

MRI LEFT KNEE

PT NAME:AYESHA SULTHANA KHAN

PT ID:LLH 136688/IP

AGE/SEX:21Y/F

REF DR:DR.V.V REDDY

DATE_01-03-2026

Clinical Details:History of trauma. Suspected fracture patella. Assessment for ligamentous and meniscal injury.

Technique:MRI of the left knee performed using standard multiplanar sequences including T1, T2, PD, and STIR images.

Findings:

Bone Structures:Fracture of the patella is seen. Marrow edema seen in distal end of femur.

Articular Cartilage:Articular cartilage over femoral condyles and tibial plateaus is preserved. No evidence of chondral defects.

Ligaments:Partial thickness tear of anterior cruciate ligament at tibial attachment is noted.

Complete thickness tear at posterior cruciate ligament attachment to tibia is seen.

Grade 1 sprain of medial collateral ligament.

Lateral collateral ligament is intact. No abnormal thickening or signal changes.

Tendons:Buckling of quadriceps and patellar tendon is noted. No evidence of tendon rupture. Other tendons around the knee are normal in morphology and signal.

Meniscal:Grade 1 anterior and posteriormeniscal tear on lateral aspect is seen. Posterior meniscal tear on medial aspect is seen. No meniscal extrusion. Remaining meniscal morphology is preserved.

Joint Effusion:Minimal joint effusion is seen. No evidence of hemarthrosis or significant synovial thickening.

Other Soft Tissues:Subcutaneous edema around knee joint.

No evidence of muscle edema or injury. No abnormal soft tissue masses. Popliteal fossa is unremarkable.



3D CT PELVIS

PATIENT NAME: MISS AYESHA SULTHANA KHAN AGE/SEX: 21/F

REF DR : DR V.V.REDDY UHID: LLH136688/OP DATE: 26-02-2026

Clinical Details:

History of trauma.

Technique:

Axial and multiplanar reformatted images of the pelvis were obtained without intravenous contrast.

Findings:

Bony Structures:

Fracture of the inferior pubic ramus on the left side is noted.

Diastasis of the pubic symphysis is present.

Diastasis of the left sacroiliac joint is seen. For clinical correlation.

No other fractures or bony lesions are identified. The cortical margins of the remaining pelvic bones are intact. No lytic or sclerotic lesions are seen.

Hip Joints:

Joint spaces are preserved bilaterally. No evidence of dislocation, subluxation, or intra-articular loose bodies.

Sacroiliac Joints:

Diastasis of the left sacroiliac joint is present.

The right sacroiliac joint appears normal.



DEPARTMENT OF ORTHOPEDICS

DISCHARGE SUMMARY

NAME : AYESHA SULTHANA KHAN

AGE : 21 YEARS

SEX : FEMALE

IP NO : LLH136688

DOA : 09/04/2026

DOD : 09/04/2026

CONSULTANT: DR.CH.CHANDRAKRISHNA / DR. PRADEEP VARMA

Department of Orthopedics & Complex Trauma Sports, Medicine & Arthroplasty

DIAGNOSIS: 5 ½ WEEK OLD P/O/C/O PLEVIC EX FIXATOR WITH PUS DISCHARGE FROM WOUND SITE

PROCEDURE: PLEVIC EX FIX REMOVAL + WOUND DEBRIDEMENT ON 09/04/2026.

PRESENTING COMPLAINTS:

Patient came to the ER with H/O RTA polytrauma on 24/2/2026.

S/P- External fixation pelvis + CRIF with RFN femur fracture + CRIF with ILN left tibia + ORIF +

TBW left patella under SAB + epidural done on 02/03/2026.

C/O Pus discharge from the wound site.

ON EXAMINATION: Patient is coherent/conscious.

Afebrile

BP : 130/80 mm Hg

PR : 79 bpm

CVS : S1+ S2+

RS : B/LAE +

SPO₂ : 98% @ room air

P/A : Soft & non tender

INVESTIGATIONS: Reports Enclosed

HOSPITAL COURSE:

LIFELINE TULASI HOSPITALS patient was admitted with above mentioned complaints under orthopedician for day care evaluation and management. All necessary investigations were done and reports were enclosed. Patient got admitted for day care procedure. Pre operative evaluation was done and patient was taken up for PLEVIC EX FIX REMOVAL + WOUND DEBRIDEMENT ON 09/04/2026. Post operative period was uneventful. During hospital stay patient was treated with antibiotics, antacids.

