





Ganga Ram Institute for Postgraduate Medical Education & Research Rajinder Nagar, New Delhi

Dr. (Prof.) Ashish Kumar

MBBS, MD, DM (Gastro)

Senior Consultant Gastroenterology

SPECIALIST OF LIVER & DIGESTIVE DISEASES

Visiting Fellow National Cancer Center, Japan

Awarded Best Research Paper Award by GRIPMER

Clinic: F-93, Sir Ganga Ram Hospital

Time: 8 - 10 AM, Mon. to Sat. Mobile : +91-9312792573

E-mail: ashishk10@yahoo.com

Website: www.DrAshishKumar.com Twitter: @DrAshish_Kumar

For Appointments Call:

+91-11-25750000, 42254000

or book online at: www.sgrh.com/appointments

19-Mar-2019

MRS ARCHANA SINGH

Diagnosis: - Inon deficiency arenin Gall bladder sludge

(2) TAB ACTIBILE 300

(3) CAP UPRISE - D3 2K

USG whole abdomen

kon perfile FOR ANY EMERGENCY CONTACT: 91-9650066604







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12- Apr-2019

MRS ARCHANA SINGH

WF 58

= 38

Diagnosis: 1 Ison Deficiency Anemia

(2) Gall bladder sludge

(3) Constipution

Plb
every month

TAB LUPIHEME

TAB ACTIBILE 300

TAB ACTIBILE 300

TAB OF UPRISE-D3 2K

TAB SOMPRAZ-D. 20

TAB RIKAGUT 400

TAB PROLITOR 2mg

Required

TAB DROTIN SOS (MAT) Allensted

FOR ANY EMERGENCY CONTACT: 91-9650066604



Rajinder Nagar, New Delhi-110060 Tel.: 011 25750000, 25751111, Fax : +91 11 25861002

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Dr. (Prof.) Ish Anand

Ganga Ram Institute for Postgraduate Medical Education & Research MBBS, DTCD, MD (Medicine), DM (Neurology) Fellow Clinical Neurophysiology & Epilepsy (USA) Senior Consultant & Vice Chairman Department of Neurology Reg. No. DMC 11797

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Paid Review after days

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Sir Ganga Ram Hospital

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Private OPD Room No. F-20, 10.00 A.M. to 3.00 P.M. (Mon. to Sat.) For Appointment: 42251700, 42254000, 25750000 9971934260 (Between 8 am to 8 pm)

Mwdr

Towsth loop

Much bates

South Delhi Neurology Clinic

A-197, Defence Colony, New Delhi-110024 5.00 P.M. to 7.00 P.M. (Mon. to Fri.)

Tel.: 1146568486, 9971934260 For Medical Queries Call: 9810033099 between 4 to 5 pm

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30-0ct- 2019





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F 38

Diagnosis: 135

R

CAP PREPROISS

/7 PM

Self Attexted

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18-Dec-2018

MRS ARCHANA SINGH

W+ 56

C 37

Dragnosis: D Jeon Deficiency Anemia
Hb 7.9

3 ball blodder sludge.

3 Low Ver D

1 Dyspepsia

R

2 mm 1192 -> 1

INJ JILAZO S

500 mg slow IV infusion - Stat

NS small

3 TAB LUPIHEME

V ____×

Wanney (1)

@ TAB ACTIBILE 300mg

Roll Attested

G CAP SOMPRAZ-D

कार्याचित

Aorthanis (S) Cap
FOR ANY FM

CAP VSL#3

L - x - L

FOR ANY EMERGENCY CONTACT: 91-9650066604

4.







