

ANNEXURE-2

हार्ट एण्ड डायबिटीज केयर क्लिनिक

डॉ. लीना चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg No. MP-186

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

मेडिकल ऑफीसर :

► State Bank of India

पूर्व चिकित्सक :

- जबलपुर हॉस्पिटल एवं रिसर्च सेन्टर, जबलपुर (म.प्र.)
- कस्तूरबा हॉस्पिटल, दिल्ली
- जी. आर. मेडिकल कॉलेज, ग्वालियर (म.प्र.)



डॉ. नगेन्द्र सिंह चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg No. MCL-15814

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

क्लिनिक :

ए.के. कॉम्प्लेक्स
लक्ष्मी पैलेस के पास
होटल ग्रीन डीलक्स के बराबर
सिकन्दरा-बोदला रोड, आगरा

सुविधाएँ :

- इकोकार्डियोग्राफी, कलर डॉपलर
- होल्टर मॉनिटरिंग
- ई.सी.जी. (ECG)
- पल्मोनरी फंक्शन टेस्ट (PFT)
- नेबूलाइजेशन।
- ब्लड शुगर की जाँच (ग्लूकोमीटर द्वारा)।
- Bi.PEP

Investigation (जाँचें)

F 147.9
BP 151.8

Ebc 2.58
urine
Cip-d Pumble
F 1.54

LF 1.054

Helpline No.:

0562-2969019
09027076765

NAME: Mr P. K Tyagi

Date: 15/5/14

D. Om Kope

Cough
L...
7-67

Rx

Tab

Vobose 0.2
jant 4 er

BE
-80

Tab.

Caly comest
15 Mln 2

CP 830
3
4 er

cup

Rabon

DSR 4

cup

Insulin plus

plus

D-3

Estro

Sachet

twice a

Tab

Udlin

3mg

रविवार सायंकाल अवकाश

NOT VALID FOR MEDICO LEGAL PURPOSE

17/5/14

डॉ. नगेन्द्र सिंह चौहान

डॉ. लीना चौहान

प्रातः : 10:00 से 2:00 बजे तक
सांय : 06:00 से 8:30 बजे तक

परामर्श समय

प्रातः : 10:00 से 12:30 बजे तक
सांय : 06:00 से 07:15 बजे तक

4.3.14.

R₂

Cap Rabium DSR 40

Tab Ulisuntin M₃ forte 80
80

Tab Amisron 2R 60 80
80

Tab Pramidalen 50 25

Tab Mognar 25 80 2 15 f
80
180

Cap Myelogen forte 40

D₃ Estro Sachet once
a wk

10/4/14
E 212
PR-273



6/18/19

R

Tab omeprazole 1/2 80

of

Tab Trandolapril LP 2 80

Tab Amlodipine 2 80

Tab Metoprolol 25 80

of 5 of

cap Rabeprazole DS 20

Tab Udoctin 200 20

cap Fingolimod plus 20

D3 Estrone powder

of

हार्ट एण्ड डायबिटीज केयर क्लिनिक

लीना चौहान

बी.एस., एम.डी. (मेडीसिन)
Reg. No. MP-186

शेयन एवं कार्डियो-डाइबिटोलोजिस्ट
फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
ईसाइड रोग विशेषज्ञ

एल ऑफिसर :
State Bank of India
चिकित्सक :

जबलपुर हॉस्पिटल एवं रिसर्च सेन्टर, जबलपुर (म.प्र.)
कस्तूरबा हॉस्पिटल, दिल्ली
जी. आर. मेडीकल कॉलेज, ग्वालियर (म.प्र.)



डॉ. नगेन्द्र सिंह चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg. No. MCI-15814

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

क्लिनिक :
ए.के. कॉम्प्लैक्स
लक्ष्मी पैलेस के पास
होटल ग्रीन डीलक्स के बराबर
सिकन्दरा-बोदला रोड, आगरा

विधाएँ :

कोकार्डियोग्राफी, कलर डॉपलर
इन्टर मॉनिटरिंग
सी.जी. (ECG)
एल्मोनरी फंक्शन टेस्ट (PFT)
ग्लूकोजेशन।
ब्लड शुगर की जाँच
(ग्लूकोमीटर द्वारा)।
Ei.PEP

Investigation (जाँचें)

