

Patient Name	: Mr. Sunil Kumar Singh	Patient UHID	: MM02407258
Age	: 55Y	Gender	: Male
Admission Date	: 02/11/2022 13:48	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 19410893
Consultant Incharge	: Dr Rajesh Puri	Specialty	: Gastroenterology
Location	: 15th Floor B2B3	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 ^{7 AM}
- Tablet AMARYL 1mg twice daily 10 AM - 10 PM
- Tablet GLYCOMET 500mg twice daily 10 - 10
- Tablet RIFAGUT 400mg twice daily for 2 days 10 - 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 8 AM - 8 PM
- ✓ Capsule MYORIL 8 mg twice daily for 3 days 10 - 10
- ✓ Syrup SPARACID - O 10ml thrice daily before food for 10 days 1 - 1 - 1
- ALEX LOZENGES twice daily for 2 days 10 - 10
- BETADINE Gargles (2 teaspoon) rinse thrice daily for 3 days 1 - 1 - 1
- THROMOPHOB Ointment twice daily for local application for 5 days 1 - 1
- VOLINI SPRAY thrice daily (on neck) for 5 days 1 - 1 - 1

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)

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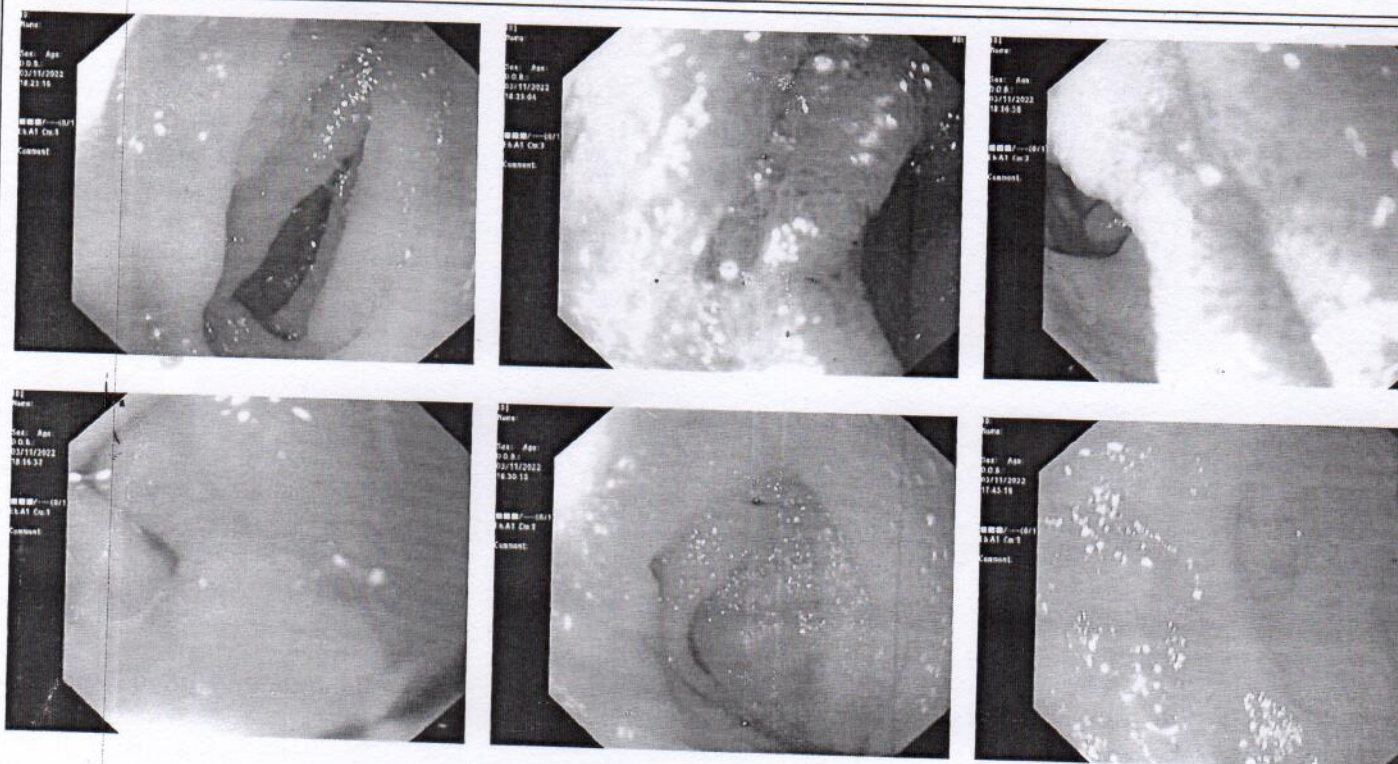


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 DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY
 SECTOR - 38, GURGAON HARYANA - 122001 (INDIA)
 Ph NO.- 0124 4141414

Patient Name: Mr. Sunil Kumar Singh
 UHID: MM02407258
 Encounter No.: 19410893

Age/Sex: 55/M

Ref By: Dr Rajesh Puri
 Date: 03-11-2022 04:05:00 PM
 Procedure: SBE antegrade



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. R. SUD DR. A. S. PURI DR. R. 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

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Dr. Prashant Solanki

M.D., D.M.

