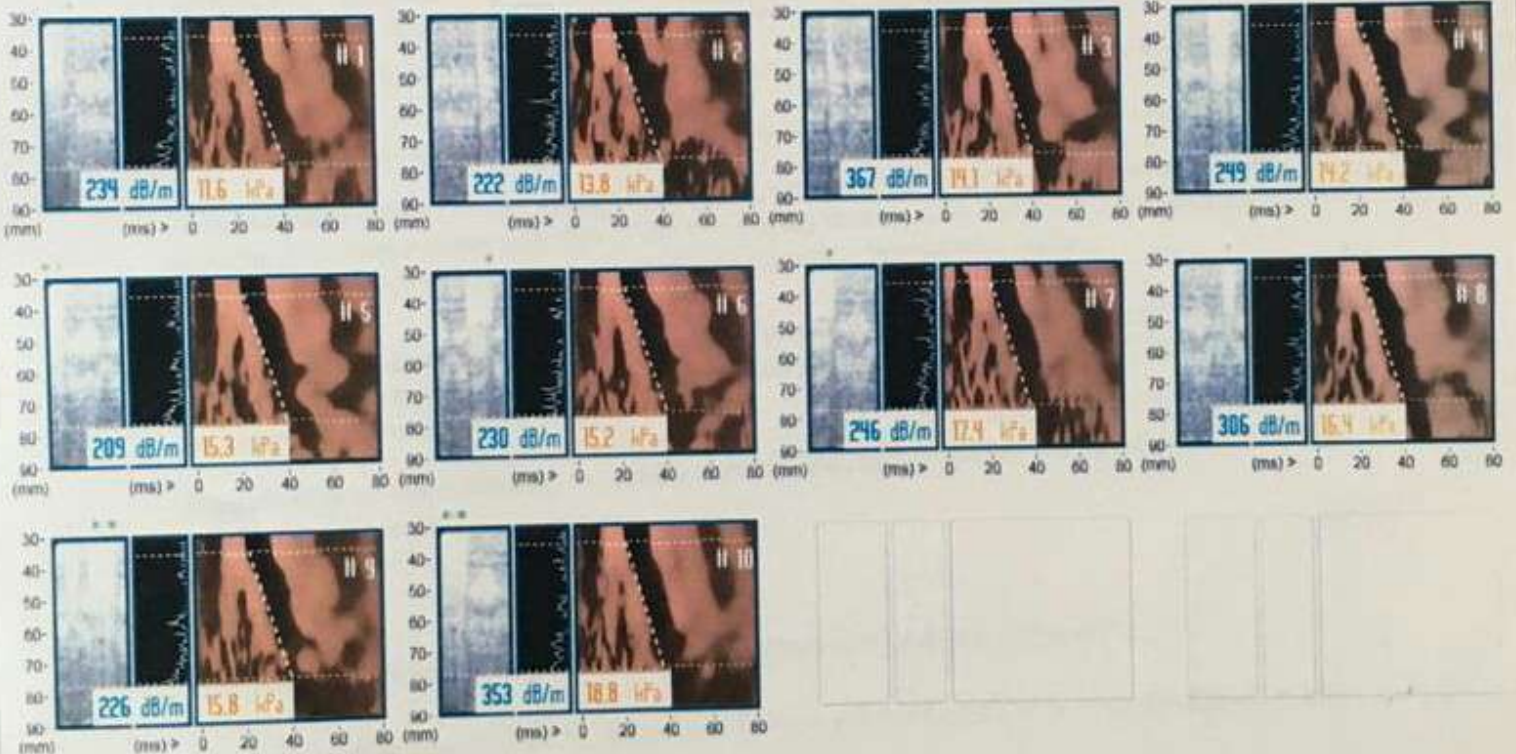


RAMESH  
MR  
(M)  
158437  
Referring physician : DR SARIN

IGR	CAP (dB/m) MEDIAN	E (kPa) MEDIAN	IGR MEDIAN
65	240	15.3	2.1
			IGR/med 14%

Exam XL (Liver)  
Operator : SEENA BABU  
Valid measurements : 10  
Total measurements : 11



Comments :

FibroScan 430 Mini + (SN:F92230) - Probe XL (SN:93915) - L3.2

FibroScan® is a medical device intended as an aid for the management of patients with liver disease. Measurements should be performed by a certified operator. The values obtained must be interpreted by a physician experienced in dealing with liver disease, taking into account the complete medical records of the patient, the number of valid measurements and their dispersion. Probes must be calibrated according to the manufacturer's recommendations.