Handwritten signature/initials

NAME Mr P. K. Tyagi

Date 11.6.14

Handwritten notes:
A
R
glycosylated - 850
breakdown
Mg 2.5
D. micron R R
lunch 4:00
Placid 2115
cup Nespr RD 40
gub UDLN 3w

Helpline No.:

0562-2969019
09027076765

रविवार सायंकाल अवकाश

NOT VALID FOR MEDICO LEGAL PURPOSE

डा. लीना चौहान

प्रातः : 10:00 से 2:00 बजे तक

परामर्श समय

डा. नगेन्द्र सिंह चौहान

प्रातः : 10:00 से 12:30 बजे तक
सायं : 06:00 से 07:15 बजे तक

17.8.14

hr

Tab Alumen auf 3 fute - 80
Zeit 15 Minuten

Tab Alzod (ai) - 80
80

Tab Mignen 25 - 80
80

Tab Udele 3w 80

10d

Tab Prathiden 50 80
80

Tab Insulin phr 80
80

Tab Mikac 50 80

Tab BCIN 2w 80
Tab Melhys 2w 80

34

8

हार्ट एण्ड डायबिटीज केयर क्लिनिक

डॉ. लीना चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg. No. MP-186

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

मेडिकल ऑफिसर :

► State Bank of India

पूर्व चिकित्सक :

- जबलपुर हॉस्पिटल एवं रिसर्च सेन्टर, जबलपुर (म.प्र.)
- कस्तूरबा हॉस्पिटल, दिल्ली
- जी. आर. मेडीकल कॉलेज, ग्वालियर (म.प्र.)



डॉ. नगेन्द्र सिंह चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg. No. MCI-15814

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

क्लिनिक :

ए.के. कॉम्प्लैक्स
लक्ष्मी पैलेस के पास
होटल ग्रीन डीलक्स के बराबर
सिकन्दरा-बोदला रोड, आगरा

Date: 29.6.14

सुविधाएँ :

- इकोकार्डियोग्राफी, कलर डॉपलर
- होल्टर मॉनिटरिंग
- ई.सी.जी. (ECG)
- पल्मोनरी फंक्शन टेस्ट (PFT)
- नेबूलाइजेशन।
- ब्लड शुगर की जाँच (ग्लूकोमीटर द्वारा)।
- Bi.PEP

Investigation (जाँचें)

120

176

2-9-14

F - 109
P - 211

3-4-14

F - 138

BP - 192

NAME: Mr. P. K. Tyagi

△ One type □

Rx

Cap. Rabicam DSR

Tab. Alambion MF-3

Tab. Divinon 2R 60

Tab. Praxidol 50

Cap. Myeloge

Cap. Eutelepenin bottle.

Tab. Mgwan 25

Helpline No.:

0562-2969019
09027076765

रविवार सायंकाल अवकाश

NOT VALID FOR MEDICO LEGAL PURPOSE

डा. लीना चौहान

प्रातः : 10:00 से 2:00 बजे तक
सायं : 06:00 से 8:30 बजे तक

परामर्श समय

डा. नगेन्द्र सिंह चौहान

प्रातः : 10:00 से 12:30 बजे तक
सायं : 06:00 से 07:15 बजे तक

हार्ट एण्ड डायबिटीज केयर क्लिनिक

डॉ. लीना चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
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फिजिशियन एवं कार्डियो-डाइविटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

मेडिकल ऑफीसर :

► State Bank of India

पूर्व चिकित्सक :

► जबलपुर हॉस्पिटल एवं रिसर्च सेन्टर, जबलपुर (म.प्र.)

► कस्तूरबा हॉस्पिटल, दिल्ली

► जी. आर. मेडीकल कॉलेज, ग्वालियर (म.प्र.)



डॉ. नगेन्द्र सिंह चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg No. MCI-15814

फिजिशियन एवं कार्डियो-डाइविटोलोजिस्ट
हृदय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
एवं थाईराइड रोग विशेषज्ञ

क्लिनिक :

ए.के. कॉम्प्लेक्स

लक्ष्मी पैलेस के पास

होटल ग्रीन डीलक्स के बराबर

सिकन्दरा-बोदला रोड, आगरा

सुविधाएँ :

- इकोकार्डियोग्राफी, कलर डॉपलर
- होल्टर मॉनिटरिंग
- ई.सी.जी. (ECG)
- पल्मोनरी फंक्शन टेस्ट (PFT)
- नेबूलाइजेशन।
- ब्लड शुगर की जाँच (ग्लूकोमीटर द्वारा)।
- Bi.PEP

