

20411
13/11 19

122



स्वशासी राज्य चिकित्सा महाविद्यालय सोसाइटी
एवं सरोजनी नायडू स्मारक चिकित्सालय, फिरोजाबाद
Out Patient Department (OPD) Ticket



Date : 13 NOV 2019 Department OPD No. 348214

Patient Name : सुपुत्र सुव S,D,W/o Age 40 Sex : M/F/Trans

Address

Chief complaint (s) : C/O Pain over (R) hand. & 2 months

Q/C

उपदि 'अवधि' शिवा ३३
6-1100

History of present illness :
Past history/family history :
Medical/Surgical history/Known drug allergy :

General Physical Examination					
Htcn	Wtkg	Temp.....°F	Pulse...../min	BP.....mmHg	RR...../min
Pallor -Present/Absent	Icterus-Present/Absent	Oedema-Present/Absent	Cyanosis-Present/Absent	Dehydration-Mild/Mod/Severe	

Systemic Examination (CNS/CVS/Resp) :

Local Examination (Abdominal / Chest / Resp) :

<p>Differential diagnosis Urgent Kinky gum. X-ray film.</p>	<p>Treatment plan : Rx - Fomentation ✓ / Pheno → - T. Dolo BC 100 Rantec Calam D. Vant</p>
<p>Investigations: X-ray (R) hand - Ob. D. Vant</p>	
<p>Final diagnosis D. Vant</p>	

U.S
sup

96906-833/10
Dr. Vikram Sharma

(29) D/X No. 14061/19

Date 7.9.19



स्वशासी राज्य चिकित्सा महाविद्यालय सोसाइटी
एवं सरोजनी नायडू स्मारक चिकित्सालय, फिरोजाबाद



Out Patient Department (OPD) Ticket

Date :/...../..... Department OPD No. 273394

Patient Name : सुकुलडुते S,D,W/o Age Sex : M/F/Trans

Address :

Chief complaint (s) :
 Ce Pan an @ nose / @ eye
 O/E: tenderness @ @ wrist
 Pain & + Rom @ @ hip
 off + on - 1yr

History of present illness :
 Past history/family history :
 Medical/Surgical history/Known drug allergy :

General Physical Examination					
Htcm	Wtkg	Temp.....°F	Pulse...../min	BP.....mmHg	RR...../min
Pallor -Present/Absent	Icterus-Present/Absent	Oedema-Present/Absent	Cyanosis-Present/Absent	Dehydration-Mild/Mod/Severe	

Systemic Examination (CNS/CVS/Resp) :

Local Examination (Abdominal / Chest / Resp) :

MRI @ hip

POP. @ @
 @ @
 28/9

Differential diagnosis <u>Dyslip</u>	Treatment plan: Rx T. Dab 180 to Bate 100 to Amoxyclo 625/130 to Calam 100 - Dab Al
Investigations: ① @ hand @ @ Pain @ Behrhp - Adm.	① @
Final diagnosis ① High @ @ @ @	



District Male Hospital, Ferozabad

जिला पुरुष चिकित्सालय, फिरोजाबाद



Out Patient Department (OPD) Ticket

673130

Date: 06 FEB 2018 Department: OPD No.

Patient name: S,D,W/o Age 39 Sex: M/F/Trans

Address: सुडन सुड ADJ

Chief complaint (s): Giddness ISSG Absent (N)

History of present illness:

Past history /family history:

Medical/Surgical history/known drug allergy:

General Physical Examination					
Ht: cm	Wt: Kg	Temp: °F	Pulse: <u>96/L</u> /min	BP: <u>150/100</u> mmHg	RR: /min
Fallor- Present /Absent	Icterus-Present /Absent	Oedema-Present /Absent	Cyanosis-Present /Absent	Dehydration-Mild/Mod/Severe	

Systemic Examination (CNS /CVS / Resp):
WCS S/E (N) T3 0.84 T4 8.90
WCS clear TSH 9.07
chol 145 (T4 231) HDL 38 LDL 60 VLDL 46.0

Local Examination (Abdominal / Chest / Resp):

