IN THE SUPREME COURT OF PAKISTAN

(Appellate Jurisdiction)

Crl.MA No. _____/2026
IN
Crl.Appeal No. 17/2026
Report on behalf of Superintendent
Central Jail Rawalpindi filed on
17.08.2026

Salman Akram Raja

.....*Appellant*

VERSUS

Captain (Retd) Muhammad Khurram Agha & others

.....*Respondent*

Counsel for the Appellant: Mr. Salman Akram Raja, ASC
Syed Rifaqat Hussain Shah, AOR

Counsel for the Respondents:

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Naveed Hayat Malik
Advocate General
Islamabad (ICT)

Dated: 17.08.2026

A

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REPORT ON BEHALF OF SUPERINTENDENT CENTAL JAIL RAWALPINDI

Respectfully Sheweth:-

1. That the report on behalf of Superintendent, Central Jail, Rawalpindi is being submitted, hence, this application.

It is, therefore, respectfully prayed that the report of Superintendent, Central Jail, Rawalpindi may kindly be brought on record, in the interest of justice.

Naveed Hayat Malik
Advocate General
Islamabad (ICT)

Dated: 17.08.2026

From

The Superintendent
Central Jail Rawalpindi

To

The Registrar,
August Supreme Court of Pakistan,
Islamabad.

No. 30852 /Dated: - 15-08-2026

Subject: **Crl. A NO. 17/2026**
Salman Akram Raja Versus Cap. (Retd) Muhammad Khurram Agha & other

Dear Sir,

Kindly refer to the apex Court's order passed is subject captioned No. 17/2026-SCJ dated 16.07.2026 on the subject noted above.

It is submitted that the larger bench of the Islamabad High Court headed by the Honorable Chief Justice has disposed of the contempt proceedings, vide Judgement dated 24.03.2025 passed in criminal Original No. 09/2025 titled as *Mishal Azam Vs Ghafoor Anjum, etc* in the following terms: -

"Mr. Suleman Akram Raja, who is in attendance before this court has given undertaking that no media talk would be given by the persons with respect to the matters discussed in interview outside the jail premises".

"As far as the contempt petitions are concerned, the parties present before the court did not raise any objection as to adjudication of the same by this Bench. Since the writ petitions are being disposed of with consent of the parties; we deem it appropriate to drop the contempt proceedings against the respondents". (Copy of relevant is attached as **Annexure-A)**

Despite the clear directions of the honorable court Mr. Suleman Akram Raja violated the privilege of interview by advancing political agenda on media after holding meetings with convicted prisoner. This was also in flagrant violation of Rule-265 of Pakistan Prison Rules 1978, which reads as under: -

'The discussion of political matters shall not be allowed at these interviews. The subject matter of all letters shall be strictly limited to private affairs and shall not contain any reference to prison administration and discipline, other prisoners or politics.

It may also be submitted that the Hon'ble Islamabad High Court in ICA 1005-2024 titled as ***Government of the Punjab v. Sher Afzal Khan and others*** suspended the operation of impugned judgement dated 30-10-2024 passed by learned single Judge whereby writ petition No.866/2024 was allowed and language of Rule-265 of Pakistan Prisons Rule 1978 was declared to be ultra vires. Moreover, in Crl. Org No. 82 of 2025 titled as ***Salman Akram Raja v. Capt. (Retd) Muhammad Khurram Agha***, the Hon'ble Islamabad High Court held as follows.

"Therefore, it is unequivocal that Rule 265 of the Pakistan Prisons Rules,1978 is in field; hence, keeping in view overall scenario, the parties are directed to adhere to the jail Manual in accordance with law"

The petitioner through Media talks, interviews and tweets maligned the constitutional office holders/ representative of the State (Photo of the Media talks are attached as **Annexure-B**). These meeting have been used to exploit public sentiments against judiciary, foreign, policy institutions and law enforcement agencies. This has incited disaffection and -- against these institutions.

It is further submitted that the meetings between convicted prisoners Imran Ahmad Khan Niazi and his wife Bushra Bibi are being held regularly on every Tuesday as per jail rules. As of now 84 Nos of such meetings have been held between the both prisoners.

Additionally, Mr. Salman Safdar, one of the leading counsels for convicted prisoners Imran Ahman Khan Niazi and Bushra Bibi, has also had meetings with Mr. Imran Ahmad Khan Niazi on 10-02-2026 and 08-04-2026 as well as.

It may also be submitted that Mr. Imran Ahmad Khan Niazi and Bushra Bibi are being provided with adequate healthcare facilities. Their health and well-being are and have been of paramount importance for the jail administration. Medical officers of the jail visit Mr. Imran Ahmad Khan Niazi thrice a day for checking his meals. They also take his vitals that includes Blood Pressure, Heart Rate (HR) and Oxygen saturation (SPO2). The medical officers enter the same in prisoner's medical record that have been properly maintained since his admission to the jail.

It may also be submitted that a number of consultants of different specialties from public tertiary care hospitals have also visited the prisoners for their medical examination. The record of all visiting consultant's examinations and prescriptions is available with the jail administration. (Record attached as **Annexure C**)

It is further submitted that when the convicted prisoner Imran Ahmad Khan Niazi was diagnosed with the eye disease, immediate medical intervention was made by the jail administration. He was treated at PIMS Islamabad by the top Ophthalmologist of the twin cities i.e. Dr Muhammad Arif Khan head of Ophthalmology PIMS Islamabad and Dr Nadeem Qureshi Vitero-Retinal Surgeon of Alshifa Trust Eye Hospital Rawalpindi. Consequently, significant improvement of his eye has been noticed and his vision returned to almost normal. The medical interventions and improvement of his vision suggested that the jail administration left no stone unturned in providing the convicted prisoner with the best healthcare facilities from the top public sector teaching hospital of the ICT.

Prayer: -

In the light of above submissions, it is hereby humbly requested that the instant Criminal Appeal may kindly be disposed of being devoid of merits.

Submitted please.

Yours Faithfully

Superintendent
Central Jail Rawalpindi

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of 2024. The meetings/interviews are to be regulated as per the mode and manner already settled. The Superintendent Central Prison, Rawalpindi shall strictly adhere to the schedule of meetings/interviews already agreed.

9. Mr Salman Akram Raja, who is in attendance before this Court has given undertaking that no media talk would be given by the persons with respect to the matters discussed in interview outside the jail premises.

10. As far as the contempt petitions are concerned, the parties present before the Court did not raise any objection as to adjudication of the same by this Bench. Since the writ petitions are being disposed-of with consent of the parties; we deem it appropriate to drop the contempt proceedings against the respondents.

