ANS
SUPER SPECIALITY HOSPITAL
(A Unit of Vikas Bhardwaj Healthcare Pvt. Ltd.)

DECOMPRESSIVE CRANIECTOMY

DATE:27-06-2026

S. NO.	PATIENT'S NAME	DETAILS	AMOUNT
	BABY MANYA(DOA) 02-06-2026	SURGERY CHARGE	80000
1	AGE: 3 YEARS/F	OT CHARGE	40000
2	MOBILE NUMBER. 89481175909	ANESTHETIC CHARGE	36000
3	SURGERY NAME -DECOMPRESSIVE CRANIECTOMY	ASSISTANT CHARGES	28000
4	DOCTER'S NAME-DR. VIKAS BHARDWAJ	MEDICINE CHARGES	35000
5	STAY ONLY FOR ONE DAY (SURGERY)	ROOM CHARGES	12500
		POST CARE	5500
		OT INTRUMENTS	15000
		IMPLANT CHARGES	48000
	CHARGED PER DAY OF ICU FOR CONSERVATIVE TREATMENT INCLUDING MEDICINE,INVESTIGATION,VENTILATOR CHARGE	40000*25	1000000
		TOTAL	1300000

ANS Super Speciality Hospital
Authorised Signatory

AUTHORISED SIGNATORY
ANS HOSPITAL

Address : NH-22A, Sector-31, Swarn Nagri, Greater Noida, Gautam Buddha Nagar -201308, Uttar Pradesh
Phone No. : +91-9711303776, +91-9958949337 | Email Id : admin@ansgrnoida.com | Web. : www.ansgrnoida.com

Antiemetic, IV Fluid and other supportive treatment. On finding all vitals stable patient shifted to room. Patient responded well to the treatment and after satisfactory recovery the patient is now being discharge in stable condition with following advice.

CECT A N G I O G R A P H Y N E C K 02/06/2026

Bilateral C.C.A, I.C.A and E.C.A show normal caliber and contrast opacification. No significant stenosis / occlusion seen.
No evidence of aneurysm / A.V.M.
Bilateral vertebral arteries appear normal.
Impression:
CT angiogram reveals no significant abnormality.
Please correlate clinically and with other relevant investigations for confirmation and further evaluation.

CT CV JUNCTION 02/06/2026
TECHNIQUE
Axial sections of the CV junction were obtained without administration of intravenous contrast on a multi-slice spiral scanner. The study was supplemented by MPR reformats.
FINDINGS
An abnormal, smooth, well-corticated ossicle is noted superior to the dens and posterior to the anterior arch of C1, consistent with a displaced os odontoideum (dystopic type).
There is an increased atlantodental interval and anterior displacement of both C1 and the os odontoideum, indicating anteroposterior atlantoaxial subluxation. Severe spinal canal stenosis with spinal cord compression at the atlantoaxial level.
Atlantodental interval measures 7.1 mm.
AP diameter of spinal canal at the level of this is 7 mm.
No fracture seen.
The occiput is normal in density trabecular pattern and alignment.
The facet joints are unremarkable.
The ligaments of the CV junction are normal.
IMPRESSION:
Atlanto-axial instability with antero-posterior atlantoaxial subluxation leading to severe spinal canal stenosis

DISCHARGE MEDICATION

SR.	MEDICINE	DOSAGE INSTRUCTION	DUR. / ROUT
1.	PIPTAZ 1.125GM	three times a day after meal	5 da
2.	PAN 40MG	1/2 TAB once daily after meal	5 da ORALLY TUBE FEEDI
3.	ONDERO 5MG	1/2 TAB two times a day after meal	5 d ORALLY TUBE FEEDI
4.	CITRAVITE XT TAB	250MG two times a day after meal	5 d
5.	BROZEDEX SYP	2.5ML two times a day after meal	5 d

CASE SUMMARY

MRN-260600032

BABY MANYA KUMARI

DOB / AGE	: 28-02-2023 / 3 YR / FEMALE	ADDRESS	: MAHUWA SAWADANAD, TEHSIL-BANSI, SIDDHARTHNAGAR, SIDDHARTHNAGAR, UTTAR PRADESH, INDIA, 272152
REG. NO	: IPD-1300		
MOB NO	: 8948175909		
PATIENT CATEGORY	: PAYING	WARD INFO	: BED NO -11/ROOM NO-301/ICU
ADMISSION DATE	: 02-06-2026 01:18 AM	NEXT OF KIN	: MR. MANISH KUMAR (FATHER) PH: 8750029295
		DEPARTMENT	: NEURO SCIENCES AND MINIMAL INVASIVE SPINE SURGERY
		CONSULTANTS	: DR. VIKAS BHARDWAJ [MBBS,MS,MCH (NEUROSURGERY)]

ABHA NO. :

DIAGNOSIS

DIAGNOSIS — ICD CODE

MOBILE AAD WITH SEVERE CORD COMPRESSION WITH FORAMEN MAGNUM NARROWING

PRESENTING COMPLAINTS

Patient presented with complain of acute onset of quadriparesis with respiratory failure

HISTORY OF PRESENT ILLNESS

H/o unable to stand since 26/05/26 evening initially taken to sarvodaya hospital intubated there in view of respiratory failure

EXAMINATION ON ADMISSION

Oriented : Time ✓ Place ✓ Person ✓ | General condition : Poor

BP lying down (arm) : 98/58 mmHg | Pulse lying down (radial) : 112/min (rhythm : Regular, vol : Normal) | Temperature : 98.5 °F | Resp. Rate : 18 /min | SPO2 : 99 %

PHYSICAL EXAMINATION

RESPIRATORY SYSTEM : Laboured breathing
CARDIOVASCULAR SYSTEM : No Abnormality Detected in Cardiovascular System
CENTRAL NERVOUS SYSTEM : conscious e4vtm6 pupil b/l ns/rl
GASTROINTESTINAL SYSTEM: No Abnormality Detected in Gastrointestinal System
MUSCULOSKELETAL : b/l upper and lower limb power 4/5

HOSPITAL STAY

After initial assessment and management in EMR, patient was shifted to ICU with risk, complication and prognosis explained. Patient was investigated for same complaints and all required blood investigations were sent. His/her blood investigations attached. The patient was treated with IV Antibiotics, PPI, Antiemetic, IV Fluid and other supportive treatment.

