

Medanta, Sec-38, Gurgaon **Discharge Summary**

: MM02407258 **Patient UHID** : Mr. Sunil Kumar Singh **Patient Name**

Gender : Male : 55Y Age

Discharge Date : 02/11/2022 13:48 **Admission Date** : 19410893

Encounter ID : Inpatient **Encounter Type** : Gastroenterology Specialty : Dr Rajesh Puri **Consultant Incharge**

Bed No : 4404 : 15th Floor B2B3 Location

H.NO Q91 ,PHASE 2,PALLAVPURAM ,MODIPURAM ,Modipuram **Patients Address** S.O, MEERUT, India, 250110

: 03/11/2022 17:18 **Date of Discharge**

Dr Raiesh Puri **Name of Consultant** .

15th Floor B2B3/SINGL1_F15/4404 Red No

Discharged to Home (Routine Discharge) **Discharge Status**

Diagnosis & Co-morbidities

Small internal haemorrhoids (Colonoscopy 03/11/2022) **Current Admission** Ileojejunal Ulcers ?Inflammatory ?Infective

Diabetes Mellitus type -2

Previous Illness Cervical spondylosis

Advice on Discharge Tablet PANTOCID 40mg once daily before breakfast **Discharge Medication** 10 Au - 10 pm Tablet AMARYL 1mg twice daily Tablet GLYCOMET 500mg twice daily 10 - 10

Tablet RIFAGUT 400mg twice daily for 2 days | 0 - 10

Tablet DROTIN-DS 1 tablet twice daily for 2 days then as and when needed for abdominal pain 10-10

Capsule VSL#3 twice daily for 5 days & - & PM Capsule MYORIL 8 mg twice daily for 3 days 10 - 10

Syrup SPARACID - O 10ml thrice daily before food for 10 days | - | - |

ALEX LOZENGES twice daily for 2 days (6 - 10

BETADINE Gargles (2 teaspoon) rinse thrice daily for 3 days THROMOPHOB Ointment twice daily for local application for 5 days [-]

VOLINI SPRAY thrice daily (on neck) for 5 days | - | - |

OD - Once a day; BD - Twice a day; TDS - Thrice a day; QID - Four times a day; HS - Bedtime; tsf- Tea

spoon full. Fiber free Soft Diet

Diet Continue Anti-Diabetic Medication as per Endocrinologist advice **Discharge Instructions**

Hot water fomentation, Soft cervical collar

Follow up Review with Gastroenterology OPD with Dr. Rajesh Puri after 3 days with biopsy report.

(before coming contact (before coming contact Ms. Sukhjeet Kaur @ 9999411125)

For Emergency & Ambulance: Dial @ 1068

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Medanta Institute of Digestive and Hepatobiliary Sciences DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY SECTOR - 38, GURGAON HARYANA - 122001 (INDIA) Ph NO.- 0124 4141414

Patient Name:

Mr. Sunil Kumar Singh

UHID:

MM02407258

Encounter No.: 19410893

Ref By:

Dr Rajesh Puri

Date:

03-11-2022 04:05:00 PM

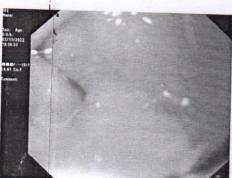
Procedure: SBE antegrade





Age/Sex: 55/M









SBE ANTEGRADE REPORT

Procedure was done after explaining the benefits / complications / alternative treatments strategy to the patient.

Due consent for procedure as well as for sedation was obtained.

Findings

Antegrade single balloon enteroscopy done.

Seen upto proximal ileum.

Few small superficial ulcers with erosions noted in distal jejunum and proximal ileum, from which multiple biopsies taken and sample sent for histopathological examination. Second part of duodenum shows few erosions.

No immediate post procedure complications.

Conclusions

Ileojejunal ulcers ?inflammatory ?Infective

To collect biopsy report from histopathology lab and consult your doctor. Please follow post procedure instructions given . Prepared by - TZ (Time - 5:55pm)

DR. RISUD DR. A. S. PURI DR. R.RURI DR. N.SARAF DR. S. R. MISHRA DR. N S CHOUDHARY DR. A. KATHURIA DR. Z. SHARMA DR. S SUD DR. B K SAHU DR. S KOUL

Tirupati Liver and Gastro Care Center



डा० प्रशान्त सोलंकी एम॰डी॰, डी॰एम॰ (गैस्ट्रोएन्ट्रोलॉजी) पेट, ऑत, जिगर, पित्ताशय, पैनक्रियाज रोग

Complete Day Care Center Of Gastro & Gynae	MEERUT	एवं एण्डोस्कोपिस्ट
INVESTIGATION Mantoux Test	c ôl	Dr. Prashant Solanki M.D., D.M. Senior Consultant Gastroenterol
CBC / Hemogram Mr Sund know	eth coyl.	Therapeutic Endoscopist
	S. S. MM	Formerly at: GB Pant Hospital, N. Delhi
Bld Sugar F, PP, HBA1C	HD.	SGPGI, Lucknow Sir Ganga Ram Hospital, N. Delhi
Bld Urea / S. Creatinine	Indemo	OHINA
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HBs Ag / Anti HCV / HIV 1&2 S. Amylase, S. Lipase	- Lace a suc	wear
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(लोकप्रिय अस्पताल के सामने)	कराकर आगे का अपॉइंटमेन्ट लेकर जाएँ म लिखवाने के लिए	अचानक इमरजेंसी आने पर समय बिना
	म लिखवान के लिए 2:00 बजे के बीच फोन करें।	विये बदला या कैंसिल भी किया जा सकत
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Medanta Institute of Digestive & Hepatobilian

Dr. Rajesh Puri

MBBS, MD (Med), DNB (Gastro), MNAMS Senior Director - Interventional Gastroenterology rajesh.puri@medanta.org Mobile: 99994 11125, 98116 38338

Regd. No. 004599

Patient Name:

UHID:

Age:

Ur sun leuma sing

Chief Complaint:

NI DD Biagnosis:

History of Present illness/ Medical History:

Past History:

Family History:

H/O Allergy:

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Pren g cT fulm.

