



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506
Helpline : 9760011538

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

| | | | |
|----------------|---------------------|---------------|---|
| HCIC No. : | 011707003538 | Reg. Date : | 20 Jul 2017 |
| Patient Name : | Mr. PRASHANT MITTAL | Report Date : | 20 Jul 2017 |
| Age/Sex : | 41 YRS/MALE | Referred By : | Dr. Sundeep Grover D.M.(Clinical Immunology) M.D.(Medicine) |

MRI LUMBO-SACRAL SPINE + S.I. JOINTS (T1, STIR/DWI)

PROCEDURE

Using the High Definition coil, High Resolution images of the L.S. spine acquired using twin gradient 16 channel 3.0 Tesla platform system with zoom gradient coil in T2, T1W Sagittal & STIR Coronal, followed by transaxial T1 and T2 at the I/V disk levels.

FINDINGS:


- Loss of lumbar lordosis is seen. Early osteophytes with anterior quadrant T1/T2 shiny corners are seen at multiple level suggestive of "MR Romanus Lesions.
- Mild desiccation of L3-L4 & L5-S1 IV disks are seen with disc bulges indenting the thecal sac.
- **D12-L1, L1-2, L2-3 & L4-5:** No obvious disk herniation or nerve root impingement is seen.
- Spinal canal diameters at various lumbar levels are within normal range. The imaged portion of distal cord and conus medullaris are normal. Filum terminale is normal. No obvious ligamentum flavum hypertrophy or facet arthrosis seen. The posterior neural arches are normal. No obvious pre/ para vertebral or epidural collection or soft tissue mass seen. The para spinal musculature appears normal.


S.I. Joints (T1, STIR/DWI)

- There is mild articular surface irregularity with subarticular mixed fatty & oedematous signals appearing hypointense on T1 & hyperintense on STIR images showing patchy restricted diffusion involving sacral and iliac aspects of both S.I. Joints with no intra or peri-articular collection.

OPINION: MR features are suggestive of:

- **Loss of lumbar lordosis.**
- **Early lumbar spondylotic changes with anterior quadrant T1/T2 shiny corners at multiple level suggestive of "MR Romanus Lesions.**
- **Mild desiccation of L3-L4 & L5-S1 IV disks with disc bulges indenting the thecal sac.**
- **Mild articular surface irregularity with subarticular mixed fatty & oedematous signals showing patchy restricted diffusion involving sacral and iliac aspects of both S.I. Joints with no intra or peri-articular collection --- Inflammatory Sacroilitis -- ? Ankylosing Spondylitis. Adv: HLA B-27 & Other Inflammatory markers.**


Dr. Sanjay Gupta,
MD


Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)
Mobile No. 9997999516

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.
Result Entered By : RUCHI



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| | | | |
|----------------|--------------|---------------|-------------|
| HCIC No. : | 011707003490 | Reg. Date : | 20 Jul 2017 |
| Patient Name : | Mr. PRASHANT | Report Date : | 20 Jul 2017 |
| Age/Sex : | 41 YRS/MALE | Referred By : | SELF |

PERIPHERAL VASCULAR DOPPLER OF RIGHT LOWER LIMB

Cyst measuring 49x15mm having internal echoes without any internal vascularity is seen in right popliteal fossa extending to calf region.

Mild soft tissue oedema is seen in right lower limb, from below knee joint upto the foot region.

Superficial and deep venous system of right lower limb –

IVC, right common iliac and right external iliac veins reveal normal colour filling and normal response to respiration.

Right common femoral, popliteal, anterior and posterior tibial veins appear normal. These veins are compressible and reveal normal vascularity and show normal response on valsalva maneuver. No evidence of thrombus and varicosity is seen in these veins. Calf veins appear normal and shows normal vascularity and normal response to compression.

Right sapheno-femoral and sapheno-popliteal junctions are competent.

Right great saphenous and short saphenous veins are dilated in their entire length showing normal response to the respiration and valsalva maneuver.

Incompetent perforators are seen on medial aspect of right mid thigh and mid leg region.

