

"Round the Clock, Latest Machines,
Accurate Imaging & Reliable Diagnosis"

Om Imaging & Diagnostic Centre

Eastern Kutchery Road,
Adjacent Meghdoot Cinema, Meerut
Tel : 0121-2664277, 2658888, 2793300 to 49 (50 lines)



भारत सरकार
GOVT. OF INDIA
वी.एम.एम.सी. एवं सफदरजंग अस्पताल, नई दिल्ली-110029
V.M.M.C. & SAFDARJUNG HOSPITAL, NEW DELHI-110029
(दूरभाष Telephone : 011-26730000, 26165060)



UHID: 202106230885

CONSULTING ROOM NO :169, TOKEN NO : 20
Clinic: Obstetrics and Gynecology
Days: SAT

EHR ID : 21000278051425884

OUT PATIENT RECORD

Name : MRS. NEERJA BHATNAGAR

Department : Obstetrics and Gynaecology

Dept No. : 2821/055/0054962

Date of Registration : 27-11-2021 09:35:24 AM

Unit : 2

Age : 50Y

Billing Type : General

Mobile No :

Address : Ghaziabad, UTTAR PRADESH, INDIA

Patient Type: NON MLC

Fee : 0.00

Sex : Female

C/O self

Email :

Occupation : OTHER

Prepared by: Mr. PRAVEEN DEO ORS

cl continuous heavy
 BV x today
 no 1/2 with curr.
 NC - 2-8 | 30-60 day
 red flow x 6 with
 EMC - Cycle @ few
 1st bleeding through out
 Not onge bls fls

इस दस्तावेज़ (आर्थिक रूप से कमज़ोर वर्गी रोगियों के लिए महत्वपूर्ण सूचना

प्रत्येक "उच्च न्यायालय दिल्ली" के अनुसन्धान-इंस्टीट्यूट के व्यक्तिगत विभागीय परिवारिक आय 7356-प्रतिवर्ष परिवार है, हेतु अधिकारित नियमी अस्पतालों द्वारा उपलब्ध करवाए जा रहे नियुक्त उपचार का लाभ हेतु के लिए संदर्भ सुनिश्च उपलब्ध है।

अपना उपचार कर रहे विकिप्रसाक से संपर्क करें वे संदर्भ किए जाने के तारीख की मुख्यता करें।

अधिक जानकारी के लिए कृपया नोटिसोर्ड देवें अध्याय प्रभारी-ओपीडी (शास्त्री रोगी वासियों में) पर पंडितज्ञ अस्पताल से प्राप्त मुख्य अ-

26707461 निवास अधिकारी/सीएनडी-प्रभारी-कैम्ब्रिज (शास्त्री रोगियों के मध्यस्तें), कल स. 107 (मूल), अपार्टमेंट्स ब्लॉक, दूरभाष सं. 26707114

**Our
Imaging**

Advantages of MRI
• Non-invasive
• No radiation
• Multi-planar imaging
• High resolution



3.0 and 1.5 TESLA MRI



Name:

NEERAJ BHETNAWAL Age: 53/F

Investigation:

CEMRI DENIS

Refd. by Dr.

NISHA MALIK (M)

Date: 22/5/21

No.

S A MALIK

Dr. T. S. Malik
MD, DNB, MCh
Gynaecologist
P.D.H.O.
Delhi
2013-10-09 + 09

8th camp - gynaecological
1738 N-297 Shalimar Bagh, Sector 58A
58A - 26-5-21

c/o Postmenopausal
Bleeding pt - 3 days

LMP
menopausal - 26y Bkt's

Uterus
Intrauterine
abdomen

C. Renal inf

C. Kidney

BP 120/80

+TUS

Bulky uterus 79

Small uterine fibroid

EC - 8.0 cm

10

HGS sugar
(LSe)

SpO2 97

Pulse - 128

Temp 98°F

Causes Bladder
symptoms

Myomectomy

LAPAROSCOPIC SURGERY FOR (लापरास्कोपिक विधि द्वारा)

Bladder Stones (पित्त की कूपी एवं कंकणात्मक)
Hernia (अवैय) : Inguinal & Ventral
Appendix (एपिडिल्यम)
एवं ग्रन्थी की चारी का अधिकार (एपिडिल्यम)
S. (मुद्रे की चारी की चारी)
(मुद्रे की चारी)
In ano (पाण्डर) का अधिकार - SLOFT
In ano - I.S.

