



KAMMINENI NEURO CARE

B.N.S.L. Lahari Diagnostic Center



Patient Name : Master S. VISHNUVARDHAN REDDY
Ref By : DR. SRIKANTANEYULU .MD.,DM.,NEURO

Age : 7 Years Gender : Male
Date : 06-May-2015 P ID : 15-0506021

DEPARTMENT OF HAEMATOLOGY

<u>INVESTIGATIONS</u>	<u>PATIENT VALUES</u>		<u>NORMAL RANGE</u>
<u>HAEMOGRAM</u>			
Haemoglobin	: 12.7	gms%	12 - 16
Platelet Count	: 3.19	Lakhs/cumm	1.5 - 4.5
RBC Count	: 4.9	M/cmm	4.5 - 6.0
Total WBC Count	: 9,100	cells/cmm	4000 - 11000
PCV	: 41	Vol %	35 - 54
MCV	: 83	fl	80 - 95
MCH	: 25	pg	27 - 32
MCHC	: 30	%	32 - 36
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	: 62	%	40 - 75
Lymphocytes	: 32	%	20 - 40
Eosinophils	: 4	%	01 - 06
Monocytes	: 2	%	02 - 10
Basophils	: 0	%	00 - 01
E.S.R. for 1 hour	: 20	mm	02 - 10

DEPARTMENT OF BIO-CHEMISTRY

RANDOM BLOOD SUGAR	: 81	mg/dl	70 - 150 mg/dl
SERUM CREATININE	: 0.6	mg/dl	0.6 - 1.5 mg/dl
SERUM CALCIUM	: 8.0	mg/dl	8.1 - 10.4 mg/dl

Lab Technician

[Signature]
In Charge

Opp: Santhigiri Ayurvedic Vaidyasala, YERRAMUKKAPALLI, Kadapa. Cell: 8897018581



DEPARTMENT OF NEUROIMAGING AND INTERVENTIONAL NEURORADIOLOGY
NIMHANS, BANGALORE-29



PATIENT NAME	VISHNUVARDANREDDY S	UHID	20150032417
AGE / SEX	7Y / M	ACCESSION NO	270712
MODALITY	CR	SCAN DATE	10-05-2015 16:06:05
REFERRED BY	Kumar	REPORTED ON	15-05-2015 17:11:29

CHEST X RAY AP VIEW

FINDINGS:

- Bilateral lung fields appear clear.
- Bilateral CP angles are clear.
- Cardiothoracic ratio normal.
- Trachea appears central.
- Bony ribcage appears normal.
- Soft tissues opacity appears normal.

IMPRESSION:

NORMAL CHEST RADIOGRAPHY.

Dr. Sarbesh



DEPARTMENT OF NEUROIMAGING AND INTERVENTIONAL NEURORADIOLOGY
NIMHANS, BANGALORE-29



PATIENT NAME	VISHNUVARDANREDDY S	UHID	20150032417
AGE / SEX	7Y / M	ACCESSION NO	270749
MODALITY	CT	SCAN DATE	10-05-2015 20:27:48
REFERRED BY	A. B. Taly	REPORTED ON	15-05-2015 17:11:03

C.T SCAN OF BRAIN (PLAIN)

FINDINGS

Cerebral parenchyma shows normal gray white matter differentiation.

The basal ganglia and the thalamus appears normal.

Posterior fossa structures including 4th ventricle are normal.

Supratentorial ventricular system is normal.

Cortical sulci and Cisternal spaces are normal.

No evidence of extra axial fluid collections.

IMPRESSION

- NO OBVIOUS ABNORMALITY IN BRAIN PARENCHYMA.

Dr. Sarbesh

Discharge Summary RESIDENT'S REPORT

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
BANGALORE - 560029.

