

# HEALTH UNIT SAONER Medico Legal Certificate

A/No. 793

Date and Time of Examination 11/21/19 4.00 PM Doctor's Name (Block Letters) Dr. HARESH ANA

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Sukdev Nema Nagdaune	Telgaon T. Kalreshwar	56yr	M		He-Vijay B.No. 77	Saoner
Sr. No.	Name of Injury	Dimension and Situation of Wounds	Time of Injury	Simple or Grievous	Nature of Object	
	Laceration	4x2x1 cm over (17) ankle lat. malleolus	Free	?	Hand & blow	
	Abruasion	2x2 cm over (17) elbow		?		
	Bumping					
	Adm Refer to time / place for other injuries.					

Receiver Name & Sign.

Signature of Medical Officer

**DISCHARGE AGAINST MEDICAL ADVICE**

Patient Name	Mr. SURAJ SURESH KOLHE	UHID No	KHRC00023279
Age Gender	25 Years / MALE	IP No	IP00014140
Consultant Incharge	Dr. S. SHRIVASTAVA	Admission Date	11-Feb-2019 5:37 pm
Discharge Status	DAMA	Discharge Date	22-Feb-2019 4:41 pm

**DIAGNOSIS**

**ROAD TRAFFIC ACCIDENT WITH RIGHT FRONTO PARIETAL TEMPORAL SUB-DURAL HEMATOMA WITH MULTIPLE HAEMORRHAGIC CONTUSION IN RIGHT TEMOPORO-PARIETAL REGION WITH COMMINUTED FRACTURE OF RIGHT FRONTAL ORBITAL & NASAL BONE**

**CASE SUMMARY:**

A 25 years male was admitted in an emergency in an mentally obtunded state with C/O Right ear bleed, nasal bleed, with multiple abrasions over both knee joints, He had H/O Road traffic accident on 11/02/2019 at around 3:30 pm at Ambika Dhaba Kalmeshwar Road, Nagpur (MODE: dashed by another two wheller). He was seen by physician, neurosurgeon and investigated for the same and found to have

- 1) CBC: raised total leucocyte count, raised ploymorphs,
- 2) LFT: raised SGOT, SGPT.
- 3) CT brain S/O mulitple haemorrhagic contusions in right temporoparietal lobe with perilesional odeama., midline shift to left by 3 mm., communitied mildly inward displaced fracture involving right fronto-parieto-temporal bone along with roof of obit, anterior and posterior wall of right frontal sinus, posterior wall of left frontal sinus., bilatral frontal and ethamoidal haemosinuses noted.
- 4)USG abdomen and pelvis S/O no obvious abnormality.

He was immediately shifted to ICU and taken on **MECHANICAL VENTILATORY SUPPORT** with oxygen, as patient was unconcious and chances of aspiration pneumonitis. He was treated with Iv antibiotics, antacids, antiemetics, antidzama drugs, IV paracetamol, anticonvulsants, nebulisation with other supportive treatment. During stay patient had persistant headache with irritability, He was reviewed by a neurosurgeon and investigated for the same

- 1)follow up CT brain was done S/O multiple haemorrhagic contusions involving right temproparietal region with subdural with thin rim od SDH in right frontoparietao temporal region, increase in midline shift by 4mm

Hence treated conservatively with above mentioned staergy with other supportive treatment. During stay patient gradually veined off from mechanical ventilatory support and kept on T-Peice from where he was successfully shifted to nasal O2 supply.

During stay patient had persistant fever, insomnia, irritable behaviour with poor oral intake and non cooperative behaviour for which again reviewed by neurosugeon ,

- 1) follow up CT Brain was done (on18/2/2019) S/O multiple resoving haemorrhagic contusions involving right temoroparietal lobe with moderate perilesional odeama., thin rim of SDH in right frontoparietal and temporal region, midline shift by 5 mm with communitied mildly inward displaced fracture invollving right fronto parietal temporal bone along with roof of right orbit as described above which was managed conservatively.

Now patient and relatives are not willing for furthur stay and treatment, poor prognosis regarding increase in mid line shift in near future, need for neurosurgery with chances of aspiration pneumonitis has been explained to relatives. Hence patient is being discharged against medical advice with a note to continue given medicines at home.

**EXAMINATION:**

GC : Poor  
Temp.: Afebrile  
BP : 120/70 mm of Hg  
Pulse : 102/min  
Resp. : 34/min  
Chest: Clear  
CNS : E1-Vt-M5, Mental obtundation++  
CVS : H.S.( N )  
PA : Soft N.T., N.D.  
L/E : Right ear bleed ++, nasal bleed ++, oral bleed ++

**PROCEDURE/OPERATION NOTES:**

Procedure/ Operation Name : 1) ENDOTRACHEAL INTUBATION WITH INVASIVE  
MECHANICAL VENTILATORY SUPPORT  
2) FOLEY'S CATHETRISATION

Date : 11/2/2019

**INVESTIGATION:**

All reports attached.

