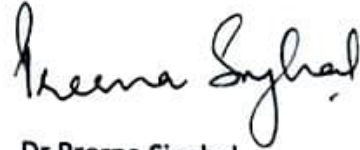


CERTIFICATE

This is to certify that Smt Manju Singh, W/o Shri Mahendra Singh, aged 59 years, on diagnosis was found to be suffering from Third degree Uterovaginal Prolapse. She was admitted at Sanaisha Ortho and Gynae Centre, Indirapuram, Ghaziabad from dated 25.02.2022 to 27.02.2022 and underwent Vaginal Hysterectomy surgery (Uterus removal). Her condition was serious and needed to be immediately operated upon. After removal of Uterus, part of it was send for Biopsy.

Date : 12/5/22



Dr Prerna Singhal,
Gynaecologist
Sanaisha Ortho and Gynae Centre
Indirapuram, Ghaziabad.

DR. PRERNA SINGHAL
M.B.B.S., M.D (Obs. & Gynae)
Reg No. DMC/R/01269
(Sanaisha Ortho & Gynae Centre)



Sanaisha

Ortho & Gynae Centre

DISCHARGE SUMMARY

PATIENT NAME: MANJU SINGH	DATE OF ADMISSION: 25/2/22 at 7:24 a.m.
HUSBAND'S NAME: MAHENDRA SINGH	DATE OF DISCHARGE: 27/2/22 at 11:00 a.m.
AGE/SEX: 59 year/F	UHID: 20421
CONSULTANT NAME: DR. PRERNA SINGHAL	IPD: 10211/21

ADMISSION DIAGNOSIS: THIRD DEGREE UTEROVAGINAL PROLAPSE WITH 3RD DEGREE CYSTOCELE WITH KNOWN CASE OF HYPOTHYROIDISM ON TREATMENT.

PROCEDURE: Vaginal Hysterectomy with Anterior Colporrhaphy Under SA on 25/2/22.

COURSE DURING HOSPITALISATION: Patient was given Inj Taxim, Inj Amikacin And Inj Metrogl as antibiotic cover. Patient was decatheterised and ambulated after 24 hours of surgery. Rest course was uneventful.

PEROP FINDINGS: 3rd degree uterovaginal prolapse. 3rd degree Cystocele + Uterus normal size. Blood loss average. Specimen sent for histopathology.

CONDITION ON DISCHARGE: satisfactory. B.P. =130/74mm Hg, Pulse rate: 80/mt. Passed stool.

DISCHARGE ADVICE

NORMAL diet , Liquids- 3 litre/day. Avoid bending work, lifting heavy weights and constipation for 3 months.

1. Tab Clasil 500 mg twice a day after meals for 5 days
2. Tab Xonift 100 mg twice a day after meals for 5 days
3. Cap Ulpan DSR twice a day before meals for 5 days
4. Tab Emanzen DP thrice a day after meals for 5 days
5. Cap Maxflora once a day after meal for 5 days
6. Syp Flexigut 15 ml at night for 5 days.

Rest previous medicines to continue as before.

Review on 7/3/22 with Dr.PRERNA SINGHAL in OPD.

Dr. PRERNA SINGHAL

SENIOR OBSTETRICIAN AND GYNAECOLOGIST

DR. PRERNA SINGHAL
M.B.B.S., M.D. (Gynaecology)
Reg. No. [unclear]
(Sanaisha Ortho & Gynae Centre)



Sanaisha

Ortho & Gynae Centre

Ankur Singhal
(Ortho) Gold Medalist
Joint Replacement & Arthroscopy Specialist

Consultant at
 - Fortis Hospital, Noida
 (Mon / Thurs - 6:00 to 7:00 pm)
 - Indo Gulf Hospital, Noida
 (Tues/Thurs/ Sat - 11:30 am - 12:30 pm)
 - Shantigopal Hospital, Indirapuram
 (Tues/Thurs/ Sat - 1:00 pm - 2:00 pm)

FOR APPOINTMENT
9717502233
9717712348
0120-4377858

Dr. Prerna Singhal
M.D. (Obs. & Gynae)
High Risk Pregnancy, Infertility And
Laparoscopy Specialist

Consultant at **9971700737**
 - Apollo Cradle, Indirapuram
 - Healing Tree Hospital, Indirapuram
 - Max Hospital, Vaishali
 - Lyf Hospital, Indirapuram