समय 10 से 3 घण्टे तक

रविवार अवकाश

गंगाराम अस्पताल

- TLH (बच्चेदारी का अधिकार/हिन्दी)
 - Ectopic Pregnancy
 - Ovarian Cyst (रक्तीनी)
 - Diagnostic Laparoscopy
 - Hysteroscopy
 - Infertility, High Risk Prog.
- पर्याप्त की अवधि 14 दिन में प

sik@yahoo.com

सदर बाजार, मुम्बई 400001 0131-2436000, 8791820825 E-mail: gangaram.hospital@2

Dr. Renu Goel

M.D. (Radiology)
M.B.B.S. No. 51476
PLATE NO. 100
GATE NO. 104

Patient Name: Smt. Neerja
W/o Mr. Hemanshu
Ref. By: Dr. Nisha Malik MD
Films enclosed - 4

GOEL X-RAY, ULTRASOUND & ORTHOPAEDIC CENTRE
203/34, North Chawla Road,
Durga Mantra, Wall Road, Sector 10,
Muzaffarnagar - 251001
For Appointment Dial : 9319136970, 9811000000

Age: 53 yrs
Date: 27/05/2021

ULTRASOUND WHOLE ABDOMEN / TVS

Liver is normal in size, shape & echo pattern. No evidence of focal lesion seen.
Intrahepatic Biliary radicals are not dilated.
Urinary bladder is distended, appears normal, lumen is clear, wall thickness is normal.
& CBD are normal.
Pancreas is normal in size, shape and echogenicity. No focal lesion seen.

Kidneys are normal in size, shape & echopattern.
Kidneys show normal cortical thickness and echogenicity. Corticomedullary differentiation is maintained. No hydronephrosis / calculi/ perinephric collection seen.
Ureters are not dilated.

Uterus is normal in size, shape & echo pattern. No focal lesion seen.

Urinary bladder appears normal. Lumen is clear and wall thickness is normal.
(Abdominal and transvaginal examination)

Uterus is anteverted, bulky in size, normal in shape and echopattern. A small fibroid
of size - 7.84 x 5.65 x 4.88 cm, endometrial thickness - 8.0 mm.

Uterus is anteverted, bulky in size, normal in shape and echopattern. A small fibroid
of size - 7.84 x 5.65 x 4.88 cm, endometrial thickness - 8.0 mm.
A 1.56 cm is seen on posterior aspect, left side of uterine body, endometrial
cervix shows multiple small cystic lesions, endometrial thickness is normal.
Cervix shows multiple small cystic lesions, endometrial thickness is normal.
Uterus is atrophied.

Fluid in P.O.D. Adenexal sites are clear.

Diaphragm are normal in contour and show normal movements with
No evidence of ascites or retroperitoneal adenopathy seen.
Wall thickness is normal. Both iliac fossae are clear.

- Bulky uterus with a small uterine fibroid.

In view of the pt., further investigations suggested to rule out neoplastic changes.

Goel MD (Consultant Radiologist)

Report is as reported by the patient and its genuineness is not guaranteed.
The measurements may purely be due to typing error and the value in the film must be considered correct.
Findings may be limited due to inherent technical limitations. Hence findings should be correlated clinically.
X RAY DETERMINATION IS A CRIME AND IT IS NOT PERFORMED AT THIS CENTRE.



Om Imaging & Diagnostic Centre Pvt. Ltd.

Address: Adjacent Meghdoot Cinema, Meerut - 250 002 • Phones: (0121) 2664277 • 2658888 • 94122 25847

| | | | | | |
|-----------------|--|-----------------|----------------------|---|-----------------|
| Name Ref. By | Mrs. Neerja Bhatnagar Dr. Nisha Malik, MD (Identity of patient cannot be verified) | Age/Sex Date | 53 Y May 28, 2021 | F | Slip No 6084 |
|-----------------|--|-----------------|----------------------|---|-----------------|

MRI PELVIS + CONTRAST

PROCEDURE: MRI Pelvis has been performed using spine echo images with high-resolution technique in axial and coronal and sagittal planes using T1 & T2 weighted images. Axial, coronal and sagittal STIR images were also taken. Post Gd axial, coronal and sagittal T1 images acquired.

