PERSONAL DATA AND EMERGENCY CONTACT

MD SHOFIKUL ISLAM Name:

MD ABDUL GOFUR PRAMANIK Father's Name:

MST KHALEDA KHATUN Mother's Name:

Legal Guardian's Name:

BILMOHISHAR CHAR, GOURIGRAM, SANTHIA, GOURIGRAM Permanent Address:

-6670, PABNA

Emergency Contact:

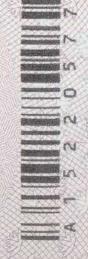
RUMANA YESMIN Name:

Relationship: SPOUSE

BILMOHISHAR CHAR, GOURIGRAM, SANTHIA, GOURIGRAM Address:

- 6670, PABNA

+8801712351044 Telephone No:





পাসপোট

CEIP/Type (7" CPIS/Country Code

P BGD

বংশগত নাম/Surname

ISLAM

अन्ड बाम / Given Name

MD SHOFIKUL

জাতীয়তা / Nationality

BANGLADESHI

জ্বা তারিখ/Date of Birth 04 JAN 1990

Fre / Sex जन्मश्राम / Place of Birth

PABNA

প্রদানের তারিখা Date of Issue প্রদানকারী কর্তপক্ষ I Issuing Authority

27 MAR 2024 DIP/DHAKA

মেয়াদোজীপের তারিখ/Date of Expiry Arms/Holder's Signature

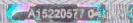
26 MAR 2034

शास्त्राच नर/Rassport Number

A15220577

প্ৰৱৰ্তী পাসপোৰ্ট নং / Previous Passport No.









গণপ্রজাতন্ত্রী বাংলাদেশ PEOPLE'S REPUBLIC OF BANGLADESH

ব্যক্তিগত নং / Personal No.

3729530729



112693





A152205771BGD9001044M34032663729530729<<<<12

PERSONAL DATA AND EMERGENCY CONTACT

MST JERON NAHAR Name:

NOYEM UDDIN SARDER Father's Name:

MST AYSHA KHATUN Mother's Name:

L'egal Guardian's Name:

SOMVUPUR, BERA, BERA - 6680, PABNA Permanent Address:

Emergency Contact:

MD SHAHZAHAN ALI Name:

SPOUSE Relationship:

SOMVUPUR, BERA, BERA - 6680, PABNA Address:

+8801733414777 Telephone No:



গণপ্রজাতন্ত্রী বাংলাদেশ PEOPLE'S REPUBLIC OF BANGLADESH

পাসপোর্ট নং/Passport Number

A15212640

পর্বরতী পাসপোর্ট নং / Previous Passport No.

PASSPORT পাসপোর্ট

শোপ/Type সেশ কোড/Country Code

BGD

বংশগত নাম/Surname

NAHAR

প্ৰদিত নাম/Given Name

MST JEBON

জাতীয়তা/Nationality

BANGLADESHI

জনা তারিখ/Date of Birth

01 FEB 1974

লিজা/Sex জন্মস্থান / Place of Birth

PABNA

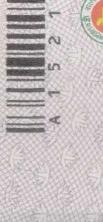
প্রদানের তারিখ/Date of Issue প্রদানকারী কর্তপক্ষ/Issuing Authority

29 MAR 2024 DIP/DHAKA

মেয়াদোভীপের ভারিখ। Date of Expiry সাক্র Holder's Signature

28 MAR 2034

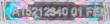
County all the Second















ব্যক্তিগত নং/Personal No.

19747621604000002







144917





01,02,74



P<BGDNAHAR<<MST<JEBON<<<<<<<<< A152126401BGD7402016F34032884762160400000266

Prof. Dr. Md. Raziul Haque

MBBS (DMC), FCPS (S), MS (Neurosurgery) Fellowship in Neurosurgery (Sweden) Professor, Neurosurgery Department Dhaka Medical College Hospital



অধ্যাপক ডাঃ মোঃ রাজিউল হক এমবিবিএস (ডিএমসি), এফসিপিএস (এস), এমএস (নিউরোসার্জারী) ফেলোশীপ ইন নিউরোসার্জারী (সুইডেন) অধ্যাপক, নিউরোসার্জারী বিভাগ ঢাকা মেডিকেল কলেজ হাসপাতাল

Shoti kul Islam Name:

36 gr

Date:

0 3 AUG 2020

if sided weakness - 21/2 m.

Rt SMA . 1. Pilocoptie astroogtome

S. creative, most grouping.

Nosspheringed soods for covid-19

Hozpi'talizatiu

01 SEP 2020

BANGLADESH SPECIALIZED HOSPITAL LTD.

21 Shyamoli, Mirpur Road, Dhaka-1207, Bangladesh. E-mail: raziul@bshl.com.bd, raziulhaque@yahoo.com Web: www.bdspecializedhospital.com, Hotline: 10633, 09666700100,

রোগী দেখার সময়: সন্ধ্যা ৭টা - রাত ৯টা পর্যন্ত (বৃহস্পতি ও শুক্রবার বন্ধ)

Pheop - left hemiplegen.