**TREATMENT GIVEN:**

RX

INJ MONOCEF 2GM X IV X BD  
INJ RANITIDINE 50 MG X TID  
INJ METROGYL 100 ML X TID  
INJ AMIKACIN 500 MG X BD  
INJ NEUROTROL 100 ML X TID  
INJ ZOFR 4 MG X TID  
INJ LEVIPIL 1GM X IV STAT followed by 500 MG X BD  
INJ PARACATEMOL 1GM X IV X BD  
INJ T.T 0.5 ML X IM X STAT  
ORAL GLYCEROL 10 ML X TID  
IV FLUIDS

**CONDITION OF PATIENT AT THE TIME OF DISCHARGE:**

GC : Average  
Temp.: Afebrile  
BP : 110/90 mm of Hg  
Pulse : 70/min  
Resp. : 18/min  
Chest: Clear  
CNS : Conscious, irritable+  
CVS : H.S.( N )  
PA : Soft N.T., N.D.

**TREATMENT ADVISED ON DISCHARGE:**

Rx,

on going treatment





INJ MONOCEF 1GM X IV X BD in 100ml NS x 5 days  
1gm \_\_\_\_\_ 1gm

INJ NEUROTROL 100 ML X TID x 5 days  
1 \_\_\_\_\_ 1 \_\_\_\_\_ 1

TAB LEVIPIL 500 MG X BD x 3 months  
1 \_\_\_\_\_ 1

ORAL GLYCEROL 10 ML X TID  
10ml \_\_\_\_\_ 10ml \_\_\_\_\_ 10ml

TAB HAPPI 20 MG X OD X 5 DAYS  
1 \_\_\_\_\_ 0

inj PARACATE mol 1gm IV BID x 3 days

**FURTHER ADVICE :**

Hospitalization.  
Neurosurgeon'S opinion  
Maxofacial surgeon'S opinion.  
Repeat CT Brain AFTER 2 days./



Authorised Signatory

M. Rajbeer.

सचिव  
प्रीत कौर  
प्री. हेड का  
विजय आर पाडे  
बन ७९ पा स्टे-कान्टे



**N.K.P Salve Institute of Medical Sciences  
and Lata Mangeshkar Hospital  
Digdoh Hills ,Nagpur**

**Department of Orthopaedics  
Discharge Summary**

Name SUKHDEV NAGDAWANE  
Age/Sex 52/M  
Address KALMESHVAR, NAGPUR  
Phone no. 9765048098

IP. No: 1902120003  
Date of admission 12/2/19  
Date of operation 20/2/19  
Date of discharge 26/2/19

EMERGENCY CONTACT NO: 7104665064

**UNIT 1**

UNIT INCHARGE DR SUSHIL MANKAR  
ASSOCIATE DR.FAIZAN  
PROFESSOR

SENIOR DR.RAHUL SAKHARE  
RESIDENTS DR.ABHIJIT KAWALKAR  
JUNIOR DR.RISHU , DR.AMBAR ,  
RESIDENTS DR.GAURAV, DR. VARDHAN,  
DR.SUSHANT, DR. NIKHIL

**OPD DAYS  
MONDAY/THURSDAY**

**DIAGNOSIS:- LEFT PROXIMAL TIBIA FRACTURE**

**SURGICAL PROCEDURE:- ORIF WITH PLATING**

**Brief history** Complaint of pain and swelling in left knee and leg since 1 DAY  
Pt has a h/o trauma due to fall from bike the previous day  
H/o LOC (neurosurgery clearance given)  
No h/o head trauma, ENT bleed  
No h/o any other major illness

**General examination** Gc fair  
Afebrile  
All vitals stable

Active toe movements present  
Distal pulsation present  
No pallor, icterus, cyanosis, clubbing

Local  
examination

Inspection

Swelling Present  
Deformity Absent  
Wound Absent

Palpation

Temperature Normal  
Tenderness Present  
Abnormal Present  
Mobility  
Crepitus Present

Range of  
motion of  
knee

Left knee with leg

Painful and restricted in all directions

Blood  
investigations

Reports are normal  
Reports are attached

Radiological  
investigations

X-RAY antero-posterior and lateral view of left knee with leg suggestive of proximal tibia fracture

Procedure:

ORIF with plating

Surgeons:

Dr. Faizan, Dr. Vardhan

OT notes:

- Under AAP, under SA
- Pt in Supine position
- Cleaning, painting and draping done
- Incision given over inferolateral and inferomedial aspect of left knee
- Subdissection done and soft tissue retracted to expose fracture site
- T buttress plate used to fix the fracture on the medial side with the help of locking screws
- L plate used to fix fracture on lateral side with the help of locking screws
- Adequate reduction achieved as viewed under c arm guidance
- Wash given
- Negative suction drain placed in situ
- Closure in layers
- Procedure u/e