Arterial system of right lower limb:

Aorta, right common iliac, external iliac, common femoral, superficial femoral, popliteal, anterior tibial, posterior tibial and dorsalis pedis arteries reveal normal colour flow and triphasic waveform pattern. No evidence of thrombus is seen in these arteries.

Impression:- Vascular Doppler findings reveal-

- **Competent right sapheno-femoral and sapheno-popliteal junctions.**
- **Dilated right great saphenous and short saphenous veins in their entire length showing normal response to the respiration and valsalva maneuver.**
- **Incompetent perforators on medial aspect of right mid thigh and mid leg region.**
- **Deep venous system of right lower limb– normal.**
- **Arterial system of right lower limb – Normal.**
- **Cyst (size 49x15mm) having internal echoes without any internal vascularity in right popliteal fossa extending to calf region – Suggestive of Ruptured Baker's cyst.**
- **Mild soft tissue oedema in right lower limb, from below knee joint upto the foot region.**

Dr. Sanjay Gupta
MD

Dr. Alka Agarwal
MBBS

Dr. Gaurav Jain
MBBS

Dr. Shalabh Bansal
DMRD, FRCR (UK)

Please correlate clinically

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Result Entered By : NEHA



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| | | | |
|----------------|--------------|---------------|-------------|
| HCIC No. : | 011707003490 | Reg. Date : | 20 Jul 2017 |
| Patient Name : | Mr. PRASHANT | Report Date : | 20 Jul 2017 |
| Age/Sex : | 41 YRS/MALE | Referred By : | SELF |

PERIPHERAL VASCULAR DOPPLER OF LEFT LOWER LIMB

Mild soft tissue oedema is seen in left lower limb, predominantly in lower leg, ankle and foot region.

Superficial and deep venous system of left lower limb –

IVC, left common iliac and left external iliac veins reveal normal colour filling and normal response to respiration.

Left common femoral, popliteal, anterior and posterior tibial veins appear normal. These veins are compressible and reveal normal vascularity and show normal response on valsalva maneuver. No evidence of thrombus and varicosity is seen in these veins. Calf veins appear normal and shows normal vascularity and normal response to compression.

Left sapheno-femoral and sapheno-popliteal junctions are competent. Left great saphenous and short saphenous veins are normal and show normal response to the respiration and valsalva maneuver.

Incompetent perforators are seen on medial aspect of left lower thigh and lower leg region.

Arterial system of left lower limb:

Aorta, left common iliac, external iliac, common femoral, superficial femoral, popliteal, anterior tibial, posterior tibial and right dorsalis pedis arteries reveal normal colour flow and triphasic waveform pattern. No evidence of thrombus is seen in these arteries.

Impression:- Vascular Doppler findings are suggestive of;-

- **Competent left sapheno-femoral, sapheno-popliteal junctions with normal great saphenous and short saphenous veins showing normal response to the respiration and valsalva maneuver.**
- **Incompetent perforators on medial aspect of left lower thigh and lower leg region.**
- **Deep venous system of left lower limb– normal.**
- **Arterial system of left lower limb – Normal.**
- **Mild soft tissue oedema in left lower limb, predominantly in lower leg, ankle and foot region.**

Dr. Sanjay Gupta
MD

Dr. Alka Agarwal
MBBS

Dr. Gaurav Jain
MBBS

Dr. Shalabh Bansal
DMRD, FRCR (UK)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

Result Entered By : NEHA

C/o RA Singh

Prashant Mittal
Addl. District Judge
Pratapgarh



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी नाम/उपनाम

एकक/Unit

विभाग/Dept.