1:39 PM

# INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02

Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in



ilbs

## Out Patient Consultation Record

ILBS.0000158437  
 Name: Mr RAMESH  
 Gender: 51 Year(s) / Male  
 Address: J6- JUDGES COLONY  
 Date: 16-Dec-2019 11:57 am  
 Doctor Name: S. K. SARIN / Sr. Resident  
 Designation: Sr. Professor  
 Department: Hepatology Unit 1  
 State: UTAH, UTTAR PRADESH

Age: 120/88	Pulse (per min): 62	Waist (cm): 95	*ILBS.0000158437*
CRP: 61	Weight (kgs): 71	BMI (kg/m <sup>2</sup> ): 97.3	

- Urea Tests
- ALT / Lipase / LDH
- SMA / Anti-LKM (1:80)
- AMA-M2
- Imaging / Retic Count /
- Imaging Studies
- IF / PPV / GTT
- Serum Insulin
- HEV RNA
- Function Test
- Infection Test
- Other
- FP-L3 / PIVKA II
- TSH
- IGG4
- MIC/S
- HBsAg / D3 / RBC Foate
- Panel
- HBsAg / Anti-HBs
- Anti-HBe / Anti-HBc(T)
- Genotype / Resistance
- HCV RNA / HCV Genotype
- HEV / IgM Anti-HEV / HBc
- Imaging
- Ultrasound / Abdo / KUB
- Upper / Whole Abdo / Pelvis / Doppler
- Lower / Whole Abdo (Cont / Non-Cont)
- Upper Abdo / Whole Abdo / MRCP
- End / Non Contrast
- Spine and Spine / Whole Body
- Immunology
- Fluid Analysis (Cytology / Cell count)
- Total Protein / Amylase
- Antibodies / ADA / PCR TB
- Genetics
- CELEST (KBT) 2nd
- Genetics
- T3n / 2D Echo
- Composition Analysis
- Immunology
- Ante / D2 Bx / Sig / Colonoscopy
- Immunology (Antegrade / Retrograde)

Do. ~~satendia~~ <sup>SR</sup>  
 Muzumdar - SR-3

SpO<sub>2</sub> 99%

No hb H1N1 / T2DM / CAD

Hypothyroidism \* 6 months [Thyronorm - 100ug; TSH - 0.00].

no 7 Abs. test in 1992: operated

Interst 2010 → thrombocytopenia → During routine Evalua<sup>tm</sup> found to have CLD - Hep C related.

April: 2010 took OAA → Logo + velpatasvir \* 6 months  
 SVR<sup>+</sup>: RUL 20 - 27/5/2019.

UGIE: 2/4/2010 → large high risk esophageal  
 Varices & mild DNQ.

HIV Pg 20

Cap 241: 25m-32

Currently:-

↳ Diffuseness - Anterior of both shoulder  
 beyond 90° \* 6 months.

no n/a trigly & cholesterol; neck pain

Follow up with Consultant / SR after: 6 days / weeks / months  
 OPD: Mon / Tue / Wed / Thu / Fri / Sat

India's First NABH Accredited Autonomous Super Specialty Hospital | Liver help line - 1-800-11-5354  
 "Healthy Liver, Healthy India" | 24-hr Emergency services | On Panel :- CGHS | DGEHS | Alankit | E-Meditek  
 | Genus India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC |  
 TRAI | INSA | NSIC

(SCANNED)



### ULTRASOUND SCAN REPORT

Patient's Name	Referred By	Date	Age	Sex
Mr. Ramesh	Dr Self	03.10.20	51	M

### ULTRASOUND SCAN / SCREENING REPORT

#### LIVER:

It is normal in size & Shape. Intra hepatic vascular channels and Biliary radical are normal. No fluid in sub hepatic region.

#### GALL BLADDER:

Is normal in its volume. No Gall stone seen. **G. B. Wall thickened seen in size 9mm.** C.B. D. and main portal vein normal in their caliber.

#### PANCREAS:

Is well-visualized and normal in echo texture. Pancreatic duct is not dilated.

#### SPLEEN:

**Is enlarged in size 141mm & shape and echo texture.**

#### KIDNEYS:

Both kidneys are normal in size & shape. Cortico-medullary differentiation is distinct. Pelvicalyceal system is normal. No Hydronephrosis seen. No calculus seen.

#### URINARY BLADDER:

Is normal in size, shape and capacity. No bladder mass is seen.

#### PROSTATE:

Is normal in its volume.

No Calculus shadow seen at the urethro- vesicle junction.

No free fluid is seen in the whole peritoneal cavity.

No lymph node mass is seen in the retro peritoneum.

