

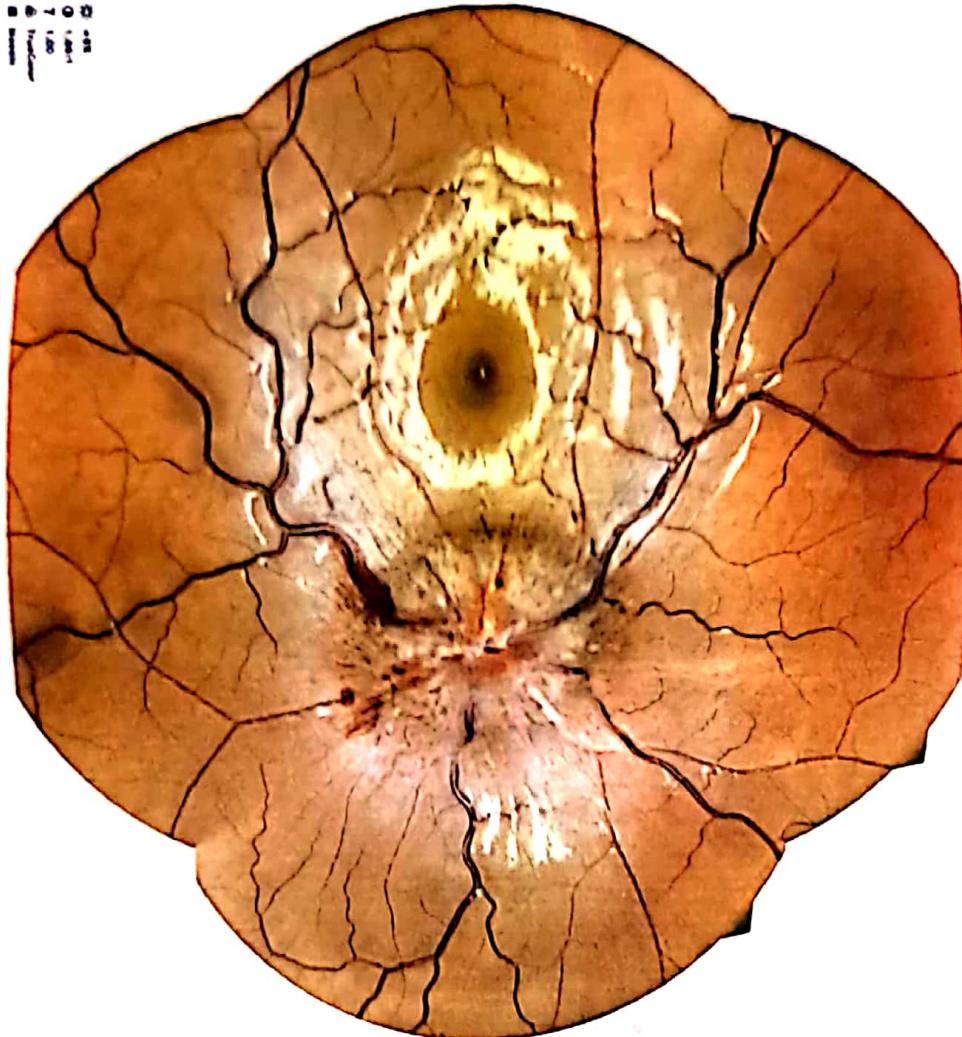
Name **Ingawale, Shrikant**

Patient ID **7066482596**

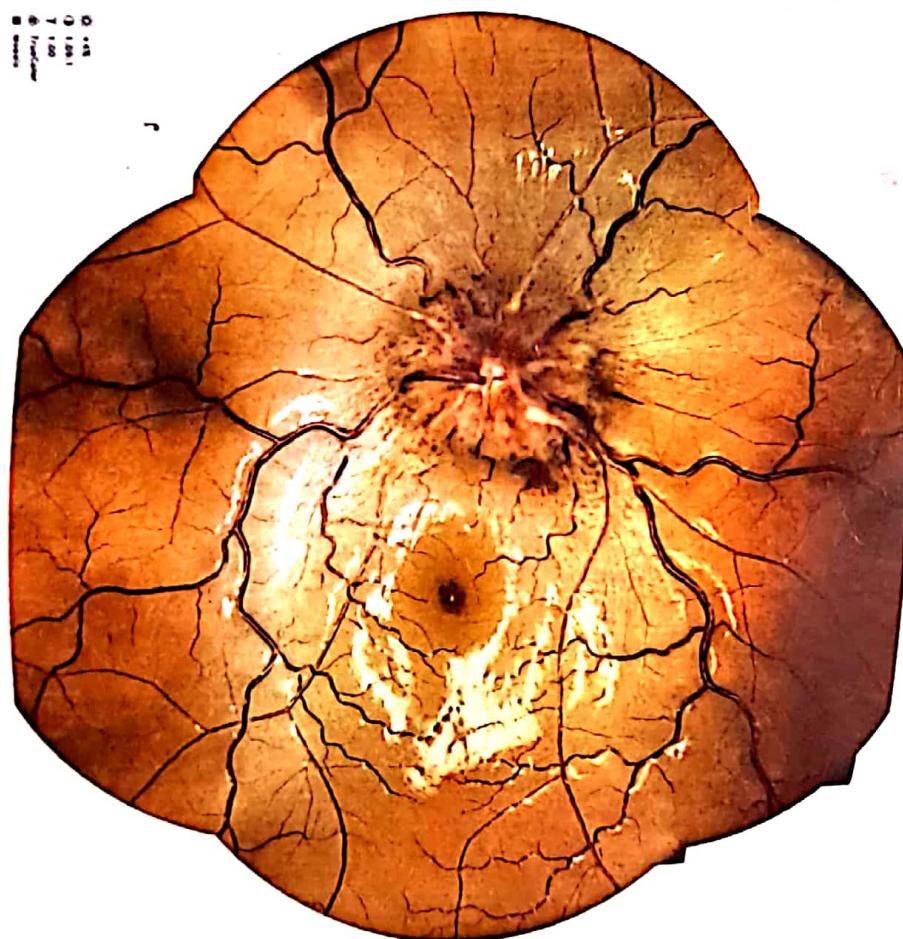
Date of birth **17/05/1998**

Gender **Male**

OD - Mosaic
19/03/2024



OS - Mosaic
19/03/2024



Report device: DRSpplus s/n 11551471
Software version: 22.1

centerVue

Report date: 19/03/2024
Page 1/1

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VR

Dr. D Y Patil Medical College Hospital And Research Institute
Kadamwadi, Kolhapur - 416003
Phone No: 0231-2653287/2655602/63



UHID : 000003887511

Patient Name : MR. SHRIKANT CHANDRAKANT INGAVALE**Age :** 25 Yrs 0 Mon(s) 0 Day(s) / M**Dept. :** OPHTHALMOLOGY**Mobile No. :** 7066482596**Consulting Dr. :** Dr. UNIT OPHTHAL**Address :** TOP, HATKANANGALE, KOLHAPUR**Registration Date :** 23/03/2024**CASE SHEET****Visit Date:** 23/03/2024**Token No.**