HR CT Chull

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Current Medication:

Physical Examination:

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For Emergency & Ambulance Dial: 1068

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info@medanta.org

www.medanta.org

Corporate Identity Number - U85110DL200



Gastroenterology

Name: Mr. Sunil Kumar Singh

Gender: M

Doctor: Dr Rajesh Puri

UHID: MM02407258

DOB: 01 Sep 1967

(55 years)



Date: 03 Nov 2022

Department of Laboratory Medicine - HISTOPATHOLOGY

GI Endoscopic Biopsy 1 Container- HPE with IHC/Special Stains if needed

Biopsy Number: B/19427/22

Histopathology Report PECIMEN: Jejunal Lesion

GROSS: Received multiple soft tissue bits ranging from 2 to 3 mm. All processed in one block.

MICROSCOPIC EXAMINATION:

Section shows jejunal mucosa with focal surface ulceration which is covered by granulation tissue . There is focal increase in IELs. Lamina propria shows a moderate acute and chronic inflammatory infiltrate admixed with lymphoid aggregates. Focal cryptitis is seen. Gastric metaplasia is not seen. No giardia/ granulomas seen.

IMPRESSION: Jejunal Lesion: Active jejunitis. Negative for granulomas/specific pathology.

NOTE: Similar picture can be seen in infections, NSAIDs and other drug induced mucosal damage and also as mucosal manifestation of Underlying Crohn's disease.

prossed By: Dr. Swastika Transcribed By: Ziauddin

******End of Report*****



Password to access via QR code:706570



Department of Laboratory Medicine - HISTOPATHOLOGY

Please Note

- 1. Test results are to be clinically correlated.
- 2. Storage and discard of biological specimen/materials shall be as per Medanta's specimen retention policy.
- 3. The biological specimen/ materials may be used for educational and research purposes.
- 4. Test results are not valid for medico-legal purposes.
- 5. In case of any query related to the test results, please contact [0124 4141414].

Authorized by

Dr Lipika Lipi Senior Consultant Released by

Dr Lipika Lipi Senior Consultant

Specimen No: 3022021710, Specimen Type: Gl Mucosal Biopsy

Authorized: 07 Nov 2022 14:49, Released: 07 Nov 2022 14:36, Ordered: 03 Nov 2022 18:18, Collected: 03 Nov 2022 18:20,

Received: 03 Nov 2022 18:43, Registered: 03 Nov 2022 18:44

Slides can be issued after 48 hrs (Between 3-5 pm) | Specimen will be discarded after 1 month | Original set of slides will be retained in the department



Medanta, Sec-38, Gurgaon **Discharge Summary**

Patient Name

: Mr. Sunil Kumar Singh

Patient UHID

: MM02407258

Age

: 55Y

Gender

Admission Date

Discharge Date

: Male

Encounter Type

: Inpatient

Encounter ID

: 19410893

Consultant Incharge

: Dr Rajesh Puri

Specialty

: Gastroenterology

Location

: 15th Floor B2B3

: 02/11/2022 13:48

Bed No

: 4404

Patients Address

H.NO Q91 ,PHASE 2,PALLAVPURAM ,MODIPURAM ,Modipuram

S.O, MEERUT, India, 250110

Date of Discharge

03/11/2022 17:18

Name of Consultant

Dr Rajesh Puri

Bed No

15th Floor B2B3/SINGL1_F15/4404_

Discharge Status

Discharged to Home (Routine Discharge)

Diagnosis & Co-morbidities

Current Admission

Small internal haemorrhoids (Colonoscopy 03/11/2022)

Ileojejunal Ulcers ?Inflammatory ?Infective

Previous Illness

Diabetes Mellitus type -2 Cervical spondylosis

Advice on Discharge

Discharge Medication

Tablet PANTOCID 40mg once daily before breakfast

Tablet AMARYL 1mg twice daily Tablet GLYCOMET 500mg twice daily

Tablet RIFAGUT 400mg twice daily for 2 days

Tablet DROTIN-DS 1 tablet twice daily for 2 days then as and when

needed for abdominal pain

Capsule VSL#3 twice daily for 5 days Capsule MYORIL 8 mg twice daily for 3 days

Syrup SPARACID - O 10ml thrice daily before food for 10 days

ALEX LOZENGES twice daily for 2 days

BETADINE Gargles (2 teaspoon) rinse thrice daily for 3 days THROMOPHOB Ointment twice daily for local application for 5 days

VOLINI SPRAY thrice daily (on neck) for 5 days

OD - Once a day; BD - Twice a day; TDS - Thrice a day; QID - Four times a day; HS - Bedtime;tsf- Tea spoon full.

Diet

Fiber free Soft Diet

Discharge Instructions

Continue Anti-Diabetic Medication as per Endocrinologist advice

Hot water fomentation, Soft cervical collar

Follow up

Review with Gastroenterology OPD with Dr. Rajesh Puri after 3 days with biopsy report.