Investigation (जाँचें)

BP 120/80
1 Sugar F. 152
1 Sugar P. 170

NAME Mr. P. K. Tyagi Date 11.10.19

Δ non Rpe

Cap Labrum DSK AD

Cap Albumin MF3 faste -20

Cap Bilirubin 2 60 25

Cap Total 50 20

Cap Hemoglobin 25 22 15

Cap Myelogram faste AD

DS Electro Sachet auce

Cap Prothrombin 50 MS

Helpline No.:
0562-2969019
09027076765

रविवार सायंकाल अवकाश

NOT VALID FOR MEDICO-LEGAL PURPOSE

डा. लीना चौहान
प्रातः : 10:00 से 2:00 बजे तक
सायं : 06:00 से 8:30 बजे तक

परामर्श समय

डा. नगेन्द्र सिंह चौहान
प्रातः : 10:00 से 12:30 बजे तक
सायं : 06:00 से 07:15 बजे तक

हार्ट एण्ड डायबिटीज केयर क्लिनिक

डॉ. लीना चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg. No. MP-186

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
दय, फेफड़े, पेट, गुर्दे, डायबिटीज, ब्लड प्रेशर
वं थाईराइड रोग विशेषज्ञ

मेडिकल ऑफीसर :

State Bank of India
Central govt. Employee

पूर्व चिकित्सक :

जबलपुर हॉस्पिटल एवं रिसर्च सेन्टर, जबलपुर (म.प्र.)
कस्तूरबा हॉस्पिटल, दिल्ली
जी. आर. मेडीकल कॉलेज, ग्वालियर (म.प्र.)



डॉ. नगेन्द्र सिंह चौहान

एम.बी.बी.एस., एम.डी. (मेडीसिन)
Reg. No. MCI-15814

फिजिशियन एवं कार्डियो-डाइबिटोलोजिस्ट
मेडिकल ऑफीसर :

L.I.C. of India

क्लीनिक :

ए.के. कॉम्प्लैक्स

लक्ष्मी पैलेस के पास

होटल ग्रीन डीलक्स के बराबर

सिकन्दरा-बोदला रोड, आगरा

सुविधाएँ :

- इकोकार्डियोग्राफी, कलर डॉपलर
- होल्टर मॉनिटरिंग
- कम्प्यूटर द्वारा हृदय की गति की जाँच। (ECG)
- खून में ऑक्सीजन की जाँच। (SPO₂)
- नेबूलाइजेशन।
- ब्लड शुगर की जाँच (ग्लूकोमीटर द्वारा)।

Investigation (जाँचें)

185-2
253-3
125-7
5-35

NAME : Mr P. K. Tyagi

Date: 4-2-17

A om type

tab lab work - mfy take - 20

cap Esaboy - D - 20

tab. tenapnde 20 20

tab. mrguar 20 - 22

tab. lab work mrg 60 - 22

Helpline No.:
09027076765
09456295702

NOT VALID FOR MEDICO LEGAL PURPOSE

परामर्श; समय

प्रातः : 10:00 से 1:30 बजे तक सांय : 06:00 से 8:00 बजे तक

8/12/17

h

tab Depinde M₁ fuba 30

tab Dispersor x R 60 30

tab Tabela 50 30

tab M₁ g₁ 25 30
30

cap Escherichia 20

tab Asomes 5 20

cap Myceligen fuba 20

cap Ecospin 20 750 20

Tab. med 20 20

CHILD CARE & CARE DIAGNOSTIC

EXTENDING YOUR OPTIONS
SUPPORTING YOUR DECISIONS

1024, Sec. 4, Awasthika Colony, Bodla, Agra
Mob.: 0562-2275124, 8439832662
E-mail : carediagnosticagra@gmail.com



4D ULTRASOUND AND COLOR DOPPLER

WHOLE BODY

3D CT SCAN

DIGITAL X-RAY & PROCEDURES

Patient Name	MR P K TYAGI	Age/Sex	71 Y / M
Patient ID		Date	4 October 2017
Referred By:	DR SANJAY SHARMA MD, DM		

USG WHOLE ABDOMEN

LIVER: - Is mildly enlarged in size (16 cm), outline and fatty infiltration. No focal lesion is seen in the liver parenchyma. IHBR's, CHD and CBD are not dilated. The portal vein, hepatic veins and IVC are normal.

