



DEPARTMENT OF RADIO-DIAGNOSIS
Jawaharlal Nehru Medical College & Hospital
Aligarh Muslim University, Aligarh

IMAGING REPORT

ID: 20CT22114
NAME: SUSHEE KUMAR

DATE: 15/12/2020
AGE: 33yrs/M

CECT WHOLE ABDOMEN

(Repetitive episodes of inability to pass stools, vomiting)

Shows long segment edematous circumferential thickening of ascending colon (Length of involved segment - 10cm) with mild luminal narrowing with adjacent marked fat stranding and streakiness with increased mesenteric vascularity with serosal fat proliferation with edematous circumferential thickening of jejunal loops adjacent to ascending colon (? Reactive Inflammatory thickening)

Also noted multiple enlarged and subcentimetric mesenteric lymph nodes on right side of abdomen adjacent to thickened bowel loops and also few paraortic lymph nodes (largest of size in right mesenteric region - 3.5x2.8cm).

Shows mild perirectal fat proliferation.

Shows few well defined hypodense lesions involving middle and lower lobe of left kidney s/o simple cysts (largest of size in lower lobe - 1x0.9cm).

Liver: appears normal in size shape and CT attenuation value. Portal vein and IHBCs appears normal.

CBD shows normal lumen and internal diameter.

GB appears normal with normal wall thickness.

Pancreas: appears normal in size, shape and CT attenuation value.

Spleen appears normal in size, shape and attenuation value.

RT Kidney: Appears normal in size, shape and CT attenuation value with normal excretion of contrast through it

B/L ureter Shows normal passage of contrast.

Urinary bladder appears empty at scan

Great vessels appear normal

Pelvis muscle appears normal

Few thoracic cuts taken shows no significant abnormality.

Bone Window: shows no significant abnormality in spine.

IMPRESSION: CT image morphology is s/o-

- Long segment edematous circumferential thickening of ascending colon with serosal fat proliferation and adjacent reactive inflammatory changes involving jejunal loops with mesenteric lymphadenopathy as described above.
.....Likely active exacerbation on chronic IBD (? Ulcerative colitis /? Crohn's disease)


DR. MURSHID K.K
JR3, Radiodiagnosis


DR. ANKITA PANDEY
JR1, Radiodiagnosis

G.E. ENDOSCOPY LAB

Department of Medicine, J.N. Medical College
A.M.U., Aligarh

Name of Patient: *Susheel Kumar*
Address: *8/0 Ghatia Indyapur R/o Kothwali Aligarh.*
Diagnosis: *IBD.*
Consultant I/C: *Dr V. Ashraf*
Date of Procedure: *12/12/2011*
Age / Sex: *33y/m*
G.E.C/OPD No: _____

1. E.G.D. :

Premedication (IV Diazepam/Local Xylocaine Jelly/Other)

Oesophagus :

Stomach :

Duodenum : D1 :

D2 :

2. Sigmoidoscopy :

3. Biopsy :

4. Photograph :

5. Remarks :

Scope passed till Ascending colon without sedation.
Inflamed rectal mucosa with small punctate ulcers seen.
Internal hemorrhoids seen.
loss of normal vascular pattern & edematous mucosa in sigmoid colon.
luminal narrowing & inflammation in ascending colon. Scope could not be passed beyond.

(Signature of Endoscopist)

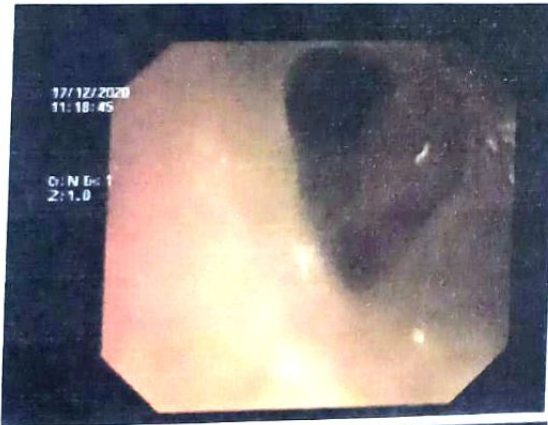
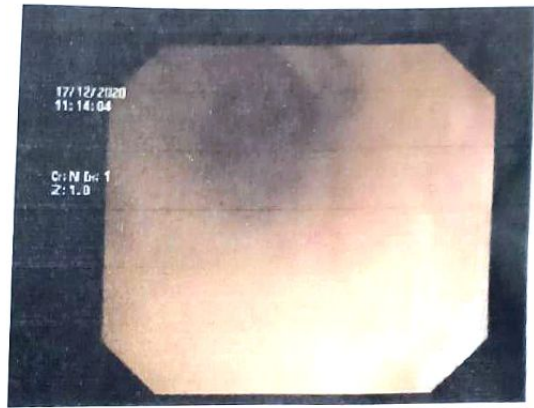
[Signature]
17/12/13 P.T.O.