Senior Consultant Gastroenterologist

Therapeutic Endoscopist

Formerly at :

- GB Pant Hospital, N. Delhi
- SGPGI, Lucknow
- Sir Ganga Ram Hospital, N. Delhi

Date: 27/10/22

INVESTIGATION

- Mantoux Test
- CBC / Hemogram
- Urine ^R_{M/E} & C/S
- Bld Sugar F, PP, HBA1C
- Bld Urea / S. Creatinine
- S. Bilirubin ^T_D ✓
- SGPT / SGOT ✓
- S. Alk. Phosphatase ✓
- PT with Control ✓
- S. Albumin ✓
- T3, T4, TSH
- Lipid Profile ✓
- S. Uric Acid
- S. Na⁺ / K⁺ / Ca²⁺ ✓
- HBs Ag / Anti HCV / HIV 1&2
- S. Amylase, S. Lipase
- USG ABD / CECT
- CxR-PA view
- X-ray Abd Erect
- UGI Endoscopy
- Colonoscopy
- ERCP
- EUS / FNAC
- Fibro Scan
- HBV DNA Quantitative
- HCV RNA Quantitative
- HCV Genotype
- Wt. Kg.
- PR Mt.
- BP MMHG
- SPO₂

~~Mr. Smit Kumar Singh~~
 Mr. Smit Kumar Singh
 55y/m
 Hc T2DM, RA, FLD
 hyperlipidemic
 Actv

ref specimen from higher center
 (AIIMS New Delhi / Medanta Medcity Gurgaon)
 May need - capsule endoscopy for small bowel.

- DBE both antegrade & retrograde

- LAE & ileoscopy.

- Bp from affected area in small bowel slope away

check mass in jejunum
 thickened mucosa in retrograde
 refer

LT7-N

kg

Referral to Gastroenterologist for Fibroscan.
 - Rifal 400 1kg
 - Cal NIZONIDE 500 & B1
 - Ceftaz 200 1B1

Continue to diabetes

In Emergency / Visiting Consultant Gastroenterologist

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Jagrati Vihar, Opp. Medical College, Gate No. 1, Meerut

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फोन पर नाम लिखवाने के लिए
 10:00 से 12:00 बजे के बीच फोन करें।

Ph.: 0121-2603166, 9997756918

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 दिये बदला या कैंसिल भी किया जा सकता है।

SUNDAY CLOSED (रविवार अवकाश)

CLINIC

डी-4, सम्राट पैलेस
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 गढ़ रोड, मेरठ।

क्लीनिक खुलने का समय : 9 बजे से 6 बजे तक

डॉ० साहब के बैठने का समय : 11 बजे से 6 बजे तक

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: Mr Sunil Kumar Singh
 Age: _____
 UHID: _____ Sex: _____

Chief Complaint:

- NIDDA Diagnosis:

History of Present illness/ Medical History:

40-50
 - TB

Past History:

Family History:

Plaw

Co-Morbidity:

Diarrhoea CT film

H/O Allergy:

- HR CT chest

Medical H/D:

- man tur turt
 - Quanch fosen TB gold

Current Medication:

Physical Examination:

Agues

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 ←
 by

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JCI certificate
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Department of Laboratory Medicine - HISTOPATHOLOGY**GI Endoscopic Biopsy 1 Container- HPE with IHC/Special Stains if needed**

Biopsy Number: B/19427/22

Histopathology Report

SPECIMEN: 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.

Grossed By: Dr. Swastika

Transcribed By: Ziauddin

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



Department of Laboratory Medicine - HISTOPATHOLOGY

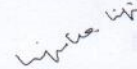
Please Note

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: GI 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*



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Discharge Summary

Patient Name	: Mr. Sunil Kumar Singh	Patient UHID	: MM02407258
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Admission Date	: 02/11/2022 13:48	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 19410893
Consultant Incharge	: Dr Rajesh Puri	Specialty	: Gastroenterology
Location	: 15th Floor B2B3	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)
Ileocejunal 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
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- 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))

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Dr. Abhishek Kathuria
MBBS, MD (Medicine), DM (Gastroenterology)
Consultant-Gastroenterology
Medanta Institute of Digestive and Hepatobiliary Sciences
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Location	: 15th Floor B2B3	Bed No	: 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 : Injection PANTOCID, Injection PERINORM, Injection TRAMADOL

Procedure/Surgery

: - 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 duodenum shows few erosions. No immediate post procedure complications.
 Conclusions :- Ileojunal ulcers ?inflammatory ?infective.

