			water - 300 ml		
	full diet - 500 ml			full diet - 800 ml			full diet - 800 ml		
	water - 400 ml			water - 600 ml			water - 600 ml		
	T+B - 150 ml			T+B - 200 ml			T+B - 150 ml		
RT FEEDS / DIET	water - 200 ml			water - 800 ml			water - 700 ml		
	full diet - 800 ml			full diet - 800 ml			full diet - 800 ml		
	3000			3800			3800		
NURSE NAME									



WARD NURSE'S RECORD

Page 6



Name: Shrikant Ingewale

Bed: M/1 UHID No.: 200198

Nam

D: 29/5/23

D: 30/5/24

D: 31/5/24

TIME	6	12	8
PUPILS	React	React	React
PULSE	85	96	85
B. P.	111 76	110 80	100 90
R. R.	20	21	24
TEMP	97°F	98.1°F	97.8°F
URINE OUT PUT	Pass	Pass	Pass
SPONGING / MOUTHWASH / BATH	✓	—	—
MOTIONS	Pass	—	—
PHYSIO / POSITION CHANGE	—	—	—
SIGNIFICANT CLINICAL CHANGE	Pass	Pass	Pass
THERAPEUTIC INTERVENTION	T+B - 250 30ml - 250 Water - 2 L	Full diet water - 1400 ml	T+B - 150 ml Nasoga - 300 ml coated - 400 ml Full diet - 800 T+B - 150 Water - 2 L full diet - 800
RT FEEDS / DIET	water - 400 ml Full diet - 800 water - 500 2950		

6	12	7
React	React	React
94/101	80	—
118 83	126 85	130 80
22	21	22
97°F	96°F	98°F
Pass	Pass	Pass
✓	—	—
Pass	—	—
—	—	—
—	—	—
—	—	—
—	—	—

6	12	7
React	React	—
95	93	—
115 74	110 73	—
28	21	—
90°F	96°F	98°F
Pass	Pass	Pass
✓	—	—
X	AV	—
..	—	—
—	—	—
—	—	—
Pass	—	—
T+B - 150	—	—
Water - 1L	—	—
30ml -	—	—



WARD NURSE'S RECORD



Page : 7

Name: Shivali Dangarwala

Bed: M-1

UHID NO 26010284

	D. 1/6/14	D. 2/6/14	D. 3/6/14
TIME	6 12 7	6 12 7	6 12 7
PUPILS	1+	fixed	fixed
PULSE	82	78 80 84	90 86 87
B.P.	128/81	110/70 120/70	125/70 120/60
R.R.	22	20 22	21 22
TEMP	98.2	98.4° 97.8°	98.4° 97.8°
URINE OUT PUT	125	pass pass pass	pass pass pass
SPONGING / MOUTHWASH / BATH	✓	✓	✓
MOTIONS	pass	✓ ✓ ✓	✓ ✓
PHYSIO / POSITION CHANGE	✓	✓ - -	- - 1
	✓	✓ - -	- - 2
	✓	✓ - -	- - 2
SIGNIFICANT CLINICAL CHANGE	AS	AS AS AS	AS AS AS
THERAPEUTIC INTERVENTION			
RT FEEDS / DIET			

Subtotal - 200
T + B - 150 ml
Water. 300 ml

fundim 600
water 400
Teat Bis - 100
fundim 600
water 400

cur 200

285 ml

NURSE NAME :



WARD NURSE'S RECORD

Page:

(B) 20019280



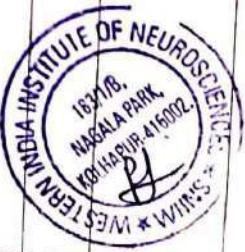
Name: Shrikant Ingawale

Bed:

UHID No.