GALL BLADDER:- Is normal in size and distensibility. The wall thickness is normal. No evidence of any Peri-cholecystic collection is seen. No evidence of calculus is seen.

PANCREAS: - Is normal in size, outline and echotexture. Pancreatic duct is not dilated. No focal lesion is seen.

SPLEEN: - Is normal in size. No focal lesion is seen.

RIGHT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

LEFT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

URINARY BLADDER:-Is distended. No calculus is seen in its lumen. The wall thickness is within normal limits.

PROSTATE:-Measures 52 X 42 X 37 mm in size and 42 cc in volume. Minimal median lobe bulge is seen. Capsule is intact.

No free fluid or retroperitoneal lymphadenopathy is seen.

OPINION

- MILD HEPATOMEGALY WITH FATTY INFILTRATION.
- MILD PROSTATOMEGALY WITH INSIGNIFICANT PVR (40 cc).

ADV. CLINICAL CORRELATION.



प्रसव पूर्व लिंग (लड़का या लड़की) की जाँच नहीं की जाती है। यह एक दण्डनीय अपराध है।

Dr Rajesh Jain

MBBS, DMRD (PGI ROHTAK)
DNB (MD CANCER HOSPITAL, LUDHIANA)

The science of radiological diagnosis is based on the interpretation of various images produced by normal or abnormal tissue and is not always conclusive. This is a professional opinion and not a definitive diagnosis. Collaborative clinic-pathological interpretation is indicated. In case of any discrepancy due to machine or typing error, please get it rectified immediately.

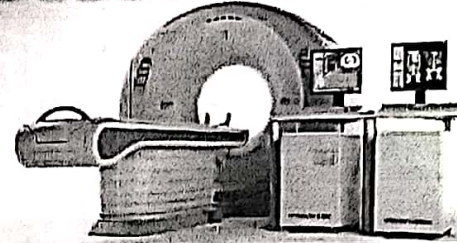
CHILD CARE & CARE DIAGNOSTIC

EXTENDING YOUR OPTIONS
SUPPORTING YOUR DECISIONS

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Mob.: 0562-2275124, 8439832662

E-mail: carediagnosticagra@gmail.com



4D ULTRASOUND AND COLOR DOPPLER

WHOLE BODY

3D CT SCAN

DIGITAL X-RAY & PROCEDURES

Patient Name	MR P K TYAGI	Age/Sex	71 Y / M
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Referred By:	DR SANJAY SHARMA MD, DM		

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OPINION

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- MILD PROSTATOMEGALY WITH INSIGNIFICANT PVR (40 cc).

ADV. CLINICAL CORRELATION.

प्रसव पूर्व लिंग (लड़का या लड़की) की जाँच नहीं की जाती है। यह एक दण्डनीय अपराध है।

Dr Rajesh Jain

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DNB (MD CANCER HOSPITAL, LUDHIANA)

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CHILD CARE & CARE DIAGNOSTIC

EXTENDING YOUR OPTIONS
SUPPORTING YOUR DECISIONS

1024, Sec. 4, Awas Vikas Colony, Bodla, Agra

Mob.: 0562-2275124, 8439832662

E-mail : carediagnosticagra@gmail.com



4D ULTRASOUND AND COLOR DOPPLER

WHOLE BODY

3D CT SCAN

DIGITAL X-RAY & PROCEDURES

Patient Name	MR P K TYAGI	Age/Sex	71 Y / M
Patient ID		Date	4 October 2017
Referred By:	DR SANJAY SHARMA MD, DM		

USG WHOLE ABDOMEN

LIVER: - Is mildly enlarged in size (16 cm), outline and fatty infiltration. No focal lesion is seen in the liver parenchyma. IHBR's, CHD and CBD are not dilated. The portal vein, hepatic veins and IVC are normal.

GALL BLADDER:- Is normal in size and distensibility. The wall thickness is normal. No evidence of any Peri-cholecystic collection is seen. No evidence of calculus is seen.

PANCREAS: - Is normal in size, outline and echotexture. Pancreatic duct is not dilated. No focal lesion is seen.

SPLEEN: - Is normal in size. No focal lesion is seen.

RIGHT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

LEFT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

URINARY BLADDER:-Is distended. No calculus is seen in its lumen. The wall thickness is within normal limits.