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NSAIDS and other necessary supplement medications, now patient is hemodynamically stable and being discharged under medical advice.

CONDITION AT DISCHARGE: Patient is stable.

MEDICATION:

1. INJ. PIPTAZ 4.5MG IV/TID [8AM, 1PM & 8PM] x 5 DAYS
2. INJ. METROGYL 500MG IV/BD [8AM & 8PM] x 5 DAYS
3. TAB. SOMPRAZ 40MG PO/OD [7AM BBF] x 5 DAYS
4. TAB. ZERODOL SP PO/BD [8AM & 8PM] X 5 DAYS
5. MEGAHEAL OINTMENT FOR L/A

DISCHARGE ADVICE:

1. Daily sterile dressing
2. Daily limb physiotherapy
3. Bowel and bladder care
4. Watch for sign of infection
5. Avoid weight bearing

Review after 7 days in ortho OPD for dressing.

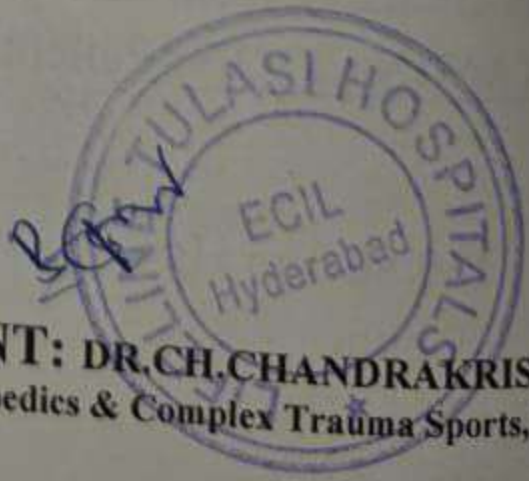
When to obtain in urgent care: Pain, Swelling, fever, wound discharge

In case of Emergency Contact: 9994288800; 9791988800

Patient/ Attendant declaration:

The medicine(s) prescribed and advice regarding lifestyle, diet & exercise (in regard preventive & supportive care), as well as emergency care were explained to me in my native language.

PATIENT / ATTENDER'S SIGNATURE


CONSULTANT: DR. CH. CHANDRAKRISHNA / DR.
Department of Orthopedics & Complex Trauma Sports, Medicine

Consultation Form

LLH136688
 Miss. AYESHA SULTHANA KHAN
 21 Yrs
 Casualty

Reg Date : 02-04-2026 21:13
 Gender : Female
 Mobile : +91 7013157616
 Doctor : Dr. Sai Gowtham

VALID UPTO 6 DAYS

clote. Dr. Pradeep.

→ pt is #10 RII; polytrauma. - 24/2/2026

slp. 2/3/2026
 Ext fixation pelvis + CRIF in RFW femur
 + CRIF in LW left tibia + ORIF
 + TBW left patella & SAB

→ Sutures Removed

Re

- ① T. linezolid 600mg - BD
- ② Oral metrogyl-P.

→ Review in. Ortho OPD on Monday




Ayasha Sulthana Khan
 21/F

2 weeks old Post op case of Ext fixation Pelvis + CRIF
 + femur + CRIF Dist left tibia + CRIF TRW left
 knee + came for followup.

No pain at surgical site

de Pains

Left leg

per discharge @ one
 femur incision pin site

Sutures present
 Abs done.

Exposed sub cutaneous
 line

Sutures intact

Abs done, Rx -

① Tab. Levofloxacin 600 x 3 days

② Tab. DALACIN 300 x 3 days

③ Tab. ZINOVAN 1g

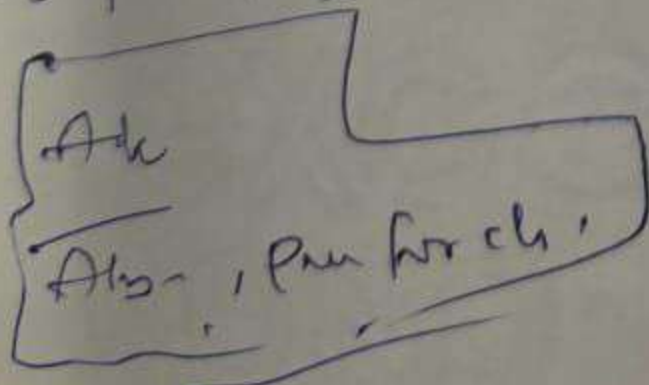
④ Tab. PAIN-RUL

⑤ Tab. SHELCAVIT

⑥ Tab. METFORMIN PWR

was counselled
 definite fixation
 week after surgery

not willing for
 admission as
 on today for
 a stage surgery



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Kb 2 sy
in 100

③ 721 PREGABALIN

④ Syp. DUPHOLAC 20ml

100.