TIME	D: 4/6/20			D: 5/6/20			D: 6/6/20		
	6	12	7	6	12	7	6	12	7
PUPILS	Prat	Reax	Reax	Reax	Reax				
PULSE	95	90	99						
B. P.	124 88	110 80	132 88						
R. R.	21	22	22						
TEMP	97.5° F	98.1° F	97.8° F						
URINE OUT PUT	Puss	Pass	✓						
SPONGING MOUTHWASH / BATH	✓	✓	—						
MOTIONS	✓	✓	✓						
PHYSIO / POSITION CHANGE	✓	X	✓						
	✓	X	✓						
	X	✓	✓						
SIGNIFICANT CLINICAL CHANGE	Plaque	Wet	82	Plaque	Wet				
THERAPEUTIC INTERVENTION	OTGCT - OTPBr - 100 ml Water - 500 ml			OTGCT - OTPBr (50 ml) Water (500 ml)					
	full diet - 600			Water (100 ml)					
	water - 200								
RT FEEDS / DIET	T + B - 150								
	full diet - 700								
	water - 300								
	3000								

NURSE NAME:



WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WINS)



TEMPERATURE CHART 20019280 ①

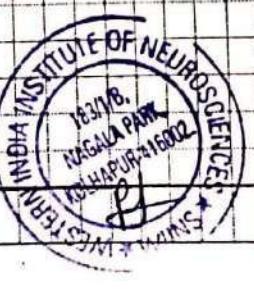
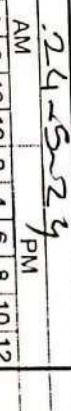
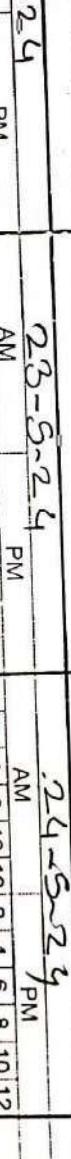
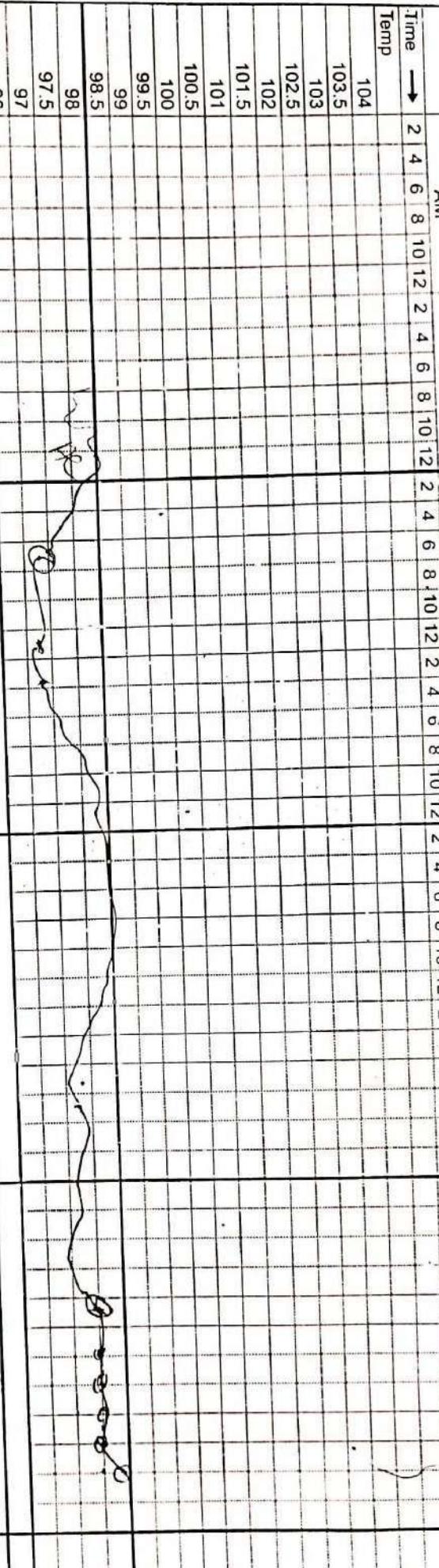
NABH CERTIFIED

संविदाती प्राची

Name	Morning Temperature												Night Temperature											
Date	AM						PM						AM						PM					
Time →	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12
Temp																								
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20/5/24

AM PM





WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)

