

# DR. MILIND KIRTANE

M.S.(ENT.) D.O.R.L.

PROF. EMERITUS SETH G.S. MEDICAL COLLEGE  
& K.E.M. HOSPITAL, MUMBAI  
HON. CONSULTING ENT SURGEON AT  
THE P.D. HINDUJA NATIONAL HOSPITAL  
& MEDICAL RESEARCH CENTRE  
HON. ENT CONSULTANT AT  
BREACH CANDY HOSPITAL &  
PRINCE ALY KHAN HOSPITAL

email : drmvk@hotmail.com  
www.drkirtane.com

## ROOMS :

AMAR BHUVAN, 1ST FLOOR,  
FRENCH BRIDGE,  
NEAR OPERA HOUSE,

**MUMBAI - 400 007.**

TEL. : 2364 1831 / 2363 0256

Monday, Tuesday & Thursday  
4.30 p.m. to 7.30 p.m.

BREACH CANDY HOSPITAL  
Wednesday - 5.00 to 8.00 p.m.  
TEL. : 2366 7860

## ADVISED FOLLOWING INVESTIGATIONS FOR

NAME :

Vibha Angadi

29 Feb 24

- ✓ COMPLETE BLOOD COUNT.
- ✓ URINE ROUTINE & MICRO.
- ✓ BT, CT, PT, PTT, INR
- ✓ ERYTHROCYTE SEDIMENTATION RATE.
- FASTING & POST PRANDIAL BLOOD SUGAR.
- ✓ BUN / SE CREATININE
- ✓ AUSTRALIA ANTIGEN
- ✓ HCV.
- ✓ HIV.
- ECG.
- ✓ X-RAY CHEST PA VIEW.
- CT SCAN
- MRI
- RT-PCR FOR COVID 19

By ELISA  
or CLIA  
method

2-3  
weeks  
before Surgery

DR. M. V. KIRTANE

Rt ear CI 632 N8  
2nd ear % Gett's Char

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Saifee Hospital Ph 67570111

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Apr 12

Apr 19, 26, May 3

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Approx charges

In Twin sharing room  $\approx$  2.2 to 2.4 lakhs

In Single room  $\approx$  3.3 to 3.5 lakhs

plus implant

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MOB. No. : 98200 14933

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& Thursday

4.30 p.m. to 7.30 p.m.

**BREACH CANDY HOSPITAL :**

Wed. : 2.30 p.m. to 4.00 p.m.

TEL. : 2366 7860

Miss. Vibha Agadi.

8y / F.

29/2/24.

Plan RE Cochlear Implant 632. HG

Vaccination - Prevnar - 1 month before  
Surgery

- \* flap c/o (R) ear. cochlear implant done
- \* New points want (R) ear sequential implant.
- \* No H/O. (R) ear stimulates with Hearing Aids.

MRI-Cochlea : 7<sup>th</sup> 2 8<sup>th</sup> C.N - WNL.

HR-CT Temporal Bone - B/L Cochlea WNL.

Adv :

- \* (R) Ear. Sequential Cochlear Implant. ↓ G-A.

O/G :

(R) (L).

E: B/L TM Intact  
Mm. Crura in (R) Ear

N } WNL.  
T }

Adv :

- \* P.T.A.

