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## অধ্যাপক ডাঃ সুভাষ কান্তি দে

এমবিবিএস, এমডি (নিউরোলজি)  
ফেলো ইন্টারভেনশনাল নিউরোলজি এন্ড স্ট্রোক (ইন্ডিয়া)  
স্ট্রোক এন্ড ইন্টারভেনশনাল নিউরোলজিস্ট  
অধ্যাপক ও ডিভিশনাল হেড  
স্ট্রোক এন্ড ইন্টারভেনশনাল নিউরোলজি ডিভিশন, নিউরোলজি বিভাগ  
বঙ্গবন্ধু শেখ মুজিব মেডিকেল বিশ্ববিদ্যালয়

## চেম্বার:

ল্যাবএইড কার্ডিয়াক হাসপাতাল (এনেক্স)  
বাড়ী ১, রোড ৪, ধানমন্ডি, ঢাকা ১২০৫  
ফোন : ৫৮৬১০৭৯৩-৮, ৯৬৭০২১০-৩  
সিরিয়ালের জন্য : ১০৬০৬

## Prof. DR. SUBASH KANTI DEY

MBBS, MD (Neurology)  
Fellow Interventional Neurology & Stroke (India)  
Stroke & Interventional Neurologist  
Professor & Divisional Head  
Stroke & Interventional Neurology Division, Neurologi Dept.  
Bangabandhu Sheikh Mujib Medical University

Name: **MRS SAKINA KHATUN**

Age: **70 years**

ID: **20092201**

Sex: **Female**

Date: **20/09/2022**

Referred By:

### Chief Complaint

- LBP RADIATING TO BOTH LOWER LIMBS FROM 2009
- RECURRENT H/O FALL
- Chest Pain (Central)
- Headache
- H/O HEAD TRAUMA

### Examinations

- PULSE- 72/MIN
- BP-150/70 MM OF HG
- HEART - NAD
- LUNGS- CLEAR
- ABD- NAD
- MOTOR - NAD
- SENSORY- NAD
- PLANTAR- FLEXOR BILATERAL

### Diagnosis

- PD
- GAD
- DM

### Investigation

- BMD
- ECG
- SERUM VITAMIN D
- SERUM URIC ACID
- SERUM CREATININE
- X RAY LUMBOSACRAL SPINE B/V
- URINE RME
- FBS, 2HABF
- FASTING LIPID PROFILE

Discount 20%

### Rx,

- TAB. INDEVER 10 MG  
1 + 1 + 1 ----- খাওয়ার পরে ----- চলবে
- TAB GLIZED80  
1/2 + 0 + 1/2 টা ----- খাবার আগে ----- চলবে
- TAB. SITAGIL 50 MG  
0 + 1 + 0 ----- খাবার আগে ----- চলবে
- TAB D DOPA 110  
1/2 + 1/2 + 1/2 টা ----- খাবার আগে ----- চলবে
- TAB. DUOPRESS 5 MG + 20 MG  
0 + 0 + 1 ----- খাওয়ার পরে ----- চলবে
- CAP. PROLERT 20 MG  
1 + 0 + 0 ----- খাওয়ার পরে ----- চলবে
- TAB. ZOLIUM 0.25 MG  
0 + 0 + 1 ----- খাবার আগে ----- চলবে

### Advices

- শেখানো নিয়মে ব্যায়াম করবেন

*Subash Kanti De*

DR. SUBASH KANTI DEY

রোগী দেখার সময় : প্রতিদিন বিকাল ৫:০০ টা - রাত ৮:০০ টা (শুক্রবার বন্ধ)



evercare

HOSPITAL DHAKA

MEDICAL PRESCRIPTION



Organization Accredited  
by Joint Commission International

UHID : 1025313

Visit Dt/No. : 01/08/2022 / 1387901

Patient Name : . SAKINA KHATUN

Age/sex : 70 Yr 1 Mth 22 Days/F

Vital Details : Height: (cm), Weight: (kg), BP: /, BMI:

Pharmacy Order

| SNo   | Duration  |
|---|-----------|
| <b>Prescription No: 2226665, Prescription Date: 01/08/2022 13:49</b>  |           |
| <b>1 Generic Name: MIRTAZEPINE 7.5 MG</b>   |           |
| Instruction 1 Tablet(s) - once a Day - for 30 Day(s) (Oral), After Food<br>0 + 0 + 1                        | 30 Day(s) |
| <b>2 Generic Name: ALPRAZOLAM 0.25 MG</b>   |           |
| Instruction 1 Tablet(s) - once a Day - for 30 Day(s) (Oral), After Food<br>one tablet if needed for anxiety | 30 Day(s) |
| <b>3 Generic Name: ESCITALOPRAM 10 MG</b>   |           |
| Instruction 2 Tablet(s) - once a Day - for 60 Day(s) (Oral), After Food<br>0 + 0 + 2                        | 60 Day(s) |

[In case of experiencing any allergic reaction, skin rashes or any other reactions which you think may be due to medication, please contact immediately to emergency of Evercare Hospital Dhaka Emergency Contact no - Hotline: 10678, Landline: +88 8431661-5 Ext-2158, Mobile: 01714090000

Prescribed By : **Dr. NIGAR SULTANA**

Printed By:17029

Note: This is a computer generated prescription

Print Date : 01/08/2022 14:06

Page : 1 of 2



**ULTRASONOGRAPHY REPORT**

|               |  |                                |
|---------------|--|--------------------------------|
| I.D. No :     | D180497  | Scan Date: Jul 18, 2022        |
| Name of Pt. : | MS SAKINA KHATUN   | Age : 69 year(s)   Sex: Female |
| Referred by : | ASSIST. PROF. DR. FARZANA SOHAEL                                   |                                |
| Part Scanned: | <b>WHOLE ABDOMEN</b>   |                                |
| Technique:    | <b>2D Trans abdominal Ultrasonography using 6.7 MHz Transducer</b> |                                |

Thank you for the courtesy of this kind referral

**HEPATOBI LARY SYSTEM AND SPLEEN**

**DIAPHRAGM**

Diaphragmatic movement with respiration is satisfactory & moves symmetrically in both side. No free or loculated collection in the pleural space.