91 Megaceal 10ml

③ 30

Soft Tissues:

No significant hematoma or soft tissue swelling is noted. No evidence of gas or foreign body.

Urinary Bladder:

Normal in size and wall thickness. No evidence of injury.

Rectum and Surrounding Structures:

Rectum appears normal. No extraluminal air or fluid collection.

Muscles:

Pelvic muscles are intact. No evidence of muscle tear or abnormality.

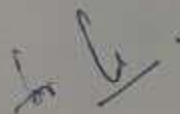
Vasculature:

Major pelvic vessels are unremarkable. No evidence of vascular injury or abnormality.

IMPRESSION:

- FRACTURE OF THE INFERIOR PUBIC RAMUS ON THE LEFT SIDE.
- DIASTASIS OF THE PUBIC SYMPHYSIS.
- DIASTASIS OF THE LEFT SACROILIAC JOINT.

ADVICE : FOR CLINICAL CORRELATION.



DR. SRINIVAS REDDY, DMRD, DNB
(CONSULTANT RADIOLOGIST)



DISCHARGE SUMMARY

NAME : AYESHA SULTHANA KHAN
AGE : 21 YEARS / SEX: FEMALE
IP NO : LLH136688
DOA : 26/02/2026
DOD : 04/03/2026

CONSULTANT: DR. V.V. REDDY, DR. CHANDRA KRISHNA /DR. PRADEEP
ORTHOPEDIC

DIAGNOSIS:

1. RTA with polytrauma + Closed pubic Diastasis+ left SI joint disruption + Closed shaft of femur fracture middle 3rd + closed both bone fracture left leg + closed transverse fracture left patella with left CPN Palsy
2. **PROCEDURE:** external fixation pelvis + CRIF with RFN femur fracture+ CRIF with ILN left tibia + ORIF + TBW left patella under SAB + epidural done on 2/03/2026

K/C/O: hypothyroidism

PRESENT COMPLAINTS:

The patient presented to the Emergency Room with complaints of pain and swelling over the left hip, fracture pelvis, femur, tibia and fibula? Fracture right upper limb (under evaluation). She has a history of RTA on 24/02/2026 at approximately 3:30 AM, wherein she was a pillion rider on a two-wheeler that was hit by a four-wheeler. She received initial management at an outside hospital, including transfusion of 1-unit PRBC, and subsequently presented to our hospital for further evaluation and definitive management.

ON EXAMINATION:

Patient is coherent/conscious.
Afebrile
BP : 120/70 mm Hg
PR : 130bpm
CVS : S1+ S2+
RS : B/LAE +
SPO₂ : 96% @ room air
P/A : Soft
GRBS : 105 mg/dl

INVESTIGATIONS: Reports Enclosed

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3D CT PELVIS

PATIENT NAME: MISS AYESHA SULTHANA KHAN AGE/SEX: 21/F

REF DR : DR V.V.REDDY UHID: LLH136688/OP DATE: 26-02-2026

Clinical Details:

History of trauma.

Technique:

Axial and multiplanar reformatted images of the pelvis were obtained without intravenous contrast.

Findings:

Bony Structures:

Fracture of the inferior pubic ramus on the left side is noted.

Diastasis of the pubic symphysis is present.

Diastasis of the left sacroiliac joint is seen. For clinical correlation.

No other fractures or bony lesions are identified. The cortical margins of the remaining pelvic bones are intact. No lytic or sclerotic lesions are seen.

Hip Joints:

Joint spaces are preserved bilaterally. No evidence of dislocation, subluxation, or intra-articular loose bodies.

Sacroiliac Joints:

Diastasis of the left sacroiliac joint is present.

The right sacroiliac joint appears normal.