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Name: MANJU SINGH
ID: PS1622

Date: 16-02-2022 12:57 pm

Mobile: 9953443018

Symptoms:

For Vaginal hysterectomy

Findings:

Urine routine 10-15 WBC/ HPF
Urine culture shows citrobacter sensitive to NFN, Fosfomycin

Vitals: Weight: 64.3 kg, BP: 134/80 mmHg

	Medicines	Quantity	Frequency	Duration
1	Tablet Xonift (100 mg)	1 tablet	Twice a day	5 Days
			After Food	
2	Sachet Fosfomycin	In 100 ml water tonight and		
		18/2/22		
3	Capsule Bravia DSR (20 & 30)	1 capsule	Once a day	5 Days
			Before Food	

Dr. Prerna Singhal

Find your prescription online on docon.co.in

19/2/22

Adv

- PT/INR
- Chest-X-Ray (PA view)
- ECG

h

Tab. LCZ once at bedtime x 3 days

Tab. Dolo 650mg ses (headache)

Pat

• FEE VALID FOR 3 DAYS

• NOT FOR MEDICO LEGAL PURPOSE

Timings - (Dr. Ankur Singhal)
 • Mon : 11:00 am - 1:00 pm & 7:30 - 9 pm
 • Wed/Fri : 11:00 am - 1:00 pm & 7:00 - 9 pm
 • Tues/Sat : 9:30 am - 11:00 am & 7:00 - 9 pm
 • Thurs : 9:30 am - 11:00 am & 7:30 - 9 pm

Timings - (Dr. Prerna Singhal)
 Monday to Saturday
 • Morning : 10:30 am - 1:00 pm
 • Evening : 6:00 pm - 8:00 pm

• Sunday : Closed (Only Emergencies)



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Dr. Ankur Singhal
 (Ortho) Gold Medalist
 Replacement & Arthroscopy Specialist

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 Lyf Hospital, Indrapuram

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9/12/22

Mrs Manju Singh

594 IF

12/2

Klco 3° uterine prolapse

frond - wants
 repair

vaginal hysterectomy with pelvic floor

Klco hypothyroidism
 on 62.5 ug

Plan - vit E PPR
 on 26/12/22

Residk

SSK

[Handwritten signature]

- Adv 10/12/22
- CBC - 12.5 Hc = 182
 - KFT / (K)
 - LFT / (K)
 - BG - AB - +ve
 - ABD
 - TSH - (F) - 8.22
 - Bld Sugar - (F) - 93
 - Hba1c - 5.7%
 - Viral markers - 21/12 - Neg HBsA, ANR, HCV, HIV
 - Using R/M - 10/15 HBsC / AFP

* FEE VALID FOR 3 DAYS

* NOT FOR MEDICO LEGAL PURPOSE

<ul style="list-style-type: none"> Timings - (Dr. Ankur Singhal) Mon : 11:00 am - 1:00 pm & 7:30 - 9 pm Wed/Fri : 11:00 am - 1:00 pm & 7:00 - 9 pm Tues/Sat : 9:30 am - 11:00 am & 7:00 - 9 pm Thurs : 9:30 am - 11:00 am & 7:30 - 9 pm 	<ul style="list-style-type: none"> Timings - (Dr. Prerna Singhal) Monday to Saturday Morning : 10:30 am - 1:00 pm Evening : 6:00 pm - 8:00 pm
<ul style="list-style-type: none"> Sunday : Closed (Only Emergencies) 	



Sanaisha

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Pharmacy
9871887262
Ginod

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(Tues/Thurs/ Sat - 1:00 pm - 2:00 pm)

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Consultant at
• Apollo Cradle, Indirapuram
• Healing Tree Hospital, Indirapuram
• Max Hospital, Vaishali
• Lyf Hospital, Indirapuram

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19/6/24

Mrs Manju Singh
59 y / F.

65 kg

PM lady  40% something coming out
of vagina x 1 yr.

14/5/24

No SUI

FBs = 95

40% pain in Right Breast

LT T - (R)

1 hr = 6 breast in
state

of E = Right Breast - Small 1cm^{sup} at
12 o'clock ? fatty tissue.