11. In view of the above and as a consent order, the petitions are disposed-of in the above terms. It goes without saying that in future, all cases concerning the subject matter of these petitions shall be heard by this Bench, unless one of us (*the Hon'ble Chief Justice*) decides otherwise.

TRUE COPY

27 MAR 2025

Examiner
Copy Supply Section
Islamabad High Court
Islamabad

Sd
(Acting Chief Justice)

Sd
(Muhammad Azam Khan)
Judge

Sd
(Arbab Muhammad Tahir)
Judge

Luqman Khan*

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Press
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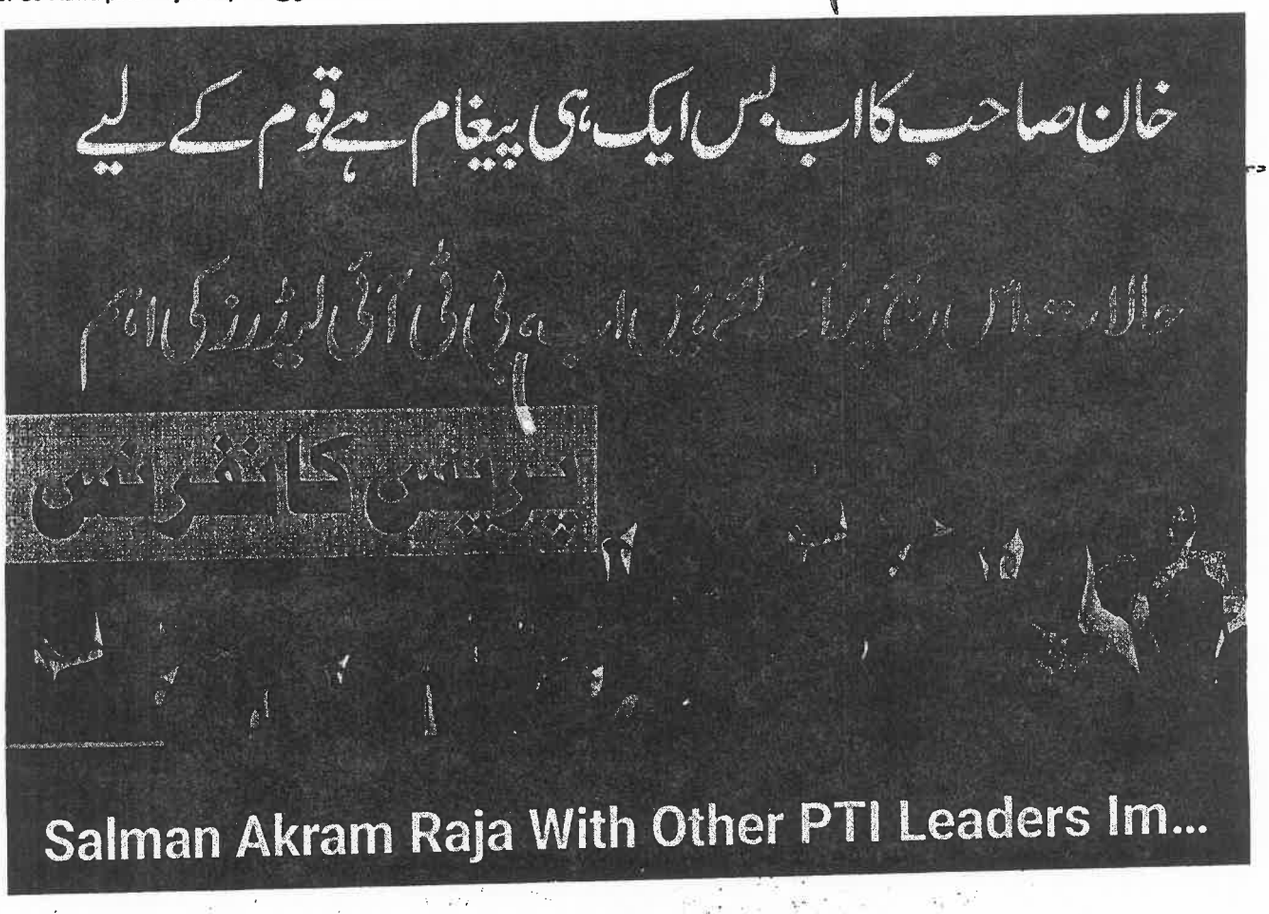

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He said Imran and Bushra Bibi were facing serious "health risks in custody" and added that Imran's sisters were also being denied meetings with him despite the seriousness of his condition.

PTI secretary general further said that petitions filed before the SC were not

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Pakistan Tehreek-e-Insaf Secretary-General Salman Akram Raja speaks to journalists outside Adiala jail in Rawalpindi on February 25, 2025. SCREENGRAB

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ISLAMABAD: Pakistan Tehreek-e-Insaf (PTI) Secretary General Salman Akram Raja on Wednesday said that jailed former prime minister Imran Khan was facing serious health risks in custody, claiming that, due to alleged torture in jail, he has "lost vision" in one of his eyes.

In February, it was revealed by a report prepared by Barrister Salman Safdar on the Supreme Court's direction that Imran had informed officials that his right eye was

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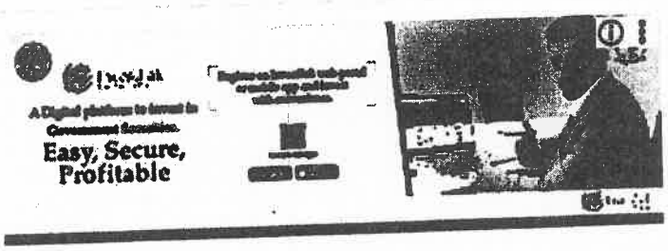
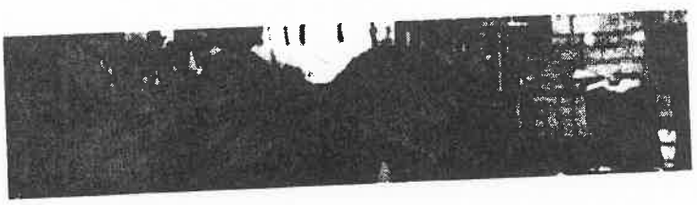


Imran Khan 'loses vision' in one eye due to jail torture, alleges Salman Akram Raja

Says the party has exhausted all legal avenues and that taking to the streets is the only option left

JAHANZAIB ABBASI May 13, 2026 3 min read



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In February, it was revealed by a report prepared by Barrister Salman Safdar on the Supreme Court's direction that Imran had informed officials that his right eye was functioning at only 15% capacity. Safdar submitted the report to a two-member bench. As a result, the SC ordered that Imran be granted access to his personal physicians in Adiala Jail. Later, a medical board examining Imran reported an improvement in his eyesight and did not recommend shifting him to a hospital.