# AUDIOLOGICAL PROFILE

DR. MILIND V. KIRTANE

AMAR BHUVAN, 1st FLOOR,  
FRENCH BRIDGE, NEAR OPERA HOUSE,  
MUMBAI - 400 007.  
ROOMS : 2364 18 31 - 2363 02 56

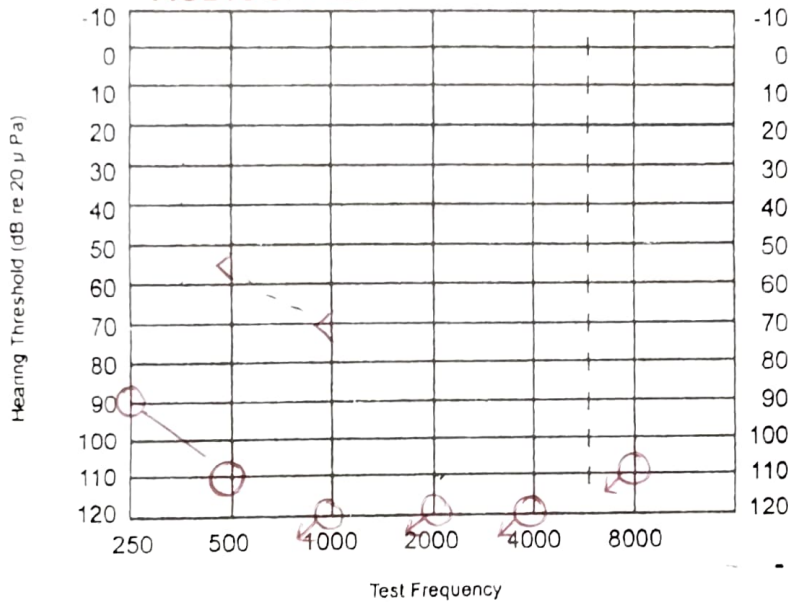
Name Vibha Angadi Aud No. 72

Ref. by \_\_\_\_\_

M F \_\_\_\_\_ Age 8.5 yrs Date 29/02/2024

Complaints H/O (L) CI & NG SP in 2016 at Meher centre.  
Came i/v/o (R) side CI possibility.

## AUDIOGRAM



## ADDITIONAL TESTS

TEST	RIGHT	LEFT
SISI 1K		
2K		
4K		
TTS 1K		
2K		
4K		
SRT		
SDS		
Rinne		
Weber		

## SYMBOLS

MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	Unmasked	Masked	Unmasked	
LEFT	□	X	[	>	Blue
RIGHT	△	○	]	<	Red
NO RESPONSE	Add ▼ below the respective symbols				

**Provisional Diagnosis:** Responses are reliable.  
(R) → Profound SNHL.

**Impedance Audiometry:**

	STATIC COMPLIANCE	MIDDLE EAR PRESSURE	TYMPANOGRAM	REFLEXES
RIGHT EAR				
LEFT EAR				



February 29, 2024

Dear Dr. Kurtane,

Referring Vibha Angadi, age 8 years; 8 mos (D.O.B. 03.07.2015) for consultation and your opinion regarding sequential cochlear implant surgery. She was cochlear implanted in the left ear on 29<sup>th</sup> August 2016. Her device was activated on 01.10.2016. In your notes, you had observed that the left modiolus was better than the right modiolus.

She is currently attending mainstream school: Espalier Experimental School in Standard III.

She began availing audiological and habilitation services at MEHER, 9 months after device activation - on 7<sup>th</sup> July 2017.

Her parents are now considering cochlear implant surgery for the right ear.

She has not been using a hearing aid in the right ear.

Her current unaided audiogram has to be completed. She has wax in the right ear which will need to be cleaned. Previous testing before her first CI surgery suggests a bilateral profound hearing loss. I shall complete an audiogram once her wax is removed.

Radiological tests were done at Hinduja Hospital in May 2016, prior to her CI surgery.

The HRCT suggests, "Subtle prominence of both vestibules, with the rest of the vestibulocochlear structures unremarkable, bilaterally. High riding bilateral jugular bulbs are noted".

The MRI of the cochlea reveals "subtle signal abnormality in bilateral posterior periventricular white matter with subtle ex vacuo enlargement adjacent portion of the body of lateral ventricles, which could be part of the PVL. Bilateral CP angle cisterns, VII-VIII nerve complex, membranous cochlea, vestibule and semicircular canals appear unremarkable".

The MRI of the brain reveals "patchy T2 hyperintense signal abnormalities in bilateral posterior parietal periventricular white matter with associated subtle ex vacuo prominence and irregularity of the adjacent lateral ventricles? Periventricular leukomalacia. Ill defined tiny T2 hyperintense gliotic area in the caudate nucleus? Sequelae to previous insult". Her parents have the detailed reports and films.

Her parents are also carrying her vaccination schedule.

They have been coming to MEHER for audiological and habilitation follow-up and will continue to do so, even post cochlear implantation- if they do decide to opt for cochlear implant surgery. Please opine about the feasibility of CI surgery in the right ear. Please opine about the choice of implant based on her radiological findings.

Please let me if you need any further information via email at [geetichar.meher@gmail.com](mailto:geetichar.meher@gmail.com) or via telephone at 9820675001.

