

অধ্যাপক ডাঃ মোঃ মিজানুর রহমান

এমবিবিএস, এফসিপিএস

শিশু স্নায়ুরোগ বিশেষজ্ঞ

প্রাক্তন চেয়ারম্যান, শিশু নিউরোলজী বিভাগ

বঙ্গবন্ধু শেখ মুজিব মেডিকেল বিশ্ববিদ্যালয়

Professor Dr. Md. Mizanur Rahman

MBBS, FCPS

Ex-Chairman, Paediatric, Neurology Department

Banglabandhu Sheikh Mujib Medical University

E-mail : mizanur_rahman_1955@yahoo.com

BMDC Reg No: 8516

Name: Alamin

Age: 6 Y 10 M 2 D

Weight: 25 kg

ID: 01022211

Date: 05/06/2022

Referred By:

Height:

OFC:

Phone: 01622771570

Chief Complaint

- Seizure(GTCS) Onset jan 2021
last attack 17 may 2022
- Weakness of left side of
body

Investigations Done

MRI -
Degenerative brain disease
CT -
Ischemic changes and
calcification

Impression

epilepsy
MLD

Rx,

- Tab. Oxetol 150 mg
১^১/_২ + 0 + ১^১/_২ ----- চলবে
- Syrp. Zovia Kids
১ চামচ x ১ বার ----- চলবে

Advices & Follow up Investigation

Ref to Prof Mohesh Narayan (Apollo Hospital, Chennai, India)

Follow-up

৩ মাসের মধ্যে আসবেন

Signature

পরবর্তী সিরিয়াল
5142 Date 27/8/22
আসার পূর্বে নিজে দেখা শিখাবে কোন করে আসবেন
Phone No: 02-41060800 ই-গ্রন্থ-2214, 2222



সিরিয়ালের জন্য রোগী দেখানোর আগের দিন বিকাল

৪টায় ফোন করুন।

সেন্ট্রাল হাসপাতাল লি:

গ্রীন রোড, ঢাকা।

রোগী দেখার সময়: বিকাল ৪টা-রাত ১১টা পর্যন্ত

মোবাইল: 01733-576660; 01707062766

শুক্রবার বন্ধ।

ফোনে চিকিৎসা দেওয়া হয় না।

ঔষধ সেবনের পর এলার্জি হলে, চোখ লালচে হলে

ঔষধ বন্ধ করে ডাক্তার দেখাবেন।



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MRI REPORT

MAGNETIC RESONANCE IMAGING

ID. No. : D-1556152 Date : 04/06/22
Patient's Name : Al-Amin Part Scanned : Brain
Age : 6 Year 6 Month Sex : Male
Refd. by : Prof. Dr. MD. Mizanur Rahman MBBS, FCPS, (Paedi. Neurology).

MRI of Brain

CLINICAL INFORMATION: H/O Fall down, 01 year back.

TECHNIQUE: FLAIR axial; FS T2WI axial, coronal; SE T1WI axial, sagittal, DWI axial.

FINDINGS: *

1. Diffuse areas with hypointensity on T1WI, hyperintense on FLAIR & T2WI are noticed at bilateral fronto-temporo-parietal
2. Mild dilatation of all ventricles. No stenosis or intra/extra ventricular obstruction due to soft tissue mass is noticed at CSF channel upto C3 spine level.
3. No evidence of intra or extra axial hematoma, contusion or mass.
4. Pituitary region: No para, intra or suprasellar mass.
Posterior fossa: No lesion at brain stem, cerebellum or at CP angle.
5. No mass or lesion is noticed in the initial course of CNs.
6. PNS : Mucosal thickening is noticed at bilateral maxillary, ethmoidal, sphenoidal & frontal sinuses. Hypertrophied bilateral nasal turbinates with narrowing of nasal passages.

IMPRESSION:

1. MRI features are suggestive of encephalitis / post viral demyelination. Other adjuvant examination for further evaluation, please.
2. Mild communicating hydrocephalus. Other adjuvant examination for further evaluation, please.

With compliments for kind referral,

DR. RAFAEL MURSALIN
MBBS (DU), Ph.D (Japan)
Fellow-Resident, Nagasaki University Hospital
Assistant Professor (Ex.) (CMCH)
Consultant
Department of Radiology & Imaging
Central Hospital Ltd.

*This is only a professional opinion and not a diagnosis; hence it should be clinically correlated.

Transcribed by : A. S. M. Salek



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info@centralhospitaltddb.com, Web : www.centralhospitaltddb.com

ID No	1518702	SL. No	05	Date	01/02/2022		
Patient's Name	Alamin			Age	07 Yrs	Sex	M
Part Examined	CT Scan of Brain (Non contrast)						
Referred by	Prof. Dr. Md. Mizanur Rahman						
<i>MULTI SLICE WHOLE BODY SPIRAL CT SCAN</i>							

Brief Clinical Notes: Convulsion.

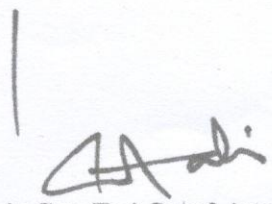
Technique: Volume axial scan of brain / head was done. Axial, sagittal & coronal images are shown in the films.

Findings:

- **Multiple ill-defined hypo-densities observed in peri-ventricular white matter regions of both cerebral hemispheres.**
- Rest of the brain parenchyma is of normal attenuation.
- **Ventricles are dilated and extra ventricular CSF spaces are widened.** Midline structure are in situ.
- Pituitary region: No lesion at para, supra or intrasellar region.
- Posterior fossa: No mass at cerebellum or at CP angle.
- No mass/lesion is noticed at initial course of the CNs.

IMPRESSION:

Findings are consistent with deep white matter ischaemic changes in both cerebral hemispheres and generalized cerebral atrophy – may be sequel of peri natal asphyxia.


Brig Gen (Dr.) Sayed Awsaf Ali (Rtd).
MBBS, FCPS. (Radiology)
Sr. Consultant, Radiology & Imaging,
Central Hospital Ltd.

CT CENTRE, DEPARTMENT OF RADIOLOGY & IMAGING



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EEG REPORT

Name:	Master Al Amin						
Sex:	Male	Id:	16077813	Age:	6 Years	Date:	28 - 09 - 2021
Refd. By:	Prof. Dr. Kanuj Kumar Barman, MBBS (Dhaka), M.Sc, MPH, MD (Neurology).						

History & clinical Feature:

Diagnosis:

Medication:

Thank you for the courtesy of this referral

Introduction: During EEG record the patient was also in sleep. Total duration of recording was 30 minutes. EEG was done according to international 10-20 system.

Description: Back ground rhythm is 5-6 Hzs, bilaterally symmetrical & amplitude is 20-40 micro -volt. High amplitude sharp and slow waves were seen on both hemisphere, which were also present in photic stimulation .

Comment: Suggestive of generalized seizure disorder.

Prof. Dr. Kanuj Kumar Barman

Professor

Department of Neurology

Bangabandhu Sheikh Mujib Medical University,
Dhaka