SIB Dr Yash | Dr Rohit | Dr Sabir Sir |

Dr Pankaj Sir

Present Complaints:Headache x 15 days
Double Vision x 15 days

OE	Re	Le
Lids	N	N
conj.	N	H
Cornea	clear	clear
pupil	illuminated	illuminated
lens	(R)	(N)

History of Present illness:

No specs

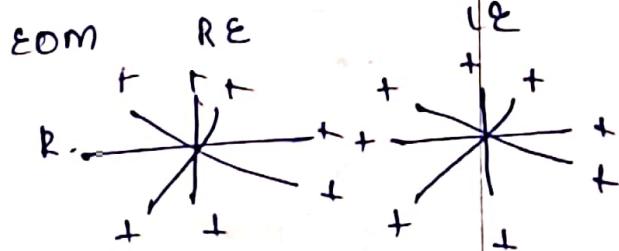
No SD

No prev. H/o Ocular Trauma(Sx)

allergy/addiction

pt is facing T-Diamond $\frac{1}{2}-0-\frac{1}{2}$.**Past History:**

JPL 17.3.

**Examination Findings:**JA < 6/6
6/12 + PH 6/9P**Provisional Diagnosis:**

Bf papilloedema + RE CP palsy

Investigation Advised

MRI BRAIN + DRBIT.
All routine Inv + ESR +,
CRP + VDRL + HCV.

Treatment Advised

Admit & ophthalm

(P.D.)