SEQUENTIAL IMAGES REVEAL:

- Uterus is mildly enlarged in size. It measures 4x5.6x9.2 cm (APxTrxCC). There is small well-defined rounded intramural homogeneous altered signal intensity lesion of approx. size 6x6 mm is seen in posterior wall of body of uterus. This lesion shows hypointense signals with intermediate on T1W1 & heterogeneously hyperintense signals on T2 & STIR images. There is no evidence of necrosis or cystic areas within the lesion. Normal parenchyma (myometrium) is noted around the lesion on anterior & posterior aspects. It shows a well defined peripheral T1 & T2 hypointense rim. Post contrast study shows mild peripheral enhancement of lesion with homogeneous enhancement uterine myometrium. These features likely represent small intramural fibroid.
- There is focal thinning of anterior wall of uterus (approximately 4.6 cm below fundus), myometrial thickness measures 4 mm at the site of scar.
- Endometrium is normally hyperintense on T2 and STIR images with normal junctional zones measuring approx 3 mm.
- Cervix is normal revealing high signal intensity zone in the cervical canal, intermediate signal intensity of plicae palmatae (mucosal folds though ill-defined), low signal intensity fibrous stroma and intermediate signal intensity outer smooth muscles on T2 images.
- Vagina is normal in morphology and signals and shows normal H shaped configuration on axial images. Venous plexus are normal. No obvious evidence of mass is seen in vaginal vault/cervical region.
- Right ovary measuring approx 2x2.1 cm and left ovary measuring approx 1.4x2 cm.
- Ovaries are normal in size, shape and MR signals.
- Adnexa are clear.
- No free fluid signals are seen in cul-de-sac.
- No obvious pelvic lymphadenopathy seen.
- Both kidneys and ureters do not show dilatation.
- Neurovascular bundles are normal.
- Bones are normal.
- Hip joints are normal.
- Gluteal and pelvic musculature is normal.
- Urinary bladder is adequately distended and its low signal wall is maintained.

IMPRESSION:

- Mildly enlarged uterus with small (6x6 mm) intramural fibroid as described above.
- Focal thinning (4.6 mm) of anterior wall of uterus at the site of scar—consistent with history of caesarian section.

Please correlate clinically

Dr. Himani Agarwal
DMRD (Consultant Radiologist)

Dr. Himani Agarwal
DMRD

Dr. Savita Garg
MBBS, FAUH

Dr. Priyadarshani David
DMRD, DNB

Dr. K. K. Gupta
DMRD

Impression is a Professional opinion & not a Diagnosis. (Not for Medico Legal Purpose). All Modern Machines / Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations.

~~7/16~~

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to Peneira Mf / bca

to Pebber Nest

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Salgueiro
Salgueiro

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Dufice

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1-6-21

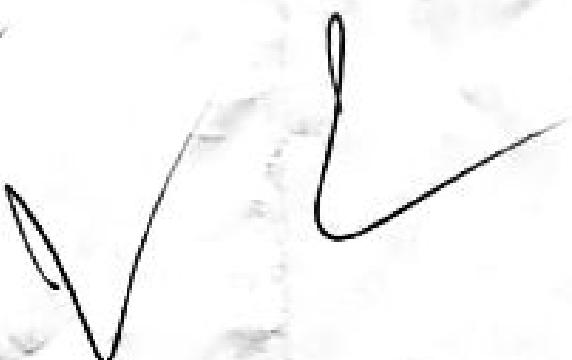
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Salgueiro
(Salgueiro)

BP-130190

SP02-90

Pubre-123

Mos-Pelug
Mader en
Alte ~ 6m
Alte 6e6m
Alte 3m
Et. 3m



Dr. Renu Goel

M.D. (Radiology)
MCI Reg No. 4242F
PCFMOT-GC/UP-MCN-34
RME/FB-1104

Patient Name: Smt. Neerja
W/O Mr. Himanshu
Ref. By: Dr. Nisha Malik MD
Films enclosed - 4

ULTRASOUND WHOLE ABDOMEN / TVS

Liver is normal in size, shape & echo pattern. No evidence of focal lesion.
Intrahepatic Biliary radicals are not dilated.
Gall bladder is distended, appears normal, lumen is clear, wall thickness is normal.
PV & CBD are normal.
Pancreas is normal in size, shape and echogenicity. No focal lesion seen.