KFR

U.A = 7 - 2 mg/dl

K⁺ = 5.2

Left Breast (A)

T_{SH} = 0.9

Hb = 11.6 g/dl

P/S & YG = 3° uv prolapse +
3° cystocele +

Adv

B/C Breasts Mammograph
Bixoids - 2

• FEE VALID FOR 3 DAYS

P.T.O

• NOT FOR MEDICO LEGAL PURPOSE

• Timings - (Dr. Ankur Singhal)
• Mon : 11:00 am - 1:00 pm & 7:30 - 9 pm
• Wed/Fri : 11:00 am - 1:00 pm & 7:00 - 9 pm
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• Sunday : Closed (Only Emergencies)

Clinic : 378, Niti Khand-III, Indirapuram, Ghaziabad - 201014 (U.P.)

My ORTHO Centre

ADVANCED SURGICAL CENTRE

Dr. Mohit Madan

MBBS (KGMC), MS Ortho (BHU), FJR, MCh. Ortho
Senior Consultant Orthopedics
Fellowship Joint Replacement &
Arthroscopy (Spain, Denmark, Mumbai)
Specialist Minimal Invasive Joint
Replacement
Formerly at AIIMS, New Delhi
DMC Reg. No. : 33921
Fortis Hospital, Noida
Shanti Gopal Hospital, Indrapuram
Max Hospital, Vaishali (Gzb.)

Dr. Pradeep K. Singh

MBBS, MS (Gen. Surgery),
M. Ch (Plastic Surgery)
Senior Consultant
Dept. Of Plastic Surgery
Max Hospital, Vaishali & Patparganj

Dr. Ashok Kumar

MBBS, MD Medicine, FICP, FIACM
Consultant Physician
DMC-34881
Specialist in : Diabetes, Thyroid,
Hypertension, Cardiac
& Respiratory Disorders

Name : Naresh Singh Ph. No. : 991164603

Age / Sex : 60 / F Date : 2/10/23 UHID No. : 18160

(Handwritten notes and diagrams)
 1. Upruron 1 has H/S
 2. Etos-p 1 has BID
 3. Leucod Dn 1 has on
 4. Ultramed - D 1/2 has BID
 5. Hy promaxobon 1/m etas
 6. Hy Nitrofenac 1/m etas
 (Diagrams include circles with numbers 1-5, a star, and various scribbles)

- History**
- HTN
 - DM
 - Hypothyroidism
 - Any Other
 - Drug Allergy
 - Trauma
 - Fever

- Blood Test**
- CBC
 - LFT
 - KFT
 - ESR
 - CRP
 - S. Uric Acid
 - Viral Markes
 - ECG
 - X-ray Chest PA
 - RA
 - ANA
 - ASO
 - Anti CCP
 - HLA B27

- X-Ray
MRI
CT-Scan

Scan For Website



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: myorthocentre638@gmail.com : www.myorthocentre.com

Note : Patients are free to buy any medicine with same composition at their own responsibility, suggested name is not binding on patient.



Mobile : +91-98111 28288
 E-mail : drmanishdhawan@gmail.com
 Website : www.limblengtheningindia.com

Prof. (Dr.) Manish Dhawan
 MBBS, DNB, M.Ch. (Orthopaedics), MNAMS
 SENIOR CONSULTANT ORTHOPAEDIC SURGEON
 SIR GANGA RAM HOSPITAL, NEW DELHI, INDIA

Professor : Ganga Ram Institute for
 Postgraduate Medical Education & Research

A.O. Fellowship in Trauma, Homburg, Germany
 IOA Fellowship in Advanced Deformity Correction

Visiting Physician (Paediatric Deformity)
 B.C. Children Hospital, Vancouver, Canada

Manju Goys F

5/12/23

R/L Severe OA knee

(R) knee
 Rise of temp slight
 as compared to (L) side
 Swelling (+)
 H/O intraarticular
 injection in (R) knee
 16th Oct
 Pain has ↑ after that

Adv.