#### IMPRESSION:

**Cholecystitis.  
Splenomegaly.**

Dr. O.P. Varshney

परीक्षण सात दिन के अन्दर करा लें यदि सात दिन में पुनः परीक्षण करने नहीं आते तो किसी प्रकार की विसंगतियों के लिए स्वयं उत्तरदायी होने तथा न्यायालय में आपके द्वारा कोई वाद मान्य न होगा और हम सुनिश्चित शब्दों के तहत कार्यवाही करने के लिए स्वतंत्र होने जिसके लिए मरीज स्वयं जिम्मेदार होंगे।  
हम पुनः निःशुल्क परीक्षण को तत्पर हैं। हमारे यहाँ लिंग परीक्षण नहीं होता है। निःशुल्क परीक्षण समय 11AM से 12.30PM

## SUMITRA DIAGNOSTIC CENTRE

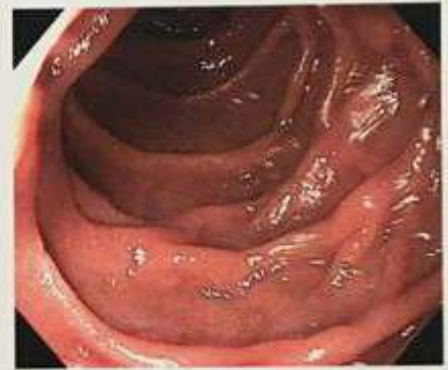
हमारे यहाँ प्रसव पूर्व भ्रूण लिंग परीक्षण नहीं किया जाता है । यह कानूनी अपराध है ।

Patient		Exam	
ID	03-10-2020-0001	Accession #	
Name	RAMESH 51	Exam Date	03102020
Birth Date		Description	
Gender	Male	Sonographer	



Patient ID : ILBS.0000158437  
Patient Name : RAMESH, .  
Age/Gender : 51 Yrs, Male

Visit Date : 07/10/2020  
Referred by : S. K. SARIN  
Procedure : UGIE



## UPPER GASTROINTESTINAL ENDOSCOPY

### Indication :

Variceal Screening  
Procedure done under propofol sedation

### Findings :

Esophagus showed small grade III varices with RCS  
Small GOV1 noted  
Mild PHG+  
Antrum normal  
D1 and DII normal

### Conclusion :

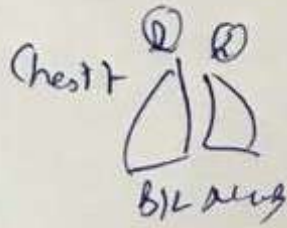
Large high risk esophageal varices  
Mild PHG

### Advice :

Primary prophylaxis  
HVPG

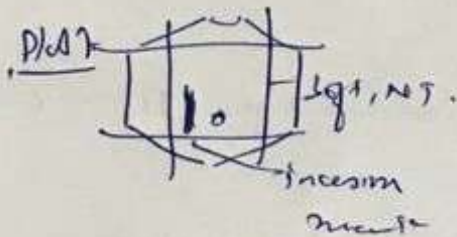
OIE:-

I<sup>+</sup> | P<sup>+</sup> | IgG<sup>+</sup> | AN<sup>+</sup> | No not raised | BE<sup>+</sup> | Clubbing<sup>+</sup>  
BP-120/80; H-64/100; BM2-27.3.



Chest 6.126

no dx



Chest ECG vs me

B/L papul derm.

↓ 1014

AST-46

ALT-42

GGT-55

ALB-73

S(1) = 0.0

S(2) = 0.43/0.45

Alb-4.09

S(1) = 0.58

INR-1.15

NaT-140

H2O 14.6

MCV-81

PL-69/L

TSh2 0.00

PTW | Non-bleed | Grade III G<sub>2</sub> V<sub>r</sub>: nVPG 20 → 2/4/2010  
= 4 mmHg.

CAD - top related (RNA NA; ECR<sup>+</sup>)  
(27/5/2019).

Compensated.

Comorbidity - hypothyroidism.

MELD-22-01

CTP-51A.

1400 kcal | 90 gm protein | low salt diet  
weight loss - 18 kg over 10 years.

4/2/10

1. C because 2 100 - 1-0-0

2. 7. Elbow only 100 1-0-0

3. Tab Cardias 6.25mg 1-x-1.

comp if nR 55; BP < 90/60 mmHg

4. hyp low hep Biol (ApoB 2-3 months  
low)

OSG -

times enlarge

No SOL

no pvt

no lesions

-th

1200 uell + 90g/pl protein

Ch. thymus

weight reduction

20 Echo - normal

- ① C. Beuside 2 1 00  
1-0-0
- ✓ ② T. Etoposin 28 ug 0 0  
1-0-0
- ③ T. Caecinas 6.2mg 1. BD  
1-0-0