Kidneys are normal in size, shape & echopattern.

Kidneys show normal cortical thickness and echogenicity. Corticomedullary differentiation is maintained. No hydronephrosis / calculi/ perinephric collection. Ureters are not dilated.

Spleen is normal in size, shape & echo pattern. No focal lesion seen.

Urinary bladder appears normal. Lumen is clear and wall thickness is normal.
(Per-abdominal and transvaginal examination)

Uterus size - 7.84 x 5.65 x 4.88 cm, endometrial thickness - 8.0 mm.

Uterus is anteverted, bulky in size, normal in shape and echopattern. A small fibroid of 1.83 x 1.56 cm is seen on posterior aspect, left side of uterine body, endometrial cavity is clear. Cervix shows multiple small cystic lesions.

Ovaries are atrophied.

No free fluid in P.O.D. Adenexal sites are clear.

Loes of diaphragm are normal in contour and show normal movements with respiration. No evidence of ascites or retroperitoneal adenopathy seen.

Bowel wall thickness is normal. Both iliac fossae are clear.

Impression- Bulky uterus with a small uterine fibroid.

In view of the age of the pt., further investigations suggested to rule out neoplastic changes.

4 cm

Renu Goel MD (Consultant Radiologist)

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Inaccuracy in the measurements may purely be due to typing error and the value in the film must be considered correct.
All ultrasound findings may be limited due to inherent technical limitations. Hence findings should be correlated clinically.

SEXUAL DETERMINATION IS A CRIME AND IT IS NOT PERFORMED AT THIS CENTRE

ULTRASOUND & ORTHOPAEDICS

Darius Mandir VASHI Ghat
MUZAFFARABAD 23191 34545 25555

For Appointment Dial

Age-33
Date-27/08/08





गोयल एंडर-दे अल्सून्डाइंट एण्ट ऑथोपिडिक सेंटर

203/4, चार्च लिपिल सामाज, निवास ग्रामीण बद्रा, गुरु गणेश नगरी नगर
सरार चामार, पुणे-महाराष्ट्र - 411092 (पु.गी.)
फ़ोन नं.: 9319136970, 7668670400

SERVICES AVAILABLE

- X-Ray
- 3D/4D Ultrasound
- Ultrasound
 - Abdomen
 - Chest
 - Obstetrics
 - Biophysical Profile
 - Follicular Study
 - Transvaginal
- Colour Doppler
- Ultrasound Guided FNAC
- Soft Tissue Ultrasound
 - Cranium
 - Orbit
 - Thyroid
 - Neck
 - Breast
 - Abdominal Wall
 - Scrotum
- Musculoskeletal Ultrasound



डॉ रेणु गोयल
M.D. (RADIODIAGNOSIS)

cols - USI belief

- Tab transmission 2 days \times 3 days

↓
2 ED \times 4 days

↓
1 ED \times 21 days

- Tab transmission 500mp 10 days \times 3 days
RPT during periods
incubatory period

- Rash / FA / EC after 15-18 days
of period ($\sim 1\frac{1}{2}$ - 2 weeks)

Dr. REKHA BHARTI
रक्षा भार्ती
मासिक संस्था (प्रोफेशनल और कॉमर्शियल)
आवास: Prof. L. N. Goyal Building, 2nd Floor, 29
विजयनगर, नई दिल्ली, दिल्ली, नई दिल्ली-29
फ़ाक्ट्री: VMMC & Electronics Private Limited, New Delhi-29
Date No.: 19/12/2004

W.H.M.

A Malik
M.D. OBST & GYNAEC
LAPAROSCOPIC SURGEON
TEL: 0131-2436000, 8791820825

Local

8/ C-Block - Juhu Road

Mrs. Neerja Bhatnagar - resident

534 - 26-8-21

Off Tisdu
P-12 Connaught Place
New Delhi-11
DOB - 10/9/1981

c/o Postmenopausal
- Bleeding per 3 days.

