



KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW
Gandhi Memorial & Associated Hospitals

UNIT-1
PROF & HOD VINEET SHARMA
DR. KUMAR SHANTANU
DR. SHALENDRA SINGH
बृहस्पतिवार/शनिवार



UHID: 20180424769 (S.NO.: 125)
SHAIL KUMARI / F / 51Y
Orthopedic Surgery / UNIT - 1 / 102

FU C ay 12-A.

Tab. Lejra 1om →

Tab. medrol 4mg →

Tab. Rabesee 2m →

Tab. Calcium K₂ 100 →

Arachital nano once weekly

X
(1 monthly)

29/9/19

Rx CST X 1 month



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OPD SLIP L-0 27-08-2019



UHID: 20180424769 (S.NO: 516)

SHAIL KUMARI F /50Y 11M 29D

Medicine/UNI -I/Medicine OPD

① Tab Loperamide 2mg 150S

② Tab Fablet 20mg 1B \rightarrow

③ Tab Normexin 1TM \rightarrow

④ Cap Colospa-reloid 200mg 1B \rightarrow

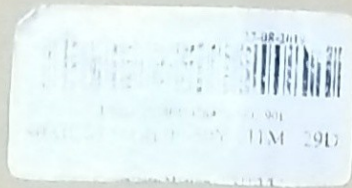
⑤ Naturolo powder 2T4 w 2 glasses water

$\times 2$ each

Dr. Sumit Rungta
(D.M. Gastroenterology)
Associate Professor & Head
Department of Medical Gastroenterology
King George's Medical University
Lucknow (U.P.)-India-226003



134757/19 (21)
KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW
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UNIT - I
Dr. Surya Kant
Dr. Santosh Kumar
Dr. Ajay Kumar Verma
मंगलवार एवं शुक्रवार

Shail Kumari
50 yrs / F

FTC of IBS & ILD
& Hypothyroidism &
Obstructive Airway Disease

Rx

Tb Odimont fx 1 OD →

R/c Tioform 1 OD → via respirator.

Cap Rabrip D 1 OD →

Tb Mucinae (600 mg) 1 tds

Tb AB phylline SR (200) 1 OD →

Tb V-Total 1 OD →

Duj Vaxiflex 4 I/m stat

Syr Macberry D 1 tsf tds

Turn nova to be ~~checked~~ taken sos

Tb Medrol 4 mg 1 OD →

27/8/2019

DEPARTMENT OF RADIO DIAGNOSIS

CSM Medical University

(Upgraded King George's Medical College, Lucknow)

WHOLE BODY HiSpeed SPIRAL CT SCAN UNIT

(Installed by Ama Medical & Diagnostic Centre)

CT NO:	30882
NAME:	SAIL KUMARI
AGE /SEX:	41/FEMALE
PART SCANNED:	HRCT THORAX PLAIN
DATE:	30.06.2010
REF. BY:	

REPORT

BOTH LUNG FIELDS AND PLEURAE:

Peribronchovascular and mild inter. intralobular septal thickening with ground glassing in both lungs predominantly lower lobe with fuzzy pleuro-pulmonary and pleuro-pericardial interfaces is noted with relative sparing of subpleural and peripheral region is noted. There is also evidence of tractional bronchiectasis in anterior segment of right upper, right middle and right lower lobe.

There is also evidence of fibrosis in both lungs in subpleural location and around peribronchovascular region.

Hyperdense lesion is noted in gall bladder fossa region -- ? calculi.

Few rounded to oval soft tissue attenuation lesion S/O lymph nodes with short axis diameter upto 1 cm are seen in pretracheal, paratracheal and precarinal region.

Right & left hila are normal.

No focal mass or calcification is seen.

There is no evidence of any pleural reaction or fluid in the both the pleural cavities.

MEDIASTINUM:

Trachea is central in position.

Esophagus is normal. The lumen is normal diameter & appearance. No abnormal dilatation is seen.

Heart and pericardium are normal. No evidence of pericardial effusion.

Aortopulmonary window and azygo-esophageal recess are normal.

DIAGNOSIS:

PERIBRONCHOVASCULAR, INTER AND INTRALOBULAR SEPTAL THICKENING WITH GROUND GLASSING IN BOTH LUNGS WITH TRACTIONAL BRONCHIECTASIS AS DESCRIBED – INTERSTITIAL LUNG DISEASE.

To be correlated clinico-pathologically.

PROF. RAGINI SINGH
MD, DMRE, FICR
Head of Department
(Radiodiagnosis)

PROF. NEERA KOHLI
MD, FICR, FIMSA

DR. ANIT PARIHAR
MD, PDCC (Neuroradiology)

DR. MANOJ MD, MISVIR
(Interventional Radiologist)

DR. RAJESH YADAV
MD

DR. PALLAVI AGA
MD

FACILITIES AVAILABLE

CT Angiography

CT Guided Biopsy

Denta Scan

Virtual Endoscopy

(This report is not valid for Medico-legal purpose)

ALL DISPUTES SUBJECT TO LUCKNOW JURISDICTION ONLY