नाम/Name

General Consultation Time: 9.00 AM-1.00 PM



UHID: 103075818

Dept. Regn. 2017/076/0003152

Name: PRASHANT MITTAL
S/O VIJAY MITTAL, 40Y, M
Ph: 9412865696
J 13 PRATAP GARH JUDGE COLONY,
DELHI, INDIA

Appt. ID:



2017081202028

DeptSeq: 316
Dept: Rheumatology
Unit: Unit Rheumatology
Room: 16
N/22
Days: Wed, Sat
App. Date: 12/08/2017

OPR-6

Address

निदान/Diagnosis

दिनांक/Date

HB - 12.9
RC - 7600
BCC N69 L27 E04
PRAL - 163 thousand
CRP ↑ 23.6 mg/L
MRI B/L Sacroiliitis
(July 17)

उपचार/Treatment

Obese; Hypertension on treat.
SpA (Axial)
BP 140/70 mmHg

IBP 2 years

Rt knee Swelling
Rt calf

Enlarged Baker cyst

But no significant kidney
no peripheral arthritis

BASDAI - 2.6

- HLA B27 (PCR). Neg
- Lipid profile: HDL - 36.2, LDL - 89, TG - 79.6, T.cholesterol - 141.1
- B. Sugar FPP
- B. Urea - 25.3
- S. Creat - 0.97
- S. GOT - 17.7
- S. GPT - 15.8

Adv:

1. Cap Indocap SR 75mg HS
2. Rehabilitation for SpA

↓
Pmr depL
(Prof Sanjay Wadhwa)

- slit lamp examination - NAD

↓
Took foruvekic continue antihypertensives

(Refer to RPC) Ophthal.

Review after 2 months
to reports.

Uma

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Adv

Ubc, ESR, GOT, GPT, S. ALP, S. Creat



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमात्रं चतुर्धर्मसाधनम्

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

General Consultation Time: 10:00 AM-11:30 AM



DeptSeq: 231

र० UHID: 103075818

Dept: Rheumatology

Dept. Regn. 2017/076/0003152

Unit: Unit Rheumatology

Name: PRASHANT MITTAL
S/O VIJAY MITTAL, 40Y 4M 11D, M

Room: 16

Ph: 9412865696

F/47

J 13 PRATAP GARH JUDGE COLONY,, DELHI,
INDIA

Days: Wed, Sat

App. Date: 23/12/2017

Appt. ID:



2017122301938

OPR-6

Regn. No. _____

पता/Address

निदान/Diagnosis

Obese; Hypertension; SpA

दिनांक/Date

उपचार/Treatment

Adv.

1) Cap Indocap CR 75mg HS

2) Tab Pantop 40 OD

Continue exercises x 4 months

Hemogram, ESR, CRP
LFT/S-Cr

Uma

He is suffering from Spondyloarthritis which is a chronic illness. He is advised to be on regular follow up under Rheumatologist.

Uma

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

28/2/18

BASDAI 3-3

Symptoms of Mechanical pain.

ESR 56.

Adv.

1/2 Tab Lumina 6000 IV once a week x 8 weeks.



once a month

Adv

CBC, ESR
SGOT, SGPT
S-ALP
S-Creat

2 Tab Calceon D 500mg ^{OP}

3 Tab Etoshine 90mg HS x 3 months

Continue exercises

Endocrine consultation for
↑ TSH

Uma

DXA ^{hip} L1-4

12/5/18

Adv.

stop Etoshine
CST x 4 months

1/2

Uma

ESR
CRP



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरभाषा चतुर्धनसाधना

OPR-6

एकक / Unit _____

विभाग / Dept. _____

रजिस्ट्रेशन नम्बर / OPD Regn No _____

| नाम / Name | पिता / पुत्र / पत्नी / पुत्री F / S / W / D of | लिंग Sex | वयु Age | पता / Address |
|-------------------|---|-------------|------------|---------------|
| Mr Prasant Mittal | ADT Bulandshahr | | 45x / M | |

निदान / Diagnosis: Obesity; SpA (Axial); DM on OHA; Hypertension

उपचार / Treatment: (HLA B27 Neg)
radus upper part following
40 mechanical backache / trauma
↓
Surgery

दिनांक / Date: Adh
MRT Spine
↓
NO of inflammation

Tab Etoshine 90mg SOS.