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Speaking to reporters outside the SC today, Raja stated that Imran had been in jail for nearly 1,000 days and that all judicial avenues appeared to be closed for the party. He further added that the party had exhausted all legal options, and now, taking to the streets was the only option left.

He said cases against Imran and

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Raja said Pakistan required political and economic stability, describing Khyber-Pakhtunkhwa (K-P) as "bathed in blood" and stating that every province had been pushed into crisis.

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Senior lawyer Hamid Khan said petitions were being filed in the SC seeking meetings and prison facilities for Imran and Bushra Bibi, adding that an appeal had remained pending for a year before being dismissed by the Islamabad High Court (IHC) and questioned how legal documents could be signed if lawyers were denied access to their clients.

Read: Jail rejects daughter's plea to meet Bushra

In late January, Imran was first taken to the hospital for a minor eye procedure. Five days later, Information Minister Attaullah Tarar

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SUMMARY OF CONSULTANTS CHECKUP'S OF PRISONER IMRAN AHMAD KHAN

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S.No	Date	Report after Examination
1.	04.11.2023	He was examined by visiting consultant Dr. Was Aziz Head of Department, from Rawalpindi Teaching Hospital, (DHQ) Rawalpindi for his complaint of toothache. The consultant advised filling to be done. He was also examined by consultant Neurosurgeon Dr. Qasim Yab Khan from District Headquarters Hospital, Rawalpindi for his complaint of pain left shoulder. The consultant advised physiotherapy along with oral treatment, which was provided to him from jail hospital.
2.	18.11.2023	He was examined by consultant Neurosurgeon Dr. Qasim Yab Khan from District Headquarters Hospital, Rawalpindi for his complaint of pain left shoulder. The consultant advised physiotherapy along with oral treatment including warm compression, which was provided to him from jail hospital
3.	24.11.2023	He was examined by visiting consultant Dr. Waseem Aziz Head of Dental Department, from Rawalpindi Teaching Hospital, (DHQ) Rawalpindi filling which was done on 24.11.2023 and was advised scaling and polishing.
4.	01.12.2023	He was examined by visiting consultant Dr. Waseem Aziz Head of Dental Department, from Rawalpindi Teaching Hospital, (DHQ) Rawalpindi. The consultant noted that he has nicotine stains on his teeth, which were removed by polishing on the same day.
5.	21.12.2023	He was examined by visiting consultant Orthopedic Surgeon Dr. Shahid Bashir from Benazir Bhutto Hospital Rawalpindi. The consultant noted that he has adductor insertional tendinitis and advised to avoid adduction.
6.	03.03.2024	He was examined by visiting consultant Ophthalmologist Dr. Maria Zubair from Benazir Bhutto Hospital Rawalpindi. The consultant noted that he has complaint of conjunctivitis for which the said consultant advised treatment, which was provided to him from jail hospital
7.	08.03.2024	He was examined by visiting consultant Ophthalmologist Dr. Maria Zubair from Benazir Bhutto Hospital Rawalpindi. The said consultant noted that his eye condition has improved and advised CST for 02 days.
8.	09.03.2024	He was examined by visiting consultants Dental Surgeon Dr. Asma Rizwan from Holy Family Hospital Rawalpindi and Dr. Samina Niazi (Personal Dentist). The consultants advised that no dental intervention is required at moment.
9.	12.03.2024	He was examined by visiting consultant surgeon Dr. Tashfeen Farooq from Benazir Bhutto Hospital Rawalpindi. The consultant advised treatment, which was provided to him from jail hospital.
10.	18.04.2024	He was examined by visiting consultant ENT Dr. Samia Anis from Benazir Bhutto Hospital Rawalpindi. The consultant noted that he had complaint of tinnitus and on examination he had ear wax. The consultant advised treatment and also advised senior ENT consultation along with plan for suctioning.
11.	20.04.2024	he was examined by visiting consultant ENT surgeon Dr. Nida Riaz Assistant Professor ENT from Benazir Bhutto Hospital Rawalpindi. The consultant noted on examination that patient has no history of vertigo, has suspesion of slight decereased in hearing. Suctioning was done and advised treatment, which was provided to him from jail hospital

12.	23.04.2024	He was examined by visiting consultant ENT surgeon Dr. Ahmad Hassan Head of Department from Benazir Bhutto Hospital Rawalpindi. The consultant noted that he had bilateral tinnitus more on left side, his PTA test was done which showed sensorineural hearing loss. The consultant advised treatment, which was provided to him from jail hospital.
13.	23.05.2024	He was again examined by visiting consultant Orthopedic Surgeon Dr. Umair Aslam from THQ Hospital Kallar, Syedan. The consultant noted that he has complaint of pain left calf muscle with tendinitis. The consultant advised treatment along with investigations which were done.
14.	24.08.2024	He was examined by medical board under chairmanship of Dr. Altaf Hussain Head of ENT Department Pakistan Institute of Medical Sciences Islamabad on 24.08.2024 along with Dr. Liaqat Ali Rind Physician and Dr. Umar Farooq Head of Dental Department. The medical board properly examined and suggested blood tests which included Blood CP, LFT's, RFT's, HBA1C, Lipid Profile, BSR and Uric Acid. All the tests which were done from Pakistan Institute of Medical Sciences Islamabad Laboratory and the reports received, which were normal. The medical board suggested medications for his complaint of tinnitus. It is to be mentioned that his examination was carried out in the presence of Dr. Muhammad Asim Yusuf. According to Dr. Muhammad Asim Yusuf, he appeared to be in good health over all. He had complaint of mild tinnitus for which ENT specialist reviewed him and prescribed medications.
15.	30.09.2024	He was examined by visiting consultant Principal Dental Surgeon Dr. M Waseem Aziz from Rawalpindi Teaching Hospital, Rawalpindi. He refused check-up and dental examination.
16.	03.10.2024	He was examined by Prof. Kashif (Professor of ENT). He examined tympanic membrane slightly hyper-echoic tinnitus likely noise induced. He had vertigo few weeks back which was likely BPPV. He advised Tab. Serc 24mg (provided by jail hospital) one tab twice daily. The jail inmate needs to avoid exposure to loud sounds which likely causing it.
17.	03.10.2024	He was complaint of sharp pain to tooth. He was examined by Dr. Awais. On examination; the left lower 7th tooth occasionally eroded and is sensitive to touch. It hurts on bite. He was advised X-ray of the tooth and not to use the affected tooth for three days. If pain is worse on left side urgent root canal treatment was advised.
18.	15.10.2024	He was complaint of dyspepsia/reflux. He was visited by Prof. Dr. Altaf Hussain and Dr. M Ahsan Imran. On examination; they found him active oriented and in well-being. The only symptom was dyspepsia for last 4-5 days and tinnitus for 2 months. He was afebrile, unremarkable general physical examination, BP 160/90mmHg, Pulse 59/min, SPO2 99% at room air.
19.	29.10.2024	He was examined by medical board under chairmanship of Dr. Altaf Hussain Head of ENT Department Pakistan Institute of Medical Sciences Islamabad along with Dr. Akhtar Ali Bandesha Professor of Cardiology, Dr. Ali Arif Associate Prof. Medicine and Dr. Saman Waqar Associate Prof. Pathology. The medical board properly examined and suggested blood tests which included Blood CP, LFT's, RFT's, HBA1C, Lipid Profile, BSR and ECG. All the tests which were done from Pakistan Institute of Medical Sciences Islamabad Laboratory. The medical board suggested medications for his complaint of intermittent tinnitus and nasal stuffiness. He had otherwise remained healthy, no prior history of any cardiac abnormality. He was hemodynamically stable.
20.	04.11.2024	He was examined by medical board under chairmanship of Dr. Altaf Hussain Head of ENT Department Pakistan Institute of Medical Sciences Islamabad along with Dr. Akhtar Ali Bandesha Professor of Cardiology, Dr. Ali Arif Associate Prof. Medicine, Dr. Saman Waqar Associate Prof. Pathology and Dr. Asim Yousaf. The medical board properly examined and suggested blood tests which included Blood CP, LFT's, RFT's, HBA1C, Lipid Profile, BSR and ECG. All the tests which were done. The medical board suggested medications for his complaint of intermittent tinnitus. He had otherwise