Gastro-Intestinal Surgery / Procedure : No *

Condition at Discharge

: Stable.

INVESTIGATIONS

Laboratory : 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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 R-3, No. HM-054591, PNC-3125

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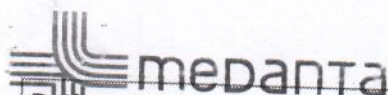
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Consultant Incharge	: Dr Rajesh Puri	Specialty	: Gastroenterology
Location	: 15th Floor B2B3	Bed No	: 4404

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 : 78 /min
Blood Pressure(mmHg) : 120/80
Respiratory rate : 20 /min
Respiratory : Air entry equal bilaterally
Per Abdomen : Soft and non-tender
Cardio Vascular System : S1, S2 normal

Allergies

ALLOPATHIC MEDICATION

Course in Hospital

Patient was admitted with above mentioned complaints for which relevant investigations were done which showed Hemoglobin- 14.2 gm/dl, White blood cells- 7.81×10^3 , 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; however, he was not willing for the same.

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(CN 36292)

Certification No
H-2011-0073

Certification No
MC 2746

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Consultant Incharge	: Dr Rajesh Puri	Specialty	: Gastroenterology
Location	: 15th Floor B2B3	Bed No	: 4404

PHYSICIAN ASSISTANT - 8219255182 (For Dr Randhir Sud)

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

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FOR EMERGENCY AND AMBULANCE PLEASE CONTACT: 1068.

Summary prepared by (MT):

Consultant Dr Rajesh Puri **Phone No** 9811638338/9999411125/8700747406

Sr. Resident Dr. Hitesh **Phone No** 7984434399

Signature

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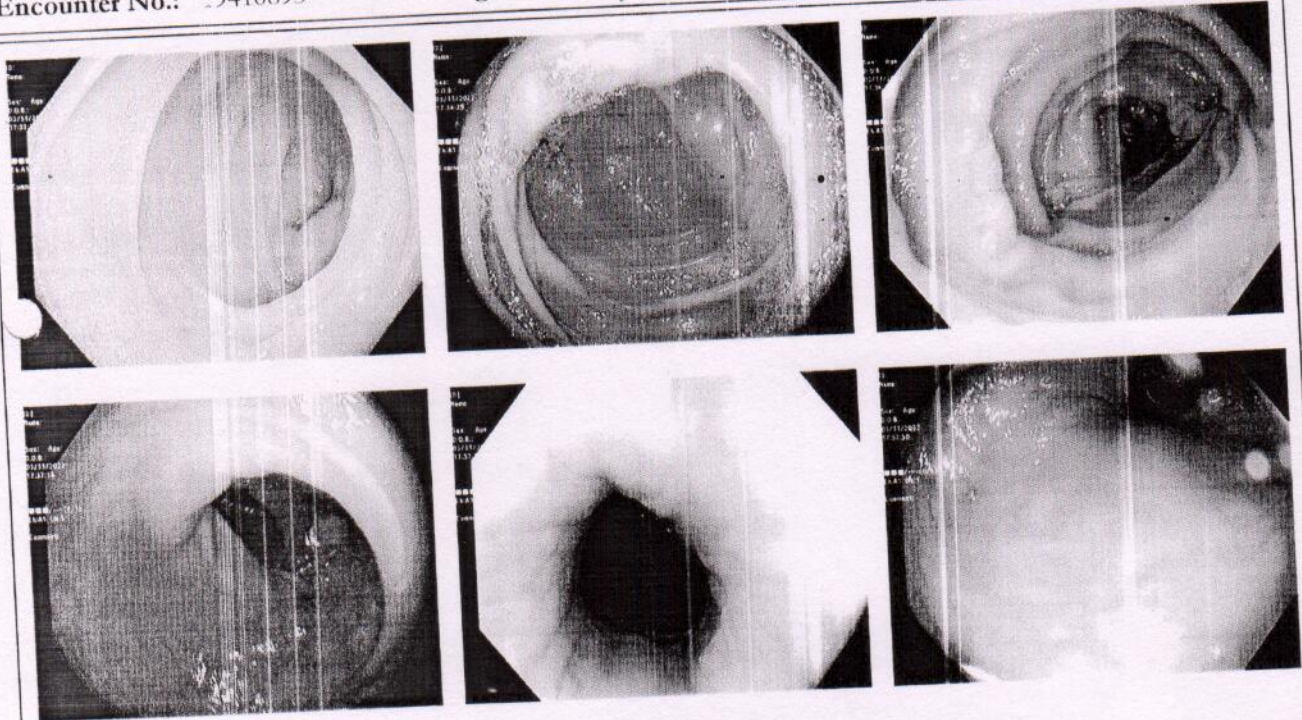