(before coming contact (before coming contact Ms. Sukhjeet Kaur @ 9999411125)

Accredited by

VR98, MD (Med), D.M.B. (Gastro), M.N.A.M.S. for Director-Interventional Gastroanterology Levia Inotitute of Digestive & Hepatobiliary Sciences Medania-The Medicity

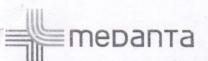
Dr. Abhishek Kathuria MBBS, MD (Medicine), DM (Gastroenterology) Medanta Institute of Digestive and Repatobiliary Science Consultant-Gastroenterology Medanta-Gurugram For Emergency Spector-38, Gurugram-122 001 096, EMC-4018

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Patient Name : Mr. Sunil Kumar Singh

Age

: 55Y

Admission Date

: 02/11/2022 13:48

Encounter Type

Consultant Incharge

: Inpatient

Location

: Dr Rajesh Puri

: 15th Floor B2B3

Patient UHID

: MM02407258 : Male

Gender

Discharge Date

Encounter ID

Specialty

Bed No

19410893

: Gastroenterology

: 4404

Diet was upgraded as tolerated. During hospital stay, he was managed with Intravenous fluids and other supportive measures. Now patient is being discharged with follow up advice and medication.

Significant Medication Given

Procedure/Surgery

Injection PANTOCID, Injection PERINORM, Injection TRAMADOL

Colonoscopy was done on 03/11/2022.

Findings :- Colonoscope passed till terminal ileum, Visualized terminal ileum is normal, Ileocecal valve, caecum, ascending colon, transverse colon, descending colon, sigmoid colon

and rectum shows normal mucosal and vascular pattern. Small internal haemorrhoids noted. No immediate post procedure complications.

Conclusion :- Small internal haemorrhoids.

 Single balloon enteroscopy antegrade was done on 03-11-2022 Findings :- Antegrade single balloon enteroscopy done. Seen upto proximal ileum. Few small superficial ulcers with erosions noted in distal jejunum and proximal ileum, from which multiple biopsies taken and sample sent for histopathological examination. Second part of duodenur shows few erosions. No immediate post procedure complications. Conclusions :- Ileojejunal ulcers ?inflammatory ?Infective.

Gastro-Intestinal Surgery / Procedure :

No

Condition at Discharge

Stable.

INVESTIGATIONS

Laboratory

CHESTANAMA

Attached

Consultant Incharge

WHEN TO OBTAIN URGENT CARE:

In case of any problem like:
1. Fever/Jaundice

- 2. Loose stools/motions/vomiting/vomit contain blood or passing black stools like coal tar. 3. Bleeding from any site
- 4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
- 5. Reduced urine output.
- 6. Severe weakness/severe mouth ulcers.
- 7. Rash over skin, swelling over body.
- 8. Unconscious

In case of Emergency contact RESIDENT INCHARGE - 9560398932

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ent Name

: Mr. Sunil Kumar Singh

Age

Admission Date

Encounter Type Consultant Incharge

Location

: 55Y

: 02/11/2022 13:48

: Inpatient : Dr Rajesh Puri : 15th Floor B2B3 Patient UHID

: MM02407258

Gender

Discharge Date Encounter ID

: 19410893

: Male

Specialty

: Gastroenterology

Bed No

: 4404

Medical History & Presenting Complaints

Follow up in ORTHOPEDIC Outpatient Department after 3 days with prior telephonic appointment for neck pain.

Mr. Sunil Kumar Singh, 55 years old male, presented with complaints of pain in abdomen and weight loss since 1 month. History of diarrhea on and off. He was admitted here for further evaluation and management.

Physical & Systemic Examination

Pulse

Blood Pressure(mmHg)

Respiratory rate

Respiratory

Per Abdomen

Cardio Vascular System

Allergies

78 /min

120/80

20 /min

Air entry equal bilaterally

Soft and non-tender

S1, S2 normal

Course in Hospital

12

ALLOPATHIC MEDICATION

Patient was admitted with above mentioned complaints for which relevant investigations were done which showed Hemoglobin- 14.2 gm/dl, White blood cells- 7.81 x 10*3, Bilirubin- 0.82 mg/dl, Albumin-4.38 gm/dl, Serum Glutamic Oxaloacetic Transaminase (SGOT) / Serum Glutamate-Pyruvate Transaminase (SGPT) - 41U/L/ 52U/L, Gamma-Glutamyl Transferase (GGT)- 19 U/L, Alkaline Phosphatase-118 U/L, Serum Creatinine- 0.50 mg/dl, Calcium - 9.3 mg/dl, Sodium-143 mmol/L, Potassium- 40.0 mmol/L, Prothrombin Time (PT) / International Normalized Ratio (INR) - 10.4 Sec/ 0.98.

He was started on Intravenous fluids along with supportive measures.

After informed consent, patient underwent colonoscopy was done on 03/11/2022, which small internal haemorrhoids noted. No immediate post procedure complications. Patient underwent single balloon enteroscopy (antegrade) was done on 03-11-2022 which showed few small superficial ulcers with erosions noted in distal jejunum and proximal ileum from which multiple biopsies taken and sample sent for histopathological examination. Second part of duodenum shows few erosions. No immediate post procedure complications.

Orthopedic opinion taken in view of neck pain and advice followed. Patient was requested to stay in hospital in view of neck pain; A.S. however, he was not willing for the same.