PROSTATE:-Measures 52 X 42 X 37 mm in size and 42 cc in volume. Minimal median lobe bulge is seen. Capsule is intact.

No free fluid or retroperitoneal lymphadenopathy is seen.

OPINION

- MILD HEPATOMEGALY WITH FATTY INFILTRATION.
- MILD PROSTATOMEGALY WITH INSIGNIFICANT PVR (40 cc).

ADV. CLINICAL CORRELATION.



प्रत्येक पूर्ण रिपोर्ट (लड़का या लड़की) की जांच नहीं की जाती है। यह एक दण्डनीय अपराध है।

Dr Rajesh Jain

MBBS, DMRD (PGI ROHTAK)
DNB (MD CANCER HOSPITAL, LUDHIANA)

The science of radiological diagnosis is based on the interpretation of various images produced by normal or abnormal tissue and is not always definitive. This is a professional opinion and not a definitive diagnosis. Collaborative clinic-pathological interpretation is indicated. In case of



synergyplus

HOSPITAL

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Ph.: +91-0562-2651100, 2651110, 2651120

DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

110/17

Dr. P. K. Taneja

21/11/20

R₆

NIDDM

Subacute

- TRB CINTO @ 100 - 6 months

- IT ROME was 6.5!

- Low overall SF 27/100

1021 -

Dr. Dinesh Kumar Garg

M.D., D.M.

For Appointments

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Dr. Sameer Taneja

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Dr. Sanjay Sharma

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DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

ho 11a

Mr. P. K. Tyagi

21/11/20

NIDDM

Subman

Q.

- Tab CINTO @ 100 - 6 times

- IT Note was b/c!

- Lower SF 2 times

621 -

Dr. Dinesh Kumar Garg

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OPD Timing : 10:00am to 6:00pm (Sunday Closed)



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DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

110/17

Dr. P. K. Taneja

71 m

R

NIDDM

Sw 2 mm

- Tab CINTO 0.1% - 6 mm
- IT 2000 1000 b.c.
- Levovier 50 2000

1021 -

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SYNERGY DIAGNOSTICS

(A unit of Futuristic Medicare Pvt. Ltd.)

PT. NAME: P.K. TYAGI
REF BY : DR. A.K. AGARWAL

AGE: 70 Y/M
DATE: 11.05.15

NCCT HEAD

NON-ENHANCED CONTIGUOUS AXIAL SECTIONS OF 5 mm THICKNESS WERE TAKEN THROUGH THE BRAIN FROM BASE OF SKULL TILL VERTEX.

STATUS: -HEAD INJURY.

INFRATENTORIAL: -

BILATERAL CEREBELLO PONTINE ANGLES APPEAR NORMAL.
BOTH CEREBELLAR HEMISPHERES AND BRAIN STEM ARE NORMAL.
IVTH VENTRICLE IS NORMAL IN POSITION AND APPEARANCE.

SUPRATENTORIAL: -

BOTH CEREBRAL HEMISPHERES SHOW NORMAL PARENCHYMAL ARCHITECTURE AND ATTENUATION. CORTICO-MEDULLARY DEMARCATION IS MAINTAINED.

THERE IS NO EVIDENCE OF INTRACRANIAL HEMORRHAGE.

SYLVIAN FISSURES AND SULCAL PATTERN APPEAR NORMAL.
BOTH LATERAL AND IIIRD VENTRICLES ARE NORMAL.


NO EVIDENCE OF MASS EFFECT OR MIDLINE SHIFT IS NOTED.
SUPRA SELLAR AND PREPONTINE CISTERNS ARE NORMAL.

NO EVIDENCE OF OBVIOUS INTRA / EXTRA AXIAL MASS LESION IS NOTED.
BONE WINDOW DOES NOT REVEAL ANY OBVIOUS FRACTURE.

IMPRESSION: -

CT SCAN FINDINGS DO NOT REVEAL ANY EVIDENCE OF INTRACRANIAL INJURY. THERE IS NO OBVIOUS BONY FRACTURE. AGE RELATED MILD DIFFUSE CEREBRAL ATROPHY IS NOTED.

KINDLY CORRELATE CLINICALLY.