दिनांक / Date Time / वेळ	रोगलक्षणे व रुग्णाची प्रगती / Symptoms and Progress	औषधयोजना / Prescriptions	तपासण्या / सल्ला Investigation & advice
23/3/24 11 AM	S/B Dr Pankaj Adv		
	amp BE - papilloedema Rest fundus N/A LE - papilloedema.		
	Ady :- Refer physician (neuro), No active Management required from our side.		
23/3/24 11:05 AM	C/SIB or Mites 1 Dr Ady 1 or switch cl: Double vision cl: Headache no other focal neurological deficit no comorbidities no prostration no fever, no cyanosis, no claudication no limb weakness, no visual acuity, no rotors HR = BP - 101 mmHg RR - 88/min on RA SPO2 - 94% on RA		
	S/G: OVS, S.S. 10 hours. no murmur MS: Bilateral Egual no gaze, seen P/A: soft non tender no organs regularly conscious oriented to time place & person Power: 1/15 1/15 1/15 1/15 Reflex: 1+ (प्रत्येकवेळी येताना सोबत हा पेपर आणावा.)		



**DR. D. Y. PATIL
MEDICAL COLLEGE HOSPITAL
& RESEARCH INSTITUTE**

Accredited by NAAC with 'A' Grade
Reg. No. 237 (Kolhapur Municipal Corporation)

Patient ID: 3887511

Age: 25 Years

Accession Number: 25122365_T9518

Referring Physician: DYP-OPTH WARD

Study Date: 23-Mar-2024

Patient Name: SHRIKANT C. INGAWALE

Sex: M

Modality: MR

Study: MRI BRAIN PLAIN

MRI BRAIN (PLAIN)

PROTOCOL:

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

CLINICAL BRIEF: H/O DIPLOPIA SINCE 15 DAYS, H/O HEADACHE.

OBSERVATIONS:

Cavum septum pellucidum noted (Normal variant).

Both cerebral hemispheres show normal signal intensity.

The medulla, pons and midbrain show normal signal intensity.

The ventricular system appears normal.

The posterior fossa shows normal cerebellum. Both the C.P angles are clear.

The basal cisterns are normal.

No midline shift is noted.

The pituitary gland and optic chiasm are normal.

Old Reports Provided : NO



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dypradiokop@krsnadiagnostics.com





DR. D. Y. PATIL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE

Accredited by NAAC with 'A' Grade
Reg. No. 237(Kolhapur Municipal Corporation)

Patient ID:DYPK25645445456	Patient Name:SHRIKANT INGWALE 25
Age:25 Years	YRS
Accession Number:	Sex:M
Referring Physician:	Modality:MR
Study Date:25-Mar-2024	Study:MRI BRAIN P+C

MRI BRAIN (PLAIN+CONTRAST)

PROTOCOL:

- Axial T1, T2 FSE, GRE, FLAIR, DWI
- Sagittal T1
- Coronal T2
- T1 FS C+

CLINICAL BRIEF: H/O HEADACHE, BLURRED VISION.

OBSERVATIONS:

Cavum septum pellucidum and vergae noted (Normal variant).

Both cerebral hemispheres show normal signal intensity.

The ventricular system appears normal.

The posterior fossa shows normal cerebellum. Both the C.P angles are clear.

The medulla, pons and midbrain show normal signal intensity.

The basal cisterns are normal.

No midline shift is noted.

The pituitary gland and optic chiasm appear normal.

No abnormal post-contrast enhancement is seen in brain parenchyma.

IMPRESSION:

No significant abnormality detected.

Dr. Srinath Bingi
M.B.B.S D.M.R.D D.N.B.
R.T.R.D S.M.D

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose. Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Date: 26-Mar-2024 0:17:36



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**DR. D. Y. PATIL
MEDICAL COLLEGE HOSPITAL
& RESEARCH INSTITUTE**

Accredited by NAAC with 'A' Grade
Reg No. 237(Kolhapur Municipal Corporation)

Patient ID:DYPK25645445456

Patient Name:SHRIKANT INGWALE 25

YRS

Age:25 Years

Sex:M

Accession Number:

Modality:MR

Referring Physician:

Study:MRI\ ORBITS P+C

Study Date:25-Mar-2024

MRI ORBITS PLAIN AND CONTRAST

PROTOCOL:

- Axial T1, T2 FSE, STIR
- Sagittal T2
- Coronal T1, T2, STIR
- T1C FS

CLINICAL BRIEF: H/O HEADACHE, BLURRED VISION.