TEMPERATURE CHART

① 2009 28

Name	Date	25-5-24	26-5-24	27-5-24	28-5-24
Shrikant Ingole		AM 25-5-24	AM 26-5-24	AM 27-5-24	AM 28-5-24
Time →	2 4 6 8 10 12 2 4 6 8 10 12	2 4 6 8 10 12 2 4 6 8 10 12	2 4 5 8 10 12 2 4 6 8 10 12	2 4 6 8 10 12 2 4 6 8 10 12	
Temp	104 103.5 102.5 101.5 101 100.5 100 99.5 99 98.5 98 97.5 97 96	103 102 101 100.5 100 99.5 99 98.5 98 97.5 97 96	102 101 100.5 100 99.5 99 98.5 98 97.5 97 96	101 100.5 100 99.5 99 98.5 98 97.5 97 96	100 100.5 100 99.5 99 98.5 98 97.5 97 96
Name	Date	29-5-24	30-5-24	31-5-24	1-6-24
Time →	2 4 6 8 10 12 2 4 6 8 10 12	2 4 6 8 10 12 2 4 6 8 10 12	2 4 6 8 10 12 2 4 6 8 10 12	2 4 6 8 10 12 2 4 6 8 10 12	
Temp	104 103.5 103 102.5 102 101.5 101 100.5	103 102 101 100.5 100 99.5 99 98.5	102 101 100.5 100 99.5 99 98.5 98	101 100.5 100 99.5 99 98.5 98 97.5	

(Handwritten notes and signatures are present throughout the grid, indicating specific data points or conditions.)



WIINS
वैदिक भूत्ता

WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)

TEMPERATURE CHART

2015/80



Name SHANTALA WAD Date 11/6/13

AM	PM	AM	PM	AM	PM
2	4	6	8	10	12
4	6	8	10	12	2
6	8	10	12	2	4
8	10	12	2	4	6
10	12	2	4	6	8
12	2	4	6	8	10

Time → AM PM AM PM AM PM

Temp

104

103.5

103

102.5

102

101.5

101

100.5

100

99.5

99

98.5

98

97.5

97

96

Name	AM	PM										
Date	2	4	6	8	10	12	2	4	6	8	10	12
Time →	2	4	6	8	10	12	2	4	6	8	10	12
Temp	2	4	6	8	10	12	2	4	6	8	10	12
104												
103.5												
103												
102.5												
102												
101.5												
101												
100.5												
100												
99.5												
99												
98												



Patient's Details

Patient's Name :	Shrikant Ingawale	Age/Sex:	25/M
Allergies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vulnerable Patient	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
UHID No.:	WH 20019280	Ward/Bed No.:	G1-W
Doctor's Name :	Santosh Prabhu	Date of admission:	17/05/24
Contact Person's Name	Soham Patil	Phone No	9545067274

Accompanied By companion Yes No

If Yes Name of Companion Soham Patil

Relationship with patient - Brother - in - law

Phone Number - 9545067274

Primary Language Spoken - Marathi

Interpreter Needed Yes NoStatus on Admission Walking Wheelchair Stretcher

Temp - 98.1F Pulse - 35

Respiration - 24 Height .

Blood Pressure 180/70

Weight

Valuable Belongings
(With Patient)

} ND

Valuable Belongings
(Sent Home)

Orientation of Environment

 Room Bathroom Visitor Policy No Smoking Policy Emergency Exit Nurse Call System

Other (Specify):

Allergies / Adverse Reactions

Medication / drugs Not Known

 No Yes If Yes Name of Drug :

Blood Transfusion

 Yes No If Yes (Event) :

Food Not Known

 No Yes If Yes Name of Food :

Risk / Vulnerability Assessment

 Age over 60 Physically Handicapped Impaired Judgment Post-Operative Previous Fall Muscular Weakness Sensory deficit Sedated Age<12 Mentally Challenged Others (Specify)

Ability To Perform Activities of Daily Life

Activity

Independent

Assisted

Dependent

Bathing



Dressing



Eating



Walking



Toilet use



Special assessment for

 Isolation required PRE required Vaccinated skin lesions
itching

Infectious disease

Version	W.Multi/001	Document Number	W.Multi/SOP/DPT/001
Effective Date		Revision Date	TE/1/B, NAGALA PARK, KOLHAPUR-416002 WIINS INSTITUTE OF NEUROSCIENCES * * *

NURSING INITIAL ASSESSMENT



Current Medications

Medication	Dose	Frequency	Date /Time of Last Dose
No			

PAIN ASSESSMENT SCALE

Verbal Descriptor Scale	0	1	2	3	4	5	6	7	8	9	10
	No Pain	Mid Pain	Moderate Pain	Moderate Pain	Moderate Pain	Severe Pain	Worst Pain Possible				
Wong Baker Facial Grimace Scale											
Activity Tolerance Scale	No Pain	Can be Ignored	Interferes with Tasks	Interferes with Concentration	Interferes with Basic Needs	Bed rest Required					