12/3 Abdomen soft Rx
BP 120/80

Differential diagnosis	Treatment plan: Rx <u>low salt diet</u>
Investigations: <u>12/3</u> <u>BP 120/80 mm Hg</u>	<u>continue</u> (1) <u>Telmisartan + Amlodipine</u> 50 mg <u>(11)</u> <u>Stemetil</u> MD 1 BD <u>12/3</u> <u>x s/r/s</u> <u>more</u> <u>then sleep</u>
Final diagnosis	Name & signature of Doctor

Pratap Diagnostic Centre

CIVIL LINE, AZAMGARH. Ph.: 05462 247094, 247095, 247096 Email: pratapdiagnosticazm@gmail

Name : MRIDUL DUBEY
Date : 13/07/2017
Referred by : DR. ANOOP SINGH

RT No : 2533
Age : 38Y
Sex : M

MRI LUMBO-SACRAL SPINE

Technique: MRI Lumbo-Sacral spine was done on 1.5 Tesla, dedicated linear T-L coil and the following sequences were obtained:

Sag - T1, T2 & FATSUP, Axial - T1 & T2 and Coronal - T2 & T2STIR

- Sacralization of L5 vertebra noted.
- Disc dessication with annular tear and central disc protrusion at L4/5 level causing mild compression on thecal sac. No significant neural compression seen.
- Posterocentral disc protrusion and schmorl's nodules at D12/L1 level causing mild compression on thecal sac.
- Rest of disc is normal in signal intensity.
- Rest of vertebral bodies show normal signal and height. Vertebral alignment is maintained. No lysis. No evidence of any marrow infiltrative process.
- No significant facet joint arthropathy is seen.
- Ligament appear normal in signal intensity.
- Pre and paravertebral soft tissues normal.
- Filum terminale normal morphology and ends at S1 level.
- Spinal cord showing normal signal intensity and conus medullaris is normal seen at L1 level.

IMPRESSION:

- Sacralization of L5 vertebra.
- Annular tear with central disc protrusion at L4/5 level causing mild compression on thecal sac. No significant neural compression seen.
- Posterocentral disc protrusion and schmorl's nodules at D12/L1 level causing mild compression on thecal sac.

DR. FARHEEN BADAR
M.D. (Radiodiagnosis)
Ex-Assit. Professor
J.N.M.C. A.M.U.

Please intimate us for any typing or technical mistakes and send report for correction within 7day. Not meant for medico legal purposes. The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis.

Patient Id	5	Name	MIRDUL DUBEY	Accession No	
Study Date	08-Sep-2019	Age	32Y_M	Gender	Male
REF BY DR. NIMIT GUPTA			32Y		

MRI Pelvis With Both Hip Joints

A plain MRI of the pelvis with both hip joints was performed

Geographical areas of altered marrow signal are seen involving the anterosuperior aspect of the left femoral head with associated edema of the femoral head and neck. Approximately 35-40% of the femoral head volume is involved. There is no obvious flattening or fragmentation. Minimal left-sided hip joint effusion is also seen. The joint space cartilage is however within normal limits.

Similar geographical areas of altered marrow signal are also seen involving the anterosuperior aspect of the right femoral head with associated milder edema of especially the femoral head. Approximately 25-30% of the femoral head volume is involved. There is no obvious flattening or fragmentation. Minimal right sided hip joint effusion is also seen. The joint space cartilage is however within normal limits.

The rest of the bones are normal with normal marrow signal.

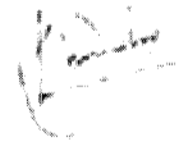
Both the S.I. joints and the pubic symphysis is normal.

The periarticular soft tissues are normal.

Remarks:

Stage I-II osteonecrosis is seen involving the bilateral femoral heads with geographical areas of altered marrow signal, and associated edema of the femoral head and neck as described. There is no obvious flattening or fragmentation. Minimal bilateral hip joint effusion is also seen. The joint space cartilage is however within normal limits.

The rest of the features are as described.