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Email: info@llh.bz www.lifelinetulasihospitals.com



HOSPITAL COURSE:

A 21-year-old female was admitted under the Department of Orthopaedics and managed in for polytrauma following RTA. Necessary investigations were performed, and reports are as follows. On admission, **CT pelvis** showed fracture of the left inferior pubic ramus with pubic symphysis diastasis and left sacroiliac joint diastasis. Patient was diagnosed as RTA with polytrauma - pubic Diastasis+ left SI joint disruption + Closed shaft of femur fracture middle 3rd + closed humerus fracture left leg + closed transverse fracture left patella with left CPN Palsy. **CBP** revealed Hb 7.2 g/dl, platelet count 1.3 lakh/cumm, and TLC 5,800/cumm. In view of blood loss anaemia, **Cardiology** consultation was obtained, and the patient received **3 units of PRBC** pre-operatively and **1 unit intra-operatively**. Post-transfusion **CBP** showed improvement with Hb 9.8 g/dl, platelet count 2.1 lakh/cumm, and TLC 5,800/cumm. **D-dimer** was elevated at 6542. **HRC** showed bilateral minimal pleural effusions with underlying consolidations and ground glass opacities suggestive of alveolar haemorrhage; **Pulmonology** consultation was obtained, and medical fitness was given, and advice was followed. **MRI of the left knee** was suggestive of fracture of distal femur with marrow edema of distal femur, buckling of quadriceps and patellar tendon, partial tear of ACL at tibial attachment, complete thickness PCL tear with suspected avulsion fracture, Grade I MCL sprain, medial and lateral meniscal tears, minimal joint effusion, and subcutaneous edema. The patient was taken up for surgery on **02/03/2026** and underwent external fixation of pelvis, CRIF with RFN for left femur fracture, CRIF with ILN for left tibia fracture, and ORIF of left patella under spinal anaesthesia with epidural. Post-operatively, the patient developed fever spikes and tachycardia; **Cardiology** consultation was obtained and management instituted as per advice. **Daily physiotherapy** was provided. Patient was counselled for 2nd stage surgery [ORIF of pubic symphysis plating and SI joint screw fixation] for pubic diastasis and SI joint disruption and PCL avulsion left knee surgery at a later date. During hospital stay patient was treated with fluids, antibiotics, analgesics, anticoagulants, antacids, antiemetics, multivitamins and necessary supplement medications. The patient showed gradual clinical improvement and was hemodynamically stable at the time of discharge, hence discharged under medical advice.

CONDITION AT DISCHARGE: Patient is hemodynamically stable.

ADVISE ON DISCHARGE:

1. TAB: CEFTUM 500MG 1 TAB @8AM-8PM FOR 5 DAYS AFTER FOOD
2. TAB: DOLO 1 TAB @8AM-2PM-8PM FOR 10 DAYS AFTER FOOD
3. TAB: SOMPRAZ D 40MG 1 TAB BEFORE BREAKFAST FOR 10 DAYS
4. TAB: ETOVA 400MG 1 TAB @8AM-8PM FOR 5 DAYS AFTER FOOD
5. TAB: EVION LC 1 TAB ONCE DAILY FOR 15 DAYS AFTER FOOD

6. TA
7. TA
8. SY
9. TA
10. TA
11. TA

ADVISE:

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6. TAB: PREGABA NT 1 TAB ONCE DAILY AT 9PM FOR 30 DAYS
7. TAB: BIOD3 MAX 1 TAB ONCE DAILY AT 2PM FOR 30 DAYS AFTER FOOD
8. SYP: DUPHALAC 20ML SOS FOR CONSTIPATION
9. TAB: ULTRACET 1-TAB SOS FOR PAIN
10. TAB: ELIQUIS (APIXABAN) 2.5MG @8AM-8PM- AFTER FOOD-FOR 14 DAYS
11. TAB: MEAXON PLUS 1TAB @ 2PM FOR 10DAYS

ADVISE:

1. Daily Limb physiotherapy
2. Non weight bearing
3. Back care
4. Bowel and bladder care
5. Pin tract dressing
6. Review for Dressing after 5 days at ortho OPD
7. Patient was counselled for 2nd stage surgery [pubic symphysis plating and SI joint screw fixation] for pubic diastasis and SI joint disruption and PCL avulsion left knee surgery at a later date.