Neurological Status Conscious Semi-Conscious ComatosePsychological status Anxious Depressed Angry Combative Sleep Normal disorder

Others

Nursing needs

- | | | | |
|-------------------------------------|---|--|---|
| Is there a language problem | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Has tracheostomy been done | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Any cultural / religious barrier | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is the patient at risk for pressure ulcers | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is patient at risk for falls | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Any Special Nutrition needs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is patient incontinent | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does the patient have implants | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does patient require oxygen therapy | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Any other needs :

Form Completed By

Name : Anya Kumble

Signature : Anya Kumble

Designation : - N.Sed

Date: - 17/05/24

Time: 7:00 PM



Version	W.Multi/001	Document Number	W.Multi/SOP/DPT/001
Effective Date		Revision Date	

Mri Magnetom Spectra

can with 3D Imaging

procedures

Proton MRI

scopy

Procedures

EEG/Video EEG/EMG/NCV/BERA/SSEP

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► Digital X-Ray & X-Ray Procedures

► USG guided biopsy / FNAC



**SHRUTIKA
SCAN**

96 Channel 3 Tesla Mri Magnetom Spectra | 96 Slice Ct Somatom Go Now

1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	:	21-May-2024	Reporter :	SELF/MSK
Pt. Name	:	Mr. SHRIKANT INGAWALE		Age/Sex : --/M
Ref. By	:	Dr. S K PRABHU		

CT SCAN OF BRAIN PLAIN

Study done on 19/05/2024 at WIINS Hospital. Reported on tele images.

PROTOCOL: Axial CT scan images of the brain have been acquired.

FINDINGS:

Suboptimal study due to artifacts.

Right parietal burr hole is noted.

Thin residual subdural collection is noted along the right anterior frontal convexity with maximum thickness of 5.5mm and few air pockets within.

Persistent cavum septum pellucidum noted.

Rest of the cerebral parenchyma appears normal.

The cerebellum and brainstem appears normal. The posterior fossa is normal.

Both the lateral ventricles show normal size, shape and position. The third ventricle is normal in size and is in the midline. The fourth ventricle and the basal cisterns are normal.

The sylvian fissure, the interhemispheric fissure and the cortical sulci are normal.

No acute intracranial haemorrhage / cerebral oedema / midline shift.

Visualised paranasal sinuses appear normal.

Suggestion: Clinical correlation.

DR. MANJEET KULKARNI.
MBBS. DMRD. DNB.



inchnikar
thology)

Dr. Manjeet Kulkarni
D.M.R.D., D.N.B. (Radiology)

Dr. Jyoti Malavi
M.B.B.S., D.N.B. (Radiology)
Fellowship in Neuroradiology.

Dr. Vijay Patil
D.M.R.D., D.N.B.(Mumbai)

Dr. Amit Malavi
D.M.R.E., Fellowship in
Fetal Medicine (Mumbai)

For Emergency : Ph. (0231) 2646040/41 | + 98232 18800 | 77199 83333

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- Whole Body CT Scan with 3D Imaging
- CT Angiography
- Image Guided Procedures
- Whole Body supercon MRI
- MRI Tractography
- Interventional Procedures
- 32 Channel EEG/Video EEG/EMG/NCV/EP/BS/SEP

- 96 Slice CT Somatom Go Now
- 3D/4D Obstetrics USG
- High Resolution Obst/Gyn/Paed neuro USG
- Small Parts / Transvaginal / Transrectal USG
- Colour Doppler Study
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- Digital X-Ray & X-Ray Procedures
- USG guided biopsy / FNAC

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SCAN**

1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	: 04-May-2024	Reporter :	SGS/DS
Pt. Name	: MR. SHRIKANT CHANDRAKANT JINGAWALE	Age/Sex	: 25 Yrs./M
Ref. By	: Dr. PRABHU SANTOSH		MS.MCH.(NEURO).

10:52 AM

MRI OF THE BRAIN & MR VENOGRAM

Multiplanar multiecho MRI of the brain has been performed along with MR Venography study.

HISTORY: headache. operated case of Benign intracranial hypertension with thecoperitoneal shunt.