OBSERVATIONS:

Both globes appears normal in anatomical configuration and signal characteristics. The lens and vitreous appear normal. The extra ocular muscles are normal in thickness and signal characteristics.

Bilateral lacrimal glands are normal.

Retro orbital fat shows normal signal intensity.

Intraocular protrusion of optic nerve heads at optic disc on both sides.

Both optic nerves are mildly bulky with T2, STIR hyperintense signal and mild postcontrast enhancement.

IMPRESSION:

1. Intraocular protrusion of optic nerve heads at optic disc on both sides- Papilloedema.
2. Both optic nerves are mildly bulky with T2, STIR hyperintense signal and mild postcontrast enhancement- Likely Optic neuritis.

Dr. Srinath Bingi
M.B.B.S, M.R.A.C.R
Diplomate R.D.S.I
Fellowship FRCR

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose. Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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Website & Email
www.hospital.dypatilmedicalkop.org
dypradiokop@krasnadiagnostics.com





REFERRAL SLIP

Name of Patient SHRIKANT CHANDRA KANT INGAVALE

Age: 25 years

Sex: Male/Female ✓

Address: Halkanangale, Kolhapur.

Diagnosis: Optic Neuropathy.

Presenting Complaints: Left headache : 15 days, double vision : 15 days.

No comorbidities.

(R) eye - diplopia ↑ in temporal gaze

(R) LR palsy. B/L eye - papilloedema +

On Examination: BP 120 / 80 mmHg PR: 78 / min RR: 16 / min Temp: 98 °F

SpO₂: 99% Conscious/Unconscious

Neuro surgery opinion: optic N decompression

Treatment Given: INJ. MANNITOL 100ML TID, INJ. DEXA 8 MG BD,
INJ. CEFTRIAXONE 1G BD, TAB. ACETAZOLAMIDE 250MG BD.

Reason of Referral: Optic Nerve decompression

Referred To: Higher neurology surgery centre ~~Hospital~~ Hospital

Contact No: Referral Intimation Given: Yes No

Accompanying MO/SN Name: Contact No:

Patient Hand over to: Name: Tushar Ingavale

Designation: Brother Contact No: 9975867570

Handedover By

Date: 01/04/24

Time: 10 AM

Dr. Narayan Kumudvathi

JR. General Medicine

Reg. No. 2023/10/7631

Received By

TGF



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G-13, 'Om Plaza', Konda Lane, Laxmipuri, Kolhapur. Ph.: (0231) 2645909, 2645908. Mob. : 7745012200, 8888110034

ADVANCED PATHOLOGY & MOLECULAR MICROBIOLOGY REFERENCE CENTRE

Name : MR. SHRIKANT INGAWALE

Lab ID : 98249

Registered on : 02/04/2024

Age : 25 Yrs. Sex : M

Rep. Dispatch : HH

Released At : 02/04/2024

Ref. By : DR. SANTOSH PRABHU.. M.S.M.CH.



CEREBRO-SPINAL FLUID EXAMINATION

Test	Result	Unit	Biological Ref. Range
------	--------	------	-----------------------

PHYSICAL EXAMINATION

Quantity	:	01 ml
Colour	:	Reddish
Appearance	:	Hazy
Coagulum	:	Absent
Xanthochromia	:	Absent

CHEMICAL EXAMINATION

Proteins	:	58.0	mg/dl	15-45 mg/dl
Glucose	:	69.0	mg/dl	40-70 mg/dl

CYTOTOLOGICAL EXAMINATION

Red Blood Cells	:	30 - 40	/ hpf	
Total Nucleated Cells	:	05	cells / cmm	0-10 cells / cmm

DIFFERENTIAL COUNT

Polymorphs	:	60	%
Lymphocytes	:	40	%

BACTERIOLOGICAL EXAMINATION

Grams Stain	:	No Organism seen .
ZIEHL-NEELSEN STAIN	:	Negative For Acid Fast Bacilli.

(Two ZN stained thick smears studied in detail)

Test Method : Dry Chemistry Analyser, FUJI, JAPAN.

Kindly correlate the results Clinically. In case of any discrepancy or high or low values of any parameter a repeat sample is advised for confirmation.