		remained healthy, no prior history of any cardiac abnormality. He was hemodynamically stable.
21.	30.12.2024	He was examined by Prof. Dr. Altaf Hussain and Dr. Hameer Saif Talpur from Pakistan Institute of Medical Sciences Islamabad. On examination; he was found to be conscious, well oriented with time, place and person. He complaint of vertigo which lasted for few seconds and started few days ago. This episode was proceeded by flu which lasted for few days. Then, he was vitally stable. They advised Tab. Methycobal 500mcg BD and Cap Ginbex once daily for six weeks (provided from jail hospital).
22.	03.03.2025	He was examined by medical board. The medical board properly examined and found that he had intermittent dyspepsia for which he took Cap Omeprazole twice weekly. He had persistent tinnitus, a complaint that was present on previous visit as well. He had callosities on right sole of foot, which are likely pressure induced. He was vitally stable and they suggested blood tests which included Blood CP, LFT's, RFT's, HBA1C, Lipid Profile and BSR. All the tests which were done. The medical board suggested continue Ginko Biloba and routine medications and for his callosities he should use Cora Caps and padded shoes where possible
23.	03.04.2025	He was examined by Medical board comprising of Dr. Muhammad Umar Farooq, Dr. Altaf Hussain and Dr. Mubashar Daha. He had complaint of Tinnitus for which he was examined on previous visit and medication was advised already. He was complaining of painful swelling on the right foot which was declared as painful plantar warts. Duofilm was advised for topical application on affected area. He was also complaining of Dental sensitivity, on examination, erosions of occlusal surfaces of molar teeth was present. Advised topical application of fissure scalants.
24.	12.08.2025	He was examined on 12.08.2025 by Medical Team from Pakistan Institute of Medical Sciences (PIMS) Islamabad comprising **Dr. Altaf Hussain, Dr. Umar Farooq, Dr. Amir Saleem and Dr. Ali Arif.** He was complaining of B/L wax build up in the ear for which he underwent clearance via syringing He previously had mild abdominal pain two days ago which has now settled The board has recommended to repeat his routine lab investigations naming: - 1. CBC 2. LFT's 3. RFT's 4. Lipid Profile 5. BSR Furthermore, for detailed treatment the board has recommended varnish applicant after supplies has been arranged. The supportive management has been recommended for sensitivity of the teeth and chronic tinnitus.
25.	29.08.2025	He was examined on 29.08.2025 by **Dr. Muhammad Arif Khan from Pakistan Institute of Medical Sciences (PIMS) Islamabad.** The patient has complaint of decreased vision far & near right eye. On examination the said consultant noted visual aquity 6/36 and 06/9P without glasses and with glasses it is 6/6 and 6/6 and NV is N6 and N10 without glasses and with glasses it is N5 and N5. The patient was seen by Direct ophthalmoscope and an autorefractrometer. On examination he has refractive error and presbyopia. The patient was complaining of flashes of light and floaters. The said consultant advised glasses for correction of V.A. He also advised medication i.e Occudine Eye Drops & Tab. Eye Vision. The glasses no. for right eye +1.75DS and left eye +1.0DS (for Far vision).
26.	09.12.2025	He was examined on 09.12.2025, by A team of doctor comprising **Dr. Muhammad Ali Arif (Associate Prof. of Medicines), Dr. Tariq Abdullah (Associate Prof. of General Surgery), Dr. Suman Waqar (Associate Prof. of Pathology) & Dr. Mubashar Mushtaq Daha (Senior Registrar Dermatology),** examined the Convicted Prisoner Imran Ahmad Khan Niazi s/o Ikram Ullah. He was offered to get his routine lab investigations done which he declined. He was having complaint of painful callosity on the sole of right foot which was examined by the team. He has been advised Duofilm topically followed by warm water soaping thereafter he can gently clean the skin with a