FINDINGS:

Late subacute - extra-axial hemorrhage along bilateral cerebral convexity, ms. 7.5 mm and 2.5 mm in maximum width.

Mild effacement of adjacent cerebral sulci, with midline shift to the left-side ms. 2.0 mm.

Cavum septum pellucidum and cavum vergae noted - anatomical variants.

Cerebral parenchyma shows normal grey and white matter signals

Lateral ventricles, third ventricle and aqueduct appear normal.

Rest of the sulci, fissures and basal cisterns appear normal.

Pituitary gland, pineal gland and other midline structures show normal signals and morphologies.

Midbrain, Pons and Medulla appear normal.

Cerebellum and other posterior fossa structures including basal cisterns and fourth ventricle appear normal.

Intracranial arteries vessels show normal flow voids.

Calvarium, extracalvarial soft-tissues, and visualized parts of orbits, PNS do not show any obvious abnormality.

Cranio-vertebral junction (CVJ) appears unremarkable.

MRV:

Thrombosis with complete occlusion of posterior 3/4th of the Superior sagittal sinus, the right transverse sinus and the right sigmoid sinus.

Left transverse and sigmoid sinuses are hypoplastic.

Straight sinus shows significant smaller calibre.

Vein of Galen and internal cerebral veins appear normal.





**SHRUTIKA
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MRI Magnetom Spectra
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Procedures
Proton MRI
Physics
Procedures
EEG/Video EEG/EMG/NCV/BERA/SSEP
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SESSION-

- Thrombosis with complete occlusion of posterior 3/4th of the Superior sagittal sinus, the right transverse sinus and the right sigmoid sinus.
- Late subacute ~~chronic~~ extra-axial hemorrhage along bilateral cerebral convexity, ms. 7.5 mm and 2.5 mm in maximum width.
- Mild effacement of adjacent cerebral sulci, with midline shift to the left-side ms. 2.0 mm.
- No e/o brain-parenchymal abnormality (edema/infarct).
- No e/o intracerebral hemorrhage.

S.G.V.
Sukhvinder G. S
FRCR
Consultant Radiologist



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y)

Dr. Manjeet Kulkarni
D.M.R.D., D.N.B. (Radiology)

Dr. Jyoti Malavi
M.B.B.S., D.N.B. (Radiology)
Fellowship in Neuroradiology.

Dr. Vijay Patil
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Dr. Amit McLavi
D.M.R.E., Fellowship in
Fetal Medicine (Mumbai)

For Emergency : Ph. (0231) 2646040/41/42/43 | 98232 18800 | 77199 83333

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~~Body CT Scan with 3D Imaging~~

~~Endovascular Procedures~~

~~Whole Body Supercon MRI~~

~~Angiography~~

~~Interventional Procedures~~

~~EEG/Video EEG/EMG/NCV/BERASSEP~~

► 3D/4D Obstetrics USG

► High Resolution Obs/Gyn/Paed neuro USG

► Small Parts / Transvaginal / Transrectal USG

► Colour Doppler Study

► Echocardiography

► Digital X-Ray & X-Ray Procedures

► USG guided biopsy / FNAC



**SHRUTIKA
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1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231) 2646040/41/42/43, MB : 98232 18800

Date	:	24-May-2024	Reporter :	AAM/AM
Pt. Name	:	MR. SHRIKANT CHANDRAKANT INGAWALE.		Age/Sex : 25 Yrs./M
Ref. By	:	Dr. PRABHU SANTOSH.		MS.MCH.(NEURO).

12:55 PM

VENOUS DOPPLER OF RIGHT LOWER LIMB

- Venous doppler of right lower limb was done from the inferior vena cava upto the feet.

FINDINGS:-

The inferior vena cava shows normal & spontaneous flow pattern

The common iliac vein & external iliac vein show normal spontaneous flow pattern.

The femoral vein, great saphenous & short saphenous veins show normal flow. No evidence of thrombosis seen.

The popliteal vein show normal flow with good augmentation response. No evidence of acute or chronic thrombosis seen.

The deep calf veins of right limb show normal flow. No thrombosis seen.

The anterior, posterior tibial & peroneal veins show normal flow pattern.

The sapheno-femoral junction and sapheno-popliteal junction are competent and show normal flow. No thrombosis seen.

IMPRESSION:-

➤ Venous doppler study of right lower limb shows normal flow pattern.