— End Of Report —


DR. MANISHA KULKARNI
MBBS, MD. (Path)
Reg.No. 84947

**Sample has been collected outside the laboratory. The results pertain to the sample received.

20019280

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IN MAHARASHTRA

TREATMENT FOR
BACKACHE
SCIATICA
HEADACHE
PARALYSIS
HYPERBARIC OXYGEN
THERAPY

SPINAL / CRANIAL
NAVIGATION

DISCHARGE SUMMARY			
UH ID	: 20019280	IPD No	: IPWH21-22/14306/2024
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Age-Sex	: 25 - Male
DOA	: 1/4/24 7:30PM	DOD	: 13/4/24 2:27PM
Address	: A/P Top	Mobile No	: 9975867570
Consultant	: Dr. Santosh Prabhu	Follow Up Date	: 18/04/2024

Final Diagnosis: Benign Intracranial Hypertension
Surgery: Theco-Peritoneal Shunt (2/4/2024)

History

The patient came with complaints of:

Headache since 1 month

Double vision since 1 month

Vomiting since 3 days

He had consulted Dr Aurangabadkar- who advised them to go to KEM Mumbai to Dr Batuk Devra. He was then admitted to Dr D Y Patil Hospital, Kolhapur.

On Diamox 125 BD

The patient was brought to WIINS for further management

On Examination

Conscious, obeys commands.

Prefers to sleep

EOMs: Full

Reports double vision on right lateral gaze

Power grade V all limbs

Fundus: Grade III Papilledema

Operative Notes

Surgery: Theco-Peritoneal Shunt (2/4/2024)

Notes:

In Left Lateral Position Parts painted and draped. Incision at L3L4 level. Tunnel created from Lumbar region to the anterior abdominal wall, on the right Lumbar region. Shunt passed and Tunneller removed. CSF space tapped. Blood mix CSF under moderate pressure. Catheter inserted. Abdominal end and Catheter connected. Free flowing CSF at the abdominal end. Abdominal end inserted using a Trocar. Haemostasis achieved. Wound closed in layers.

Status during Indoor Stay

Routine investigations were done on admission and treatment was started. After counselling 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. Pre-operative complaints of headaches subsided completely. However, he had episodic postural headache (low pressure); for which he was initially advised to lie down flat, and then gradually get mobilised, as well as adequate hydration. This complaint too subsided over time. The patient

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20010280

**SHRUTIKA
SCAN**

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

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Date	: 16-Apr-2024	Reporter : self/MSK
Pt. Name	: Mr. SHRIKANT INAGWALE	Age/Sex : -M
Ref. By	: Dr. S K PRABHU	

CT SCAN OF BRAIN PLAIN

Study done on 13/04/2024 at WIINS Hospital. Reported on tele images.

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

FINDINGS:

Suboptimal study due to artifacts.

Hypodense subdural collection is noted along the right fronto-parietal convexity with maximum thickness of 5mm -- ? chronic subdural haematoma ? subdural hygroma.

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 bones appear normal. No evidence of fracture.

Visualised paranasal sinuses appear normal.

Suggestion: Clinical correlation.

 35-21
DR. MANJEET KULKARNI.
MBBS, DMRD, DNB.

810 Dr. Namam
(L Dr Sandeep)

Rx 1-7b Dicar-D 1-0 →
2-7b 2ix 1-0-7+5 days
3-7b Levipil 500 1-0 →

unadwest wat/ct/s.calcum, followup [
MRI Brain]

Dr. Jyoti Malavi
MBBS, DNB (Radiology)