Sincerely,



Geeti Char

(Audiologist and Teacher for babies and young children who are deaf and hard of hearing)

Adm No.: 1315025  
ANGADI  
VIBHA  
BASAVARAJ  
Age: 1 Y  
Loc: 754  
1,524,688

# P. D. HINDUJA HOSPITAL

& MEDICAL RESEARCH CENTRE

and managed by the National Health & Education Society)

Sex: F AHIM, MUMBAI - 400 016. TEL : 2444 9199, 2445 1515 • FAX : 2444 9151

0349/IPD/2009



## DISCHARGE SUMMARY / CARD

ADM. NO.		HH NO.	1524688	ADMITTED ON:	28/08/16
PT'S NAME:	Vibha Angadi	AGE:	1 yr	DISCHARGE ON:	30/08/16
CONSULTANT:	Dr. M. V. Kirlane	SEX:	F	LOCATION:	7/4

- 1 Final Diagnosis
- 2 Name of Operation / Procedure
- 3 Chief Complaint & History
- 4 Pertinent Physical Findings
- 5 Pertinent Investigative Data
- 6 Pre Op Course
- 7 Operative procedure & date
- 8 Post Op Course
- 9 Treatment given
- 10 Pt's condition at discharge
- 11 Discharge Advice with preventive care and 2 to 3 symptoms to avail the emergency care Use Corresponding number

- ① B/L Profound hearing loss
- ② Lt cochlear Implant + GA by Dr. M V Kirlane on 29/08/16
- ③ 100% + sed hearing since birth, Therapy in Naviha, Delhi

④ Ear: B/L wax +; Nose, Throat - OK

⑤ All Ix's with pt ⑥ and ⑦ uneventful

⑧ Lt postaural skin incision, connec. tissue bits taken, posterosuperly based musculoperiosteal flap elevated. cortical mastoidectomy done; well, channel, K bridge drilled. Posterior tympanotomy done. Round window niche identified. cochleostomy done. Cochlear implant CI 24 RE (CA) inserted through cochleostomy, complete & smooth. seal with connec. tissue. Sutureing in layers. CARM, NRT - OK. Post op facial - OK

⑨ Inj. Reflin, Syp. Ibuprofen plus, bevon, relent, gelusil

⑩ GC: fair

⑪ Syp. Diltachor (18mg/sml) sml — o — sml

Syp. Ibuprofen plus sml — o — sml

Syp. Bevon o — sml — o

Syp. Relent o — o — sml

Syp. Gelusil sml — o — sml

7 days

flap next monday at 9am in ENT OPD

flap s/o if fever / facial palsy in emergency

HH-CONFIDENTIAL

IF MORE SPACE IS REQUIRED USE REVERSE SIDE

PLEASE BRING THIS DISCHARGE SUMMARY / CARD FOR FUTURE REFERENCE. 2  
"IN CASE OF EMERGENCY PLEASE CONTACT 24 Hrs. CASUALTY Tel. : 24452575, 24447507"

# Audiological Evaluation

Hearing Health 'Priority'

NCR Unit  
Fortis Memorial Research Institute

**FORTIS MEMORIAL RESEARCH INSTITUTE**  
Sector 44 (Opp. HUDA City Centre Metro Station),  
Gurgaon 122 002, Haryana (India)  
Tel : +91 124 496 2200  
+91 124 716 2200  
Fax : +91 124 496 2222  
Emergency : +91 124 421 3333  
Ambulance : 105010  
Email : [fmri@fortishealthcare.com](mailto:fmri@fortishealthcare.com)  
Website : [www.fmri.in](http://www.fmri.in)

**[ VIBHA ANGADI ]**

Complete Audiological test battery approach: Neha Tiwari/Nilanshu Sood, Consultant: Audiologist,  
FMRI, Gurgaon (9911009988)



Priority Hearing, Pediatric Audiology, NCR Unit.

**Name:** Vibha Angadi

**Age/Sex/DOB:** 10 Months/F

**Date of Assessment:** 3<sup>rd</sup> May, 2016

**Refd. By:** Dr Mittal

## Audiological Assessment

Assessment Results (Subjective/Objective findings): Baby Vibha, age 10 months was seen for a complete hearing assessment objectively through BERA and Auditory Steady State Response (ASSR-EP) evaluation.

A) **BERA:** BERA was performed under moderate sedation, test was performed using rarefaction click stimuli at the rate of 21.30/sec. Time 25.0us (12.8) for sweeps=1024 at 90dBnHL, 80dBnHL and 70dBnHL

B) **ASSR-EP:** ASSR-EP was performed under mild sedation by using frequency specific tonal stimuli with ER3 Insert Earphones at the rate of 19.30/sec, sweeps=400. Test was performed at intensity level 100dB SPL, 90dB SPL and 80 dB SPL.  
Their responses/normalized responses are as attached/indicated in ASSR-EPgram.