LMP
menopausal - 26yrs old
BP 120/80

Uterus
Abdomen
+ TUS

Bulky uterus &
small uterine fibroid

TC - 8.00 ✓

SPO2 91
Pulse - 128
Temp 98°F

No cervix
seen

T.
Tender left
abdomen
old

No fundal
swelling
(Doppler)

LAPAROSCOPIC SURGERY FOR (लापरास्कोपिक सिधि हारा)

Gall Bladder Stones (पित्त की लेंगने के बालों)

Hernia (हर्निया) : Inguinal & Ventral

Appendix (एपिडिक्स)

प्रदूष एवं वासने की परती का अविश्वसनीय लिंगिया

U.R.S. (पुरुष की वासनी की व्यवस्था)

PCNL (पुरुष की वासनी)

Anal fistula in ano (पाचनार का अविश्वसनीय - SLOFT

Haemorrhoid in ano - I.S.

shamalik@yahoo.com

समय 10 से 3 घण्टे तक

रविवार अवकाश

गंगाराम अस्पताल

TLH (पच्चोदारी का अविश्वसनीय/हिस्ट्रैक्टोरी)

Ectopic Pregnancy

Ovarian Cyst (सीली)

Diagnostic Laparoscopy

Hysteroscopy

Infertility, High Risk Pregnancy

पर्वती की अवधि 14 दिन में एक बार और

E-mail: gangaram.hospital92@gmail.com

सदर बाजार, मुम्बई शहर 0131-2436000, 8791820825



Om Imaging & Diagnostic Centre Pvt. Ltd.

E. C. Road, Adjacent Meghdoot Cinema, Meerut - 260 002 • Phones: (0121) 2664277 • 2665888 • 94123 25447

Name: Mrs. Neerja Bhatnagar
Ref. By: Dr. Nisha Malik, MD
(Identity of patient cannot be verified)

Age/Sex: 63 Y Date: May 28, 2021

Slip No:
6084

MRI PELVIS + CONTRAST

PROCEDURE: MRI Pelvis has been performed using spine echo images with high-resolution technique in axial and coronal and sagittal planes using T1 & T2 weighted images. Axial, coronal and sagittal STIR images were also taken. Post Gd axial, coronal and sagittal T1 images acquired.

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- Uterus is mildly enlarged in size. It measures 4x5.6x9.2 cm (APxTrxCC). There is small well-defined rounded intramural homogeneous altered signal intensity lesion of approx size 6x6 mm is seen in posterior wall of body of uterus. This lesion shows hypointense signals with intermediate on T1W & heterogeneously hyperintense signals on T2 & STIR images. There is no evidence of necrosis or cystic areas within the lesion. Normal parenchyma (myometrium) is noted around the lesion on anterior & posterior aspects. It shows a well defined peripheral T1 & T2 hypointense rim. Post contrast study shows mild peripheral enhancement of lesion with homogeneous enhancement uterine myometrium. These features likely represent small intramural fibroid.
- There is focal thinning of anterior wall of uterus (approximately 4.6 cm below fundus) myometrial thickness measures 4 mm at the site of scar.
- Endometrium is normally hyperintense on T2 and STIR images with normal junctional zones measuring approx 3 mm.
- Cervix is normal revealing high signal intensity zone in the cervical canal, intermediate signal intensity of plicae palmatae (mucosal folds though ill-defined), low signal intensity fibrous stroma and intermediate signal intensity outer smooth muscles on T2 images.
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Adnexa are clear.

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Both kidneys and ureters do not show dilatation.

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Bones are normal.

Hip joints are normal.

Gluteal and pelvic musculature is normal.

Urinary bladder is adequately distended and its low signal wall is maintained.

RESSION:

- Mildly enlarged uterus with small (6x6 mm) intramural fibroid as described above.
- Focal thinning (4.6 mm) of anterior wall of uterus at the site of scar—consistent with history of caesarian section.

correlate clinically

Dr. Himani Agarwal
DMRD (Consultant Radiologist)

Agarwal
DMRD

Dr. Savita Garg
MBBS, FAUJ

Dr. Priyadarshani David
DMRD, DNB

Dr. K. K. Gupta
DMRD