MBBS, MD (Med), D.N.B. (Gastro), M.N. Senior Director-Interventional Gastroenterology Medanta Institute of Digestive & Hepatobiliary Sciences Medanta-The Medicity Sector-38, Gurgaon-122001

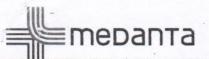
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- Regd Office: Global Health Limited, E-18, Defence Colory, New Deini 110 024, India Tel: +91 11 4411 4411 Fax: +91 11 2433 1436/4/2022



Patient Name

: Mr. Sunil Kumar Singh

Age

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: 02/11/2022 13:48

Encounter Type

Consultant Incharge

: Inpatient

Location

: Dr Rajesh Puri

: 15th Floor B2B3

Patient UHID

: MM02407258

: Male

Gender

Discharge Date

Encounter ID

: 19410893

Specialty

: Gastroenterology

Bed No : 4404

PHYSICIAN ASSISTANT - 8219255182 (For Dr Randhir Súd)

Or any other medical problem for which you think urgent attention is required report to emergency at Medanta-The Medici at the earliest possible. (0124-4141414, Ext.No. 2404 & 2406).

Access your medical reports and follow up with Doctors through video conferencing by downloading Medanta eCLINIC App by visiting www.medanta.eclinic.org

Activate your eCLINIC account using Medanta Patient UHID (MM********)

For any assistance or query call +124-4855017 or write to eclinic@medanta.org

FOR EMERGENCY AND AMBULANCE PLEASE CONTACT: 1068.

Summary prepared by (MT):

Consultant

Dr Rajesh Puri

Phone No 9811638338/9999411125/8700747406

Dr. Abhishek Kathuria MBBS, MD (Medicine), DM (Gastroenterology)

Sr. Resident Dr. Hitesh

Phone No 7984434399

Signature

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Signature

Consultant:

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MEBS, ND (Med), D.N.B. (Gestro), M.N.A.M.S. Senior Director Interventional Gastroenterology Senior unegror-interventional Sciences

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- 1 +91 124 4141 472



Medanta Institute of Digestive and He patobiliary Sciences DIVISION OF GASTROENTEROLOGY AND HEPATCLOGY SECTOR - 38, GURGAON HARYANA - 122001 (INDIA) Ph NO.- 0124 4141414

Patient Name:

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Encounter No.: 19410893

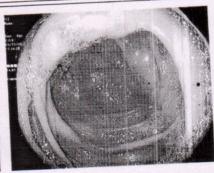
Age/Sex: 55/M

Dr Rajesh Puri Ref By:

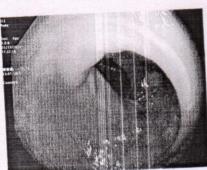
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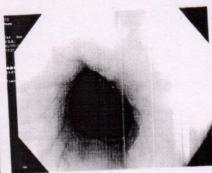
Procedure: COLCNOSCOPY













COLONOSCOPY REPORT

Procedure was done after explaining the benefits / complications / alternative treatments strategy to the patient.

Due consent for procedure as well as for sedation was obtained.

Colonoscope passed till terminal ileum

Visualized terminal ileum is normal lleocecal valve, caecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum shows normal mucosal and vascular pattern.

Small internal haemorrhoids noted.

No immediate post procedure complications.

Small internal haemorrhoids

Please follow post procedure instructions given

Prepared by - TZ (Time - 4:48pm)

DR. S. R. MISHRA DR N S CHOUDHARY DR. N.SARAF DR. R. RURI DR. R.SUD DR. A. S. PURI DR. S SUD DR. B K SAHU DR. S KOUL DR. A. KATHURIA DR. Z. SHARMA





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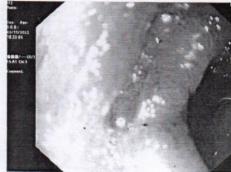
Dr Rajesh Puri

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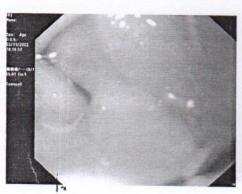
Procedure: SBE antegrade



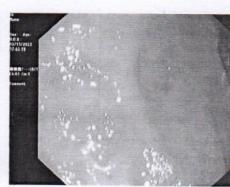


Age/Sex: 55/M









SBE ANTEGRADE REPORT

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Findings

Antegrade single balloon enteroscopy done.

Seen upto proximal ileum.

Few small superficial ulcers with erosions noted in distal jejunum and proximal ileum, from which multiple biopsies taken and sample sent for histopathological examination.

Second part of duodenum shows few erosions.

No immediate post procedure complications.

Conclusions

lleojejunal ulcers ?inflammatory ?Infective

To collect biopsy report from histopathology lab and consult your doctor. Please follow post procedure instructions given Prepared by - TZ (Time - 5:55pm)

DR. R.SUD DR. A. S. PURI DR. N.SARAF DR. S. R. MISHRA DR. N S CHOUDHARY DR. A. KATHURIA DR. Z. SHARMA DR. S SUD DR. B K SAHU DR. S KOUL



Om Imaging & Diagnostic Centre Pvt. Ltd.

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	M. Caril Varmar Singh	Age/sex	55 Yrs/ M	Date October	26, 2022	
Patient Name	tatt mantitude comments and fine	A STATE OF THE PARTY OF THE PAR	17955	Films	04	
Referred by	Dr. Malay Sharma, DM	Slip No	1/200	1 1111111111111111111111111111111111111		
(Identity of the pa	atient can't be verified)					

NCCT+CECT WHOLE ABDOMEN

PROTOCOL: Serial thin axial sections in arterial and venous phase were obtained in the spiral mode on a 16 slice CTscanner from the level domes of diaphragms to the pubic symphysis after administration of oral, rectal and I.V. contrast media. Thereafter coronal and sagittal reformats were done for further references.