### **Result:**

Bilateral Profound hearing loss

### **Recommendation:**

- 1) Review with referring consultant.
- 2) Cochlear Implant candidacy
- 3) Intensive speech and language stimulation/Therapy

  
**Consultant Audiologist & Speech Language Pathologist,**  
**FMRI, GURGAON**  
Mob: 09911009988/9911444666  
Email: fmri@priorityhearing.com

[To be clinically correlated]

## RESEARCH INSTITUTE GURGAON

White and Red  
ID: IHS4087-20165301 Page Acq Test Date May 03, 2016 Age 10.0 months Report May 04, 2016

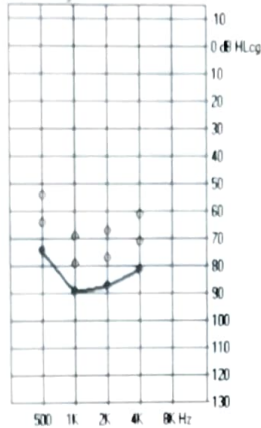
Tel: +91 124 496 2200  
+91 124 216 2200  
Fax: +91 124 496 2222  
Emergency: +91 124 421 1333  
Ambulance: 105010

Email: info@fortishealthcare.com

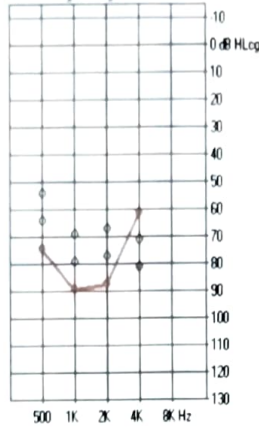


B/L HTLs as indicated

ASSR Audiogram: Left



ASSR Audiogram: Right



Num	Filename	Int	Ear	Stim	Type	Swps/Art	Rate	Mode	PP Amp	SNR RN	Gain	Filters
1	XXBD80A.3	80SPL	B	Inst	STIMR5001K2K	260/11	0.0	Rare	1.32	0.28 1.44*	100	30-300Hz
2	XXBD80A.1	80SPL	B	Inst	StimRMult st	360/17	0.0	Rare	1.21	0.49 0.68*	100	30-300Hz
3	XXBD80A.2	80SPL	B	Inst	StimRMult st	340/14	0.0	Rare	1.18	0.50 0.71*	100	30-300Hz
4	XXBD90A.1	90SPL	B	Inst	STIMRMULT ST	300/14	0.0	Rare	2.80	1.12 0.67*	100	30-300Hz
5	XXBD00A.1	100SPL	B	Inst	STIMRMULT ST	160/7	0.0	Rare	6.67	2.17 0.78*	100	30-300Hz
6	XXBD00A.2	100SPL	B	Inst	STIMRMULT ST	20/1	0.0	Rare	10.89	1.80 1.88*	100	30-300Hz
7	XXBD00A.3	100SPL	B	Inst	STIMRMULT ST	40/2	0.0	Rare	8.28	1.62 1.41*	100	30-300Hz
8	XXRD00A.2	100SPL	R	Inst	STIMR5004K S	20/1	0.0	Rare	4.72	0.65 2.32*	100	30-300Hz
9	XXRD00A.3	100SPL	R	Inst	STIMR500 STM	280/13	0.0	Rare	2.18	0.42 1.87*	100	30-300Hz
10	XXRD00A.1	100SPL	R	Inst	STIMRMULT ST	100/4	0.0	Rare	3.17	0.60 1.40*	100	30-300Hz

System SNR & RN Region: 4.00 - 9.00 ms (\*) indicates different region used

Num	Int	Ear	Peaks	Latency(ms)	Amp(uV) (AR=Amp Ratio)
1	80	B			
2	80	B			
3	80	B			
4	90	B			
5	100	B			
6	100	B			
7	100	B			
8	100	R			
9	100	R			
10	100	R			

Norm

**Left Ear : Poor wave morphology with un-identifiable peaks**

	0	1	2	3	4	5	6	7	8	9	10	11	12 ms
Nm	Filename	Int	Ear	Stim	Type	Swps/Art	Rate	Mode	PP Amp	SNR RN	Gain	Filters	
2	XXLA70A.1	70nHL	L	Inst	Click	1024/1	19.3	Rare	0.23	0.37 0.17	100	100-1500Hz	
3	XXLA70A.2	70nHL	L	Inst	Click	1024/1	19.3	Rare	0.10	0.50 0.10	100	100-1500Hz	
4	XXLA80A.2	80nHL	L	Inst	Click	1024/5	19.3	Rare	0.23	0.46 0.15	100	100-1500Hz	
5	XXLA90A.1	90nHL	L	Inst	Click	1024/1	19.3	Rare	0.21	0.99 0.08	100	100-1500Hz	
6	XXLA90A.2	90nHL	L	Inst	Click	1024/1	19.3	Rare	0.22	0.20 0.23	100	100-1500Hz	