➤ No evidence of deep venous thrombosis.


DR. AMIT MALAVI.
MBBS.DMRE.
Consultant Radiologist.

C.Chinchikar
Pathology

Dr. Manjeet Kulkarni
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**SHRUTIK.
SCA**

96 Channel 3 Tesla MRI Magnetom Spectra | 16 Slice CT Somatom Go I

1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	: 04-May-2024	Reporter : SGS/DS	
Pt. Name	: MR. SHRIKANT CHANDRAKANT INGAWALE	Age/Sex	: 25 Yrs./M
Ref. By	: Dr. PRABHU SANTOSH		MS.MCH.(NEURO).

MRI OF THE BRAIN & MR VENOGRAM

10:52 AM

Multiplanar multiecho MRI of the brain has been performed along with MR Venography study.

HISTORY: headache, operated case of Benign intracranial hypertension with thecoperitoneal shunt.

FINDINGS:

late subacute-chronic extra-axial hemorrhage along bilateral cerebral convexity, ms. 7.5 mm and 2.5 mm in maximum width.

Mild effacement of adjacent cerebral sulci, with midline shift to the left-side ms. 2.0 mm.

Cavum septum pellucidum and cavum vergae noted - anatomical variants.

Cerebral parenchyma shows normal grey and white matter signals

Axial ventricles, third ventricle and aqueduct appear normal.

Rest of the sulci, fissures and basal cisterns appear normal.

Pituitary gland, pineal gland and other midline structures show normal signals and morphologies.

Hypothalamus, Pons and Medulla appear normal.

Cerebellum and other posterior fossa structures including basal cisterns and fourth ventricle appear normal.

Intracranial arteries vessels show normal flow voids.

Calvarium, extracalvarial soft-tissues, and visualized parts of orbits, PNS do not show any obvious abnormality.

Sacro-vertebral junction (CVJ) appears unremarkable.

IRV:

Hemorrhage with complete occlusion of posterior 3/4th of the Superior sagittal sinus, the right transverse sinus and the right sigmoid sinus.

Left transverse and sigmoid sinuses are hypoplastic.

Sigmoid sinus shows significant smaller calibre.

Vein of Galen and internal cerebral veins appear normal.



• CT Scan with 3D Imaging

• Angiography

• Guided Procedures

• Whole Body supercon MRI

• RT Tractography

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**SHRUTIKA
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IMPRESSION-

- Thrombosis with complete occlusion of posterior 3/4th of the Superior sagittal sinus, the right transverse sinus and the right sigmoid sinus.
- Late subacute-chronic extra-axial hemorrhage along bilateral cerebral convexity, ms. 7.5 mm and 2.5 mm in maximum width.
- Mild effacement of adjacent cerebral sulci, with midline shift to the left-side ms. 2.0 mm.
- No e/o brain-parenchymal abnormality (edema/infarct).
- No e/o intracerebral hemorrhage.

Dr. Sukhvinder G. S
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Consultant Radiologist



Chinchikar
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body CT Scan with 3D Imaging

Angiography

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Body supercon MRI

Angiography

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Channel EEG/Video EEG/EMG/NCV/BER/SEP

3D/4D Obstetrics USG

High Resolution Obst/Gyn/Paed neuro USG

Small Parts / Transvaginal / Transrectal USG

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Digital X-Ray & X-Ray Procedures

USG guided biopsy / FNAC



SHRUTIKA
SCAN

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1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	:	30-May-2024	Reporter :	self/MSK
Pt. Name	:	Mr. SHRIKANT INGAWALE.		Age/Sex : --/M
Ref. By	:	Dr. S K PRABHU		

CT SCAN OF BRAIN PLAIN

Study done on 26/05/2024 at WIINS Hospital. Reported on tele images.

PROTOCOL: Axial CT scan images of the brain have been acquired.

FINDINGS:

Suboptimal study due to artifacts.

Right parietal burr hole is noted.

Thin residual subdural collection is noted along the right anterior frontal convexity with maximum thickness of 7mm.

Persistent cavum septum pellucidum noted.

Rest of the cerebral parenchyma appears normal.

The cerebellum and brainstem appears normal. The posterior fossa is normal.

Both the lateral ventricles show normal size, shape and position. The third ventricle is normal in size and is in the midline. The fourth ventricle and the basal cisterns are normal.