MRI scan (R) knee

CBC, ESR, CRP

BUN, Creatinine, LFT, Blood Sugar R

~~Adv.~~ Already taking anti inflammatory
 just add.
 Tab Gabaprin NT 100mg 1BD

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9411646030

Knee & Hip Joint Clinic

DR. (Prof.) B. S. MURTHY

M.B.B.S, M.S (Ortho) FICS, FAO
 Director & Senior Consultant (Ortho)
 Senior Joint Replacement Surgeon
 Dharamshila Narayana Super Speciality Hospital Delhi
 AO Fellow in Trauma (Germany)
 WHO Fellow Trauma (Australia)
 Fellow Adult Reconstruction & Joint Replacement (Singapore)
 Fellow Revision HIP Replacement (Exeter , U.K.)
 Fellow Revision Knee Replacement (Antwerp, Belgium)
 Visiting Fellow Minimal Invasive HIP Replacement (Belgium)
 Visiting Fellow Revision Knee Replacement (New Jersey USA)
 32 Years Experience in Orthopaedic & Joint Replacement
 Formally, AIIMS, New Delhi, Safdarjung Hospital, New Delhi
 ASSO Prof. & Head of Unit, RML Hospital & PGIMR, New Delhi.

Reg No.

OPD DAYS
MONDAY-THURSDAY-& SATURDAY
02:00PM to 04:00PM

9643636991

Date: 16/11/2023 Patient Name: Manju Age/Sex: 60 / F

DM / HT / CAD

Blood Thinner
 Special Remarks

OA (B/c) knee.

Physical Examination

KNEE	Right	Left
Varus/Valgus		
ROM		
Crepitus		
Instability		
FFD		
Tenderness		
Swelling		
DNVD		

Acce
 - Quads strenght ex.
 - Rom ex.
 - Tab Diceniq 50mg BD o.
 - Cap Uprise D₃ 60K/week.
 - Tab Rabocal K - 7 OD.
 - Tab Zerrodol P (SOS)

Needs (B/c) TKR.



Dr.(Prof.) B.S. Murthy
 MBBS, MS(Orthopaedics), FICS(USA)
 Director & Senior Consultant Orthopaedics,
 Joint Replacement & Arthroscopy Surgery
 Dr.C Reg. No. 6484
 Knee & Hip Joint Clinic
 Seemant Vihar, Kaushambi, Ghaziabad - 201012

Knee & Hip Joint Clinic

(A Better Tomorrow Starts With Us)
 Clinic Address : Padmanabh Apartment, Seemant Vihar, Plot No.-2, Sector -14, Kaushambi, Ghaziabad, U.P. - 201012
 E-mail : hiteshkalita400@gmail.com

Appointments
 + 91 83759-21269
 + 91 98718-02696
Emergencies
 + 91 83759-21269

Patient Name : MANJU SINGH
Age / Sex : 60 Y / F
Referred By : Dr. MOHIT MADAN
Patient ID : UKKD.0000202583
Centre : HARGOVIND ENCLAVE

Lab No. : KKD2305307968
Registration On : 21-05-2023
Collection Date :
Received Date :
Approved Date : 21/May/2023 07:09PM

L4-5: Diffuse disc bulge and ligamentum flavum thickening causing mild to moderate narrowing of bilateral neural foraminae and pressure effect over the bilateral traversing nerve roots with mild narrowing of central spinal canal.

L5-S1: Posterior disc bulge causing mild narrowing of central spinal canal without significant neural foraminae compromise

Facet arthropathy is seen at all levels.

Suggested clinical correlation

***** End Of Report *****

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

Deepak Garg

Dr. Deepak Garg
Senior Consultant Radiologist
M.B.B.S., M.D. (Radio-Diagnosis)
Fellow in Body Imaging and Int. (USA)
DMC Reg. No.: 34971



Patient Name : MANJU SINGH
Age / Sex : 60 Y / F
Referred By : Dr. MOHIT MADAN
Patient ID : UKKD.0000202583
Centre : HARGOVIND ENCLAVE

Lab No. : KKD2305307968
Registration On : 21-05-2023
Collection Date :
Received Date :
Approved Date : 21/May/2023 07:09PM

MRI LUMBOSACRAL SPINE

STUDY PROTOCOLS:

FLAIR T1W AND FAST SPIN ECHO T2W HIGH RESOLUTION SAGITTAL IMAGES OF LUMBOSACRAL SPINE WERE OBTAINED ON A DEDICATED PHASED ARRAY SURFACE SPINE COIL USING 1.5 TESLA TWIN GRADIENT SYSTEMS AND CORRELATED WITH T1W AND T2W AXIAL IMAGES. NON CONTRAST STUDY WAS DONE.