Current Vitals:-
BP-98/56mmhg

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Name	MANYA KUMARI	Age/Sex	003Y - F
Patient Id	IP-1300	Date	02/06/2026
Referring Doctor	DR.VIKAS BHARDWAJ		
Study	NECK ANGIOGRAPHY		

CT CV JUNCTION

CLINICAL HISTORY

TECHNIQUE
Axial sections of the CV junction were obtained without administration of intravenous contrast on a multi-slice spiral scanner. The study was supplemented by MPR reformats.

FINDINGS

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Atlantodental interval measures 7.1 mm.

AP diameter of spinal canal at the level of this is 7 mm.

No fracture seen.
*The **occiput** is normal in density trabecular pattern and alignment.*
*The **facet joints** are unremarkable.*
*The **ligaments** of the CV junction are normal.*

IMPRESSION:

Atlanto-axial instability with antero-posterior atlantoaxial subluxation leading to severe spinal canal stenosis

RECOMMENDATION
Suggested clinical correlation.

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USG REPORT

NAME : BABY MANYA REF.BY : DR.VIKAS BHARDWAJ	AGE/GENDER : 3 Y/F DATE : 03 .06.2026 REG. NO. 1300

USG WHOLE ABDOMEN

Liver is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal. Portal vein is normal.

Gall bladder is distended and shows smooth wall and the lumen is echofree. CBD is not dilated.

Pancreas is normal in size, shape and echotexture.

Spleen is normal in size and echotexture. No focal lesion seen.

Both kidneys are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any calculus or hydronephrosis is seen on either side. Right kidney measures ~7 x 2.7 cm. Left kidney measures ~7.6 x 3 cm.

No evidence of any significant retroperitoneal / mesenteric lymphadenopathy is seen.

No free fluid in peritoneal cavity.

Bowel loops are gas filled.

Urinary bladder is partially distended with foley's bulb in situ

Impression: **No obvious abnormality**

Advice: Clinical correlation.

Dr. Tooba N. Khan (MBBS, DMRD)
Consultant Radiologist.

*The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations. It is not the diagnosis & must be correlated clinically.

THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

BABY MANYA KUMARI [MRN-260600032]

Age	: 3 Yr / Female	Collection on	: 15-07-2026 02:33 PM [HF978,BI259
Reg ID	: OPD 26-27-6924 Order # 13226	Accepted on	: 15-07-2026 02:34 PM
Req by	: Dr. VIKAS BHARDWAJ	Report Date	: 15-07-2026 03:29 PM
Address	: MAHUWA SAWADANAD, TEHSIL- BANSI, SIDDHARTHNAGAR , Daldala, Siddharthnagar, UTTAR PRADESH, India, 272152	Status	: Finalized

BIOCHEMISTRY

INVESTIGATION	RESULT		UNIT	RANGE
KFT - KIDNEY FUNCTION TEST				
UREA	29.0		mg/dL	10 - 50
CREATININE - SERUM	0.1	* L	mg/dL	0.5 - 1.4
URIC ACID	1.5	* L	mg/dL	2.5 - 7.2
SODIUM - SERUM	138.0		mEq/L	135 - 145
POTASSIUM - SERUM	4.3		mEq/L	3.5 - 5.1
CALCIUM - SERUM	9.7		mg/dL	8.4 - 10.2
PHOSPHORUS - SERUM	5.8	* H	mg/dL	2.5 - 4.5
ALBUMIN - SERUM	3.3	* L	g/dL	3.5 - 5
TOTAL PROTIEN	6.4		g/dL	6 - 8.2

Interpretation :
Kidney function tests are used to detect and diagnose diseases of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working.The level of creatinine is usually used as a marker as to the severity of kidney failure.(Creatinine in itself is not harmful,but a high level indicates that the kidneys are not working properly. So many other waste products will not be cleared out of the blood stream.). You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also increase in urea level. Some medicines occasionally cause kidney damage (NephrotoxicDrug) as a side effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

HAEMATOLOGY

INVESTIGATION	RESULT		UNIT	RANGE
COMPLETE BLOOD COUNT				
HEMOGLOBIN	11.4		g/dl	11 - 15
Absolute count				
Neutrophils#	10.90	H	/cumm	2 - 7
Lymphocytes#	1.33		/cumm	1 - 3
Monocytes#	0.96		/cumm	0.2 - 1
Eosinophils#	0.05		/cumm	0.02 - 0.5
Basophils#	0.09		/cumm	0.01 - 0.3
R.B.C	4.10	*	million/cm	3.8 - 4.8
H.C.T	38.2		%	36 - 46
M.C.V	93.3		fl	80 - 100
M.C.H	27.8		pg	27 - 32
M.C.H.C	29.8	L	g/dL	30 - 35
RDW-CV	14.2	H	%	11.6 - 14
D.L.C				
Neutrophils	81.7	H	%	40 - 80
Lymphocytes	10.0	L	%	20 - 40
Monocytes	7.2		%	2 - 10
Eosinophils	0.4	L	%	1 - 6

*The report containing critical parameter. Please refer * Indication.*