System SNR & RN Region: 4.00 - 9.00 ms (\*)-indicates different region used

Num	Int	Ear	Peaks: Latency(ms)   Amp( $\mu$ V) (AR=Amp Ratio)
2	70	L	
3	70	L	
4	80	L	
5	90	L	
6	90	L	



## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Ms VIBHA GIRIJA BASAVARAJ ANGADI	<b>Lab No</b>	240504
<b>UHID/IP No</b>	77983 / 410	<b>Sample Date</b>	01/01/2024 4:53PM
<b>Age/Gender</b>	8 Yrs 5 Mths 29 Days/Female	<b>Receiving Date</b>	01/01/2024 4:55PM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	02/01/2024 8:49AM
<b>Referred By</b>	Dr. Shrutika Anil Chavan	<b>Report Status</b>	Final
<b>Company Name</b>	SELF (Cash)		

## HEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Haemoglobin Estimation (Hb)	11.9	gm/dl	11.5 - 15.5	ColiCounter-XN550 SYSMEX
Total Leukocytes Count (TLC)	11550	/cu.mm	5000 - 13000	
Erythrocyte count	4.95	mil./cu.mm	4 - 5	
PCV (Haematocrit)	35.6	%	35.0 - 45.0	
MCV	71.9 L	fl	77.0 - 95.0	
MCH	24.0 L	pg	25 - 34	
MCHC	33.4	g/dl	31 - 37	
RDW	12.7	%	11.5 - 15.0	
Platelet Count	3.97	lakh/cumm	1.50 - 4.50	
MPV	9.0	fl	5 - 10	
WBC Differential Count				
Neutrophils	44 H	%	15 - 35	
Lymphocytes	49 H	%	20 - 40	
Eosinophils	02	%	0 - 3	
Monocytes	05	%	1.0 - 8.0	
Basophils	00	%	0 - 2	

## PERIPHERAL SMEAR EXAMINATION

RBCs on smear:	Predominantly Normocytic Normochromic cells seen.
WBCs on smear:	Leucocytosis present.
Platelets on smear:	Adequate in number.

- End Of Report

Dr. Gurpreetkaur G Ahluwalia  
MBBS, D.C.P, DNS

Printed on 02/01/2024 09:06

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SOCIAL MOVEMENT IN HEALTHCARE

VISIT US ON  YouTube  facebook

21<sup>st</sup> March 2023

To,  
Mother Theresa Charitable Trust  
Mumbai

**From**  
Girija Basavaraj Angadi  
2, Vidyut Colony, Shivaji Nagar,  
Nashik – Pune Road, Nashik,  
Maharashtra - 422006

Sub : Financial Assistance towards sequential cochlear implant surgery for Ms Vibha Angadi

Dear Sir / Madam

I am writing to you today with a deeply personal request for assistance on behalf of my daughter, Vibha Angadi. Vibha is a bright, determined young girl who has faced the challenges of profound hearing loss with remarkable courage and resilience. At the age of 14 months in August 2016, she received a cochlear implant in her left ear, which has significantly improved her quality of life and opened up new opportunities for her.

However, Vibha's journey toward auditory independence is not yet complete. Her right ear remains without the gift of sound, presenting ongoing challenges and limitations in her ability to fully engage with the world around her. After careful consideration and consultation with medical professionals, it has been recommended that Vibha undergo a sequential cochlear implant surgery in her right ear to achieve bilateral hearing.

As a parent, my greatest desire is to provide Vibha with every opportunity to thrive and reach her full potential. Unfortunately, the financial burden associated with a sequential cochlear implant surgery is overwhelming, and it is beyond our current means to cover the costs independently.

The total expenses including surgical fees, hospital charges, device costs is around INR 21 Lakhs. We have made a total provision of 12 Lakhs from all of our savings & support from family & friends. We are looking for support of total 9 Lakhs for her surgery.

Your support has the power to transform her life and enable her to experience the world in a way that many of us take for granted. With bilateral hearing, Vibha will have the opportunity to fully participate in conversations, excel academically, pursue her passions, and forge meaningful connections with others.

Enclosing all supporting documents with this letter.

Your support through a financial contribution would mean the world to us.

Thank you for considering our request and for your compassion and generosity. Your kindness will forever be remembered and deeply appreciated.

With heartfelt gratitude,

Girija Angadi  
Mother of Vibha Angadi  
8130390419  
girija\_angadi@yahoo.co.in  
Bank Account no – 002001552289 / ICICI Bank / IFSC – ICIC0000020