Complete coxics of Promotor

- Gamistoegte asteroeytoner-GraII

Two Iracet (800 mg

The

Followay MA

- 9 no resident tromour

Del to Pred Q. Zama Choshung PCPS (Rentio)

04 MAR 2024

04 MAR 2024 No anti epoptie drug for 2 yrs Sciqure - 2 times.

Mon -> Recurrence

FLARE -

Tub Newtocat Good

- R



DISCHARGE SUMMARY



HN

: H12008099815

Admission ID : A2009017195

Patient Name

: MD. SHOFIKUL ISLAM

: 02 Sep 2020

Age/Gender

: 36Y 1M 2D/Male

Admission Date

Bed Number

: POST OT-BED 2

Phone

: 01712351044

Department

: Neuro Surgery

Address

: BILMOHISHARCHOR, SHATHIA, PABNA Discharge Type

: Discharge With Approval

Primary Consultant: Prof. Dr. Md. Raziul Haque

Discharge Date

: 05 Sep 2020

Name of Anesthetist: Dr. Arif.

Anesthesia:

G/A.

Name of Surgeon: Prof. Dr. Md. Raziul Hague.

Assistant: Dr. Patoary M Faruque.

Approach: Right precentral transcortical.

Position:

Supine with mild neck flexion, thorax elevated 20and knees flex slightly.

Incision: About 12 cm linear skin incision in the parietal region 4 cm behind the coronal suture; 2/3 in right

parietal and 1/3 in the left parietal region.

Finding: Right precentral gyrus was swollen, most part of the tumor was cystic; solid part of the tumor was grayish white discolor deep cortical anterior and medial region; the tumor was not much vascular and no necrosis of the venous system was seen. Anterior part of the brain was edematous and swollen.

Procedure: Then the patient was supine positioned above mentioned with well padding all pressured prone areas and covered the body to control hypothermia. The head was fixed in Mayfield head fixator, Skin and subcutaneous tissue was incised above mentioned and retracted skin retracted bilaterally. Two burr-holes were made over 1 cm the lateral part sagittal suture 1 cm behind the coronal suture, and then about 5 x 4 cm sized parietal craniotomy was performed. Bone flap was preserved. Dura was an incised U-shaped pattern with base toward the superior sagittal sinus. Then fronto-medial bulging of the brain was seen, over the site the whole normal brain was inspected and separated from arachnoids plan with transposition of draining veins. After making a small corticotomy anterior- medially tumor was identified by grayish white discolor and laterally cystic fluid was light yellowish; explored and tumor mass was removed at that time. Whole operation field was washed and irrigated with normal saline. Hemostasis was secured. Dura was closed in watertight with fascia dural reconstruction; nBC surgicel and gel foam. Bone flap was re-position and transfixed with mini-plate screws done. All layers are closed accordingly without keeping any drain. About 40-50 ml of blood was lost in the whole of the procedure.

TREATMENT ON DISCHARGE

R, 1. Cefaclav 500 Mg Tab (Cefuroxime Axetil 500 Mg+Clavulanic Acid 125 Mg Tab) 🔀 1+0+1 After Meal - Oral - [7 Days] 🗡 2)D-Toin 100 Mg Tab (Phenytoin Usp 100 Mg) 10+1+1+1 After Meal - Oral - [Continue] 3 racet 500 Mg Tab (Levetiracetam 500 Mg) 1+0+1 After Meal - Oral - [Continue] 4. Rolac 10 Mg Tab (Ketorolac 10 Mg Tab) 1+0+1 After Meal - Oral - [5 Days] ₩ 5. Napa Extend 665 Mg Tab (Paracetamol 665 Mg Tab) 70 → 1+1+1 After Meal - Oral - [7 Days] × 6. Pantonix 20 Mg Tab (Pantoprazole 20 Mg) 14+ 1+0+1 Before Meal - Oral - [10 Days] X

7. Motigut 10 Mg Tab (Domperidone 10 Mg Tab) 🗡

Printing Date & Time: 05-09- 2020 04:56 PM BANGLADESH SPECIALIZED HOSPITAL LTD.

Software By :: Mysoft Limited

21, Shyamoli, Mirpur Road, Dhaka-1207, Bangladesh, Hotline: 09666 700100, 10633, E-mail: bshl.dhaka@gmail.com, Web: www.bdspecializedhospital.com





DISCHARGE SUMMARY



HN

: H12008099815

Admission ID

Patient Name

Admission Date

: A2009017195 : 02 Sep 2020

Age/Gender

: MD. SHOFIKUL ISLAM : 36Y 1M 2D/Male

: POST OT-BED 2

Phone

: 01712351044

Bed Number Department

: Neuro Surgery

Address

Primary Consultant: Prof. Dr. Md. Raziul Haque

: BILMOHISHARCHOR, SHATHIA, PABNA Discharge Type

Discharge Date

: Discharge With Approval : 05 Sep 2020

TREATMENT ON DISCHARGE

1+1+1 Before Meal - Oral - [5 Day(s)]

8. Gastalfet 500 Mg Tab (Sucralfate 500 Mg)

1+0+1 After Meal - Oral - [5 Day(s)] 🥦 9. Deltasone 10 Mg Tab (Prednisolone 10 Mg Tab)

2+2+2 - Oral - [5 Day(s)]

1+0+1 - 3 days; then 1+0+0 2 days then ADVICE 2+0+2 - Next 5 days

. Diet: Normal.

