

Name: Mr. Gunit Kandhway

Contact: 9576493994

Location: Diagnostic Clinic/DHAKURIA Attending Doctor: Dr R. N. Bhattacharya

Reported: 01 November 2023 10:06 AM

Payer: CASH

Order Id: RDOP00000272195

UHID: AM10358999

Age/Sex: 21Y 1M 19D / M

Encounter: OP - 114680320001

Visit: 30 October 2023

Examination: 30 October 2023 1:29 PM

Referring Doctor:

Order Date: 30 October 2023 11:44 AM

CT SCAN OF BRAIN

464

PROTOCOL:

Axial sections of the brain were taken in 64 slice volume scanner without I.V contrast.

FINDINGS:

Cerebellar hemispheres appear normal.

Fourth ventricle is of normal size, shape and position.

Basal cisterns are free.

Brain stem - mid brain region is normal.

Supratentorial ventricles are normal.

Cortical sulci / gyri show no abnormality.

Basal ganglia / thalami are normal.

Bilateral fronto-temporal subdural hygromas are noted with no significant mass effect.

Sella / para sella regions are normal.

Visualized orbits / paranasal sinuses are normal.

Bone window shows no fracture.







Name

MR. G UNIT KANDHWAY

Registration No SEP23-66118

Date of Admission 24/09/2023 10:45 PM

Date of Discharge 07/10/2023 02:10 PM

असर्फी हॉस्पीटकुट : 21 Years Sex : Male

PROF.(Retd.)Dr. R. ELANGOVAN

Consultant M.S., M.Ch.(Neuro Surgery)
Dr. RAJESH SINGH

M.S. M.Ch. (Neuro Surgery)

Discharge Summary

सबके लिए स्वास्टर

GNOSIS:

ere Traumatic Brain Injury

TORY & PHYSICAL EXAMINATION:

Gunit Khandhway, 21 years / male admitted in ER with alleged H/O trauma to the head and other parts of body due to fall rom two wheeler at around 08:30 pm near Reliable showroom, Bank more, Dhanbad on 24/09/2023, loss of consciousness since rauma. Primary treatment done at local nursing home. No H/O taking any medicine for chronic disease. O/E GCS: E1, V2, M4, light 1.5 reacting to light, Left 1.5 sluggishly reacting to light, BP- 140/90 mmHg, Pulse- 132 bpm, GRBS-138 mg/dl at the time of idmission.

NVESTIGATIONS:

CT- Brain (17/09/2023): S/o generalized cerebral edema, subarachnoid bleed along the sulci in high parietal lobe, along the interhemispheric fissure and along the tentorium cerebelli. Haemorrhagic contusion in deep cortex in right temporal lobe. Very thin extradural hematoma in the right inferior temporal convexity. Fractures of lateral wall of right orbit and right temporal bone inferiorly. Repeat CT-Brain (26/09/2023): Mild hygromatous changes in both frontal convexity. Small contusion in right basal ganglia and caudate nucleus. Subarachnoid bleed along tentorium cerebella and interhemispheric fissure.

X-Ray Chest: Mild hazy opacification seen in right lower lobe. Bony thoracic cage appears normal.

USG W/A: No significant abnormality detected,

TREATMENT SUMMARY:

On admission, in view of low GCS he was intubated and put on ventilator supports and being treated conservatively with antiedema, antiepileptic, analgesics, antibiotics and other symptomatic measures. Weaning of ventilator was done on 28/09/2023 and he was extubated on 29/09/2023.

CONDITION AT DISCHARGE:

GCS E4, V4, M6(but confused), PERRLA, vitals stable, on oral liquid diet.

FOLLOW-UP ADVICE:

Normal liquid + soft diet. Physiotherapy and neurorehabilitation to continue as advised. Nursing care & care of bowl, bladder, skin/back and eye as advised..

Sl. No	Drug	Frequency	Duration
1	Tab- Covatil 500 mg	1-0-1	For 5 days
2	Tab- Levalty 500 mg	1-0-1	To continue
3	Tab- Pan 40 mg	1-0-0 BB	For 10 days
4	Tab- Pyrigesic T	1-1-1	For 5 days
5	Tab- Cerebest 90 mg	1-0-1	For 10 days
6	Tab- Dalus Forte	1-0-1	For 10 days
7	Syp- Dyrich 10 ml	1-0-1	for 10 days
8	Syp-Glycerol 30 ml in ½ glass of water with lime juice	1-1-1	For 7 days

Review 16/10/2023 in Neuro OPD. In case of headache, vomiting, seizure or LOC to come to EMD Asarfi Hospital Dhanbad or call on 9234302735



Asarfi Hospital Limited

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