DR. A.K. ARORA
(MD)



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DISCHARGE CARD

REGISTRATION NUMBER

A 9 5 F

Name P K Tyagi

Address _____

Sex M F Age 70 Years Wt. _____ Kg. Blood Group _____

L.O.A. 10/05/15 D.O.D. 13/05/15

Under treatment of Dr. Arvind K. Agarwal Referred by Dr. Robert Tyagi

Diagnosis H I T concussion DM +ve / HTN-?

Operation Conservative

Allergy _____

History & Clinical Findings _____

Tx on 10/05/15 - ? RSA / ? Assault

Investigation NCT Head



U/S/B. Dr. Preetesh Bansal
Mr. P. K. Tyagi 70 Yr/M.

21-6-16

K/O DM (controlled on OHA)

Chk Kar - 8 days
episodic burning
Generalised weakness

264
PO₂ - 99%
R - 22

BP 130/90 - on sitting
BP 120/80 on standing

Chk - 2 AE ⊕
No added sound.

CVS - S, S ⊕.

Rx

- ① Tab Stemitil MD 1 BD, 1
- ② Tab Nexpro 40mg 10D सातों पर
- ③ Cap D-Calsoft 10D रोज़ खर

x 5 days

Adv
x ray cervical spine AP
lateral

E



5/07/16

Mr P. N. Tyagi
F.M.

- bed cover like } I was O.R. - 1A
- on work evening } NAD
- Returned home

R

- Car parked - 17 - a unit

- Lawrence - SF 2 + 11m m

55071 5507

USJ in domain +

12/15

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55071 5507

55071 5507

pl m



NAME OF PATIENT: MR P K TYAGI

AGE: 70Y/M

REFERRED BY : DR RAKESH K TYAGI

DATE - 29.1.2017

MRI BRAIN

SCANNING PROTOCOL

MRI of brain is done in 3 Tesla Scanner using T1 and T2 W images, FLAIR images, in axial, sagittal and coronal plane. DWI and SWI images are also obtained.

REPORT

*-There are multiple small focal lesion seen in b/l paraventricular region appearing hyperintense on FLAIR images. rest of the cerebral parenchyma reveals normal signal intensity pattern. Basal ganglion and internal capsule are normal. . Gray and white matter is normal.

*- Lateral ventricles e dilated. 3rd ventricle and 4th ventricle are normal in size, shape and configuration. There is no evidence of ventriculomegaly or periventricular oozing seen.

*- Brainstem, pons and medulla are showing normal signal intensity pattern. There is no focal lesion seen. Cerebellar parenchyma reveals normal signal intensity pattern. Cerebellar folia are normal. 7th and 8th nerve complexes are normal.

*- Sella and parasellar region is normal. The pituitary gland is showing normal signal intensity pattern. There is no mass seen. Optic chiasma is normally seen.

*-Cerebral sulci are normal. Sylvian fissures and basal cisterns are normal. CP angle cisterns are normal.

*-Bilateral paranasal sinuses are clear. Both orbits, their extra conal and intraconal compartment are normal.

IMPRESSION:- MRI FINDINGS ARE SUGGESTIVE OF--

***-- MULTIPLE SMALL ISCHEMIC INFARCTS IN B/L PARAVENTRICULAR REGION**

DR.MEENAKSHI GOYAL
CONS RADIOLOGIST

DR NUPUR KAUSHIK
CONS. RADIOLOGIST

DR AJAY BULLAGAN
CONS. RADIOLOGIST



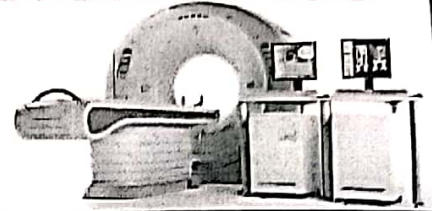
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Mob : 0562-2275124, 8439832662

E-mail : carediagnosticagra@gmail.com



ADULT ULTRASONIC AND COLOR DOPPLER	WHOLE BODY	3D CT SCAN	DIGITAL X-RAY & PROCEDURES
Patient Name	M R P K TYAGI	Age/Sex	71 YRS/ M
Patient ID		Date	02/05/18
Referred By	DR SANJAY SHARMA MD, DM		

USG WHOLE ABDOMEN

LIVER: - Is mildly enlarged in size (16 cm), outline and fatty infiltration. No focal lesion is seen in the liver parenchyma. IHBR's, CHD and CBD are not dilated. The portal vein, hepatic veins and IVC are normal.