Clinical History: LBA, left lower limb pain

FINDINGS:

There is anterolisthesis (2 mm) of L4 over L5 vertebra without pars defect.

Curvature of lumbar spine is normal.

Lumbar vertebrae show marginal spur formation otherwise normal in morphology and marrow signal.

Disc desiccation is seen at all levels.

L3-4 : Diffuse disc bulge causing mild narrowing of bilateral neural foramina and pressure effect over the bilateral traversing nerve roots (left more than right) without spinal canal compromise.

L4-5: Diffuse disc bulge and ligamentum flavum thickening causing mild to moderate narrowing of bilateral neural foraminae and pressure effect over the bilateral traversing nerve roots with mild narrowing of central spinal canal.

L5-S1: Posterior disc bulge causing mild narrowing of central spinal canal without significant neural foraminae compromise

Spinal canal diameter at various levels

L1-2: 18 mm, L2-3: 16 mm, L3-4: 15 mm, L4-5: 11 mm, L5-S1: 11 mm

Facet arthropathy is seen at all levels. ALL& PLL appear smooth and continuous.

Visualized part of spinal cord and conus appear normal in signal intensity.

Pre and paravertebral spaces show no obvious collection or soft tissue.

Bilateral visualized SI joints appear normal.

IMPRESSION: MRI Lumbosacral spine reveals:


Anterolisthesis (2 mm) of L4 over L5 vertebra without pars defect

L3-4 : Diffuse disc bulge causing mild narrowing of bilateral neural foramina and pressure effect over the bilateral traversing nerve roots (left more than right) without spinal canal compromise





A 221-5

Patient Name	: Manju Singh 4572618221	Barcode	: C7185250	
Age/Gender	: 59/Female	Sample Collected On	: 22/Jan/2022 09:04AM	
Order Id	: 4572618221	Sample Received On	: 22/Jan/2022 01:26PM	
Referred By	: Self	Report Generated On	: 22/Jan/2022 05:05PM	
Customer Since	: 22/Jan/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Nasopharyngeal & Oropharyngeal Swabs	Report Status	: Final Report	
SRFID	: 606202624016	Aadhar CardNo	:	
Passport No	:			

DEPARTMENT OF MOLECULAR BIOLOGY

COVID-19 VIRUS QUALITATIVE PCR

SARS-CoV-2 RNA
 Method Real Time PCR
 CT value of N gene 17.00
 CT value of ORF1ab gene 19

POSITIVE

INTERPRETATION OF RESULT:

Result	Interpretation
Positive	RNA Specific to SARS-CoV-2 Detected
Negative	RNA Specific to SARS-CoV-2 Not detected
Inconclusive	A repeat sample is required for confirmation

ICMR Registration number for COVID-19 Testing: HLUEHEG

- Negative result does not rule out the possibility of Covid-19 infection. Presence of inhibitors, mutations & insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings.
- A negative result in a single upper respiratory tract sample does not rule out SARS-Cov-2 infection. Hence in such cases a repeat sample should be sent. Lower respiratory tract sample like Sputum, BAL, ET aspirate are appropriate samples especially in severe and progressive lung disease.
- The RT-PCR could continue to be positive over months as the nonviable viruses could continue to give positive result in the RT-PCR.
- The CT values do not correlate with the severity of the disease. CT value varies from kit to kit. Disease severity depends on several other host factors.
- A Previously negative sample could subsequently give a positive result due to varied shedding of virus or could be a false negative in the previous test or infection could be acquired subsequently or Initial early infection could progress and viral load could reach a detectable level.
- A previously positive sample could subsequently give a negative result due to a varied shedding of virus or patient could have recovered and or inadequate sampling during the collection.
- Kindly consult referring Physician / Authorized Govt. hospital for appropriate followup.
- Test is performed using ICMR / CE-IVD /USFDA approved Kit.

Coronaviruses (Cov) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-Cov) and Severe Acute Respiratory Syndrome (SARS-CoV). SARS-CoV-2, formerly known as 2019-nCoV, is the causative agent of the coronavirus disease 2019 (COVID-19). Coronavirus disease (COVID 19) is a new strain that was discovered in 2019 and has not been previously identified in humans. Common Signs of Infection include Respiratory Symptoms, Fever, Cough, Shortness of breath and breathing difficulties. In more severe cases, infection can cause Pneumonia, Severe Acute Respiratory Syndrome and kidney failure.