PSYCHIATRY, NEUROLOGY & NEUROSURGERY

Unit 17

Hosp. No. 10735476

Name Vishnu vandan Age 7 yr Sex M Date DOA - 20/5/15

DOD - 14/5/15

Δ S S P E

History

- 6 yr old, boy, 2nd born of NCP,
- No perinatal insult, normal growth & development till the age of 6 years of age
- Since last 1 month child had repetition sudden brief myoclonic jerks, unsteadiness & fall, jerks becomes more freq in last 1-2 weeks
- HTD febrile illness for 1 day 1 week prior to onset of jerks. NO HTD worsening of scholastic performance.
- feature of raised ICP, bladder & bowel sympt.
- According to mother child had taken 9 month meanly Urine (NO document available)

O/E -

Afebrile

HTC - 99 cm

Conscious & oriented,

meningeal signs absent.

Fundus - BLN @

Pupils - NSWR

Cons - full range

No CN. weakness

Exam - normal

Reflex - 2+ Plaster II.

Power - BLN arms;

Levogy - No deficit

Coordination - Normal.

Two mounts - Myoclonic jerks present

with abduction of shoulder &

Inu

615115

EF 4

Generalized
Periodic high amplitude discharge
(every 4-6 sec)
Generalized, without change in background
S10 SSPE.

(4 Brain (P) Normal,

Hemogram

Hb - 12.4

Alb - 1.6

W - 9.8

S401 - 26

R - 205

S4PT - 11

Cred - 0.5

Rill - 0.2

mea - 25

Amoia - 61

Nat - 136

Lactal - 28

K+ - 4.19

CSF, anti-measle antibody } Positive
Serum Anti-measle antibody } 1:625

CSF - Cells - Nil

Protein - 26, Glu - 60, Lactate - 11.8, Cl - 118

Discharge: 6 yr old boy presented w/ repetition
myoclonic jerks w/ falls on background ~~to~~
doubtful w/o measles vaccination. Possibility
of SSPE, thought which is confirmed by positive
serum & CSF anti-measle antibody levels.

Regarding the illness, course & prognosis
explained to relatives. Pt. has been discharged
& advised to F/U after 2 months in N-6 OPD on
Tuesday.

Advice on Discharge

1. Tab. Valparin 200 mg 1-1 (30 mg)
2. Tab. Clonazepam 0.5 mg 1-1
3. Tab. Isoprinolone 500 mg 1-1
4. F/U after 2 months / 505 To continue
in N-6 OPD on Tuesday.

@phy
LABS



National Institute of Mental Health and Neuro Sciences
Hosur Road, Bengaluru

Lab Centre::Neurochemistry

UHID:	20150032417	Order No:	OBR/155709/2015
Sample ID:	C-1505120215	Ordering Dept:	Neurology
Rep.No:	OBX/C-1505120215	Sample Collection Time:	12/05/2015 09:10 AM
Name:	Mr. VISHNUVARDANREDDY S	Time of Sample Receipt:	12/05/2015 09:52 AM
Age:	7 years 4 days	Report Generated Time:	12/05/2015 10:38 AM
Gender:	Male	Unit Name:	N II(Dr.A.B.Taly)
MRD No:	N735476	Lab Reference No:	112
Ward Name/Collection Centre:	Short stay ward		

Report

Sl No	Test Name	Result	Reference Range	Flag	Method	Verification Comment(s)
1	AMMONIA;PLASMA	61	16-60 umol/L	H	Enzymatic(GLDH)	
2	LACTATE;PLASMA	28.0	4.5-20 mg/dL	H	Lactate to pyruvate	
3	LIH	0 0 0	L:lipemia,I:icterus,H:hemolysis(0-5 indicate the level of L/I/H)			

Level 1 Verified by

Level 2 Verified by

(Dr.Jayagandan)

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END OF REPORT

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Hosur Road, Bengaluru , 560029

Department of Neurovirology

UHID:	20150032417	Reg Date:	10/05/2015 07:21 PM
MRD No :	N735476	Date of Requisition:	12/05/2015
Patient Name:	Mr. VISHNUVARDANREDDY S	Sample Collection Date:	12/05/2015 09:09 AM
Age :	7 years 4 days	Time of Sample Receipt:	12/05/2015 12:48 PM
Gender:	Male	Report Generated Date:	13/05/2015 03:42 PM
Department:	Neurology	Ward Name/Collection Centre:	Short stay ward
Unit Name :	N II(Dr.A.B.Taly)	Lab Name:	Neurovirology
Unit Incharge:	Dr. A. B. Taly	Lab Reference No:	15442
Requisition By:	Dr. A. Taly		