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DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY
SECTOR - 38, GURGAON HARYANA - 122001 (INDIA)
Ph NO.- 0124 4141414

Patient Name: Mr. Sunil Kumar Singh
UHID: MM02407258
Encounter No.: 19410893

Age/Sex: 55/M

Ref By: Dr Rajesh Puri
Date: 03-11-2022 04:04:00 PM
Procedure: COLONOSCOPY



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.

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

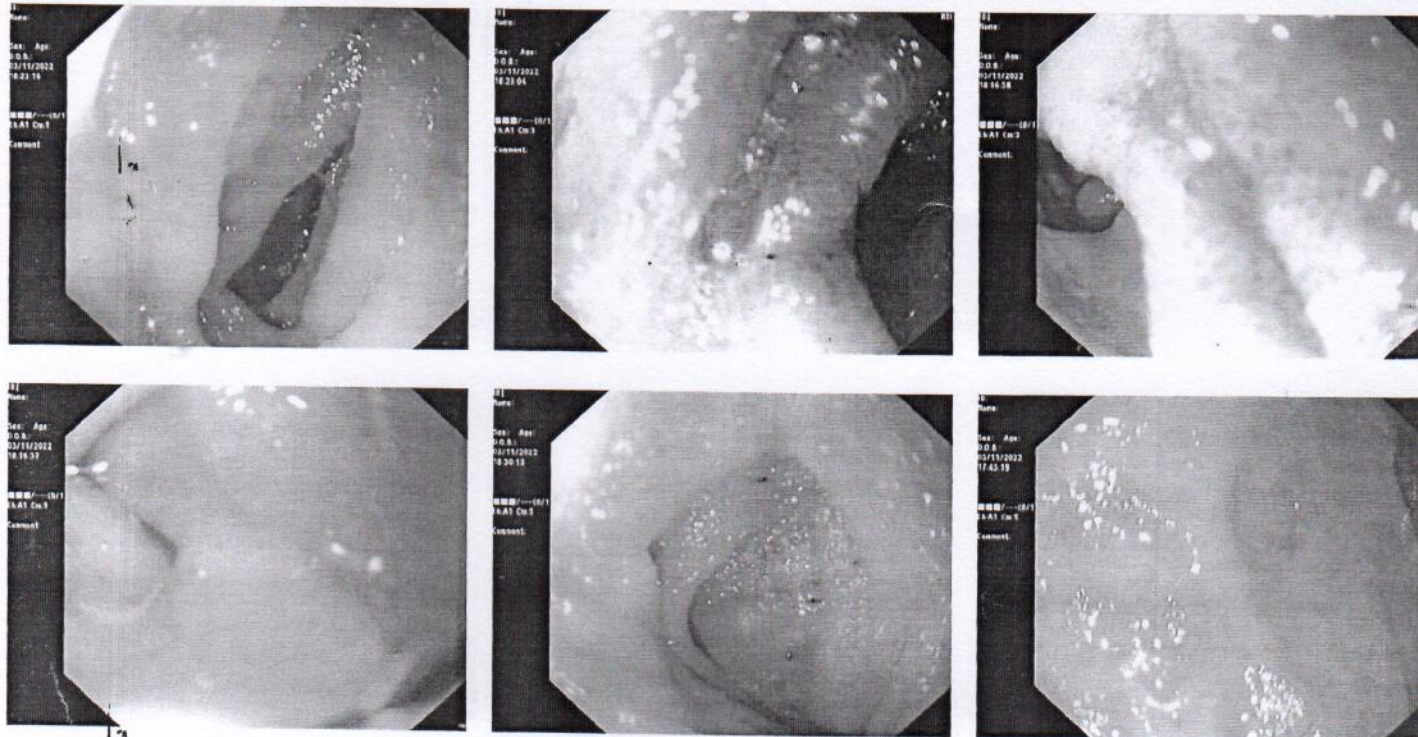
Please follow post procedure instructions given
Prepared by - TZ (Time - 4:48pm)

DR. R.SUD DR. A. S. PURI DR. R. 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

Patient Name: Mr. Sunil Kumar Singh
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Encounter No.: 19410893

Age/Sex: 55/M

Ref By: Dr Rajesh Puri
Date: 03-11-2022 04:05:00 PM
Procedure: SBE antegrade



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. R.SUD DR. A. S. PURI DR. R.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



Patient Name	Mr. Sunil Kumar Singh	Age/sex	55 Yrs/ M	Date	October 26, 2022
Referred by	Dr. Malay Sharma, DM	Slip No	17955	Films	04

(Identity of the patient 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 CT-scanner 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.