Biopsy specimens collected from rectum, sigmoid colon & ascending colon.

JN Medical College
Department of Medicine
Aligarh - 202002

Patient ID: 2020120037
Name: Mr. shusheel kumar
Age: 33 Years
Sex: M
Date: 17-Dec-2020

Ref By: SELF
Study: Lower GI Endoscopy
Examined By: Dr. M uwais Ashraf



Dr. M uwais Ashraf

[Handwritten signature and date]
17/12/2020

DEPARTMENT OF PATHOLOGY

Jawaharlal Nehru Medical College
ALIGARH MUSLIM UNIVERSITY, ALIGARH

Date	17/12/2020	Histopath Lab 12	Reported On	28/12/2020	
Name	MR. Sushil	Age	33 Yrs.	Sex	Male
Surgeon/Physician	Dr U Ashraf		Lab ID	20-4004	
Pathologist	Dr.Kafil Akhtar, Dr.Suhailur Rehman				

HISTOPATHOLOGY

SPECIMEN:20-4004:Ascending colonic and sigmoid colonic biopsy

GROSS:Multiple creamish white soft tissue piece aggregate measuring 0.2 cm.

MICROSCOPY:H and E stained section shows normal looking benign intestinal glands along with lymphocytic infiltrates in the lamina propria.No granuloma seen.No crypt abscess/cryptitis seen in the section examined.

IMPRESSION:Lymphocytic colitis.

ADVICE:Clinicoradiological correlation.

Suhail

Dr. SUHAILUR REHMAN
Assistant Professor
D/o Pathology J.N. Medical College
A.M.U., Aligarh

CONSULTANT PATHOLOGIST

TT-NR
COVID19-Negative
(CO-98584)



DISCHARGE TICKET

DEPARTMENT OF General Surgery

J.N. MEDICAL COLLEGE, AMU, ALIGARH

Patient's Name : Susheel Kumar

Age/Sex : 33y / m

Ward/Bed : 40380 ward - EST

Address : 40 Satyavata . R/o Kotwali, Aligarh
UP Phone 9319779793

CADS No. : 40380 OPD/Cas. No. C-64397

Date of Admission 14/12/20 Time _____

Date of Discharge 17/12/20 Time _____

Diagnosis: 1 Inflammatory Bowel Disease

Consultants Prof SAA Rizvi / Dr M Yusuf Afaghe

Senior Resident Dr Shekhar

J.R. 3 Dr Santhak / Dr Mithilesh / Dr Nozrul

J.R. 2 Dr Mahal / Dr Hasan

J.R. 1 Dr Prashant Rai / Dr Prashant Gang

C/O. Pain^(Abdomen) & Vomitting Since 1 day
C/O off pain abdomen & Vomitting Since 1 month

Brief History

Examinations

Vitals at presentation

PR - 86/m

BP - 120/76 mmHg

RR - 12/min

Temp - 99.4°F

Spo2 - 99%

AF
WNL

SE

CNS

CUS

RS

WNL

PIA - Soft tender epigastric region
NO rise in temperature

Treatment during Admission

Lower GI Endoscopy done under LA on 11/12/20

Dr V Ashraf (Medicine)

Findings: Inflamed rectal mucosa & small
periculate ulcers seen

Inflamed rectal mucosa & internal hemorrhoids seen
loss of normal vascular pattern & edematous
mucosa in sigmoid colon

luminal narrowing & inflammation in ascending colon
scope could not be passed beyond

INVESTIGATIONS

CBC

16/12

Hb = 10.1

TLC = 6100

PLT = 129×10^3

Cr/ly = 61/29

16/12
RFT

S. Glu = 92

BUN = 14

S. creat = 0.74

S. Na⁺ / K⁺ = 139/4.3

TT-NR

COVID19 - Negative

15/12

CECT w/A → likely active exacerbation on chronic IBD (? ulcerative colitis / ? Crohn's disease)

17/12

CE Endoscopy - Inflamed rectal mucosa & small punctate ulcers seen

Intanal haemorrhoids seen

loss of normal vascular pattern & edematous mucosa in sigmoid colon

Biopsy specimen collected from rectum sigmoid colon & ascending colon

Treatment on Discharge

Tab Mesalo - OD x 1750mg 2 tabs BID

Cap Budicort - CR x 3mg x TID

Mesalofam LA BD P/R

Tab Rixmin 1550mg BID 14 days

Tab Pantocid - 30 x BBR OD

Unobiotu Satchel e-watel BD

Follow Up :

R/w in OPD/ ~~ER~~ in medicine (Gastro) to
Dr U. Akhraf Sr. with biopsy report

R/w in OPD on Friday for internal
haemorrhoids.