*** End Of Report ***

DR. URVASHI
 SENIOR CONSULTANT MICROBIOLOGY



SIN No: C7185250


Laboratory Investigation Report

Patient Name	Mrs. Manju Singh	Centre	810 - Dr. Sushma Dixhit
Age/Gender	58 Y O M O D / F	OP/IP No	/
Max ID/Mobile	ML01125471/8860253018	Collection Date/Time	26/Apr/2021 02:06PM
Lab ID	0395042100055	Receiving Date	26/Apr/2021
Ref Doctor	SELF	Reporting Date	27/Apr/2021

Test Name	Molecular Diagnostics Result	Unit	Bio Ref Interval
Throat/Nasal Swab COVID-19 (SARS CoV-2) - UP*			
COVID-19 (SARS CoV-2) Real Time PCR	Positive		
E Gene CT Value	16.02		
Rd Rp Gene CT Value	14.00		

Comment

Positive result does not necessarily indicate the presence of an active, viable virus as RTPCR only detects the presence of viral RNA (dead or alive).

In clinically suspected patients, a single negative test result does not exclude infection. Presence of inhibitors, mutations and insufficient RNA can influence the test results.

In case of clinical discrepancy with RTPCR test results, please feel free to contact us for further course of action.

Please correlate the test result with clinical and radiological findings

CT Value Literature: -

1. There are no reliable studies to definitively prove a direct correlation between disease severity / infectiousness and CT values. Viral load does not have much role in patient management.
2. CT values differ from one kit to the other. Comparability of CT values among different kits is a challenge as different labs are using a mixed basket of kits with different CT cut-offs and different gene targets.
3. Samples from asymptomatic / mild cases show CT values similar to those who develop severe disease.
4. Patients in early symptomatic stage may show a high CT value which may subsequently change. In such cases, high Ct values will give a false sense of security.
5. Severity of COVID-19 disease largely depends on host factors besides the viral load. Some patients with low viral load may land up in very severe disease due to triggering of the immunological responses. Hence, again high CT value may give a false sense of security.
6. Negative result shows no CT value

ICMR Registration Number: MAXDI.001

SRF No.:0708301601498



SIN No: b2b576109

100, Preeti Nagar, Saket, Max Hospital Saket, Max S H, Press Enclave Road, Mandi Marg, Saket, New Delhi, Delhi 110017

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100, Preeti Nagar, Saket, New Delhi - 110017

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Patient Name : MANJU SINGH
Age / Sex : 60 Y / F
Referred By : Dr. MANISH DHAWAN
Patient ID : UKKD.0000202583
Centre : HARGOVIND ENCLAVE

Lab No. : KKD2312363983
Registration On : 06-12-2023
Collection Date :
Received Date :
Approved Date : 08/Dec/2023 10:42AM

MRI RIGHT KNEE JOINT

STUDY PROTOCOL:

FAST SPIN ECHO PD AND FAST SPIN ECHO T2W SAGGITAL IMAGES OF RIGHT KNEE JOINT WERE OBTAINED ON DEDICATED PHASED ARRAY KNEE JOINT COIL USING 1.5 TESLA HIGH GRADIENT SYSTEM AND CORRELATED WITH T2W AXIAL IMAGES. ADDITIONAL STIR CORONAL AND T1 CORONAL IMAGES WERE ALSO OBTAINED.

Clinical History: Right knee pain

FINDINGS:

Bones and joints

Marginal osteophytes are seen in the lower femur, upper tibia and patella. Linear T1 & PDFS hypointensities are seen in the subarticular location of the anterior & posterior weight bearing surface of the medial tibial plateau. There is associated irregularity of the articular surface of the medial tibial plateau. Marked marrow edema is seen in the upper tibia, more in the medial tibial plateau. Minimal marrow edema is seen in the posterior weight bearing surface of the medial femoral condyle, upper pole of the patella, Medial tibio-femoral joint space is mildly decreased. Mild fluid collection is seen in the joint space distending the suprapatellar recesses. Mild diffuse synovial thickening (2 mm) is seen in joint space.