Dr. Akhil Sharma
Dr. Akhil Sharma
MD (Consultant Radiologist)

Dr. Hemant Aggarwal DMRD	Dr. Prakash Chandra Datta DMRD, DMAB	Dr. Suresh Chandra DMRD, DMAB	Dr. Harsh Mehta DMRD	Dr. K. K. Gupta DMRD
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B.S. Tomar
Contd...2



Om Imaging & Diagnostic Centre Pvt. Ltd

E.K. Road, Adjacent Meghdoot Cinema, Meerut - 250 002 • Phones : (0121) 2664277 • 94122 25847

2

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

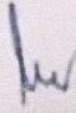
IMPRESSION: CT findings suggestive of:

- Homogeneously enhancing mildly thickened small bowel loops predominantly involving jejunal & ileal loops on post contrast study.
- Mild homogeneously enhancing mucosal thickening in recto-sigmoid & 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. Hemant Agarwal DMRD	Dr. Prayanshu Dixit DMRD, DNB	Dr. Smita Garg MBBS, FAI	Dr. Harish Mittal DMRD	Dr. K. K. Gupta DMRD
----------------------------	----------------------------------	-----------------------------	---------------------------	-------------------------

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.

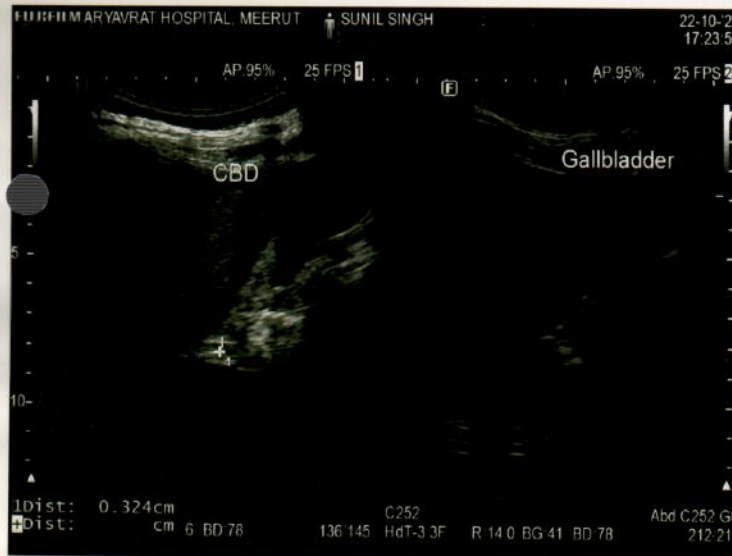
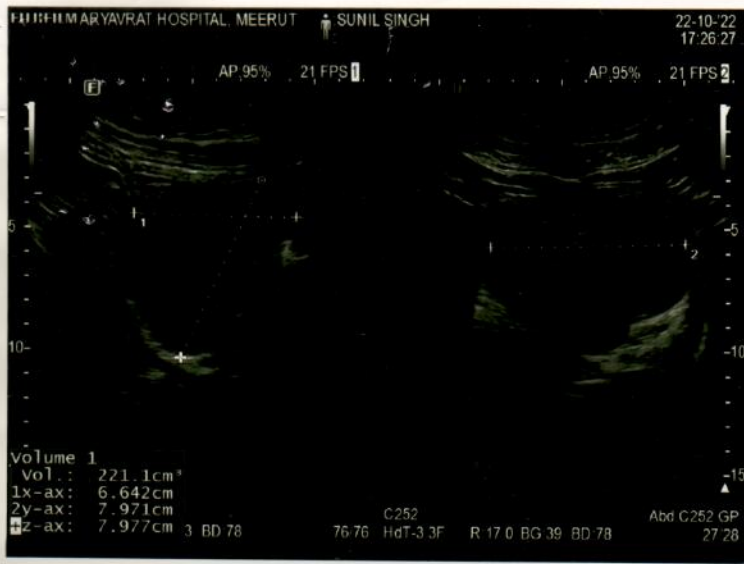
There is a segment of concentric wall thickening in a Bowel Loop extending obliquely along the right upper abdomen. There is associated focal dilatation of a bowel loop proximal to it, the dilatation measures 2.6 cm in diameter.