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04-Dec-2018

MRS ARCHANA SINGH

F 37

Diagnosis: - O Upper bockache

2 Epigostric pain

Hemogram adusz 2700 DAICL TSH TAB LIBOTRYP Lipids AEC B. sugar (F) Vit D TAB CIPLAR - LA Vit B12 EUSG Upper aldoren TAB RIFAGUT H. pylori servlozy Jg G -CAP SOMPRAZ-D FOR ANY EMERGENCY CONTACT: 91-9650066604

AE-26, RAMGANGA VIHAR, PHASE-I, OPP. AKBAR KA QILA, MAIN KANTH ROAD MORADABAD Ph. : 0591-2450460, 7830077884 **PCPNDT REGISTRATION NO. 089**

DIGITAL X-RAY

ULTRASOUND

COLOR DOPPLER

PATHOLOGY BIOCHEMISTRY

PATIENT'S NAME

MRS. ARCHANA SINGH

AGE/SEX :

37YRS/F

REFERRED BY

DR. ASHISH KUMAR MBBS, MD, DM

DATE

06/12/18

ULTRASOUND REPORT OF UPPER ABDOMEN

LIVER

Normal in size (133 mm), normal in shape & echotexture. No evidence of focal or diffuse cystic or solid mass lesion seen. Intra-hepatic billiary channels are normal in caliber.

P.V.

Normal in diameter with normal hepatopetal flow

GALL BLADDER Normal in size (60X19 mm) with mild debris / echogenic sludge (precursor of stone formation). Wall thickness is normal. No evidence of any growth seen.

C.B.D

Normal in caliber. No evidence of calculus in CBD.

PANCREAS

Normal in size, shape & echotexture with no evidence of parenchymal calcification Pancreatic duct is normal in caliber

SPLEEN

Normal in size, normal in shape and echotexture, cranio-caudal span measures 108 mm.

RIGHT **KIDNEY** Normal in size (116 mm), shape & echotexture. Cortical echogenecity is normal with preserved cortico medullary differentiation. Cortical thickness is normal. No evidence of calculus or hydronephrosis is seen. Right ureter is not visualized suggesting normal caliber

LEFT KIDNEY Normal in size (108 mm), shape & echotexture. Cortical echogenecity is normal with preserved cortico medullary differentiation. Cortical thickness is normal. No evidence of calculus or hydronephrosis is seen. Left ureter is not visualized suggesting normal caliber

No significant lymphadenopathy or ascitis is seen .Visualised bowel loops are normal in calibre with no evidence of any significant bowel wall thickening.

IMPRESSION

USG UPPER ABDOMEN REVEALS

- MILD DEBRIS / ECHOGENIC SLUDGE IN GALL BLADDER (PRECURSOR OF STONE FORMATION).
- NO OTHER SIGNIFICANT ABNORMALITY.

Adv: clinicopathological correlation

DR SIDDHARTH SINGH

ALL ANOMALIES MAY NOT BE APPARENT ON ULTRASOUND KINDLY CORRELATE THESE FINDINGS WITH CLINICAL & OTHER INVESTIGATIVE FINDINGS PATIENT IDENTITY NOT VERIFIED REPORTS ARE NOT VALID FOR MEDICO LEGAL PURPOSE, IMPRESSION IS A PROFESSIONAL OPINION NOT AN ABSOLUTE DIAGNOSIS







Patient Name

: SINGH ARCHANA

Age/Sex

: 35 Yrs/F

(Last, First) Reg. No.

: 2470910

Ward No.

: CENTRAL

Episode No.

: OP08498556

Room No

INVESTIGATION CENTRE ./

Imaging No.

: 9970575-11

Executed On

: 19-Jan-19 09:22:04AM

Location

: CENTRAL

Location Type

: OPD

Referred By

INVESTIGATION CENTRE : DR. ASHISH KUMAR

External Doctor

S

ABDOMINAL ULTRASOUND

The liver shows a normal homogeneous echotexture without any hypo or hyperechoic masses, abscesses or cysts. Hepatic veins are normal and diameter of portal vein is 10mm. There is no dilatation of the intrahepatic biliary tree and the common hepatic duct

Gall bladder shows normal walls and lumen. No calculus is seen.

Common duct is 4mm in diameter.

Pancreas has normal echopattern.