		pumice/skin foiler to remove the dead skin. This should be repeated gently at least two weeks.
27.	16.01.2026	He was examined on 16.01.2026 by **Dr. Muhammad Arif Khan from Pakistan Institute of Medical Sciences (PIMS) Islamabad**. The complaint was decreased vision in right eye which was not improving with refractive correction. 13 Right +1.5 6/18 Left +1/+0.5-5 Add +2.5 On Fundoscopy flames shaped hemorrhages, dot blot hemorrhages & macular edema was seen. The disc was congested with no appreciation of cup disc ratio. It is likely that central retinal vein was occluded but further investigations are needed to confirm the diagnosis. The Intra Ocular Pressure (IOP) was high in the right eye and normal in the left eye. R 22mmHg, L 16mmHg. Treatment advised is:- 1. Nevanac Eye Drop 1+1 Right Eye 2. Systane Ultra Eye Drop 1+1+1+ Both Eye 3. Xalatan Eye Drops 1 (Night) Right Eye 4. Tab. I-Vision 1 x OD Advised investigations are:- 1. Blood CP 2. OCT Macula 3. OCT Disc 4. OCT Angiography 5. IOP Monitoring These investigations are necessary for diagnosis and further course of management.
28.	19.01.2026	He was examined by **Dr. Muhammad Arif Khan from Pakistan Institute of Medical Sciences (PIMS) Islamabad** under Slit Lamp Examination and Fundoscopy once again. No iris neo vessels noted. The fundus shows diffuse edema (macular). The IOP is 16mmHg in the right eye and 17 mmHg in the left eye. OCT is done which shows Central Retina vein occlusion. This is an ocular emergency which needs further investigations. Adv : • FFA • OCT (Angiography) • Blood CP(ESR) • LFTs, RFT's • BSR (Random) • HbA1c • Lipid Profile • Serum R.A Factor • Serum Uric Acid • Serum ACE Levels • Antiphospholipid Ab • Anti B_2 Glycogen Ab • ANA/ENA • CRP (Quantitative) For the management IVA* (Anti VEGF) is needed. The injection needs to be admitted in aseptic conditions preferably in Operation Theater under the guidance of microscope with availability of sterile instruments. • Inj. Eylea • Inj. Palizon • Inj. Avastin • Inj. Vabismo
29.	02.02.2026	He was examined on 02 February 2026 by **Dr. Mohammad Arif Khan Head of Department Ophthalmology Pakistan Institute of Medical Sciences (PIMS), Islamabad**. According to his remarks:-

		"The patient was seen under the Slit Lamp. There were no new vessels noted in the either eye. The IOP was 11mmHg in the right eye and 14mmHg in the left eye. On Fundoscopy the edema still persists, the hemorrhages are in all four quadrants and diffuse edema of retina persists. However, the vision has improved in the right eye and patient feels better after the first dose of AntiVEGF. It is recommended that the second dose of injection may be planned around four weeks after the 1st injection date. OCT & FFA are also advised to follow up and monitor the progress of the disease. The blood tests are all in the normal limits except Serum Cholesterol, LDL and HDL. It is recommended that a qualified medical Specialist / Cardiologist may examined the patient and manage the case accordingly to avoid further complications in the future. Treatment advised is:- 1. Nevanac Eye Drop 1+1 Right Eye 2. Systane Ultra Eye Drop 1+1+1+ Both Eye 3. Xalatan Eye Drops 1 x OD Right Eye Please continue the treatment till further orders". **Submitted please.**
30.	15.02.2026	He was examined on **15.02.2026** by the Medical Board comprising of: 1. **Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)** 2. **Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)** **The findings of the board are as under:** • Both eye anterior segment quite. • Cornea- clear. • A/C- No cells • Right eye- No NVI`S seen • Pupil reacting to light and circular • Lens clear Angioscopy was done. Angle was open, No NVA`s seen. Right eye vitreous clear A few fibriller opacities seen, no cells appreciated. Mild intragel hemorrhage seen at 6`O clock periphery. **Funds Findings:** *Right eye:* disc hyperemic and vessels engorged, Cup obliterated. Moderately dense retinal hemorrhage in all four quadrants. 4-5 cottons wool spots seen in different quadrants. Resolving macular edema seen. Foveal contour visible Retina is attached *Left Eye:* DB - Pink CDR - .2 Vessels - NAD Macula – clear No gross changes seen at macula Periphery – clear No lattice Retina attached **OCT Findings** *Right Eye:* Right macula edema (resolving & reduced) Central macular thickness reduced from 550 to 350 *Left eye:* Within normal limits This board suggests that the following treatment may be given till further order.

		1. Nevanac Eye Drops 1+1 (Both eyes) 2. Co-soft eye drops 1+1 (Right eye only) 3. Systane ultra 1+1+1 (Both eyes) 2nd dose of anti-VEGF maybe given as per schedule. **However, vision has improved from 6/36 to 6/9 partial in the involved eye which is substantially good vision at this stage.** Furthermore, it is recommended and emphasize that a proper medical and cardiac evaluation maybe done to prevent recurrence of similar incidence in the eyes. **Investigation advised:** OCT Angiography & FFA
31.	20.02.2026	He was examined on 20.02.2026 by a Medical board comprising of:- • **Dr. Akhtar Ali Bandeshah (Cardiologist)** • **Dr. Muhammad Ali Arif (Associate Prof. of Medicines)** • **Dr. Altaf Hussain (ENT Specialist)** • **Dr. Suman Waqar (Associate Prof. of Pathology).** • **Dr. Omar Farooq (Dental Surgeon)** He has complaint of generalized "feeling unwell" since yesterday, on further questioning he mentioned that he had been feeling anxious. On Examination his BP was 120/80mmHg, throat and ENT Examination was also normal. Regarding his Dental review he has prior history of braxism and has had dental coating done previously. He mentioned that his routine dental review has not been conducted for a while, the message was conveyed to make arrangements if possible. The board appraised him about his Lab reports to which he seemed satisfied. The baord has also recommended making arrangements for getting his dental coating done as per convenience.
32.	03.03.2026	He was examined on **03.03.2026** by the Medical Board comprising of: 1. **Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)** 2. **Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)** The patient was examined at 05.50PM on Slit Lamp, Auto-Ref, OCT and air puff. **The findings of the examination are as under**: Right Eye:VA 6/9 with glasses 1.5+ DS Left Eye: VA 6/6 with glasses 0.75+ DS Intra ocular pressure: ***Right:*** *12* ***Left:*** *15* • ***Right Eye:*** anterior segment • Cornea- clear. • A/C- No cells quite • Pupil reacting to light and circular, No NVI's seen • Lens clear • Retina: Flat • Vitreous opacities seen • Resolving mild vit-hemorrhage at 6`O clock seen **Funds Findings:** *Right eye:* disc edema reduced and temporal margins more distinct. Retinal hemorrhages more discrete, colour pinkish. 4-5 cottons wool spots seen in different quadrants reduced in size. Macular hemorrhage, fovea more distinct, no gross edema seen. **OCT Findings** ***Right Eye:*** The Central macular thickness reduced from 350 to 261 RPE and photoreceptors layer intact ***Left eye:***