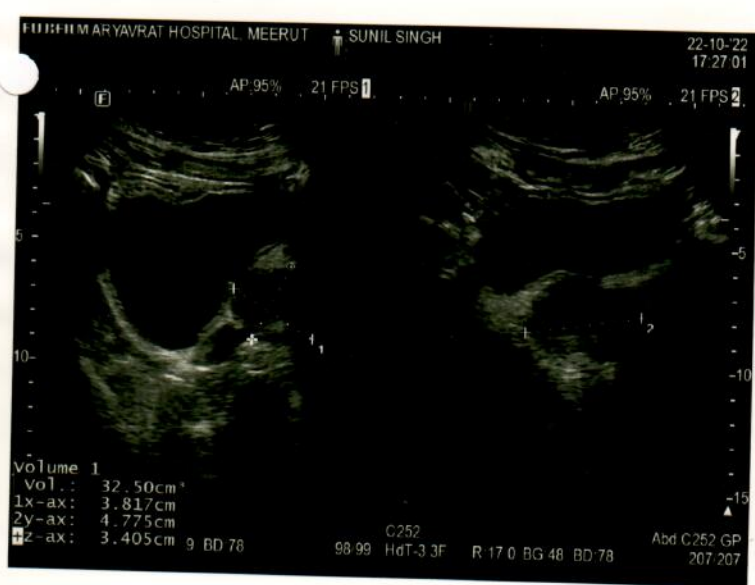
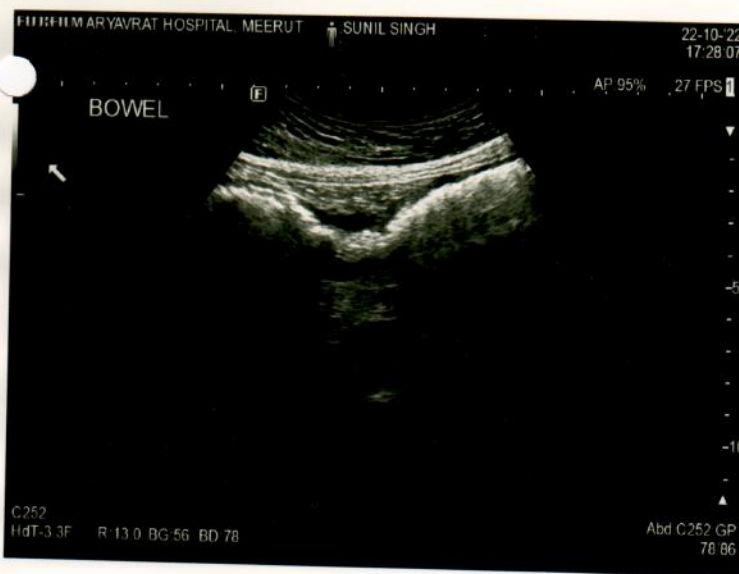
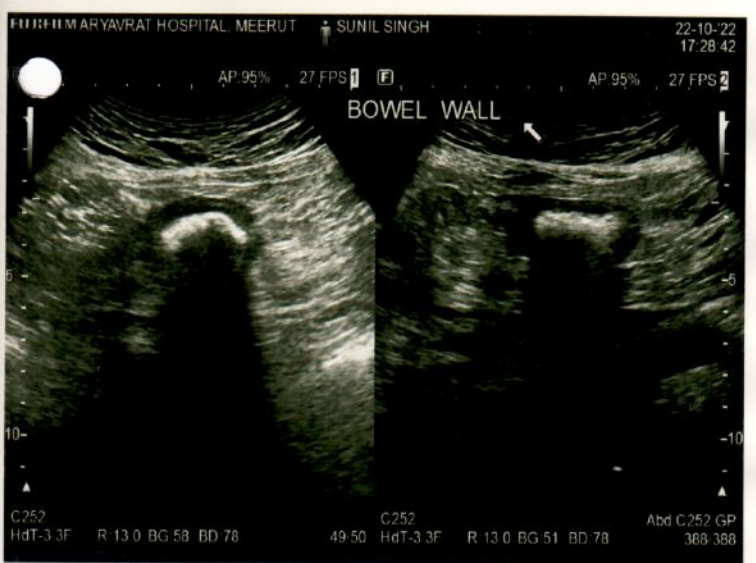
IMPRESSION :- Mild hepatomegaly with fatty hepatic infiltration.
- A segment of bowel showing concentric wall thickening in right upper abdomen with mild focal obstruction (? small bowel or ?? mid transverse colon).

Please correlate clinically and with other investigations.