Articular Cartilage

Focal grade-2 fibrillation is seen over the superior aspect of the medial facet of the patella. Focal grade-2/3 erosions seen over the anterior & posterior weight bearing surface of the medial tibial plateau, posterior weight bearing surface of the medial femoral condyle.

Menisci

Medial meniscus: PDFS hyperintensity is seen in the posterior horn extending to the medial free margin. Grade-3 tear is seen in the posterior root attachment.

Lateral meniscus shows discoid morphology: PDFS hyperintense signal is seen in the posterior and anterior horns without extension into the articular surfaces.

Ligaments

Grade-1 sprain of MCL is seen .
ACL, PCL and LCL are normal

Soft tissues

Mild edema is seen in the periarticular soft tissues. Mild edema is seen in the infrapatellar hoffas fat pad. Mild edema is seen in the vastus medialis and lateralis muscles. Rest of muscles and tendons around the knee joint and intramuscular planes are normal. The neurovascular bundles are intact.

Scan to Validate Report



Patient Name : MANJU SINGH
Age / Sex : 60 Y / F
Referred By : Dr. MANISH DHAWAN
Patient ID : UKKD.0000202583
Centre : HARGOVIND ENCLAVE

Lab No. : KKD2312363983
Registration On : 06-12-2023
Collection Date :
Received Date :
Approved Date : 08/Dec/2023 10:42AM

Extensor mechanism

Mild patellar tendinosis is seen.
Quadriceps tendon is normal

Popliteal fossa

A popliteal cyst of size 40 x 14 x 20 mm is seen.

IMPRESSION: MRI Right knee reveals:

Linear T1 & PDFS hypointensities in the subarticular location of the anterior & posterior weight bearing surface of the right medial tibial plateau - It may represent subchondral insufficiency fracture of the knee

Focal grade-2 articular cartilage fibrillation over the superior aspect of the medial facet of the patella. Focal grade-2/3 erosions seen over the anterior & posterior weight bearing surface of the medial tibial plateau, posterior weight bearing surface of the medial femoral condyle.

Medial meniscus: PDFS hyperintensity in the posterior horn extending to the medial free margin- Muroid degeneration/Grade-2 tear.

Grade-3 tear in the posterior root attachment of medial meniscus

Lateral meniscus shows discoid morphology: PDFS hyperintense signal in the posterior and anterior horns without extension into the articular surfaces - Muroid degeneration

Grade-1 sprain of MCL

Moderate osteoarthritis changes in the right knee joint

Suggested clinical correlation

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.



Dr. Deepak Garg
Senior Consultant Radiologist
M.B.B.S., M.D. (Radio-Diagnosis)
Fellow in Body Imaging and Int. (USA)
DMC Reg. No.: 34971

Scan to Validate Report



Conditions Of Reporting

- ▶ The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- ▶ Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- ▶ This Medical Report is a professional opinion, not a diagnosis.
- ▶ The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- ▶ All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
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Facilities Available

Radiology

- ▶ 3T MRI & 1.5T MRI
- ▶ CT Scan
- ▶ Digital X-Ray
- ▶ Mammography
- ▶ Open / Standing MRI
- ▶ Bone DEXA Scan

Pathology

- ▶ Biochemistry
- ▶ Immunoassay
- ▶ Hematology
- ▶ Clinical Pathology
- ▶ Serology
- ▶ Microbiology

Nuclear Medicine

- ▶ **India's First** Simultaneous PET-MRI
- ▶ Whole Body PET/CT Scan
- ▶ DTPA / DMSA Renal Scans
- ▶ Thyroid Scan
- ▶ Whole Body Bone Scan
- ▶ HIDA Scan • Rest MUGA

Cardiology Investigations

- ▶ ECG (Electrocardiogram)
- ▶ Echocardiography
- ▶ TMT
- ▶ Stress Echocardiography
- ▶ Stress Thallium

Neurology Investigations

- ▶ EEG - ElectroEncephaloGram
- ▶ EMG - ElectroMyoGraphy
- ▶ NCV - Nerve Conduction Velocity
- ▶ VEP - Visual Evoked Response
- ▶ SSEP

Dental Imaging

- ▶ CBCT - Cone Beam CT Scan
- ▶ OPG - OrthoPantomoGram

Other Tests

- ▶ PFT