		Within normal limits This board suggests that the following treatment may be given till further order. 1. Nevanac Eye Drops 1+1 (Both eyes) 2. Co-soft eye drops 1+1 (Right eye only) 3. Systane ultra 1+1+1 (Both eyes) The Medical Board advised to use glasses for near and far vision. The patient shows further improvement from previous visit.
33.	18.03.2026	He was examined on **18.03.2026** by the Medical Board comprising of: • Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad) • Prof. Dr. Nadeem Qureshi (HOD Vitreo retinal department Al-Shifa Trust Eye Hospital Rawalpindi) • Dr. Akhtar Ali Bandeshah (Cardiologist) • Dr. Muhammad Ali Arif (Associate Prof. of Medicine) • Dr. Altaf Hussain (ENT Specialist) The patient was Examined at 04:30pm on Slit lamp examination, Autoref, OCT, Indirect Airpuff tonometer & the findings are as under: - VA → Right 6/6P → With Glass → Right +1.75DS VA → Left 6/6 → With Glass → Left +0.75DS IOP Right 12 Left 14 (Left eye not dilated on the request of the patient)

Examination

	Right	Left
Cornea	Clear	Clear
A/C	Quit (No Cells)	Quit
Pupil	Reacting/Circular	Reacting/Circular
Iris	No NVI's seen	No NVI's seen
Lens	Clear	Clear
Vitrous	Fibrillar Opacities Seen Resolving vitreal hemorrhages at 6'0 clock	PVD +ive
Retina Disc	Edema ↓ hyperemic 04 cotton wool spots. Further reduction in size noticed. Retinal hemorrhages resolving. Macular hemorrhages reduced. No gross macular edema seen. Fovea distinct. In periphery no gross abnormality (Lattice) seen.	Normal NAD

OCT

CMT 256 seen. NO intra or sub retinal fluid seen. RPE & Photoreceptor layer intact.

Rx

Continue the previous treatment till further orders.

Advice glasses for near and far vision. Third injection as per schedule.

The patient had no complaint pertaining to the Specialties of ENT, Medicine & Cardiology. He was alert and hemodynamically stable.

34.	15.04.2026	**Dental examination** was performed by:-

- Prof. Dr. Umar Farooq H.O.D Dentistry PIMS Isb.
- Dr. Waseem Aziz Principal Dental Surgeon/H.O.D DHQ Rawalpindi assisted by Shoaib Iqbal

On inquiring he complained about on & off pain air Right and left mandibular posterior teeth.

On Examination

Generalized attrition because of bruxism. No teeth were tender to percussion.

——. Oral hygiene satisfactory

——. No active dental issues or soft tissue lesions were present on examination.

Advice

Mouth guard (After taking impression)
Topical application of composite bandage on posterior teeth.
Oral radiographs to rule out class II cavities.
No immediate interventions required at the moment.

Eye Examination:

- Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)
- Prof. Dr. Nadeem Qureshi (HOD Vitreo retinal department Al-Shifa Trust Eye Hospital Rawalpindi)

The patient was Examined at 15/04/2026 at 02:30PM at Slit Lamp examination, Autoref, OCT indirect Airpuff tonometer.

The findings are as under: -

VA → Right 6/60, Left 6/12

Without Glass & With Glass → Right 6/9 - +1.75DS 6/6P; Left 6/6 +0.75DS

Add +2.25

NV → N6, N6 With glass

IOP Right 10mmHg Left 12mmHg perkins Tonometer (Left eye not dilated)

Examination

	Right	Left
Cornea	Clear	Clear
A/C	No Cells	No Cells
Pupil	Reacting/Circular (No NVI's seen)	Reacting/Circular
Lens	Clear	Clear
Vitreous	Fine Opacities Mild residential vitreous hemorrhages (Resolving)	PVD +ive Clear
Retina Disc	Disc hyperemic /margins indistinct 03 cotton wool spots, hemorrhages persist but fading no in upper half then lower half No gross macular edema Fovea distinct Retina Flat	Normal NAD

OCT

CMT 275. NO intra or sub retinal fluid seen. RPE & Photoreceptor layer intact.

Advice: -

OCT Angiography
Injection Vabismo (within 02 Weeks)

Blood Chemistry
CBC + ESR
LFT's, RFT'S, BSR, HBA1C, Lipid Profile, Serum RA Factor, Uric Acid, ACE Levels, Anti phospholipids Ab, Anti B glycogen Ab, ANA/ENA CRP (Quantitative)

Rx

Continue topical treatment as advised. Plan OCT angiography & 4th injection within two weeks.

35. 19.05.2026

The patient was examined at 19/05/2026 under the Slit Lamp examination, Autoref, tonometer and OCT.

VA → Right 6/6P
VA → Left 6/6

With Glasses → Right +1.75 DS
With Glasses → Left +1.0

IOP By Perkins Right 10/ Left 14

Right Eye	
Cornea	Clear
A/C	Quiet / No NVI's
Pupil	Pharmacologically dilated
Lens	Clear
Retina Disc	Attached retinal heamorrhages resolving and reduction in number & color intensity fading to light pink noted. Disc Edema stable. Cotton wool spots reduced to 02 in numbers macula clear. Fovea distinct & sharp

OCT: - CMT 267mm

Left Eye

Anterior segment Quiet
Fundus NAD
PVD+.

Rx

Nevanac Eye Drops 1+1
Co-Soft Eye Drops 1+1
Systane Ultra Eye Drops 1+1

In view of the above mentioned findings it is advised that 5th dose of Anti VEGF maybe needed after 03 weeks.

36. 08.07.2026

The patient was examined by Prof. Dr. Umar Farooq H.O.D Dental Department Pakistan Institute of Medical Sciences (PIMS), Islamabad.

The consultant noted that he has complaint of dislodgment of fissure sealants/coating from the right lower posterior quadrant which was done a couple of months ago.

Impression was taken for night guard and is awaited.

Plan :

Provide Night Guard.
Oral Hygiene instructions given.
Saline wires advised.
Fissure sealants can be done.