FINDINGS:

- CT study reveals evidence of homogeneously enhancing mildly thickened small bowel loops predominantly involving jejunal & ileal loops on post contrast study.
- Mild homogeneously enhancing mucosal thickening is noted in recto-sigmoid & sigmoid colon with no evidence of fat stranding.
- Homogeneously enhancing multiple lymphnodes noted at left para aortic, right para caval, mesenteric (Jejunal) & right common iliac region, largest measuring 11x8.7 mm at left para aortic region.
- Liver is enlarged in size, measuring approx. 17.6 cm in cranio-caudal extent with diffuse low CT attenuation pattern. No dilatation of intrahepatic biliary radicles is seen. Liver margins are normal. Hepatic veins are normally opening into IVC. Hepatic vasculature appears normal. Portal venous system of liver appears normal.
- Gall bladder is well distended. Walls are normal. No hyperdense calculus or focal mass lesion is seen.
- . CBD is normal
- Pancreas has normal CT appearance. Portal and splenic veins are normal and reveals normal enhancement.
- Spleen is normal in size, shape and C.T. appearance.
- Both kidneys are normal in their anatomical structure and functions Pelvicalyceal system is not dilated. Renal cortical thickness is normal bilaterally. Renal marginal are smooth and regular bilaterally. Peri-nephric fat and gerotas fascias are normal. Renal arteries and renal veins are normal bilaterally. Both ureters are normal in their course and caliber. Psoas muscles are normal bilaterally.
- Urinary-bladder is well distended with presence of homogeneously enhancing conferential wall thickening of maximum thickness 7.2 mm at dome of urinary bladder.
- Prostate is enlarged in size, measuring approx. 4.1x5.1x4.8 cm volume 50 cc.
- Seminal vesicles appear normal
- Contrast filled stomach appears normal

he

Dr. Akhil Sharma MD (Consultant Radiologist)

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2

- Contrast filled descending colon, transverse colon, ascending colon and ceacu appears normal. Peri-rectal fat planes are normal. Ischio-rectal fossae are normal.
- Aorta and IVC appear normal. Pelvic musculature appears normal and bilatera
- Degenerative changes are noted in visualized spine.

IMPRESSION: CT findings suggestive of:

- Homogeneously enhancing mildly thickened small bowel loop predominantly involving jejunal & ileal loops on post contrast study.
- Mild homogeneously enhancing mucosal thickening in recto-sigmo & sigmoid colon with no evidence of fat stranding.
- Abdominal lymphadenopathy.
 - --- Findings likely suggestive of Inflammatory vs Infective etiology Adv: Clinico-pathological correlation.
- Hepatomegaly with hepatic steatosis. Adv: LFT correlation.
- Cystitis. Adv: Urine R/M.
- Prostatomegaly.

Please correlate clinically.

Dr. Akhil Sharma MD (Consultant Radiologist)

Dr. roman Agarnal		MD (Consultant Radiologist)				
Capaci	Dr. Proyestershard David Dr. Seetta Garg CARRO, David Million, FALIF	Chr. Started: Maint Chency	Dr. K. K. Gupta Dreife			
			B.S. Tomar			





Name: Mr. Sunil Singh Dated: 22.10.2022

Examination: ULTRASONOGRAPHY OF THE WHOLE ABDOMEN.

Referred By: Dr. Malay Sharma MD DM

LIVER – Appears mildly enlarged in size and shows generalised increase in parenchymal echogenicity. No major focal mass or intrahepatic bile duct dilatation seen.

GALL BLADDER – Is normally distended. No major abnormal echoes seen in the lumen with no wall thickening.

CBD measures 3 mm in diameter.
PORTAL VEIN appears normal in diameter.

PANCREAS - Shows no alteration of echopattern in the visualised area.

SPLEEN – Appears normal in size and echopattern.

BOTH KIDNEYS – Appears normal in size and echopattern. No major calcific area or obstructive changes seen.

URINARY BLADDER – Is moderately distended (volume about 221 ml). No abnormal echoes seen in the lumen with no major wall thickening. No calcific area is seen at lower end of either ureter. Post-void residual urine - 33 ml.

PROSTATE - Weight about 32 gm.

No anechoic FLUID seen in either posterior costo-phrenic angle. No anechoic FLUID seen in the Abdomen.

There is a segment of concentric wall thickening in a Bowel Loop extending obliquely along the right upper abdomen. There is associated focal dilatation of a bowel loop proximal to it, the dilatation measures 2.6 cm in diameter.

IMPRESSION: - Mild hepatomegaly with fatty hepatic infiltration.

A segment of bowel showing concentric wall thickening in right upper abdomen with mild focal obstruction (? small bowel or ?? mid transverse colon).