GALL BLADDER:- Is normal in size and distensibility. The wall thickness is normal. No evidence of any peri-cholecystic collection is seen. No evidence of calculus is seen.

PANCREAS: - Is normal in size, outline and echotexture. Pancreatic duct is not dilated. No focal lesion is seen.

SPLEEN: - Is normal in size. No focal lesion is seen.

RIGHT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

LEFT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

URINARY BLADDER:-Is empty. However,

PROSTATE:-Measures 53 x 42 x 36 mm in size and 43 cc in volume. Minimal median lobe bulge is seen. Capsule is intact.

No free fluid or retroperitoneal lymphadenopathy is seen.

OPINION

- MILD HEPATOMEGALY WITH FATTY INFILTRATION.
- MILD PROSTATOMEGALY.

ADV: - CLINICAL CORRELATION.



प्रसव पूर्व लिंग (लड़का या लड़की) की जाँच नहीं की जाती है। यह एक दण्डनीय अपराध है।

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FOR MEDICO-LEGAL PURPOSE, IF ANY DISPUTE THE JURISDICTION WILL BE AGRA CITY ONLY.

Dr. Rajesh Jain

MBBS, DMRD (PGI ROHTAK)
DNB (MD CANCER HOSPITAL, LUDHIANA)



synergypius

HOSPITAL

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DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

6/07/19

P. H. Taneja
72 M

- KLE or NIDDM
fast 120

↓ - it of Dr. Anil Mishra MD

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- oil - NAD
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- D Rofe 400 bel C;

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14

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J

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निदान गैस्ट्रो-एण्डोस्कोपी सेन्टर

71-बी, खन्दारी, हनुमान मन्दिर चौराहा, (एक्सिस इमेजिंग सेन्टर के सामने), आगरा

Patient's Name: Mr. P.K. Tyagi

Age / Sex: 73/M Date: 19/10/2020

DM-2

Co. Abdo. fullness
incomplete evacuation

Adv
USG-abdo

- R. Diet
- ① Cap. MacRabonik - DSR 100/4c
रामपेट
 - ② Cap. Econorm 100
 - ③ Tab. Rifax (400) BD
- X 10 days

डा. पंकज कौशिक

M.D., D.M. (Gastroenterology)
UP Reg. No. : 51743

निदान गैस्ट्रो-एण्डोस्कोपी सेन्टर

प्रातः 10 से 2 बजे तक, सांय 6 से 7 बजे तक

नोटस हॉस्पिटल : सांय 3 से 5 बजे तक

गुरुवार एवं रविवार सांय अवकाश

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डा. विनीत चौहान

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UP Reg. No. : 48528

निदान गैस्ट्रो-एण्डोस्कोपी सेन्टर

प्रातः 9 से 10 बजे तक, सांय 2 से 6 बजे तक

पुष्पांजलि हॉस्पिटल : प्रातः 10 से 2

गुरुवार पूर्ण एवं रविवार सांय अवकाश

मोबा. +91-9639020124

**CARE DIAGNOSTIC**
UNIT OF CHILD CARE AND CARE DIAGNOSTIC

4D ULTRASOUND AND COLOR DOPPLER | DUAL ENERGY 40 SLICES CT SCANNER | DIGITAL X-RAY & PROCEDURES

Patient Name	P K TYAGI	Age/Sex	73 Y / M
Patient ID		Date	27 October 2020
Referred By:	DR PANKAJ KAUSHIK		

USG WHOLE ABDOMEN

LIVER: - Is mildly enlarged in size (16 cm), outline and fatty infiltration. No focal lesion is seen in the liver parenchyma. IHBR's, CHD and CBD are not dilated. The portal vein, hepatic veins and IVC are normal.

GALL BLADDER:- Is normal in size and distensibility. The wall thickness is normal. No evidence of any Peri-cholecystic collection is seen. No evidence of calculus is seen.

PANCREAS: - Is normal in size, outline and echotexture. Pancreatic duct is not dilated. No focal lesion is seen.

SPLEEN: - Is normal in size. No focal lesion is seen.

RIGHT KIDNEY: - is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. No evidence of calculus or hydronephrosis is seen.

LEFT KIDNEY:- It is normal in size, position and echotexture. CMD is maintained. The pelvi-calyceal system is compact. Few small concretions are seen, largest measuring 4 mm in the middle calyx. No evidence of hydronephrosis is seen.

