### PERSONAL DATA AND EMERGENCY CONTACT

Name:

MST AJUFA KHATUN

Father's Name:

MD KHALEK

Mother's Name:

MST AMENA KHATUN

Spouse's Name:

MD ABDUL SHAHID

Permanent Address: NAYANPUR, JOYDEBPUR, RAJENDRAPUR CANTONMENT -

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Emergency Contact:

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## PASSPORT श्रात्राह



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শ্রেণি/Type দেশ কোড/Country Code

BGD

পাসপোর্ট নং/Passport Number

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বংশগত নাম/Surname

KHATUN

প্রদত্ত নাম/Given Name

MST AJUFA

জাতীয়তা/Nationality BANGLADESHI

ব্যক্তিগত নং / Personal No.

4638466211

পর্ববর্তী পাসপোর্ট নং / Previous Passport No. জন্ম তারিখ/Date of Birth

03 AUG 1952

লিখা/Sex

कन्मश्रान / Place of Birth

GAZIPUR

270106

প্রদানের তারিখ/Date of Issue প্রদানকারী কর্তপক্ষ/Issuing Authority

03 SEP 2023 DIP/DHAKA

মেয়াদোভীণের ভারিখ/Date of Expiry সাক্ষা Holder's Signature

02 SEP 2033























P<BGDKHATUN<<MST<AJUFA<<<<<<<< A121402396BGD5208030F33090254638466211<<<<92





# INVESTIGATION REPORT

Patient Name: Mrs. Mst Ajufa Khatun

Location

: BLK Hospital

Age/Sex

: 71 Year(s)/ F/Female

IP No

: 23/04/2024

MaxId

: BLKH.1203133

Order Date

Ref. Doctor : Rohit Bansil

Report Date

: 24/04/2024

#### MRI Brain (Contrast)

Avial T1 and FSE T2-weighted sections of the brain were obtained on a 1.5 Tesla scanner and correlated with coronal FLAIR, sagittal FSE T2, axial SWI and diffusion weighted images. Post IV gadolinum Still - TTIV sections in sagittal, axial and coronal planes. 10 mt. IV Dotarem was administered with no contrast reaction noted. Post contrast T1FS sagittal, axial and coronal sequences were obtained

Clinical details: C/o headache.

The study shows a lobulated dural based lesion in right para-sagittal location in frontal lobe. Size of the lesion is 38x26x15 mm (AP x TR x CC). The lesion is appearing as mixed intensity signal on T2 and FLAIR with hypointense signal on T1. No obvious GRE blooming is seen. No significant diffusion restriction is seen. Post-contrast study shows homogenous post-contrast enhancement with mildly thickened and enhancing dura along the margins.

Significant perilesional edema is seen extending upto the parieto-occipital lobe and corpus callosum with mildly effaced right lateral ventricle and midline shift of approx. 8-9 mm towards the left side.

Diffuse cerebral atrophy is seen with prominent ventricular system and sulcal spaces.

There are few discrete T2 FLAIR hyperintensities are seen in bilateral subcortical and periventricular white matter in bilateral fronto-parietal regions - chronic ischemic microangiopathic changes.

Rest of the brain parenchyma is unremarkable.

The major intra cranial vessels of the circle of the Willis and dural venous sinuses reveal normal flow voids.

Soft tissues of both orbits are unremarkable.

# IMPRESSION: MR findings reveal:-

- A lobulated dural based lesion in right para-sagittal location in frontal lobe, as described above, which is appearing as mixed intensity signal on T2 and FLAIR with hypointense signal on T1. No obvious GRE blooming or significant diffusion restriction noted. Post-contrast study shows homogenous post-contrast enhancement with mildly thickened and enhancing dura along the margins -differential includes right parafalcine meningioma.
- Significant perilesional edema noted extending upto the parieto-occipital lobe and corpus callosum with mildly effaced right lateral ventricle and midline shift of approx. 8-9 mm towards the left side.

(For Interpretation by a Registered Medical Practitioner Only)

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## INVESTIGATION REPORT

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Location

: BLK Hospital

Age/Sex

:71 Year(s)/ F/Female

IP No

: 23/04/2024

MaxId

: BLKH.1203133

Order Date Report Date

: 24/04/2024

Ref. Doctor: Rohit Bansil

## MRI Brain (Contrast)

Diffuse cerebral atrophy with chronic ischemic microanglopathic changes.

Please correlate clinically.

Dr. Sachal Sharma

Senior Consultant

D.M.R.D, D.N.B

(For Interpretation by a Registered Medical Practitioner Only)

Version: 1.0
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