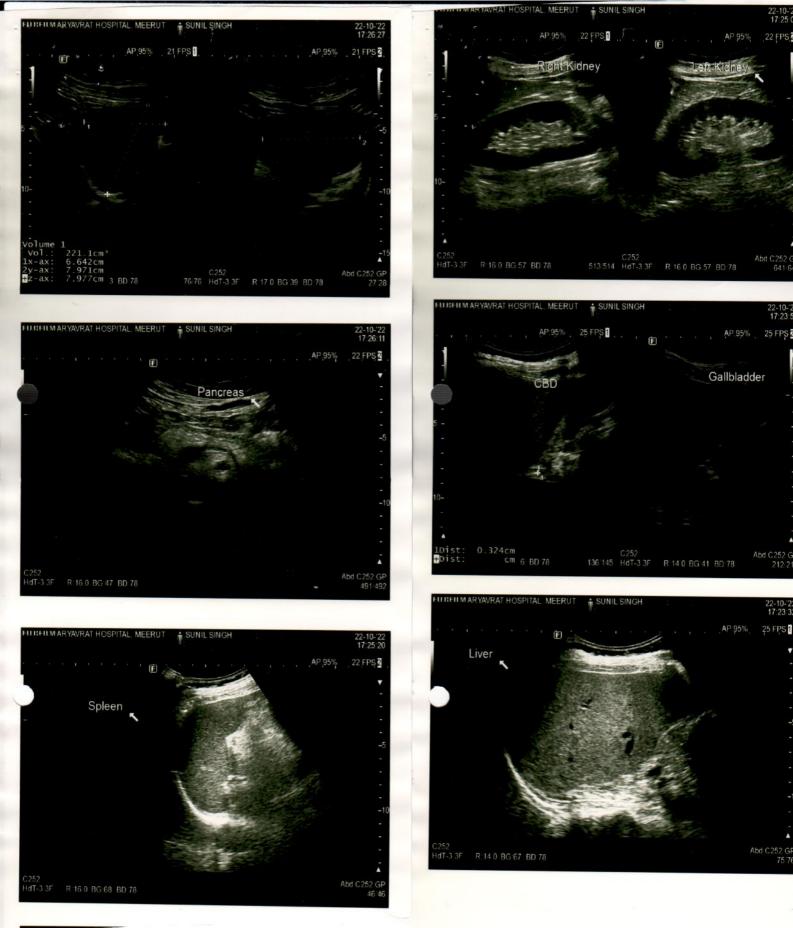
Please correlate clinically and with other investigations.



















CASHED CENTRE

Dr. Vinod K. Mishra
M.D. D.M. (Gastro)
Gastroenterologist, Hepatologist & Endoscopist



MRSRFAGE

1 5 MAR 2023



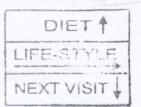
DOMINANT PROBLEMS

audible souls

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Dr. VINOD K. MISHRA MD, DM (Gastro) Consultant Gastroenterologist Crystal Medical Centre Pvt. Ltd. Registration No. 78741

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Dr. Sangeeta Shukla

M.B.B.B.S., M.S. Consultant Ophthalmologist Micro and Refractive Surgery Specialist Reg. No.: 33281 MC-U.P.



Dr. Mohit Khattri

M.B.B.S., M.S. Vitreo Retinal Surgeon Regn. No. : 50398 MC-UP 9335924988

OPHTHALMOLOGY UNIT

Patient Name:

Mr. Sumil Sing

Age/Gender:

Date: / Time:

UHID:

Ref. by:

Known Allergy:

History & Chief Complaints:

Diagnosis:

Investigations:

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E Punchal Stenosis.

Treatment:

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Dr. Sangeeta : 10:00 A.M. - 01:00 P.M. (Mon, Tues, Wed, Fri)
Dr. Mohit Khattri: 1.00 - 3.00 P.M. (Mon. - Sat.)

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Dr. Rajan Bhargava

M.S. (ENT) AIIMS D.L.O. (London), FACS Reg. No.: 7557 MCI

CIN No.: U85110UP1987PLC008792

REGENCY CITY CLINIC



10:00 AM - 12:00 PM (Wed)

Lum Luga Date: / Time: Age/Gender: Patient Name: Known Allergy Ref. by: UHID: P/H: 12 AM Diagnosis: **Chief Complaints** Nutritional Advice: Investigations: Treatment: (Preventive aspects with food and drug interaction) O/E Ear hinion of Der Confecta Shulla for probing and Springing. A/R Oral Cavity/Throat 1/L LN Next follow up: **OPD TIMING** REGENCY HOSPITAL LTD. 11:00 AM - 2:00 PM (Mon to Sat) A-2, Sarvodaya Nagar, Kanpur 208005, India T 0512 3501111

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Department of Ophthalmology

Dr. Priyank Garg

M.B.B.S., MS (Opthalmology) Gold Medalis FNB, FICO (London), FAICO, FVRS

Eye Vitreo - Retinal Surgeon & ROP Specialist

Reg. No. UPMCI-52806 MBBS | MS-338

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		Reg. No. UPMCI-52806 MBBS MS-338
Patient Name. Mr. Swil Stryh	Age Soltsex	. UHID No.
S/D/W/O. Cla Dv. vtrad sir	Contact No	OPD No. 1+18 Pre
Initial Assessment		Date/Time 24/10/23
VN< 6198 610	loP<	Pupillary Reaction<
Investigation:	×1900 mp	LAME
Investigation:		
Right Eye the	Left Eye	P) nenr (p)
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नाम लिखवाने के लिए (For appointment) ③ 98370 56192	ETY & QUALIFY	Mext Followup :
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GSTIN. 09AAFCN4496B1ZC Nutema Pharmacy Pvt . Ltd.

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कम से कम 500 रूपये ऑर हॉस्पिटल के 5 km के दायरे के अन्दर.

Invoice No.

: 79813/23-2

Dated : 16-Nov-2023

Patient Name : SUNIL KUMAR

IPD/OPD NO

Dr. Priyank Garg

SNo	Particulars		HSN	Batch no	Expiry	OTY	ПОМ	RATE Dis	scount 0/	GST	Amount(Rs.)
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1	Carbozol plus e. d.		3004	BE2306-34	May-2025	-1	PCS	120.00	5.00	12	114.01
2	Oloplus kt e/d		3004	2358	Feb-2025	1	PCS	190.00	5.00	12	180.50
3	Trehatod e/d		3004	23DF48	May-2025	1	PCS	249.00	5.00	. 12	236.55
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Case Summary

Hospital Registration No: 82338220 Patient Name: Sun'l W. Shigh Age/Sex: 07412

Date of Examination: 01/12/2013.