Both kidneys appear normal in size, shape and echotexture. Right kidney measures 10.4x4.0cms. Left kidney measures 9.8x3.8cms. There is no dilatation of pelvicalyceal system or calculi seen on either side.

Spleen is normal in size and echotexture is homogenous.

No ascites is seen.

Pelvic ultrasound examination shows anteverted uterus of size 6.1x5.2x4.7cms.

Fibroid of size 23x23mm is seen in mid anterior myometrium.

Thickness of endometrium is 10 mm.

Size of right ovary is 3.0x3.2x2.2cms (volume 11ml).

Size of left ovary is 2.5x1.3x2.4cms (volume 4.3ml).

Follicles are seen in both ovaries.

No cyst or mass is seen on either side.

No evidence of free fluid is seen.

Dr. Deepak Chawla

Sr. Consultant Ultrasound Department

Self Attested

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www.sigmamricentre.com (Unit of Bareilly Diagnostics Pvt. Ltd.)

Opp. M.B. Inter College, Nainital Road, Bareilly Mob.: 9837028166, 9837016346, 8191002062 112, Civil Lines, Rampur Garden, Near Easy Day, Bareilly Mob.: 9536026660, 9837015266 Tel.: 0581-2425666

ID CODE

DATED

PATIENT'S NAME AGE/SEX - FILMS REFFERED BY

:: MR

:: ARCHANA SINGH

:: 36 Y/F-04

:: DR. ISHA NAND

:: JULY, 04, 2019

MRI: BRAIN

DEDICATED STUDY FOR BRAIN PERFORMED USING 16CHANNEL NEURO-VASCULAR ARRAY ON 3 T SUPERCONDUCTIVE MRI MACHINE

IMAGING PARAMETERS

AXIAL: ADC, DIFFUSION, GRE, T1, T2 & FLAIR WIS.; SAGITTAL: T2 WIS.; CORONAL: FLAIR WIS.

Small abnormal signal area in right high parietal parafalcine cortex region----gyral fold----insignificant.

Rest of brain parenchyma shows normal differentiation of the gray and white matter & signal intensity. No infarct/ IC bleed/ ICSOL noted.

Hippocampal & parahippocampal regions are normal.

B/L basal ganglia & thalami are normal. Corpus callosum is normal.

Brain stem and cerebellum show normal morphology. VII & VIII cranial nerves are normal.

No extraoxial collection/ mass is noted.

B/L lateral, III and IV ventricles are normal.

Supra sellar, inter-peduncular, ambient, quadrigeminal, CP angle cistern and cisterna magna are normal. B/L sylvian fissures are normal.

Sellar and para sellar areas are within normal limits. Major flow voids are normal.

C.V. junction & cervico-medullary region are normal.

IMPRESSION

✓ NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

ADV CLINICAL CORRELATION AND FOLLOW UP STUDY.

DR. P. K. SINGH MD RADIODIAGNOSIS (PGI) FORMERLY CONSULTANT PGI RTK.

Mob.- 9012066660

The science of radiology is based on the interpretation of various shadows produced by both the normal & abnormal tissues & are not always conclusive. Further relevant investigations & clinical correlation is required to enable the clinician to reach the final diagnosis.

Discrepancies due to technical or typing errors should be reported for correction within 7 days, no compensation liability stands.















TMT, ECG, EEG, EMG

NCV, PFT, HSG, IVP **Barium Studies**

DEXA BMD. ECHO

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Mob.: 9219558663, 9219558664

Dr. Ram Mohan Agarwal

M.B.B.S., F.C.G.P., F.I.C.N., D.M.R.E. (Gold Medalist)
M.R.I.A., M.I.C.R., M.I.F.U.S.M.B. (Radiologist & Sonologist)
SENIOR C.T., M.R.I. & U.S. SPECIALIST
Professionally Trained AT:S.G P.G.I (Lucknow)
P.G.I (Chandigarh), A.I.I.M.S., M.A.M.C. (Delhi)
J.K. Institute of Radiology & Cancer Research (Kanpur

Dr. (Mrs.) Rekha Agarwal

M.B.B.S., D.G.O., P.G.D.C.P., M.I.F.U.S.M.B.