. Take the prescribed medications regularly.

Stitch off & dressing on 14.09.2020.

Follow up after 1 month with Prof. Dr. Md. Raziul Haque sir with prior appoint with all investigation reports.

. Contact with BSHL emergency if any problem arises.

Prepared By(Electronic Signature)

DR. MAYESHA TAHSIN

MBBS



শিমলা হাসপাতাল এড ডায়াগনষ্টিক সেন্টার SHIMLA HOSPITAL & DIAGNOSTIC CENTER

ID. No.	:	200703729	Reporting date/time : Exam date/time :		21-07-2020 17:28:46 21-07-2020		
Patient's Name	:	MD. SHOFIKUL ISLAM					
Age/Sex	:	35Y/M	Part Scanned	:			
Refd. by	:	DR. A.F.M AL-MASUM KHAN, MBBS, BCS (HELATH), MD (NEUROLOGY)					

MRI OF BRAIN WITH CONTRAST

Imaging Protocol:

T1 axial & sagittal, T2 axial & coronal, FLAIR axial and DW axial.

Findings:

Large Cystic lesion with eccentric solid part, hypo intense in T1W, & hyper intense in T2W is noted in right parietal region. The lesion measures about 5.0 x4.0 cm and shows mass effect and mild midline shifting Enhancement of solid part is evident after I/V contrast.

No dilatation of ventricle is noted.

Pituitary gland, brain stem, cerebellum and CP angles are normal.

Mild mucosal thickening is seen in ethmoid and frontal sinuses.

Impression:

Suggestive of low grade glioma in right parietal lobe- Most likely astrocytoma.

Reported By (Electronic Signature)

PROF.(DR). MOHD. ABU TAHER

MBBS, M.Phil, MD (Radiology),

Head and Sr.Consultant

Dept. of Radiology & Imaging,

Ibrahim Medical College & BIRDEM Hospital, Dhaka

BMDC Reg No-A-21427



শিষলা ৰ্ছালাতাল এক তালাগ্ৰহিটক জেন্টোল্ল

SHIMLA HOSPITAL & DIAGNOSTIC CENTER

ID. No.	240300120	Age	39Y	Sex	M					
Patient Name	MD. SHOFIKUL ISLAM									
Order Time	24/01/03	Repor	Report Time		24/01/03					
Referred by	DR.ARIFUL HAQUE MBBS (DMC)MD(ONCOLOGY),BCS(HEATH),CANCER SPECIALIST.									

MRI of Brain with contrast

Protocol: Pre & post contrast: Sagittal, Coronal, Axial, T1, T2, FLAIR, GRE & DWI.

Findings:

- Evidence of surgical intervention noted at right fronto-parietal bones.
- Altered signal intensity area measuring about 18x13 mm is noted at parasagittal location of right frontal lobe involving cortical-subcortical region adjacent to operation site. The lesion appears iso to hypointense on TIWI, hyperintense on T2-FLAIR, having no restriction of diffusion on DWI & no blooming on GRE images. After I/V contrast enhancement is seen.
- Encephalomalacia with gliotic changes are noted at right frontal lobe involving cortical-subcortical-deep white matter locations resulting ex-vacuo dilatation of right lateral ventricle & adjacent extra ventricular CSF spaces. The lesion appears hypointense on TIWI, hyperintense on T2WI and mixed signal intensity on FLAIR images, no restriction of diffusion on DWI & no blooming on GRE are noted.
- Few T2-FLAIR hyperintense areas are seen in subcortical- deep white matter –periventricular regions of both frontal lobes which show iso to hypointensity on T1, no diffusion restriction on DWI & no blooming on GRE.
- No focal lesion is seen at cerebellum and brainstem having normal gray white matter signal intensities on T1W1 and T2W1 images.
- Sella & parasellar regions normal.
- · Rest of the ventricular & extra ventricular CSF spaces appear normal.
- Prominent midline retro cerebellar extra ventricular CSF space is seen inferiorly having dural septation. Prominent cisterna magna.
- · No shift of midline structures detected.
- No lesion detected in CP angle and IAM regions.
- Inferior nasal turbinate is hypertrophied on left side.
- Mucosal thickening are noted in right maxillary & ethmoidal sinus-sinusitis.

Comment: Postoperative status of gemistocytic astrocytoma, current MRI feature consistent with:-

- Small enhancing & infiltrating lesion at right frontal lobe adjacent to operative site, suggesting recurrence/remnant of previous tumor.
- · Post-operative encephalomalacia with gliotic changes at right frontal lobe.
- · Few small vessels chronic ischemic changes at white matter of both frontal lobes.

Reported by Electronic Signature

HamontoRex

Dr. Hamonto Roy Chowdhury

MBBS, BCS, MD (Radiology & Imaging)

Radiologist, National Institute of Neurosciences & Hospital, Dhaka.

Email: himalayaprachurza10416@gmail.com