		No other active intervention required at the moment.
37.	10.07.2026	The patient was examined on **10.07.2026** by the Medical Board comprising of: 1. Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad) 2. Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi) The patient was examined at 10:30PM on Slit Lamp Perkins tonometer and indirect ophthalmoscope. **The findings of the examination are as under:** Intra ocular pressure: ***Right:** 14mmHg by perkins tonometer* ***Left:** 14mmHg* • ***Right Eye:*** anterior segment • Cornea- clear. • A/C- No cells quite • Pupil reacting to light and circular, No NVI's seen • Lens clear • Retina: Flat • Disc pink and macula grossly clear • Hemorrhages resolved **Rx:** Please continue the previous treatment. Tab. Airtal 100mg 1+1 for 05 days then SOS **Plan:** Scan and injection as per schedule.
38.	01.08.2026	The patient was examined on **01.08.2026** by the **Consultant Cardiologist Prof. Dr. Akhtar Ali Bandeshah (Pakistan Institute of Medical Sciences, Islamabad).** The consultant noted that the patient Imran Khan Niazi was seen for complaints of uncontrolled, fluctuating B.P and associated palpitation, headache and restlessness. He also complains of obvious cause of his symptoms due to infrequent meetings with his wife, family and social colleagues as cause of stress. Further, he complains of stress due to non-availability of newspapers and TV.etc. On examination: • Pulse : 50/min • B.P : 140/100 mmHg • Chest : Clear ECG showing electrical noise but clear; QRS complex are normal so no significant ECG changes. **Plan:** i. Recommend steps to de-escalate mental stress, may include more frequent meetings with his wife + more reading material. ii. This 74 year gentleman with stressful attitude is at risk of complications, so i recommend: a) CT Coronary Angiography b) Increased BP Medication: Tab.Norvasc 5mg 1xdaily (Morning)

		Tab.Diovan 80mg 1x daily (Evening) Tab.Citanew 10mg 1x daily (After breakfast) Tab.Lexotanil 3mg ½+½+½ Continue Rolip.Ez 10/10 1xOD 20 Continue his other medication.
39.	10.08.2026	It is submitted that the Convicted Prisoner Imran Ahmad Khan Niazi s/o Ikram Ullah Khan is about 73 years old male, has been examined on **10.08.2026** by the Medical Board comprising of: 1. Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad) 2. Dr. Akhtar Ali Bandeshah (Cardiologist) 3. Dr. Muhammad Ali Arif (Associate Prof. of Medicine) 4. Dr. Muhammad Farqad Alamgir The patient was asked to review on Examination BP 140/80mmHg, Rt =Lt , Pulse 54/Min, no carotid bruit. Heart sound $S_1 + S_2 + 0$. Chest clear. ECG Normal, ECHO slight E to A Reversal, Valves/Chambers normal. Complaint of Heaviness in Head/Palpitations No SOB or Heaviness/Pain in chest Anxiety +++ Suggestion/Treatment:- Tab. Amlodipine (Norvasc) (5mg) ½ at 10:00am + 0 + 0 Tab. Exforge 5/80 0 + 0 + 1 at 07:00PM Tab. Lexotanil 3mg ½ at 10:00am + 0 + ½ at 08:00pm He needs 01 hour walk with some relaxation in his current prison situation. He should be provided with magazine/Newspaper/TV and reading books. His Human Interaction with immediate family member/Spouse should be more frequent than the current time allowed. This will help control his anxiety and B.P. No Indication for any further cardiac investigation (CT Angio). Routine blood including:- NT Pro BNP CBC RFT;'s Submitted please.

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SUMMARY OF CONSULTANTS CHECKUP OF FEMALE PRISONER BUSHRA BIBI

<table>
<tr><th>S.No</th><th>Date</th><th>Report after Examination</th></tr>
<tr><td>1.</td><td>10.09.2025</td><td>It is submitted that Female Convicted Prisoner, was evaluated by medical board comprising of Prof. Dr. Altaf Hussain ENT Specialist & Dr. Mansoor Iqbal Neurologist on 10.09.2025 at 1330 hours. Patient has compliant of Dizziness and neck pain which started one week ago. There was no history of vomiting, headache, LOC (Loss of consciousness) or hearing. No tinnitus, hearing loss, sensory symptoms. She got BP + BSR checked which were normal as per narration.
On current examination GCS 15/15, cranial nerves intact, no cerebellar sign, gait normal, Romberg negative. ENT examination also normal. She is improved today as per narration. Most likely she had cranial muscle spasm, which improve with time/rest.
She is advised to avoid excess neck movement, light exercise and postural adjustment during sleep. In case of pain she may take
Tab. Nuberol /Panadol 1 x SOS (Don't take more than 02 per day)
Submitted Please.</td></tr>
<tr><td>2.</td><td>28.03.2026</td><td>It is submitted that Female Convicted Prisoner Bushra Bibi is examined by Prof. Dr. Muhammad Arif Khan HOD Eye Department PIMS, Islamabad on 28.03.2026. According to him the patient gave history of blurring of vision and a black spot in the right eye for the last 11 days. She also complaint of flashes and headache in right eye in the dark. (No history of Hypertension (HTN) & DM (Diabetes Mellitus). On examination: -
VA → Right CF at 02 meters
→ Left 6/60 Without glasses
Refraction was done and vision with correction
Degree → 6/6P Right -2.25/-1.25 30
→ 6/6 With glasses Left -2.25DS
<table>
<tr><th></th><th>Right</th><th>Left</th></tr>
<tr><td>Cornea</td><td>Clear</td><td>Clear</td></tr>
<tr><td>A/C</td><td>Deep/Quiet</td><td>Deep/Quiet</td></tr>
<tr><td>Pupil</td><td>Round/Reacting</td><td>Round/Reacting</td></tr>
<tr><td>Lens</td><td>Clear</td><td>Clear</td></tr>
<tr><td>Vitrous</td><td>Neiss Ring seen in anterior Vitrous (Mobile) no cells/Flara appreciated</td><td>NAD</td></tr>
<tr><td>Retina</td><td>Flat/Disc & macula normal.</td><td>NAD</td></tr>
<tr><td>CDR</td><td>0.3</td><td>0.3</td></tr>
</table>
△ Right PVD (Post Vitrous detachment). Myopia with astigmatism.
IOP 24mmHg, 24 mmHg
RX</td></tr>
</table>

		1. Avanep Forte Eye Drop 01 HS Right Eye 2. Systane Ultra Eye Drop TDS Both Eyes 3. Xalatan Eye Drops 01 HS both eyes 04 WEEKS 4. Tablet I.Vision 01 OD 5. Tablet Airtal 100mg 01 BD (03 Days) **Please use glasses as advised & reading or any near work should be done in a well illuminated place. Follow up after 04 weeks.** **Submitted Please.**
3.	15.04.2026	It is submitted that Prisoner Bushra Bibi about 52 years old female was examined on **15.04.2026 at 04:00pm** by the Medical Board comprising of: 1. **Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)** 2. **Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)** The patient presented with complaint of black curtain in temporal half of Right eye for 10 days. Headache & inability to open both eyes. The patient was examined at Slit Lamp examination, Autoref, OCT indirect Airpuff tonometer. The findings are as under: - VA → Right 6/18 With Glass (-2.0DS) VA → Left 6/09 IOP Right 08mmHg Left 10mmHg Perkins Tonometer Examination

	Right	Left
Retina	Right bullous retinal detachment with a large horse shoe tear at 1 o clock lattice at 11 & 06 o clock. Macula partially off. Inferior retina attached Anterior segment Quiet Lens NS+ive	Retina flat lattice at 12 o clock. Retinal thinning at 06 o clock. Macula clear Anterior segment Quiet. NS +ive.