Dr Khushboo Pilonia Agrawal
UPMC - 69040
Max Healthcare

परामर्श शुल्क केवल 7 दिन के लिए ही मान्य।

द्रौमा सेन्टर

एन.एच. - 2, आगरा रोड, फिरोजाबाद - 283 203 (उ.प्र.) फोन नं. : 05612 - 240022, 240033, मोबा. 9917772233
Website : www.sevarth-trauma.com || e-mail : sevarth.trauma@gmail.com

ब्लड बैंक सेवा 24 घण्टे उपलब्ध है।

NOT VALID FOR MEDICO LEGAL

NAME OF PATIENT: MRIDUL DUBEY

AGE: 34 Y/M

REFERRED BY :

DATE - 20/05/2020

MRI: HIP JOINTS

IMAGING SEQUENCES (NCMR)

AXIAL : T1 & TSE T2 Wis.; SAGITTAL : T1 Wis. ; CORONAL : T1 & TIRM Wis.

Right hip joint

There is evidence of a small size irregular area of necrosis involving superior part of femoral head on right side, which is demarcated by irregular low-intensity (on T1 W images) margin. Necrotic portion of femoral head is displaying hyperintense signal on T2 W & iso-intense T1 images (Mitchell stage-C). No obvious peripheral marrow edema is seen. Spherical shape of femoral head is maintained. Joint space and articular cartilage is normal. Mild synovial effusion is observed.

Articulation and alignment of hip joint is maintained. Acetabulum is showing normal smooth outline and signal intensity. Femoral neck and visualised shaft are displaying normal MR morphology and signal intensity.

Periarticular soft tissues are normally visualised.

Left hip joint

There is evidence of a moderate size irregular area of necrosis involving superior part of femoral head on left side, which is demarcated by irregular low-intensity (on T1 W images) margin. Necrotic portion of femoral head is displaying hyperintense signal on T2 W & isointense signal on T1 images (Mitchell stage-c). Spherical shape of femoral head is maintained. Joint space and articular cartilage is normal. Mild synovial effusion is observed.

Articulation and alignment of hip joint is maintained. Acetabulum is showing normal smooth outline and signal intensity. Femoral neck and visualised shaft are displaying normal MR morphology and signal intensity.

Periarticular soft tissues are normally visualised.

IMPRESSION

- MR images reveal avascular necrosis of femoral head on both sides. Ficat stage-II.
- In comparison to previous MRI report 11-01-2020, there is no significant radiological change is seen.

Please correlate clinically.

Isha

DR. ISHA GARG
MD (RADIOLOGICAL DIAGNOSIS)

NAME OF PATIENT: MRIDUL DUBEY

AGE: 34 Y/M

REFERRED BY :

DATE - 20/05/2020

MRI: HIP JOINTS

IMAGING SEQUENCES (NCMR)

AXIAL : T1 & TSE T2 Wis.; SAGITTAL : T1 Wis. ; CORONAL : T1 & TIRM Wis.

Right hip joint

There is evidence of a small size irregular area of necrosis involving superior part of femoral head on right side, which is demarcated by irregular low-intensity (on T1 W images) margin. Necrotic portion of femoral head is displaying hyperintense signal on T2 W & iso-intense T1 images (Mitchell stage-C). No obvious peripheral marrow edema is seen. Spherical shape of femoral head is maintained. Joint space and articular cartilage is normal. Mild synovial effusion is observed.

Articulation and alignment of hip joint is maintained. Acetabulum is showing normal smooth outline and signal intensity. Femoral neck and visualised shaft are displaying normal MR morphology and signal intensity.

Periarticular soft tissues are normally visualised.

Left hip joint

There is evidence of a moderate size irregular area of necrosis involving superior part of femoral head on left side, which is demarcated by irregular low-intensity (on T1 W images) margin. Necrotic portion of femoral head is displaying hyperintense signal on T2 W & iso-intense signal on T1 images (Mitchell stage-c). Spherical shape of femoral head is maintained. Joint space and articular cartilage is normal. Mild synovial effusion is observed.

Articulation and alignment of hip joint is maintained. Acetabulum is showing normal smooth outline and signal intensity. Femoral neck and visualised shaft are displaying normal MR morphology and signal intensity.

Periarticular soft tissues are normally visualised.

IMPRESSION

- MR images reveal avascular necrosis of femoral head on both sides. Ficat stage-II.
- In comparison to previous MRI report 11-01-2020, there is no significant radiological change is seen.

Please correlate clinically.



DR. ISHA GARG
MD (RADIODIAGNOSIS)