Dr. Rajat Agarwal

M.B.B.S., M.D. (Radiodiagnosis)

Dr. (Mrs.) Priya S. Agarwal

NAME: MRS. ARBHANA SINGH

AGE/SEX. 36YRS/F.

REF.BY:- DR. A.K. SINGH M.S., M. Ch

DATE: 18.6.2019.

MRI DORSO-LUMBAR SPINE SCREENING

MR screening of the dorso-lumbar spine was done in sagittal plane on a 1.5 TESLA. T2 weighted images were obtained.

- Vertebral bodies are normally aligned with normal cortical and marrow signals.
- I/V discs are normal in signal intensity and configuration. No evidence of any herniation is seen.
- Posterior neural arches are normal
- Facet joints are congruent.
- Cord is central, normal in caliber and shows uniform normal signal intensity.
- No evidence of any syrinx or any abnormality is seen.
- Thecal sac is normal

IMPRESSION: - No significant lesion seen.

Advised: Further investigations, if needed. Thanks for referral.

DR. RAJAT AGARWAL M.D. Radiodiagnosis

Self Attoxted DR. R. M. AGARWAL Consultant Radiological **Consultant Radiologist**

NOTE . These Findings should always be considered in corelation with the Clinical and other Investigation findings.

Disourage Sex Determination to Stop Female Feticide.

• NOT FOR MEDICOLEGAL PURPOSE

Please dont leave the films exposed to Sunlight

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IOHAN ADVANCE DIAGNOSTIC CEN **OHAN X-RAYS** 5 TESLA M.R.I.

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Dr. (Mrs.) Rekha Agarwal

Dr. Rajat Agarwal

M.B.B.S., D.G.O., P.G.D.C.P., M.I.F.U.S.M.B.

M.B.B.S., M.D. (Radiodiagnosis)

Dr. (Mrs.) Priya S. Agarwal

M. D. Pathology

C21000/2

Dr. Ram Mohan Agarwal

M.B.B.S., F.C.G.P., F.I.C.N., D.M.R.E. (Gold Medalist)
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P.G.I (Chandigarh), A.I.I.M.S., M.A.M.C. (Delhi)
J.K. Institute of Radiology & Cancer Research (Kanpur

(16 SLICE CT SCAN MACHINE AVAILABLE)

NAME:- MRS. ARDHANA SINGH AGE/SEX. 36YRS/F.

REF.BY:- DR. A.K. SINGH MS. M. Ch

DATE: 18.6.2019

MRI CERVICAL SPINE,

Multiplanar MR imaging of the cervical spine was done in sagittal and axial planes using a dedicated spine array coil on a 1.5 Tesla . T1, T2 weighted and STIR weighted images were obtained in sagittal and axial planes.

- Straightening of cervical spine is noted with loss of normal curvature.
- T2 weighted images demonstrates diffuse postero-lateral disc bulge at C5/C6 & C6/C7 inter-vertebral levels indenting the thecal sac & narrowing it .
- Cervical discs are dessicated.
- Vertebral bodies are normally aligned with normal cortical and marrow signals else where.
- Posterior neural arches are normal.
- Facet joints are congruent.
- Cord is central & normal in caliber and shows normal signal intensity.
- Thecal sac is normal else where.
- Epidural fat planes are maintained.
- Pre and para vertebral soft tissues are normal.

IMPRESSION: - These findings are suggestive of :-

(1) Straightening of cervical spine noted with loss of normal curvature.

(2) Diffuse postero-lateral disc bulge noted at C5/C6 & C6/C7 inter-vertebral levels indenting the thecal sac & narrowing it.

(3) Dessicated cervical discs.

Advised: - Further investigations, if needed. Thanks for referral

DR. RAJAT AGARWAL M.D. Radiodiagnosis

DR. RAM MOHAN AGARWAL Consultant Radiologist

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Self Atlasted

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