

ডাঃ বীথি দেবনাথ

এমবিবিএস (ডিএমসি), বিসিএস (স্বাস্থ্য)
 এফসিপিএস (শিশু), এফসিপিএস (শিশু নিউরোলজি)
 ফেলোশিপ ইন অটিজম (দক্ষিণ কোরিয়া)
 শিশু ও শিশু নিউরোলজী বিশেষজ্ঞ
 সহকারী অধ্যাপক, শিশু নিউরোলজি বিভাগ
 ন্যাশনাল ইনস্টিটিউট অব নিউরোসায়েন্সেস এন্ড হাসপাতাল নবাব স্যার - পুং ১ম
 আগারগাঁও শের-ই-বাংলা নগর, ঢাকা-১২০৭

Dr. Bithi Debnath

MBBS (DMC), BCS (Health)
 FCPS (Pediatrics), FCPS (Pediatric Neurology)
 Fellowship in Autism (South Korea)
 Child & Child Neurology Specialist
 Assistant Professor
 Dept. of Pediatric Neurology
 National Institute of Neurosciences & Hospital
 Agargaon, Sher-E-Bangla Nagar, Dhaka-1207

Name: Rafiq Rafiq Age: 7m 7d Weight: 8.5kg Date: 20/11/20

Developmental delay
Seizure - 2 episodes

Advice

sol. / drug / dose / freq. / route
 EEG (Sleep & Awake)
 MRI of brain

Nonconvulsive,
 1st issue
 ops, term,
 NO HFO PWT

OF: 41 cm
 Tone - variable
 Reflex - brisk
 No organomegaly

Sp. Inact
 0:30 নিরি + 0 + 0:15 নিরি - 10 min
 0:45 0:15 নিরি + 0 + 0:15 নিরি - 20 min
 0:50 2 নিরি + 0 + 2 নিরি - 30 min

Compens dip
 2 (anti-epi) 2 m - 6 hrs
 2 (anti-epi) 2 m - 2 hrs

Advice
Developmental therapy

MRI -
 Hypoplastic CC, cerebellum
 P. subdural space
 Enormous ventricles

Ammonia - 9.28
 EEG - Focal, followed by
 2nd generalized

বিহিসের ফোন : ০১৭২২০১১৭



পপুলার ডায়াগনস্টিক সেন্টার লিঃ POPULAR DIAGNOSTIC CENTRE LTD.

House # 16, Road # 2, Dhanmondi R/A, Dhaka-1205
HOTLINE : 09613 787801, E-mail : info@popularidiagnostic.com, Web : www.popularidiagnostic.com

DIGITAL EEG REPORT

ID. No:	149170	Date:	20-12-2020		
Pt. Name:	Master Rafat	Age:	7 month	Sex :	M
Ref. By:	Dr. Bithi Debnath				

Thank you for the courtesy of this referral.

Clinical History: Seizure

Present Medication: ?

Technical report: Digital EEG recorded in international 10-20 system in sleeping state.

During sleeping, vertex sharp transients, k complexes and sleep spindles were seen.

Epileptiform discharges were noted in left temporo-parietal-occipital region with spreading to surroundings.

Generalized bursts of epileptiform discharges were also noted occasionally.

Photic stimulation did not evoke fair posterior driving response.

Hyperventilation was not done.

Conclusion: Abnormal sleep EEG recordings which is consistent with seizure disorder of focal origin with occasional secondary generalization.

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N.B. EEG is undoubtedly the most sensitive, indispensable tool for the diagnosis of epilepsy but like other laboratory tests it must be used in conjunction with clinical data, because many epileptic patients (10-20%) have a perfectly normal inter-ictal EEG. Conversely 2-3% healthy persons show EEG abnormalities.

Basic Neurometabolic Disorder Screening Test Report

Patient Name: Rafat **Patient ID:** RIAA-P-20-80670
Coll. Date: 21/12/2020 **Specimen:** Venous Blood & Urine
Report Date: 22/12/2020 **Age:** 7 M 7 D **Sex:** Male

Requested Tests:

Referred By: **Dr. Bithi Debnath**
 MBBS (DMC), BCS (Health) FCPS (Pediatric Neurology)
 Fellowship Autism (south Korea)
 National Institute of Neuroscience (NINS)

Test Name	Result	Ref. Value
Blood gas (analyzed by OPTI CCA-TS Blood Gas Analyzer):		
pH	7.37	7.2 to 7.6 (Venous)
pCO ₂	40 mm Hg	30 to 50 (Venous) mm Hg
HCO ₃	22.6 mmol/L	23 to 30 (Venous) mmol/L
Base Excess	-2.5 mmol/L	-2.3 to +2.3 mmol/L

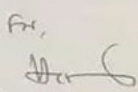
Others Blood Parameters (Lactate & Glucose Analyzed by- CERA-CHEK Monitoring System):		
Glucose	73.8 mg/dL	80 to 120 mg/dL
Lactate	1.3 mmol/L	0.7 to 2.1 mmol/L

Blood Ammonia (analyzed by FUJI DRI-CHEM NX10N):

Serum Ammonia	218 µg/dL	12-66 µg/dL
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Urine Assay for Ketones and Special Metabolic Screen:

Test	Patient Result:	Ref. Value:
Urine Ketones	Negative	Negative
Urine Ferric Chloride Assay	Negative	Negative
Urine DNPH Assay	Negative	Negative
Urine Nitroprusside Assay	Negative	Negative
Urine Glucose	Negative	Negative
Urine Reducing Substance	Negative	Negative


Dr. Zannat Kawser
Medical Officer
 Institute for Developing Science & Health
 Initiatives (ideShi)



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RADIOLOGY SERVICES

MRD No. :	10765131	RIS No. :	1336474
Patient Name :	Master Rafat	Age/Gender :	7 M 8 D/M
Referred By :	ASSTT. PROF. BITHI DEBNATH MBBS, BCS, FCPS (Paed), FCPS (Paed Neurology)	Bed No/Ward :	OPD
Bill Date :	21/12/2020 11:38AM	Scan Date :	21/12/2020
Report Date :	22/12/2020 7:31PM	Report Status :	Final

MRI of Brain

Technique: Multiple imaging sequences were realized in different planes.

Clinical information: 1. H/O Developmental delay, delayed speech.
2. Two episodes of convulsion – last 7 days ago.

Findings:

Appreciable extra-axial CSF signal intensity collection is noted over both cerebral hemispheres.

No focal or diffuse lesion is seen in both cerebral hemispheres.

Gray white matter signal intensities are within normal limits.

Cerebrum and cerebellum show normal cortical sulcations.

Both lateral and third ventricles are mildly dilated.

Extra-ventricular CSF spaces are widened around both cerebral hemispheres with temporo-parietal predominance.

Corpus callosum is significantly reduced in bulk with no definite segmental missing.

Pituitary, parasellar areas and optic chiasma appear normal in signal characteristics and morphology.

Midline structures are not shifted.

The basal ganglia, internal capsule and thalami appear normal.

The posterior fossa, brain stem and CP angles are normal.

Normal basal flow voids are seen.

Visualized cranial nerves appear normal.

Visible paranasal sinuses appear normal.

Impression :

- Gross cerebral cortical atrophy with temporo-parietal predominance.
- Severely hypoplastic corpus callosum.
- Bilateral appreciable subdural effusion.

Prof. Dr. R. N. Sarker Robin
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