Antonie exercises as advised

Hemogram
ESR
RFT
LFT
S. 25 hydroxy vit D
HbA1c

Dr. Uma Kumar
Professor & Head
Department of Rheumatology
All India Institute of Medical Sciences

He needs to start long done
jerky exercise back movement
for sometime



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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12/08/2023

ESR 40

HbA1c 7.3

CRP 22.5

Hb 13.8

TAC 11200

Plat 264×10^3

LFT | WNL

KFT |

S. me acid 8.4

Adv

UFT

Reman

Uma

- Venous doppler lower limb
- S. 25 hydroxy vit D
- TSH

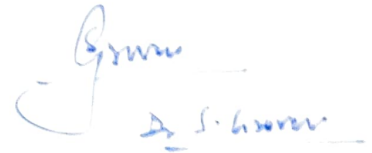
He is suffering from spondyloarthritis which is a chronic inflammatory arthritis. He is advised to be in regular follow-up under Rheumatologist

Uma

28/11/2023

To Whomsoever it may concern

Certified that Prashant Mittal S/o Shri Vijay Kumar, aged 46 years presently posted as Addl. District & Sessions Judge at Bulandshahr is suffering with an autoimmune disease of the spine namely Ankylosing Spondylitis /SPA (axial) / Inflammatory Sacroilitis and incompetent perforators in legs and is under my treatment since 2017. The above mentioned disease is a disabling disease if not taken care off properly may effect the mobility of spine. He needs regular followup, treatment and care under a Rheumatologist.



Dr. SUNDEEP GOVER

MD (Medicine), DM (Clinical Immunology)

Rheumatologist & Clinical Immunologist

UPMC REGN. No. -040363

Arthritis & Immunology Clinic

1, Sarawati Plaza, opposite NAS College, E K Road, Meerut.

TIMINGS (Monday to Friday) 11 AM TO 5 PM

(Saturday) 11 AM TO 2 PM

OPD No. 7

Nutema Hospital, opposite LLRM Medical College, Garh Road, Meerut.

TIMINGS (Monday to Friday) 6 PM TO 8 PM

CONSULTATION BY PRIOR APPOINTMENT ONLY

For Appointment : 9219884868 (11 am to 6 pm) on working days only

SUNDAY CLOSED



JASWANT RAI SPECIALITY HOSPITAL

Opp. Sports Stadium, Mawana Road, Meerut
Ph. +91121-2663887, 2663888, 2651700

E-mail: jrsh_mrt@yahoo.com

(RUN BY : MEERUT MEDICARE CENTRE PVT. LTD.)


CIN: U85110UP1995PTC019162



Dated: 28/11/2023

TO WHOM IT MAY CONCERN

Certified that Mr. Sh. Vijay Kumar s/o Late Sh. Ramlal, aged 71 years R/o A-51, Gangasagar colony Meerut/H.No-78, Dwarikapuri, Muzaffarnagar is suffering from Hypertension/Dyslipidaemia and CAD Angina and his wife Smt. Aruna Mittal, aged 70 years is suffering from PAT/CAD unstable Angina and are under my treatment since 2005. Both of them are senior citizen and require regular care and attention of a cardiologist and in case of an emergency, requires immediate hospitalization at some super specialized higher centre.


Dr. Rajeev Agarwala
MD (Med) DM (Cardiology)
UPMC 28281
MCI 858

Dr. Rajeev Agarwala
MD (Med.) DM (Cardiology)
UPMC 28281
MCI 858



CHANDRA CLINIC

2/73-A, Church Road, CIVIL Lines, Agra 282002

Registrations: UP Med Council 21215, MCI:08-6392, Clinic:2011-2068

MS (Ob Gyn), Ph.D (Sch), MAMS, FICOG, FICMCH, FICMU,
Cert. Diag. Ultrasound (New-Zealand), Diploma Laparoscopic Surgery (Germany)
Email: mukesh.chandra@hotmail.com Ph: +056212520022 (2-9 PM), 2523000

डॉ. मुकेश चन्द्रा
DR. MUKESH

Professor & Head of Dept
Obstetrics & Gynaecology
FH Medical College Tundla, Firozabad-283204

PROFESSOR (Retd.)
Dept. of Obstetrics & Gynaecology
S.N. Medical College & Hospital, Agra - 282002