URINARY BLADDER:- Is distended. No calculus is seen in its lumen. The wall thickness is within normal limits.


PROSTATE:- Measures 48 X 47 X 38 mm in size and 46 cc in volume. Minimal median lobe bulge is seen. Capsule is intact

No free fluid or retroperitoneal lymphadenopathy is seen.

OPINION

- MILD HEPATOMEGALY WITH FATTY INFILTRATION.
- MILD PROSTATOMEGALY WITH INSIGNIFICANT PVR (40 cc).
- LEFT RENAL CONCRETIONS.

ADV: CLINICAL CORRELATION.


DR. RAJESH JAIN
M.B.B.S., D.M.R.D. (PGI ROHTAK)
DNB (M.D. CANCER HOSPITAL LUDHIANA)
CONSULTANT RADIOLOGIST

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Dr. Naresh Sharma



MBBS, MD, DM (Neurology) S.M.S. Hospital, Jaipur
Consultant Neurophysician
Fellow of Indian Academy of Neurology
Fellow of American Academy of Neurology
Timing : 10:00am to 07:00pm

P.K Tyagi

02/feb/2021

74/M

B/P → 185/100
P → 77

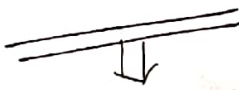
175/95

May 2015 - RTA

Vertigo

Heaviness of head

Imbalance while walking



MRI Cx Spine

Cx
Syst. anticholinerg
D. Antidote for IOD, PC
A. ...
Acc. ...
Calocin plus IOD, PC
Entire ... plus 1, H.S.

S/P - Surotic - 0

B. Rejmax forte EM, AST OD
Gios NT ~~...~~ - 1/2 PC. 2 milk x 4d

X 15d

Naresh



OM DIAGNOSTIC CENTRE

B-2/3, Kamla Nagar, (Near 'G' Hotel), Agra
9012120006, 9897029155, Pathology - 9760560976

ommediscan2010@gmail.com

PT. NAME : P.K. TYAGI
REF.BY: DR. NARESH SHARMA

AGE: 74YRS/M
DATED: 03-02-2021

MRI STUDY OF THE CERVICAL SPINE

SE T1 and TSE T2 sagittal, gradient echo T2 and SE T1 axial and TSE T1 coronal followed by HASTE T2 myelograms in coronal and sagittal planes.

Marginal osteophytes are seen at various levels
Disc desiccation changes are seen at various levels

Focal disc bulge with posterior longitudinal ligament thickening is seen at C3-C4 to C5-C6 IV discs indenting on ventral thecal sac.

Reduced disc height, focal disc bulge with posterior longitudinal ligament thickening is seen at C6-C7 IV discs causing effacement of ventral thecal sac and mild narrowing of spinal canal, measuring 10 mm (AP dimension).

Rest of the visualised cervical vertebrae appear maintained in height, contour and signal intensity pattern. The CVJ appears normal and maintained.

Rest of the visualised cervical & upper dorsal discs appear maintained in height, contour and signal intensity pattern.

The cervical and visualised dorsal cord appears maintained in contour and signal intensity pattern.

No pre or paravertebral soft tissue abnormality noticed.

IMPRESSION:

➤ CERVICAL SPONDYLOSIS WITH DISC CHANGES AS DESCRIBED ABOVE

PLEASE CORRELATE CLINICALLY

DR. CHANDRA MOHAN
M.D. DNB RADIO-DIAGNOSIS

DR. ESHA SHARMA
M.D. RADIO-DIAGNOSIS (PGIMS Rohtak)



Dr. Naresh Sharma

MBBS, MD, DM (Neurology) S.M.S. Hospital, Jaipur
Consultant Neurophysician
Fellow of Indian Academy of Neurology
Fellow of American Academy of Neurology
Timing : 10:00am to 07:00pm



20/feb/21

74/M

P.K. Tyagi

Flu CX Spondylitis

Rxw-D 1, BD, Ac.

Spinac + stemetils TDS

Tebolker font 120 1/2 BD PS.

Entiq font plus 1, OD, PS.

Hepa EC + vrapap font BD, PS.

X 25d

1
new

डा० के द्वारा लिखी हुई दवाईयां ही ले अगर दवा बदली या डोज कम / ज्यादा किया तो साइडइफेक्ट की जिम्मेदारी आपकी होगी।