Sample Details : V-1505120009 (Serum)**MEASLES IGG ANTIBODIES-SERUM****Report:**

Titres for IgG antibodies to Measles virus by ELISA in CSF and Serum - 625

Interpretation:

Suggestive of SSPE. Please correlate with clinical and EEG findings.

Level 1 Entered by
(Dr.Ashwini)Level 2 Verified by
(Dr.Ashwini)

Authorized Signatory

* This is computer generated report,hence no signature is required.

(2)

END OF REPORT



National Institute of Mental Health and Neuro Sciences
Hosur Road, Bengaluru

Lab Centre::Neurochemistry

UHID:	20150032417	Order No:	OBR/155709/2015
Sample ID:	C-1505120213	Ordering Dept:	Neurology
Rep.No:	OBX/C-1505120213	Sample Collection Time:	12/05/2015 09:10 AM
Name:	Mr. VISHNUVARDANREDDY S	Time of Sample Receipt:	12/05/2015 09:54 AM
Age:	7 years 4 days	Report Generated Time:	12/05/2015 10:39 AM
Gender:	Male	Unit Name:	N II(Dr.A.B.Taly)
MRD No:	N735476	Lab Reference No:	117
Ward Name/Collection Centre:	Short stay ward		

Report

SI No	Test Name	Result	Reference Range	Flag	Method	Verification Comment(s)
LIPID PROFILE						
1	CHOLESTEROL TOTAL;SERUM	128	Desirable:<170, Borderline high:170-199, High>200 mg/dL		Cholesterol oxidase,esterase,peroxidase	
2	HIGH DENSITY LIPOPROTEIN (HDL) CHOLESTEROL;SERUM	29	40-60 mg/dL	L	Direct measure,immunoinhibition	
3	LOW DENSITY LIPOPROTEIN (LDL)-CHOLESTEROL SERUM	81	<100 mg/dL		Calculated value	
4	TRIGLYCERIDES;SERUM	90	<90(Borderline high:90-129;high:>130) mg/dL		Enzymatic end point	
5	VERY LOW DENSITY LIPOPROTEIN (VLDL)-CHOLESTEROL SERUM	18	5-30 mg/dL		Calculated Value	
LIVER FUNCTION TEST						
1	ALBUMIN / GLOBULIN RATIO (AG RATIO);SERUM	1.6	1.2-2.5		Calculated Result	
2	ALBUMIN;SERUM	3.9	3.5 - 5.2 g/dL		Bromocresol Green (BCG)	
3	ALKALINE PHOSPHATASE (ALP);SERUM	177	86-315 U/L		IFCC(pNPP.AMP buffer)	
4	BILIRUBIN TOTAL;SERUM	0.4	0.3-1.2 mg/dL		DPD	
5	GLOBULIN;SERUM	2.5	2.5-5.6 g/dL		Calculated result	
6	SGOT (AST);SERUM	20	8-60 U/L		UV without P5P(IFCC)	
7	SGPT (ALT);SERUM	10	7-50 U/L		UV without P5P(IFCC)	
8	TOTAL PROTEIN;SERUM	6.4	5.7-8.0 g/dL		Biuret	
RENAL FUNCTION TEST						
1	CREATININE;SERUM	0.5	0.5-1.2 mg/dL		Uncompensated Jaffe	
2	UREA;SERUM	23	10.8-38.4 mg/dL		Urease,UV	
SERUM ELECTROLYTES						
1	CHLORIDE;SERUM	107	102-112 mmol/L		ISE indirect	
2	POTASSIUM;SERUM	4.01	3.5-5.1 mmol/L		ISE indirect	
3	SODIUM;SERUM	143	136-146 mmol/L		ISE indirect	