Step 4 MR LES SEP 190

OG? Endoscopy

- ④ ~~Step~~ ~~test~~ Lactifitor dtop HS  
0-0-1
- ✓ ⑤ Lyp. nennu gel dtop vs

Signly caecine

.G



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## Out Patient Consultation Record

UHID: ILBS.0000158437  
 Patient Name: Mr RAMESH  
 Age/ Gender: 51 Year(s) / Male  
 Address: J6- JUDGES COLONY  
 Date: 07-Oct-2020 11:57 am  
 Doctor Name: S. K. SARIN / Sr. Resident  
 Designation: Sr. Professor  
 Hepatology Unit 1  
 City and State: ETAH, UTTAR PRADESH

BP (mmHg): 116/28	Pulse (per min): 62	Waist (cm):	*ILBS.0000158437*
Height (cms): 161	Weight (kgs): 68	BMI (kg/m <sup>2</sup> ): 26	

- Laboratory Tests
- Alkaline Phosphatase / Lipase / LDH
- ASMA / Anti-LKM (1:80)
- AMA-M2
- Hmg / Retic Count /
- Iron Studies
- F / PP / GTT
- Serum Insulin
- HIV RNA
- Key Function Test
- Function Test
- Profile
- NR
- AFP-L3 / PIVKA II
- T4 / TSH
- IgG / IgG4
- R / M / C / S
- min B12 / D3 / RBC Folate
- titris Panel
- Ag / HBsAg(Q) / AntiHBs
- Ag / AntiHBe / Anti HBc(T)
- DNA(Q) / Genotype / Resistance
- HCV / HCV RNA(Q) / HCV Genotype
- Anti HAV / IgM Anti HEV / HBc
- ology and Imaging
- Chest(PA) / Abdo / KUB
- Upper / Whole Abdo / Pelvis / Doppler
- Upper / Whole Abdo (Cont / Non-Cont)
- Upper Abdo / Whole Abdo / MRCP
- Fast / Non Contrast
- Hip and Spine / Whole Body
- staneous
- C fluid Analysis (Cytology / Cell count
- G / Total Protein / Amylase
- Viruses / ADA / PCR TB)
- scan
- Nutritional
- Body Composition Analysis
- Endoscopy
- UGIE (Antral / D2 Box) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

Doc. Vinay SR.2

SP-2-97/1

P.HTN (res, come 3 Eso Vx Hypo - 20 → 11  
Small gov.)

CD - HCV Related (RNA - 100 -  
27/5/19 SVR12 ⊕)

Compensated

Co-mo - Hypothyroidism CT-5/A

now come follow up

CSL - 14.3/3.6/65 %c - p-7<sup>+</sup> e<sup>-</sup> c<sup>-</sup> LE<sup>-</sup>

CFT - 1.1/0.3

40/38

56/52

7.3/3.7

KPR - 0.6/20, 137/3.5  
INR - 1.4 ✓

MA - soft  
Oleum.



Follow up with Consultant / SR after: 3 days / weeks / months

OPD: Mon / Tue (Wed) / Thu / Fri / Sat



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 TRAI | INSA | NSIC | Star Health | Max Bupa | Indian Oil | MMT | Air India | IGNOU | Jamia Milla Univ. | Manipur Govt. | Sikkim Govt. |  
 Bengal Govt

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## FIBROSCAN IN LIVER DISEASES

Liver Stiffness as measured by transient elastography correlates with advanced fibrosis in Patient with chronic hepatitis B.C or nonalcoholic fatty liver disease (NAFLD) and any other causes of liver diseases and cutoffs vary according to the etiology of liver disease.

Liver Stiffness in normal adults in <5-6 kPa.

	Optimal cutoff for diagnosing significant fibroses	Optimal cutoff for diagnosing significant cirrhosis
Chronic HBV infection	7-8kPa	10-11 kPa
Chronic HCV infection	7-8kPa	11-12 kPa
Non alcoholic fatty liver diseases	6-7kPa	10-11 kPa

This technique works best for separating patients with minimal or no fibrosis from those with significant fibrosis. A linear correlation with increasing fibrosis does not occur, and 15-20% discordance between elastography scores and histologic fibrosis may occur.

Ultrasound elastography does not distinguish patients with no fibrosis from patients with minimal fibrosis. Advanced fibrosis may be underestimated and patients with macro nodular cirrhosis may be classified as non-cirrhotic

Fibrosis may be overestimated in patients with extrahepatic cholestasis, acute hepatocellular injury or after heavy meals.

### Liver Fat:

Controlled attenuation parameter (CAP) correlates with fat content of the liver.

Optimal cutoff values of CAP for prediction of >33% and >66% fat in liver are 255-260 dB/m and 290-295dB/m respectively.

If the values of one or both Liver stiffness and CAP are abnormal, the individual is advised to be under regular follow up.