When to obtain in urgent care:

any other emergency, contact immediately: 9994288800, 9791988800

Patient/ Attendant declaration:

The medicine(s) prescribed and advice regarding lifestyle, diet & exercise (in regard preventive and supportive care), as well as emergency care were explained to me in my native language. All investigations reports are handed over to patient / patient family member(s).

PATIENT / ATTENDER'S SIGNATURE

DR. V.V. REDDY / DR. CHANDRA KRISHNA /
Hyderabad
DR. PRADEEP (ORTHOPEDIC)



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Email: hyd@llh.bz

Website: www.lifelinetulasihospitals.com



TEST REPORT

Reg.No	: ECL0221623	Reg.Date	: 26-Feb-2026 /15:17
Name	: MRS.AYESHA SULTANA KHAN	Collection	: 26-Feb-2026 /15:18
Age/Sex	: 21 Years/Female	Received	: 26-Feb-2026 /17:17
Referred By	: LIK/ECL-29 LIFE LINE TULASI HOSPITAL	Report	: 26-Feb-2026 /18:10
Referral Dr	: SELF..	Barcode	: 002327904500

Clinical Biochemistry D-DIMER

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
D - DIMER	6542	ng FEU/mL	< 500

Method: DDM/US/TURBIDIMETRY

Comments

Pulmonary Embolism (PE), Deep Vein Thrombosis (DVT), Disseminated Intravascular Coagulation (DIC) can cause high D Dimer levels.

- It is a fibrin degradation product a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis.
- D-Dimer testing is of clinical use in diagnosis of deep vein thrombosis(DVT, Pulmonary embolism(PE) & DIC.
- Negative D-Dimer test rule out thromboembolism.
- False positive readings can be obtain due to various causes: Liver disease, High rheumatoid factor, Inflammation, Malignancy, Trauma, Pregnancy & recent surgery.

Note: FEU(Fibrinogen Equivalent unit) is approximately equal to 2 D Dimer unit(DDU)

Sample Type : SODIUM CITRATE

Please Correlate With Clinical Findings If Necessary Discuss
* This is an Electronically Authenticated Report *



Dr. PAVANI
Dr.PAVANI
KIRANMAJ
MD BIOCHEMISTRY
Consultant Biochemist

**** END OF REPORT ****

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HRCT CHEST

PATIENT NAME: MRS AYESHA SULTHANA KHAN 21Y AGE/SEX: 21/F

REF DR: DR V.V REDDY UHID: LLH136688/OP DATE: 26-02-2026

Clinical Details

History of trauma.

Technique

Axial sections obtained from thoracic inlet to diaphragm using standard non-contrast CT chest protocol.

Findings

Lungs: Bilateral minimal pleural effusions noted. Underlying consolidations are seen adjacent to the effusions. Ground-glass opacities are present in the dependent portions of bilateral lung fields- in favor of alveolar hemorrhage. No evidence of mass lesion, cavitation, or bronchiectasis. No pneumothorax.

Pleura: Minimal bilateral pleural effusions. No pleural thickening or calcification.

Mediastinum: Normal size and configuration. No evidence of mediastinal lymphadenopathy or mass.

Heart and Pericardium: Normal in size and shape. No pericardial effusion.

Great Vessels: Normal caliber and course. No abnormality detected.

Chest Wall: No obvious rib fracture or soft tissue abnormality. No subcutaneous emphysema.

Diaphragm: Normal position and contour. No evidence of diaphragmatic hernia.

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Upper Abdomen: Visualized portions of liver, spleen, adrenal glands, and kidneys appear unremarkable.

IMPRESSION

- BILATERAL MINIMAL PLEURAL EFFUSIONS WITH UNDERLYING CONSOLIDATIONS AND GROUND GLASS OPACITIES AS DESCRIBED ABOVE - IN FAVOR OF ALVEOLAR HEMORRHAGIC .

ADVICE : CLINICAL CORRELATION

for

Dr.srinivas reddy ,DMRD,DNB

(Consultant Radiologist)

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TEST REPORT

Reg.No : ECL0221623
 Name : MRS. AYESHA SULTANA KHAN
 Age/Sex : 21 Years/Female
 Referred By : LIK/ECL-29 LIFE LINE TULASI HOSPITAL
 Referral Dr : SELF.