DATE : 6-Oct-23

TC : C28

Name : - Mrs. MUDITA MITTAL (BULANDSHAR

) - 37 yrs

Adhar No

Email ID : @



2305111442

G 3 P 2 A 1 LMP 21-Aug-23

Cycle Flow

28 spot only days

Dysmen +ve Clots +ve

ABO Rh Hb Urine B sugar ESR

B Fuc : NAD 92

P/V UTI - RV 10W

CX - NAD

FX - Thickened

P/A

Vagina :-

Vulva :-

Breast :-

Rx

- 1 Tab FIBROEASE 10 mg - Alt Days - After Breakfast X 1 Month
- 2 Tab Crina NCR 15 mg - Twice daily - After Lunch & Dinner X 1 Month
- 3 Tab LEONORM - Once Daily - At Bedtime X 1 Month

1.5 months

Tab Sofsona, Hololet
MS

24/11/23

Complaints :

- 1 URINARY FREQUENCY
- 2 REMISSION IN MASTALGIA
- 3 MASTALGIA
- 4 DYSURIA
- 5 DYSMENORRHOEA

endometrial
Biopsy
low
very hyperplastic
sigmoidal uterus

INVESTIGATION

- 1 COVID RT-PCR 6-Oct-23
- 2 PRE OP INVESTIGATIONS 6-Oct-23

sanctioned in home
Admit in

Notes

- 1 AD 11H
- 2 NDELDEC11 EPI
- 3 USG 06OCT23 RV 10W ENHYR 18MM
- 4 USG 31AUG23 AV 10+W ENHYR 25MM CXELONG
- 5 USG 02JUL23 AV 8+W REG ADMYO ENHYR 18MM CXELONG
- 6 USG 30MAR23 RV 10W POST ADMYOMA NAOV NO FU 2 MONTHS
- 7 USG 10JUL22 AV 10W PREG ADMYO POST ADMYOMA-MYOMA 20MM ANOV
- 8 USG 24APR22 AV 8+W REG ADMYO ENHR 13MM
- 9 DYSMENORRHOEA
- 10 USG ELSE 30JAN22 ADENOMYOMA 22MM
- 11 NO FU 2 MONTHS
- 12 USG 14NOV21 RV 10+W ADMYO ROVCYS 33MM

Procedures

1

Dr. Endometrial Biopsy

Precautions

1 - COVID RT PCR
+ Regular PA

Clinical Impression DUB

Next Appointment Date:- 5 - Nov - 23

Please reconfirm your appointment by 31-Oct-2023

Website & Online Appointment : www.chandraclinic.com

Dr. Sanjay Pandey

HANDRA CLINIC

2/73 A. Church Road, Civil Lines, Agra 202002

Registrations: UP Med Council 21215, MCI:08-6392, Clinic:2011-2068

M.S (Ob Gyn), Ph.D (Sch), M.A.M.S., F.I.C.O.G., F.I.C.M.C.H., F.I.C.M.U.
Cert. Diag. Ultrasound (New-Zealand), Diploma Laparoscopic Surgery (Germany)
Email mukesh.chandra@hotmail.com Ph (0562)2520022 (2-9 PM), 2523000

डॉ. मुकेश चन्द्रा
DR. MUKESH CHANDRA

Professor & Head of Dept

Obstetrics & Gynaecology
FH Medical College Tundla, Firozabad-283204

PROFESSOR(Retd.)

Dept. of Obstetrics & Gynaecology
S.N. Medical Collge & Hospital, Agra - 282002

DATE : 30-Nov-23

TC : C29

Name : - Mrs. MUDITA MITTAL (BULANSHAR)

-37 yrs

Adhar No.