Dr. Vijay Patil

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

Name: **Ingawale, Shrikant**

Patient ID: 7066482596

Date of birth: 17/05/1998 Gender: Male

OS - Central Nasal

04/05/2024 01:26:55 PM

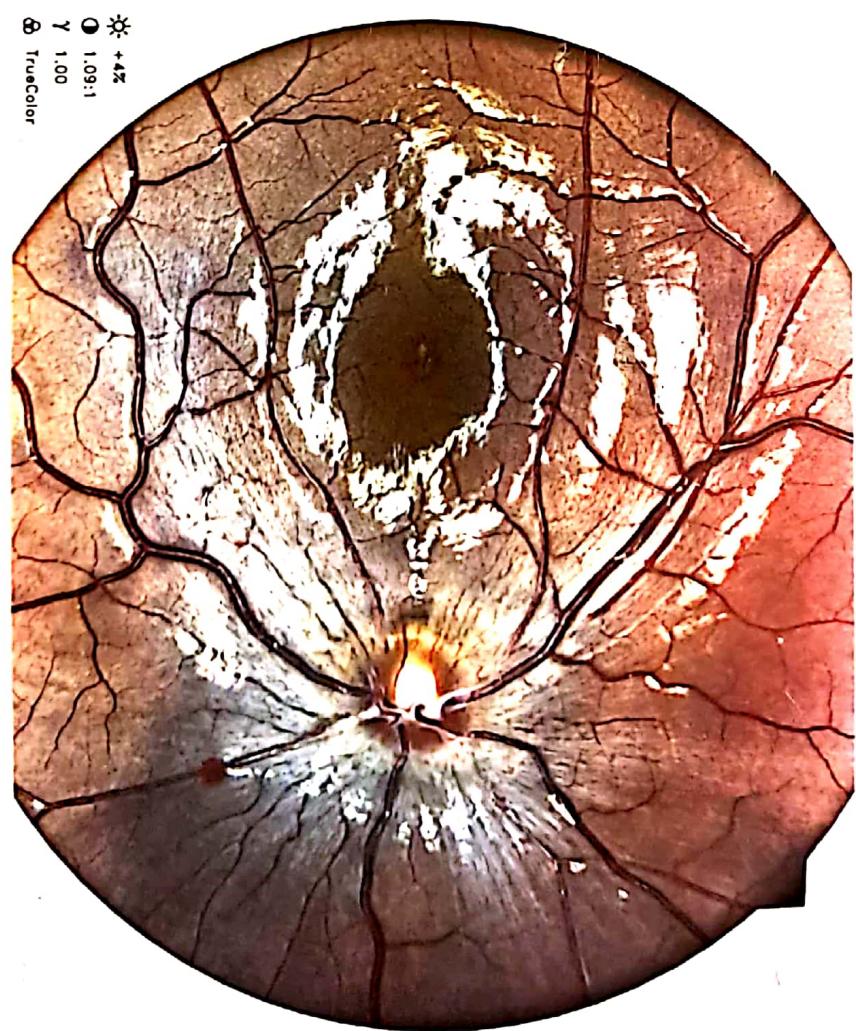
Pupil size: 3.5 mm



OD - Central Nasal

04/05/2024 01:26:42 PM

Pupil size: 5.5 mm



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SHRUTIKA
SCAN

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

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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).

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-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

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.

P.T.O.

Dr. R.C.Chinchikar
M.D.(Pathology)

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)

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**SHRUTIKA
SCAN**

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.

S.G.S.

Dr. Sukhvinder G. S
MD, FRCR
Consultant Radiologist

Dr. R.C.Chinchnikar
M.D.(Pathology)

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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(8)

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Sangli Road, MIRAJ - 416 410.
For Appointment : 8983051151

Dr. Nathaniel Sase
M.D.(Med.), D.M.(Neuro)
CMC Vellore

OPD REG NO.:

NAME: Shrikant Ingawale SEX:

DATE:

15/5/25

ADDRESS: Top. 29 M.

REF. BY DR.

CHIEF COMPLAINTS

40 - Headache :

{ ① side heaviness }

3/5/25.

HEADACHE

DOUBLE VISION

T.P shunt NAUSEA done on 2/5/25.

DIZZINESS

LOSS OF CONSCIOUSNESS

PAST H/O:

my Brain. C Venogram . 4/5/25 .

PERSONAL HISTORY:

⇒ Thrombosis & complete occlusion.

DRUGS:

no I dypreniis sagittal sinus, ①

HABITS:

transverse sinus & ② sigmoid sinus.

OTHER:

large subacute - chronic extra axial
hemorrhage .

GENERAL EXAM:

WEIGHT:

103 kgs

BP: 130/90 MM HG

TEMP

PULSE:

128/min

SF Protein 58

PUPIL:

N.B.C 30-40 .