The sylvian fissure, the interhemispheric fissure and the cortical sulci are normal.

No acute intracranial haemorrhage / cerebral oedema / midline shift.

Visualised paranasal sinuses appear normal.

Suggestion: Clinical correlation.

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MBBS, DMRD, DNB.



Chinchikar
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For Emergency : Ph. (0231) 2646040/41/42/43/44/45/46/47/48/49/40000/41000/42000/43000/44000/45000/46000/47000/48000/49000

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 Body CT Scan with 3D Imaging
 Angiography
 Guided Procedures
 Body supercon MRI
 Tractography
 Conventional Procedures
 Channel EEG/Video EEG/EMG/NCV/BERASSEP

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**SHRUTIKA
SCAN**

96 Channel 3 Tesla MRI Magnetom Spectra | 96 Slice Ct Somatom Go Now

1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	: 01-Jun-2024	Reporter: VSP/RVK
Pt. Name	: MR. SHRIKANT CHANDRAKANT INGAWALE	Age/Sex : 25 Yrs./M
Ref. By	: Dr. PRABHU SANTOSH	MS.MCH.(NEURO).

Printed on at: 01/06/2024 4:43:00 PM

MRI BRAIN (PLAIN)

PROTOCOL: Multiplanar multiecho MRI of the brain has been performed.

FINDINGS:

Previous MRI dated as 04/05/2024 is available for comparison.

Burr hole seen in right parietal bone.

Subacute to chronic subdural hemorrhage of maximum width 3.0mm seen along right fronto-parietal convexity and of maximum width 1.5mm seen along left fronto-parietal convexity. It causes effacement of underlying sulci. No mass effect / No midline shift --- **As compared to previous MRI, mild reduction in size of right subdural hemorrhage noted. No significant change in left subdural hemorrhage.**

Loss of the flow voids signal with heterogeneous hyperintense signal on T1 and FLAIR sequence seen in mid and distal superior sagittal sinus, sinus confluence, right transverse sinus and sigmoid sinus ---- **Consistent with subacute cerebral dural venous sinus thrombosis.**

No focal or diffuse area of restricted diffusion is noted on DW images.

Rest of the cerebral parenchyma, basal ganglia and thalamus appears normal.

The cerebellum and brainstem appear normal. Basal cisterns are patent.

Persistent cavum septum pellucidum noted.

Rest of the ventricular system, sulcal space and cisternal spaces appear normal.

Pituitary gland, sella and parasellar structure appears normal. Bilateral 7th and 8th nerve complexes appear unremarkable. Cisternal segment of bilateral 5th nerve appears normal.

Visualized intra-cranial vasculature reveals normal flow voids.

The crano-vertebral junction appears normal.

ADVICE: Clinical correlation.



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• Vessel wall Magnification Spectra
 • Body CT Scan with 3D Imaging
 • Angiography
 • Guided Procedures
 • Body supercon MRI
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 • Inventional Procedures
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SCAN**

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1968/C, Maharana Pratap Chowk, Laxmipuri, Kolhapur. Ph. (0231)2646040/41/42/43, MB : 98232 18800

Date	: 30-May-2024	Reporter : self/MSK
Pt. Name	: Mr. SHRIKANT INGAWALE.	Age/Sex : --/M
Ref. By	: Dr. S K PRABHU	

CT SCAN OF BRAIN PLAIN

Study done on 29/05/2024 at WIINS Hospital. Reported on tele images.

PROTOCOL: Axial CT scan images of the brain have been acquired.

FINDINGS:

Suboptimal study due to artifacts.

Right parietal burr hole is noted.

Thin residual subdural collection is noted along the right anterior frontal convexity with maximum thickness of 5mm.

Persistent cavum septum pellucidum noted.

Rest of the cerebral parenchyma appears normal.

The cerebellum and brainstem appears normal. The posterior fossa is normal.

Both the lateral ventricles show normal size, shape and position. The third ventricle is normal in size and is in the midline. The fourth ventricle and the basal cisterns are normal.

The sylvian fissure, the interhemispheric fissure and the cortical sulci are normal.

No acute intracranial haemorrhage / cerebral oedema / midline shift.

Visualised paranasal sinuses appear normal.

Suggestion: Clinical correlation.

DR. MANJEET KULKARNI.
MBBS, DMRD, DNB.