Email ID : @



2305111442

G 3 P 2 A 1 LMP 21-Aug-23
Cycle Flow
28 spot only days
Dysmen +ve Clots +ve
ABO Rh Hb Urine B sugar ESR

P/V UT :-
Cx :-
Fx :-

P/A

Vagina :-
Vulva :-
Breast :-

Rx

I - - X

Sarkar Nainp Home

Admit 30/11/23

NDUH Vaginal Hystectomy 1/12/23

[Signature]

Complaints :

- 1 URINARY FREQUENCY
- 2 REMISSION IN MASTALGIA
- 3 DYSURIA
- 4 MASTALGIA
- 5 DYSMENORRHOEA

INVESTIGATION

1 PRE OP INVESTIGATIONS 6-Oct-23

2 COVID RT-PCR **Prof. Mukesh Chandra**

M.S.(Ob/Gyn), Ph.D (Sch), M.A.M.S., F.I.C.O.G., F.I.C.M.C.H., F.I.C.M.U.
Cert. Diagnostic Ultrasound (New Zealand)
Diploma Laparoscopic Surgery (Germany)

Professor & Head of Dept Obst & Gynaecology
FH Medical College Tundla, -283204

CONSULTANT (Ob/Gyn) - **CHANDRA CLINIC**

Notes

- 1 ADV VH
- 2 NDEL DEC11 EPI
- 3 USG 06OCT23 RV 10W ENHYR 18MM
- 4 USG 31AUG23 AV 10+W ENHYR 25MM CXELONG
- 5 USG 02JUL23 AV 8+W REG ADMYO ENHYR 18MM CXELONG
- 6 NO FU 2 MONTHS
- 7 USG 30MAR23 RV 10W POST ADMYOMA NAOV
- 8 USG 10JUL22 AV 10W PREG ADMYO POST ADMYOMA/MYOMA 20MM ANOV
- 9 USG 24APR22 AV 8+W REG ADMYO ENHR 13MM
- 10 DYSMENORRHOEA
- 11 USG ELSE 30JAN22 ADENOMYOMA 22MM
- 12 NO FU 2 MONTHS
- 13 USG 14NOV21 RV 10+W ADMYO ROVCYS 33MM

Procedures

1

VHND 1/12/23

uterus enlarged to 10-12W size Intense congestion. Cx hypertrophic & erosion.

Precautions

1

Both tubes + ovaries healthy - conserved.

Clinical Impression **DUB**

Next Appointment Date:- **30 - Dec - 23**

Please reconfirm your appointment by **25-Dec-2023**

Website & Online Appointment : www.chandraclinic.com



AN ISO 9001 : 2008 CERTIFIED HOSPITAL

DR. SARKAR NURSING HOME & UMA IVF Centre

Delhi Gate, Agra - 282002

(Test Tube Baby Centre)

DISCHARGE SLIP

NAME OF CONSULTANT - PROF DR. MUKESH CHANDRA

REGD. NO - 2023 - 2321/ 2023 - 2336

NAME- MRS. MUDITA MITTAL

DOA- 30 / 11 /23 .

AGE- 37 YRS / FEMALE

DOO - 1 /12 / 23

W/O -MR. PRASHANT MITTAL

DOD- 5/12/23

DIAGNOSIS- DUB WITH CERVICITIS

OPERATIVE PROCEDURE- NDVH ON 1 / 12 /23 UNDER SA

Rx

TAB. FU-CV 625MG 1 BD X 10 DAYS.

TAB. DEXIBU 1 BD X 10 DAYS

CAP. CEZED 1 OD X 10 DAYS

NEXT

TAB. MONOCEFF 1 BD X 10 DAYS

TAB. VOVERAN 50 MG 1 BD X 10 DAYS


CAP. CEZED 1 ODX 10 DAYS

MATROGYL GEL + CANDID B6 TABLET HS X 15 DAYS

SPECIAL INSTRUCTION - NO HEAVY WEIGHT LIFTING

NO SQUATTING

ABSTINENCE


5/12/23
Prof. Dr. Mukesh Chandra
M.B. (Obstetrics & Gynaecology) M.A.M.S. (Obstetrics & Gynaecology)
Cert. Diagnostic Ultrasound (Gynaecology)
Diploma Laparoscopic Surgery (Gynaecology)
Professor & Head of Dept. of Obstetrics & Gynaecology
F.H. Medical College, Tunjunga, Agra - 282004
CONSULTANT (Ob/Gyn) - CHANDRA CLINIC