Chief Complaints: ... Co - Wating tot.

Ocular Examination:

Right Eye BCVA:

Anterior Segment:

Fundus Examination:

Left Eye

Investigation: Secretar Microscopy, Syninging (BE-Paken Clinical Diagnosis: BA Fuch's Connal Agr.

Treatment Advised: ... Lansen Latively Managemen

eld CUBREX - QID,

Medical Officer

CASH RECEIPT



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R-92, Pallavpuram, Phase-2, Meerut (U.P.) 250 110 Ph.: 9719190601, 9719190602

No.	Dated 27 10 23
Received with thanks from Sur	G1 Kumar Singh
C/o Shing twkum sings	Mob. 7055754283
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₹) /000/-	M.B.B.S., M.S., Mch. Wrologist and Transplaint Surgeo Nutema Hospital Garin Road, Walley Compared Phase-II, Nutema Hospital Garin Road, Walley Compared Phase-III, Nutema Hospital Garin Road, Walley
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INVOICE CUM CASH RECEIPT

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176120529

Patient Name

Mr. SUNIL KUMAR SINGH

Age & Sex

56 year(s) / Male DR SHALEEN SHARMA MS

Ref. Doctor **Contact No**

7055754283

Date & Time

28-10-2023 09:01:49

Invoice cum Receipt no

OIDL231028033215889170

Lab No **LPL Client Code**

176120529 CC6643

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2	F014	PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL	28-10-2023 15:00	750
			Order Value: Home Collection Charges: Total Order Value :	900 0 900
			Net Payable Amount : Paid Amount :	900 900

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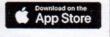
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Name

: Mr. SUNIL KUMARSINGH

Lab No.

: 176120529

Ref By

: DR SHALEEN SHARMA MS : 28/10/2023 9:01:00AM

Collected A/c Status

Collected at : FPSC MODIPURAM

Shop No.9 Vardhman Palaza, Roorkee Road C Pocket Pallavpuram Meert - 9411261452

Age Gender

: 56 Years

Male

: 28/10/2023 2:41:10PM Reported

Report Status

: Final

: LPL-MEERUT LAB Processed at

1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhapuri, Phase 2,

NH-58, Meerut, UP - 250001

Test Report

Test Name

Results

Units

Bio. Ref. Interval

URINE EXAMINATION, ROUTINE; URINE R/E, AUTOMATED

Physical

Chemical

Proteins

Glucose

Colour

Specific gravity

Ph

Pale Yellow

1.010 5.5

Pale Yellow

5.0 - 8.0

/hpf

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/hpf

Negative

Result Rechecked,

Please Correlate Clinically.

Ketones

Bilirubin Urobilinogen

Blood Leukocyte esterase

Nitrite

Ascorbic Acid

Microscopy

RBC Pus cells

Epithelial cells Calcium oxalate monohydrate crystals

Calcium oxalate dihydrate crystals Triple Phosphate crystals

Uric acid crystals Calcium Phosphate

Cystine crystals Leucine crystals

Tyrosine crystals

Present 4+(1.0 g/dL)

Negative

Negative Negative

Negative Negative

Negative

Negative

0.00 0.20 0.80

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Page 1 of 5



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Name : Mr. SUNIL KUMARSINGH

Lab No. 176120529

Ref By : DR SHALEEN SHARMA MS Collected : 28/10/2023 9:01:00AM

A/c Status : P

Collected at : FPSC MODIPURAM

Shop No.9 Vardhman Palaza,Roorkee Road C Pocket Pallavpuram Meert - 9411261452 Age : 56 Years Gender : Male

Reported : 28/10/2023 2:41:10PM

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Test	ĸe	DO	п

Test Name	Results	Units	Bio. Ref. Interval
Amorphous urates crystals	0.00	/hpf	0.0 - 0.99
Amorphous phosphate crystals	0.00	/hpf	0.0 - 0.99
Hyaline casts	0.00	/hpf	0.0 - 5.0
Hyaline-Granular casts	0.00	/hpf	0.0 - 0.99
Granular casts	0.00	/hpf	0.0 - 0.99
RBC casts	0.00	/hpf	0.0 - 0.99
WBC casts	0.00	/hpf	0.0 - 0.99
Fatty casts	0.00	/hpf	0.0 - 0.99
Waxy casts	0.00	/hpf	0.0 - 0.99
Microorganism Casts	0.00	/hpf	0.0 - 0.99
Yeast cells	0.00	/hpf	0.0 - 1.0
Bacteria Rod	0.00	/hpf	0.0 - 80 0
Bacteria cocci	8.20	/hpf	0.0 - 80.0
Mucus	6.10	/hpf	0.0 - 80.0
Others	0.00	/hpf	





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Name : Mr. SUNIL KUMAR SINGH

Lab No. : 176120529

Ref By : DR SHALEEN SHARMA MS

Collected : 28/10/2023 9:01:00AM

A/c Status : P

Collected at : FPSC MODIPURAM

Shop No.9 Vardhman Palaza,Roorkee Road C Pocket Pallaypuram Meert - 9411261452 Age : 56 Years Gender : Male

Reported : 28/10/2023 2:41:10PM

Report Status : Final

Processed at : LPL-MEERUT LAB

1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhapuri, Phase 2, NH-58, Meerut, UP - 250001

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TO (CLIA)	OTAL, SERUM		
PSA, TOTAL	0.720	ng/mL	<4.00

Note

- 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
- 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
- 3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
- 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
- 5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence of absence of disease. All values should be correlated with clinical findings and results of other investigations
- 6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
- 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
- 8. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Recommended Testing Intervals

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

Post Surgery	Frequency of testing
1st year	Every 3 months
2nd year	Every 4 months
3rd year onwards	Every 6 months



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3 Dr Lal PathLabs

Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085 Web: www.laipathiabs.com, CIN: L74899DL1995PLC065388

Name

: Mr. SUNIL KUMAR SINGH

Lab No.