Reg. Date : 26-Feb-2026 /15:17
 Collection : 26-Feb-2026 /15:18
 Received : 26-Feb-2026 /16:21
 Report : 26-Feb-2026 /17:04
 Barcode : 002327904600

HORMONES THYROID PROFILE (T3, T4, TSH) (TFT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
TOTAL TRIIODOTHYRONINE (T3) <small>Method:CLIA</small>	0.80	ng/mL	0.87-1.78
TOTAL THYROXINE (T4) <small>Method:CLIA</small>	14.19	ug/dL	4.82-15.65
THYROID STIMULATING HORMONE (TSH) <small>Method:CLIA</small>	2.02	uIU/mL	0.38-5.33

Correlate Clinically

Comments

Interpretation:

1. The assay uses 4th generation highly sensitive TSH with a sensitivity of 0.005mIU/mL.

2. TSH is used primarily to screen for thyroid disorders as follows:

- Screening for thyroid dysfunction
- Diagnosis of hyperthyroidism (Decreased TSH)
- Diagnosis of Hypothyroidism (Elevated TSH)
- Diagnosis of pituitary and hypothalamic disorders
- Monitoring Thyroid replacement therapy

TSH in Pregnancy: In the First trimester, maternal thyroxine-binding globulin rises and Free thyroid hormone T4 decreases. TSH levels decrease due to the thyrotropic effect of hCG. In later trimesters, TSH increases.

Trimester Specific ranges during pregnancy:

Trimester TSH (mIU/L) or μ U/mL

First 0.1-2.5 *

Second 0.2-3.0

Third 0.2-3.0

Ref: National Academy of Clinical Biochemistry and The American Association of Clinical Endocrinologists.

Limitations:

TSH levels increase with obesity and age, upper levels with the euthyroid state may be seen in some cases.
 There is no high-dose hook effect at TSH concentrations up to 1000 μ U/mL.

Sample Type : SERUM

Please Correlate With Clinical Findings If Necessary Discuss

* This is an Electronically Authenticated Report *



A. Prathibha Rani
 Dr. Prathibha Rani, A
 MD
 Consultant Biochemist

**** END OF REPORT ****

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MRI LEFT KNEE

PT NAME:AYESHA SULTHANA KHAN

PT ID:LLH 136688/IP

AGE/SEX:21Y/F

REF DR:DR.V.V REDDY

DATE_01-03-2026

Clinical Details:History of trauma. Suspected fracture patella. Assessment for ligamentous and meniscal injury.

Technique:MRI of the left knee performed using standard multiplanar sequences including T1, T2, PD, and STIR images.

Findings:

Bone Structures:Fracture of the patella is seen. Marrow edema seen in distal end of femur.

Articular Cartilage:Articular cartilage over femoral condyles and tibial plateaus is preserved. No evidence of chondral defects.

Ligaments:Partial thickness tear of anterior cruciate ligament at tibial attachment is noted.

Complete thickness tear at posterior cruciate ligament attachment to tibia is seen.

Grade 1 sprain of medial collateral ligament.

Lateral collateral ligament is intact. No abnormal thickening or signal changes.

Tendons:Buckling of quadriceps and patellar tendon is noted. No evidence of tendon rupture. Other tendons around the knee are normal in morphology and signal.

Meniscal:Grade 1 anterior and posteriormeniscal tear on lateral aspect is seen. Posterior meniscal tear on medial aspect is seen. No meniscal extrusion. Remaining meniscal morphology is preserved.

Joint Effusion:Minimal joint effusion is seen. No evidence of hemarthrosis or significant synovial thickening.

Other Soft Tissues:Subcutaneous edema around knee joint.

No evidence of muscle edema or injury. No abnormal soft tissue masses. Popliteal fossa is unremarkable.

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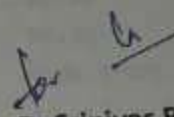
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IMPRESSION:

- Fracture of the patella.
- Marrow edema in distal end of femur.
- Buckling of quadriceps and patellar tendon.
- Partial thickness tear of anterior cruciate ligament at tibial attachment.
- Complete thickness tear at posterior cruciate ligament attachment to tibia with suspected avulsion Fracture
- Grade 1 sprain of medial collateral ligament.
- Grade 1 anterior and posteriormeniscal tear on lateral aspect.
- Posterior meniscal tear on medial aspect.
- Minimal joint effusion.
- Subcutaneous edema around knee joint.

Advice: for clinical correlation


Dr. Srinivas Reddy, DMRD, DNB
(Consultant Radiologist)

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