Aior -

OTHER:

NEURO EXAM:

CONCIOUS: ✓

- SOS SX

TONE:

①

POWER:

PLANTARS: 25

CVT & SDH

PROVISIONAL DIAGNOSIS:

T.P shunt done

INVESTIGATIONS:

Dr. Nathaniel Sase
M.D.(Med.), D.M.(Neuro) CMC Vellore
Hope Neurology Clinic
Consultant Neurologist
Reg. No. 55557

Pt. Name	:	MR. SHRIKANT INGAWALE	Age/Sex	:	25 Yrs./M
Ref. By	:	Dr. SABADE H N MBBS, KUDCHI	Date	:	15-May-2024

CT BRAIN

Protocol: Plain multi-detector row CT scan of the brain has been performed.

FINDINGS:

Acute on subacute / chronic extraaxial hemorrhage complex (EDH-SDH) noted along right fronto-parietal lobes with maximum thickness of 13mm. Mild effacement of adjacent cerebral sulci with midline shift of 4mm noted towards left side.

Rest of the supra and infra tentorial neuroparenchyma appears normal.

No obvious infarct or any focal lesion is seen.

The ventricular system and basal cisterns appears normal.

There is cavum septum pellucidum et vergae.

Posterior fossa structures appear normal.

The calvarium and skull base appears normal. No fracture or any osteolytic or sclerotic lesion.

Mixed density content noted within posterior part of superior sagittal sinus, right transverse and sigmoid sinuses - likely s/o thrombosis.

Mucosal thickening is seen in right maxillary sinus. Mild deviation of bony nasal septum with convexity towards left.

Rest of the visualized paranasal sinuses and mastoid air cells appear clear.

Impression:

- Acute on subacute / chronic extraaxial hemorrhage complex (EDH-SDH) along right fronto-parietal lobes with mild effacement of adjacent cerebral sulci and midline shift.**
- Mixed density content within posterior part of superior sagittal sinus, right transverse and sigmoid sinuses - likely s/o thrombosis.**

Suggest: Clinical correlation and further evaluation / follow-up imaging



**Dr. Manthan Aher
MD Radio-diagnosis
Reg. No. 2020032411**

**Dr. Santosh C. Kulged
MBBS., DMRD
Consulting Radiologist**



Mr. SHRIKANT INGAWALE
HOPE CLINIC MIRAJ Miraj..
Tel No : 9975867570
PID NO: P47724523741100
Age: 25 Year(s) Sex: Male



Reference: DR.NATHANIEAL SASE
Sample Collected At:
Dbp-Nathaniel Sumitra Sase
Wanless Hospital, Dr Fletcher Road,
Miraj, Sangli Maharashtra - 416410.
Processing Location:-Dr.Shindagi
Metropolis Lab,393,Arunoday Apt.,Dr.
Ambedkar Rd., Sangli- 416416

Medical Laboratory Report
VID: 240087101456299
Registered On:
15/05/2024 01:58 PM
Collected On:
15/05/2024 1:56PM
Reported On:
15/05/2024 04:48 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Prothrombin Time (PT) (Citrated plasma)			
Prothrombin Time	12.6	sec	11-16
Control (MNPT)	11.6	sec	--
Ratio	1.08		--
Index	92.06	%	--
PT(INR) Value	1.09	-	Normal Population : 0.8 - 1.2 Standard Therapy: 2.0-3.0 High Dose Therapy: 3.0-4.5

Test done on Fully Automated Coagulometer (Clotting)

Interpretation :

The prothrombin time (PT) and international normalized ratio (INR) are measures of the extrinsic pathway of coagulation.

The INR is used only for patients on stable oral anticoagulant therapy. It makes no significant contribution to the diagnosis or treatment of patients whose PT is prolonged for other reasons.

Increased PT times may be due to:

Factor deficiencies(X , II , V , I), Coumadin (warfarin) therapy, Liver Diseases (Bile duct obstruction, Cirrhosis , Hepatitis), Hemorrhagic Disease of the newborn, DIC, Malabsorption, Fibrinolysis, Vitamin K deficiency.

Interference in PT/INR

Alcohol, antibiotics, aspirin, cimetidine, thrombin Inhibitors (Increase PT) Barbiturates, oral contraceptives, hormone-replacement therapy (HRT), and vitamin K (Decrease PT).

-- End of Report --

This is computer generated medical diagnostics report that has been validated by an Dr.Vivek Shindagi/Doctor.
The report does not need physical signature. Results relate only to the sample as received MD / Pathologists of reporting overleaf.
Under NABL Scope ** Referred Test



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