: 176120529

Ref By

: DR SHALEEN SHARMA MS : 28/10/2023 9:01:00AM

Collected A/c Status

Collected at : FPSC MODIPURAM

Shop No.9 Vardhman Palaza, Roorkee Road C Pocket Pallavpuram Meert - 9411261452

Age

56 Years

Gender Male

Reported

28/10/2023 2:41:10PM

: Final Report Status

Processed at

LPL-MEERUT LAB

1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhapuri, Phase 2, NH-58, Meerut, UP - 250001

Test Report

Test Name Clinical Use

Results

Units

Bio. Ref. Interval

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree
- Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate

Increased Levels

- Prostate cancer
- Benign Prostatic Hyperplasia
- **Prostatitis**
- Genitourinary infections

Ankit Join.

Dr Ankit Jain MD, Pathology Chief of Laboratory Dr Lal PathLabs Ltd Dr Abhinay Sharma MBBS,MD Pathology

Consultant Pathologist

Dr Lal PathLabs Ltd

MBBS,MD (Biochem

Consultant Biochemist Dr Lal PathLabs Ltd

Dr Lal PathLabs Ltd

End of report





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Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085 Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

Name : Mr. SUNIL KUMAR SINGH

Lab No. : 176120529

Ref By : DR SPALEEN SHARMA MS Collected : 28/10/2023 9:01:00AM

A/c Status : P

Collected at : FPSC MODIPURAM

Shop No.9 Vardhman Palaza,Roorkee Road C Pocket Pallavpuram Meert - 9411261452 Age : 56 Years Gender : Male

Reported : 28/10/2023 2:41:10PM

Report Status

Processed at : LPL-MEERUT LAB

1st Floor, Hall No. 101, 1st Floor of Shree Ram Commercial Complex, Shraddhapuri, Phase 2, NH-58, Meerut, UP - 250001



Test Name Results Units Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.

*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes.*This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.*The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com



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GSTIN. 09AAFCN4496B1ZC Nutema Pharmacy Pvt . Ltd.

CASH

ऑनलाइन दर्वाई मंगवाने के लिए इस न० पर पर्चा Whatsapp करे

7055444445

कम से कम **500** रूपये ऑर हॉस्पिटल के 5 km के दायरे के अन्दर.

Invoice No.

: 79814/23-2

Dated : 16-Nov-2023

Patient Name : SUNIL SINGH

IPD/OPD NO

								or. Shaleen Sharma/ Dr. S					
SNo	Particulars		HSN	Batch no	Expiry	QTY	иом	RATE DI	scount %	GST	Amount(Rs.)		
1	Urimax-0.4 cap 15		3004	BA30775	Jun-2025				5.00	12	797.86		
2		ROUND OFF				0		0.14	UB TOTAL		797.86		

SUB TOTAL

(+/-) NET AMOUNT PAYABLE

798.00

839.85

Concession / 59 d

RUPEES SEVEN HUNDRED NINETY EIGHT ONLY Sale @12 =712.38 , SGST=42.74 , CGST=42.74

Print Time : 3:11:21PM

बिना बिल के दवाईया वापिस नहीं होंगी

Authorised Signature

Signature

798.00

MOHIT ROY

Patient Name

MR.Sunil kumar

56/M Age/Sex

Reg. ID.

27/10/2023 Date

Referred By

Sett Mulema Hospital

ULTRASOUND OF KUB region

RIGHT KIDNEY - is normal in size (10x4.2 cm), shape and position. It shows homogenous echotexture. Corticomedullary differentiation is maintained. It shows normal cortical/parenchymal thickness. There is no evidence of any calculus or no backpressure changes seen. No evidence of any mass seen.

LEFT KIDNEY - is normal in size (11.5x4.7 cm)., shape and position. It shows homogenous echotexture. Corticomedullary differentiation is maintained. It shows normal cortical/parenchymal thickness. TThere are fews renal concretions noted in midpole and lower pole region .Largest measuring 5.3mm in mid pole .

URINARY BLADDER-is physiologically distended. Lumen is echofree. No mural or intraluminal pathology. No intraluminal calculus is seen.

Pre-void urine- 191.8 cc. Post Void urine- 15 cc

PROSTATE: is enlarged in size, however normal in shape and echotexture (3x3.5x2.5cm) (37 cc).

No free fluid seen in peritoneal cavity.

IMPRESSION: Prostatomegaly with minimal residual post void urine.

Adv- Serum PSA

Note: (1) This report is a professional opinion based on imaging findings. NOT valid for medico-legal purpose. (2) In case of any discrepancy due to machine error or typing error please get it rectified immediately

Please correlate clinically.

DR. SWETA KUMARI M.B.B.S, MD

Reg no- 105185

r. Shaleen Sharma M.B.B.S, M.S, Mch.

Urologist and Transplant Surgeon Notema Hospital Garh Road, Meerut U.P. UPMCI. 43051 MRT.