Rx Advised: -

Right Eye PPV laser oil/LA
Left Eye Prophylactic laser

Blood Chemistry
CBC, BSR, HBA1C, Hep B & C Serology, ECG

This is an ocular emergency which needs urgent surgical intervention in a specialized retinal unit equipped with the required equipment necessary for the above mentioned condition by a trained retinal specialist.

<table>
<tr><td></td><td></td><td>Submitted please.</td></tr>
<tr><td>4.</td><td>18.04.2026</td><td>It is submitted that Prisoner Bushra Bibi about 52 years old female was examined on 18.04.2026 at 01:30pm by the Medical Board comprising of:
1. Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)
2. Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)
The patient examined with hand held Slit Lamp, indirect ophthalmoscope & Perkins tonometer. The findings are as under: -

IOP Right Eye 14mmHg (By Perkins tonometer)
VA Right Eye CF 3m

<table><tr><td></td><td>Right Eye</td></tr><tr><td>Cornea</td><td>Clear</td></tr><tr><td>A/C</td><td>Quiet</td></tr><tr><td>Pupil</td><td>Pharmacologically dilated</td></tr><tr><td>Lens</td><td>Lenticular changes</td></tr><tr><td>Retina</td><td>Attached, Disc pink, macula clear, 360 lasers marks visible, soil in-situ with clear media.</td></tr></table>
Rx Advised: -
Continue previous treatment.

The patient is in stable condition and comfortable, visual prognosis has been explained. Follow up visit is planned after 01 week as per schedule.

Submitted please.</td></tr>
<tr><td>5.</td><td>28.04.2026</td><td>It is submitted that Prisoner Bushra Bibi about 52 years old female was examined on 28.04.2026 by the Medical Board comprising of:
1. Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)
2. Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)
The patient examined with hand held Slit Lamp, indirect ophthalmoscope & Perkins tonometer. The findings are as under: -

VA Right Eye CF at 3m with 5+ ODS
IOP 10mmHg Perkins tonometer Post wounds clear

<table><tr><td></td><td>Right Eye</td></tr><tr><td>Cornea</td><td>Clear</td></tr><tr><td>A/C</td><td>Deep/Quiet</td></tr><tr><td>Lens</td><td>Lenticular changes/P</td></tr><tr><td>Pupil</td><td>Dilated with eye drops</td></tr></table></td></tr>
</table>

			Vitreous	Oil Clear
			Retina	Flat 360 Degree, laser marks visible, tear flat at 12'o clock surrounded by laser marks Disc pink & macula clear

Rx Advised: -

Tobradex Eye Drop	QID
Dorz-T Eye Drops	BD
Tobradex Eye Ointment	HS
Sustane Ultra Eye Drop	TDS
Tab. Panadol	2 x SOS

Plan:

Prophylactic laser left eye within one week.

Refer to Medical Specialist for management of headache, neck pain and anxiety.

Submitted please.

6. 19.05.2026

It is submitted that Prisoner Bushra Bibi about 52 years old female was examined on **19.05.2026** by the Medical Board comprising of:

1. **Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)**
2. **Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)**

The patient examined with Slit Lamp, indirect ophthalmoscope & tonometer. She was complaining of pain in the eye, neck & back.

VA → Right CF at 3m with 4.0^{+} DS 6/18

VA → 6/6 with glasses (-1.75/-0.5-42) (-2.25D) Refer

IOP 12/12mmHg Perkins tonometer

	Right Eye	Left Eye
A/C	Quiet	Quiet
Retina	Resolving no edema at ports, 360 Degree laser scars Disc pink Macula clear	Retina Flat Retinal scaring lattice wound Disc Macula Healthy

Rx Advised: -

Tobradex Eye Drop		01 x TDS for 10 days
	Then	01 x BD for 20 days
Doz-T Eye Drops		01 x BD

		Systane Ultra Eye Drop 01x TDS Tab. Voren 50mg 01 x SOS Tab. Neurobian 01 x BD for 02 weeks It is advised that a chair with straight back and back support along-with Neck Support may be provided to address the pain in the cervical and back region.
7.	20.06.2026	It is submitted that Prisoner Bushra Bibi about 52 years old female was examined on **20.06.2026** by the Medical Board comprising of: 1. **Dr. M. Arif Khan (HOD Eye Department PIMS, Islamabad)** 2. **Prof. Dr. Nadeem Qureshi (HOD Vitreo retina department Al-Shifa Trust Eye Hospital Rawalpindi)** The patient examined with Slit Lamp, indirect ophthalmoscope & tonometer. Right CF at 3m (without correction) VA → 6/6 with glasses IOP 18/18mmHg Perkins tonometer

	Right Eye	Left Eye
A/C	Quiet	Quiet
Lens	Nuclear	Early changes
Retina	Flat (Attached) 360 Degree laser scars Disc pink (Pupils dilated) Macula clear IOL Clear	Retina Flat Laser scars +

Rx Advised: -

Stop Tobradex Eye Drop
Doz-T Eye Drops 01 x BD
Systane Ultra Eye Drop 01x TDS
Submitted please.

8.	24.07.2026	It is submitted that Female Convicted Prisoner Bushra Bibi is examined on 24.07.2026 by Dr. Nadeem Qureshi from Al-Shifa Hospital Rawalpindi. According to him she was examined with dilated pupil handheld Slit Lamp Perkins tonometer and indirect ophthalmoscope. On examination: -

	Right	Left
A/C	Quiet	Quiet
Pupil	Semi-dilated	
Retina	Flat	Flat 360 degree laser scar
Disk	Pink	N/A
Macula	Clear	N/A
Vitreous	Early emulsification at 12`o clock	Opacity at 12`O clock – No break found PVD in progress

		IOP 12/12 Rx 1. Dorz T eye drops 01+01 Right Eye 2. Systane Eye Drop 02 hourly Both Eyes Advised not to bend or lift heavy weight. Report incase of increased number of floaters or shades. **Submitted Please.**
9.	29.07.2026	She was shifted to AL-Shifa eye trust Hospital Rawalpindi for check-up, where her Eye USG was done.
10.	05.08.2026	She was shifted to Al-Shifa Eye Trust Hospital Rawalpindi for check-up, where she was examined by Dr. Muhammad Arif and Dr. Nadeem Qureshi. The consultants advised medications.