WHEN TO CONTACT:

Pain

Fever

Discharge

Any fresh complaints

ADVCE ON DISCHARGE- ct non weightbearing mobilization

Pt discharged on POD-6

- T. BECASULE OD FOR 9 DAYS
- T. LIMCEE OD FOR 9 DAYS
- T. SHELICAL OD FOR 9 DAYS
- T. PAN 40 OD SOS
- T. VOVERAN SR 75mg BD for 3 days then SOS

FOLLOW UP IN ORTHO OPD 12 ON MONDAY AND THURSDAY  
AFTER 5 DAYS FOR SUTURE REMOVAL

Condition on discharge

Afebrile

No discharge

Sutures in situ

*V. Cardinal*  
HOUSE OFFICER  
UNIT-1

*Mang*  
LECTURER /A.P.  
UNIT-1

*Mang*  
UNIT INCHARGE  
UNIT-1

*विजय*  
*विजय*  
पा. हेड का  
विजय आर पाडे  
बन ७९ पा स्टे-लाइने

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**N.K.P. SALVE INSTITUTE OF MEDICAL SCIENCES  
&  
LATA MANGESHKAR HOSPITAL**

Digdoh Hills, Hingna Road, Nagpur - 440 019  
TEL : 07104-236290 / 91, 232874, 232875, 306193

**DEPARTMENT OF RADIOLOGY AND MEDICAL IMAGING**

TEL : 07104-306193

11/02/19


NECT BRAIN + 3D PACE

Age/Sex: 55Y/M

re: Subhedar Nagdware.

Findings & Impression:

- Both maxilla with zygomatic arch appear normal.
- Both TM joints appear normal. All the parts of mandible appear normal.
- Both medial & lateral pterygoid appear normal.
- Hard palate is normal.
- All sinuses of PNS are normal.
- Visualized parts of orbit appear normal.
- Supratentorial brain parenchyma does not show any abnormal density.
- Posterior fossa structures are normal.
- Normal grey & white matter differentiation seen.
- Basal ganglia are normal.
- Ventricular system are normal. Skull vault appears normal.

  
Dr. Vishnu  
RAT





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## DEPARTMENT OF RADIOLOGY AND MEDICAL IMAGING

TEL. : 07104-306193

NAME OF PATIENT: GANESH NAGDAWANE  
AGE/SEX: 32Y/M

DATE : 11-Feb-19 (11.15PM)  
REF.BY: CASUALTY

### ULTRASONOGRAPHY OF ABDOMEN AND PELVIS (FAST SCAN)

#### IMAGING FINDING :

- LIVER :** Liver measures 11.8 cm and appears normal in size. Echopattern of liver is normal. No solid or cystic mass is identified in liver. Portal vein is of normal caliber.
- BILE DUCT :** Common hepatic duct and common bile duct are of normal caliber.
- GALL BLADDER :** Distended, normal.
- PANCREAS :** Visualized part of head and body of pancreas appears normal.
- SPLEEN :** Spleen is normal in size (9.8cm), and shows normal echogenecity, no localized or cystic mass is identified in spleen.
- KIDNEYS :** Right Kidney : 9.4x4.5 cm; Left Kidney : 9.6 x 4.2 cm  
Both kidneys shows normal position, size, cortical medullary echotexture and corticomedullary differentiation. There is no evidence of dilation of collecting system of either of the kidney. Ureters are not dilated.

There is no evidence of free fluid in abdomen and pelvis.

Urinary bladder – Minimally Distended.

**No any solid organ injury noted.**

#### SONOGRAPHIC INTERPRETATION :

**No significant abnormality detected.**

डिप्टम  
पा. हंड का  
विजय आर पांडे  
बन ७९ पो म्दे

DR. KRISHNACHIDRAWAR  
JUNIOR REGISTRAR (RADIO)  
REG. No.-2016/09/3931



Provisional Report

MH / NGP / LMHD / DIG / FM - 166

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11/02/19

NECT BRAIN + 3D AACE

Age/Sex: 32 y / M.

Name: Ganesh Nagdaware

Findings & Impression:

- comminuted displaced fracture of frontal bone extending anterior & posterior wall of frontal sinus involving the orbital part & greater wing of sphenoid on left side.
- Bicochlear minimally displaced fracture of lamina papyracea is noted on left side.
- Bicochlear minimally displaced fracture of nasal bone is noted.
- Both maxilla & zygomatic arch are normal.
- Hard palate appears normal.
- PNS are normal. Visualized parts of orbit are normal.
- supratentorial brain parenchyma appear normal.
- posterior fossa structures are normal. CP angle regions are normal.
- Normal gray & white matter differentiation seen.
- ventricular system are normal. Skull vault appear normal.

Dr. Karishma  
R. II