Signature of Senior Resident

Prepared By

Name : Dr Maibay

Designation : TR

Signature 

DOPR

TT-NR
COVID-Neg



DISCHARGE TICKET

DEPARTMENT OF... General Surgery

J.N. MEDICAL COLLEGE, AMU, ALIGARH

Patient's Name : Susheel

Age/Sex : 38y / M

Ward/Bed : EST

Address: 90 Satyaveen Singh R/o Avas Vikas Colony Sasrigate Aligarh Phone 9897918168

CADS No. : 40320 OPD/Cas. No. C-6439A

Date of Admission 4/1/2021 Time _____

Date of Discharge 8/1/2021 Time _____

Diagnosis: Fuc IBD with Colitis

Consultants Prof S.A.A-Rizvi / Dr Yusuf / Dr Manzoor Ak

Senior Resident Dr Shekhar

J.R. 3 Dr Sathak / Dr Nazrul / Dr Mithlesh

J.R. 2 Dr Hasan / Dr Maikal

J.R. 1 Dr Prashant Rai / Dr Prashant Garg

Brief History :

Co - Pain abdomen x 1 day

Examination

Vitals

BP - 130/76 mmHg

PR - 88/min

RR - 18/min

Temp - 98.6°F

SpO2 - 98%

CAE

WNL

SE

CNS

CVS

R/S

WNL

PA -

Soft

tenderness ⊕

Treatment during Admission

Managed conservatively

INVESTIGATIONS

CBC 04/01	CBC 14/12
Hb = 10.7	Hb = 10.1
TLC = 5700	TLC = 6100
PLT = 169×10^3	PLT = 129×10^3
Gr/ly = 60/31	Gr/ly = 61/29

RFT 04/01	RFT 16/12
S-Glu = 88	S-Glu = 92
BUN = 8	BUN = 14
S-creat = 0.7	S-creat = 0.74
S-Na ⁺ /K ⁺ = 144/3.9	S-Na ⁺ /K ⁺ = 139/4.3
	S-Ca ⁺⁺ = 8.2

	LFT
TT-NR	ALP = 172
COVID19 - Negative	T-Bil = 1.6
	D-Bil = 0.5
	AST = 43
	ALT = 33
	S-Amylase/lipase = 42/71

14/12
USC - Excessively gas filled bowel loops

15/12
CCT - long segment edematous circumferential thickening of ascending colon with serosal fat proliferation & adjacent reactive inflammatory changes involving jejunal loops with mesenteric lymphadenopathy ... likely active exacerbation on chronic IBD (? ulcerative colitis/ Crohn's disease)

Treatment on Discharge

→ sup^o Ivermectin 400mg in 100ml NS 10xOD
x 5 days

- Tab Mesalo - OD x 1200mg x 2 tabs QBD

- ~~Cap Budecort - CR x 3mg~~

✓ Mesalofan x LA x QBD v P/R as advised

- Tab Rifaximin 550mg x QBD x 14d

→ Tab Pantocid 80mg x BBF

- Unobiotic Sachet QBD

Follow Up: R/w in^o OPD (14) on

Friday at 9:am & HPE report
in OPD (10)

Prepared By

Signature of Senior Resident

Name: Dr Hasan

Designation: JR

Signature: Hasan

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Jawahar Lal Nehru Medical College & Hospital
Aligarh, U.P.

OPD - Friday
Follow up - Tuesday

Jawaharlal Nehru Medical College & Hospital, A.M.U., ALIGARH



Book No.

TREATMENT CARD

S. No.

Valid for 60 days

59

Susheel Kumar O.P.D.

2922



Name.....
Age..... 30 Sex..... M Regn No.....
Diagnosis..... Satya veer 2/20/9
Address.....

Date

19-3-2014

History / Observation / Treatment

Dr. M. Uwais Ashraf
Consultant
G.E. Clinic

The lymphocyte count

Adv

Cap. Budecrest - CR x 3mg OD
Cap. Evion-LC x BID

191020121

History of bowel disease (IBD)

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Dr. M. Uwais Ashraf
Consultant

Dr. S. Haider M. Husaini
Assistant Professor

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G.E. Clinic

Jawaharlal Nehru Medical College & Hospital, A.M.U., ALIGARH

TREATMENT CARD

S. No.

Valid for 60 days



Book No.

1322

O.P.D.

66096



Name

Susheel

Age

38

Sex

M

Regn No.

Diagnosis

04/21

Address

History/Observation/Treatment

Date
01/11/21

Lymphocytic Colitis

Adv

→ Cap. Budecort - CR x 3mg x TID ←

→ Cap. Visbiome x OD →

→ Tab. Celest x TID x AC ←

→ Tab. Rantac - OD x 300mg x HS → (2TID)

08/01/21