**LIVER**

Liver is normal in size with **increased** parenchymal echopattern without any focal lesion. Intrahepatic biliary channel are not dilated.

**PORTA HEPATIS**

Common duct is normal in calibre, 2 mm (N<6 mm) in its intraluminal diameter. Lumen is clear . Portal vein diameter is 6 mm (N<12 mm) in its intraluminal diameter. Lumen is clear .

**GALL BLADDER**

Gall bladder is normal in size. Wall thickness is about 2 mm (N<3 mm). Lumen is clear .

**PANCREAS**

Pancreas is normal in shape and size. Echopattern is homogeneous . MPD is not dilated.

**SPLEEN**

Spleen is normal in size. Parenchyma shows uniform. The vessels at the hilum appears normal.

**SUPRA RENAL, RENAL& (URINARAY) SYSTEM**

**KIDNEYS**

Bipolar diameter of right kidney is about 97 mm and that of left kidney is about 96 mm . Both kidneys are normal in size, shape and position with well defined cortex and sinuses. Pelvicalyceal systems are not dilated. There is no evidence of any calculus could be detected in either renal region.

**ADRENAL GLANDS**

Normally, adrenal glands could not be visualized . There is no any abnormality could be detected in adrenal glands

**URETERS**

Not dilated. Lumen is clear.

**URINARY BLADDER**

Urinary bladder outline is regular. Lumen is clear. No intravesical lesion is seen.





● HOUSE NO. 48, ROAD NO. 9/A, SATMASJID ROAD

● DHANMONDI, DHAKA-1209

● PHONE : 9126625-6, 9128835-7

● E-mail : ibnsina@bdcom.com

● www.ibnsinatrust.com

## IBN SINA DIAGNOSTIC & IMAGING CENTER

### FEMALE PELVIC ORGANS

#### UTERUS

Uterus could not be visualized due to **hysterectomy** done before

#### ADNEXAE

No any cyst/mass or any abnormality could be detected in either adnexal region.

### OTHERES

#### PERITONEUM & RETROPERITONEUM

No abdominal lymph nodes enlargement could be seen specially in the para aortic or pelvic group

Aorta & IVC normal

No free fluid collection or ascites could be seen

#### RIGHT ILIAC FOSSA

No appendicular pathology nor any abdominal mass could be seen in right ileocaecal region.

### IMPRESSION :

1. **Suggestive of fatty infiltration in liver (G-I).**
2. **Rest of the findings appears normal.**

*Prepared by: Mumtahina*

*Dr. Monjura Parveen*  
18/3/22

**Dr. Monjura Parveen**  
MBBS, DMUD (USTC), LMIFUMB (INDIA)  
Adv. Training on TVS & gynae, obs (INDIA)  
Adv. Training on Color Doppler & Vascular  
**Consultant Sonologist**





# পপুলার ডায়াগনস্টিক সেন্টার লিঃ POPULAR DIAGNOSTIC CENTRE LTD.

Shantinagar Branch : 11 No. Shantinagar (Popular Tower, Shantinagar Chowrasta) Dhaka, Hotline : 09613787803, 09666787803  
Head Office : House # 16, Road # 2, Dhanmondi, Dhaka, Hotline : 09613 787801, 09666787801, E-mail : info@popularidiagnostic.com, Web : www.popularidiagnostic.com

## RADIOLOGY SERVICES

|                |  |                 |            |
|----------------|--|-----------------|------------|
| MRD No. :      | 30142003                                     | RIS No. :       | 30175305   |
| Patient Name : | Sakina Begum                                 | Age/Gender :    | 65 Y/F     |
| Referred By :  | PROF. QUAMRUDDIN AHMAD, MBBS.FCPS (MEDICINE) | Bed No/Ward :   | OPD        |
| Bill Date :    | 10/11/2021 4:28PM                            | Scan Date :     | 10/11/2021 |
| Report Date :  | 10/11/2021 8:25PM                            | Report Status : | Final      |

### Spiral CT Scan of Brain

#### TECHNIQUE:

5 mm infratentorial & 10 mm supratentorial contiguous axial scans were obtained (without I/V contrast administration).

#### FINDINGS:

- Low attenuated areas are noted at periventricular & subcortical white matter regions.
- Third & both lateral ventricles are mildly dilated.
- Cerebral sulci, fissures & basal cisterns are deep & widened.
- The midline structures are not shifted.
- Pituitary region: No lesion at para, supra or intrasellar region.
- No mass is noted at initial course of the cranial nerves.
- No focal abnormality is detected in the brain stem or cerebellum.
- Skull bones appear normal.

#### IMPRESSION:

**Mild age related generalized cerebral atrophy of the brain with periventricular & subcortical white matter microvascular ischemic change.**

Dr. MD NAZRUL ISLAM  
MBBS, FCPS, M.Phil, MD (Radiology)  
WHO Fellow (Singapore).  
Associate Professor of Neuroradiology  
Dept. of Radiology and Imaging  
BSMMU (PG Hospital), Shahbag, Dhaka