DR. AMIT PATHAK
DMRD







MRS K. FAAL

15 MAR 2023

6615



DOMINANT PROBLEMS:

vague pain
abdom
colic
audible gurgles
no
GI upset

DIET ↑
LIFE-STYLE →
NEXT VISIT ↓

antegrade
intensions

NOV 22
bleed/leakage
ulcers

300
NO coagulopathy

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

Adv
TAB Mexicem 40
TAB Spasmodic
0200
TAB Artemizol
0200
cap USG-30

TAB FOLIC



Dr. Sangeeta Shukla

M.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.
Vitreous Retinal Surgeon
Regn. No. : 50398 MC-UP

9335924988

OPHTHALMOLOGY UNIT

Patient Name: Mr. Sunil Singh

Age/Gender :

Date: / Time : 11/12/23

UHID:

Ref. by:

Known Allergy :

VA <

History & Chief Complaints :

Diagnosis :

Investigations :

NV

IOP

Allergic conjunctivitis
E Punctal Stenosis.

Treatment :

Adv:

Punctal Dilatation done.

E.d LOTE PRED - T
o o o

E.d ECOMDIST ULTRA | BEC
o o o
or Systane Ultra.

x 15 days

Indim.

Cap. EVION - - x 3 months

Facilities Available :

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- NCT, AT
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(Mon, Tues, Wed, Fri)

Dr. Mohit Khattri: 1.00 - 3.00 P.M. (Mon. - Sat.)

एमजेन्सी में रीजेन्सी अस्पताल सम्पर्क करें 0512-3501111 (Ext. - 1281) (अपना पुराना पर्चा साथ लाएं)

Dr. Rajan Bhargava

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



Patient Name: Mr. Sunil Singh

Age/Gender :

Date: / Time : 11/12/23

UHID:

Ref. by:

Known Allergy :

Chief Complaints

Ac Epiphora

Diagnosis :

P/H : T2AM

Investigations :

Nutritional Advice :

Treatment :
(Preventive aspects with food and drug interaction)

Adv: opinion of Dr. Sanjeeta Shukla for probing and syringing.

O/E
Ear

TW

A/R



Oral Cavity/Throat



I/L

LN

Next follow up :

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CIN No. : U85110UP1987PLC008792

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

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Department of Ophthalmology

Dr. Priyank Garg

M.B.B.S., MS (Ophthalmology) Gold Medalist
FNB, FICO (London), FAICO, FVRS

Eye Vitreo - Retinal Surgeon & ROP Specialist

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

Patient Name: Mr. Sunil Singh Age: 58/M Sex: M

UHID No.

S/D/W/O: Dr. Vinod Sir Contact No.

OPD No. 1+18 Free

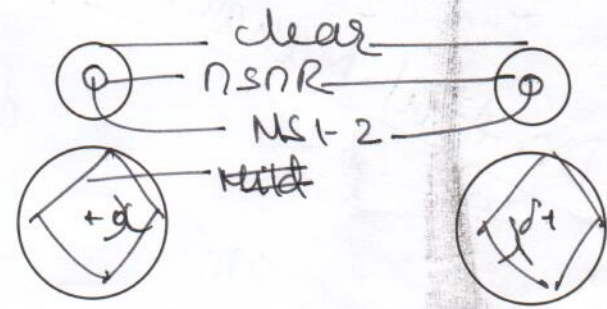
Initial Assessment

Date/Time: 24/10/23

VN<	6/9 6/6 6/6	loP<	19.0 19.0 mm	Pupillary Reaction<	MR
-----	-------------------	------	-----------------	---------------------	----

Investigation:

	Right Eye	Left Eye
Distance	$\pm 1 + 1.50 \times 180$ 6/6	$\pm 1 + 1.50 \times 180$ 6/6
Near	Add + 2.0 Dsch MR	



Bas. Mild NPMR

clo H/O watery LEX RE

H/O DM + 15 yrs
+ clo H/O discharge

Biomech done
Advise Toric lens

Syngis
forcefully open
Repeat syngis after 1 week

Rx - Syngis ultra eye drops

- change glass.

- Review after 3 weeks

नाम लिखवाने के लिए (For appointment)

98370 56192

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11 am to 3 pm



H-2022-1072

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Saturday & Sunday Off

27/10/23

Surgery BS

Milate BS

Syngit *Forcefully open patient*

Rp

- DCR Surgery

RS

- Carbazol Plus eye drops

○○○○○

- Doflus-kt eye drops

○○

- Trechated / Mardolost ultra eye

drops

○○○○○





Dr. B. K. Jain

Director & Trustee

E- Mail: drbkjain@sadgurustrust.org

Dr. Alok Sen

Medical Superintendent

E- Mail: draloksen@gmail.com

Dr. Elesh Jain

Administrator

E- Mail: drelesh@sadgurustrust.org

General Ophthalmology

Dr. Anjaneya P. Agashe

Children's Eye Care Centre

Dr. Pradhya Sen (HOD)

Dr. Elesh Jain

Dr. Amit Mohan

Dr. Chintan Shah

Dr. Easha Ramawat

Cornea & Refractive Surgery:

Dr. Gautam Singh Parmar (HOD)

Dr. Ashok Kumar

Dr. Sharmila Jamwar

Glaucoma:

Dr. Rakesh Shakya (HOD)

Dr. Navjot Singh Ahluwalia

Oculoplasty:

Dr. Narendra Patidar (HOD)

Retina:

Dr. Alok Sen (HOD)

Dr. Shubhi Tripathi

Dr. Sachin B. Shetty

Dr. Pradeep Tekwani

Dr. Tina Agrawal

Dr. Vrusali D. Athavale

Dr. Gaurav Mohan Kohli

Dr. Pratik Shenoy

Cataract IOL Clinic:

Dr. Rajesh Joshi (HOD)

Dr. Asheesh Bajaj

Dr. Devendra Ku. Sharma

Dr. Aniruddha Nimbhorkar

Centre for Community

Ophthalmology:

Dr. Elesh Jain

Mr. Subeesh Kuyyadiyil

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Prof. A.K. Grover, New Delhi

Dr. Ranjit Maniar, Mumbai

Dr. Rajiv Raman, Chennai

Dr. Ramesh R. Shah, USA

Dr. Jitendra J. Toliya, UK

Case Summary

Hospital Registration No: 82338220

Patient Name: Sumil K. Singh

Age/Sex: 56/M
01/12/2013

Date of Examination: 01/12/2013

Chief Complaints: 40-45 years (me)

Ocular Examination:

	Right Eye	Left Eye
BCVA:	<u>6/6</u>	<u>6/6</u>
Anterior Segment:	<u>Normal</u>	<u>Normal</u>
Fundus Examination:	<u>N.N.L</u>	<u>N.N.L</u>

Investigation : Slit Lamp Microscopy, Syringing (Be-Pakent)

Clinical Diagnosis: Ch. Fuchs's Corneal Dystrophy

Treatment Advised: Conservative Management

1/d. VOREX - QID/oc

Medical Officer



CASH RECEIPT

A.V. MEDICAL CENTER

R-92, Pallavpuram, Phase-2, Meerut (U.P.) 250 110

Ph. : 9719190601, 9719190602

No.

552

Dated

27/10/23

Received with thanks from

Sunil Kumar Singh

C/o

Shri Hukum Singh

Mob.

7055754283

Address

A-91 Pallav puram phase -2

the sum of Rupees

US\$ for KUV

for

One thousands rupees only



1000/-

Cheque / D.D. subject to realisation.

Dr. Shaleen Sharma

M.B.B.S, M.S, Mch.

Urologist and Transplant Surgeon

A.V. MEDICAL CENTRE
Nutema Hospital Garh Road, Meerut, U.P. Phase-II,

Reg. No.-UPMCI. 43051000

Auth. Signatory



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आरोग्यम् सुख सम्पदा

Department of Urology

Dr. Shaleen Sharma

M.B.B.S., M.S., MCh (Urology)

MD

Urologist, Andrologist & Kidney Transplant Surgeon

Reg. No. MCI-4305

27/10/23

Shri Sunil Singh Ji 54

W.C. frequency. flow good
morning.
nocturia. - 2.

urine.
- 2 months
- significant
risk.

AM - 15 yrs

PIR. us II Prast.

Sm. cul

T Maxroid 5 - HS. 100caps

37gm 15/19/1

USG. KUB region & PIR.

KIM.

used

SPSA

us flow metkey

350/13/7

12-5
mon
fri

T Maxroid. plus
HS.

15 caps



DR. SHALEEN SHARMA

नाम लिखवाने के लिए (For appointment)

73512 22234

मरीज को देखने का समय (OPD Timings)

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Emergency Number : 84453 98112

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H-2022-1072

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Department of Urology

Dr. Shaleen Sharma

M.B.B.S., M.S., MCh (Urology)

Urologist, Andrologist & Kidney Transplant Surgeon

Reg. No. MCI-4303

15.11.23

Shri Sunil Singh ji

M.S.

had problems & stadosis
flow better & uricase

SPCA 172

By

cup uricase .4mg H.S

→ 2manit

1
S...

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☎ 73512 22234

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Saturday & Sunday

Patient Name : MR.Sunil kumar

Age/Sex : 56/M

Reg. ID. :

Date : 27/10/2023

Referred By : ~~Self~~ Nufema 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. There are few 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.

Sweta
DR. SWETA KUMARI
M.B.B.S, MD
Reg no- 105185

Shaleen Sharma
Dr. Shaleen Sharma
M.B.B.S, M.S, Mch.
Urologist and Transplant Surgeon
Nufema Hospital Garh Road, Meerut U.P.
No. UPMCI. 43051 MRT.

