



## AJINKYATARA MULTISPECIALITY HOSPITAL PVT. LTD. SATARA.

500/A/8, Opposite Civil Hospital, Sadar Bazar Satara - 415002, Maharashtra

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### DISCHARGE CARD

REG. NO. : \_\_\_\_\_

MR No. : \_\_\_\_\_

PATIENT'S NAME : Mayur Balkrushna Barge

Incharge Doctor : Dr. Sanjay Patil

AGE : 28 yrs M/F : Male

Patient Address : Alp Koregaon, Near PWD Office, Tal. Koregaon, Dist. Satara

D.O.A. : 19/8/2024 (2:15 pm)

D.O.D. : 24/8/2024 (1:30 pm)

Final Diagnosis Perforated Appendix

Reason for admission - Surgical Intervention for Perforated Appendix

#### CLINICAL HISTORY :

clo - (R) iliac region  
abd. pain  
- Fever on & off  
- Nausea  
- Gen. weakness

O/E - Temp - 97°F  
PR - 100/min  
B.P - 110/70 mm Hg  
SpO<sub>2</sub> - 98% - RA

S/E - RS - Clear  
C/S - S, S<sub>2</sub> B  
CNS - Conscious  
oriented  
PIA - Soft,  
(+) at Right  
iliac region



#### INVESTIGATIONS :

HB : 14.4

TC, DC : 16630

URINE :

BSL : (R) 97.64

BUL : 24

S. Creat : 1.29

Sr. Na : 138

Sr. K : 4.35

L.F.T, Sr. Bill :

SGOT :

SGPT :

BT - 2 min 15 sec

CT - 5 min 30 sec

ESR :

Platelet Count : 292000

CKMB :

Trop I :

Pw cl - Staphylococcus  
aureus

S. Ca :

S. Phosphors :

S. Proteins :

Ammonia :

S. Cholesterol :

S. Triglycerides :

HIV : Neg

Hbs Ag : Neg

Widal Test :

PS FOR MP :

DENGUE :

PITNR : 1.22



ECG: Normal study

X-RAY: Chest x-ray  
Normal study

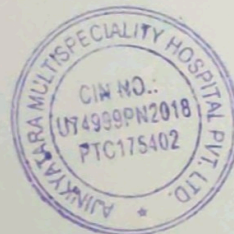
2D ECHO/CD:

USG: (A + P)  
- perforated appendix

CT Scan / MRI:

Operation & Procedures: Appendicectomy done under Spinal Anaesthesia  
on 19/8/2024

Surgeon Name: Dr. Sanjay Patil  
Anaesthetist: Dr. Vaishali More



Treatment Given:

Inj. Piptaz 4.5 gm TW 12 hly  
Inj. Linid 600 mg TW 12 hly  
Inj. Metro 100ml TW 8 hly  
Inj. Pan 40mg TW 12 hly  
Inj. Emset 4 mg TW 12 hly  
Inj. Dynapar AQ (SOS)

Tb. Urotone 25 BD  
Tb. Zerodol P BD  
Tb. Disperzyme BD  
Syp. Brozedex 2TSF TDS  
Neb (Duo + Forra) TDS

Treatment Advised:

- ① Tb. Measure 200 1-0-1 x 5 days  
② Tb. Nexpro 40 1-0-1  
③ Tb. Urotone 25 1-0-1 } 5 days  
④ Tb. Zerodol P 1-0-1 }  
⑤ Tb. Disperzyme 1-0-1 x 10 days  
Syp. Brozedex 2TSF 1-1-1 }  
Metrogyl P ointment for }  
Local Application 1-0-1 }  
Alternate day dressing

पुढील लक्षणे उद्भवल्यास त्वरित संपर्क करा -

पोटात दुखल्यास  
उलटी, जुलाब, मळमळ इ. आल्यास

FOLLOW UP: 7 दिवसांनी डॉ. संजय पारिल

परत येताना हे कार्ड बरोबर घेऊन येणे.

तात्काळ सेवेसाठी पुढील नंबरवर संपर्क साधा. (02162) 239027 / 7719077890

Ajinkya  
96850  
Medical Officer

Ajinkyatara Multispeciality  
Hospital Pvt. Ltd. पुणे





# VIVAAN DIAGNOSTIC CENTRE

46/A, Laxminagar, Near Pushpak Hospital, KOREGAON, Ph. No.: 02163 220230.

**Dr. Sarita Kabra**

M.B.B.S., D.N.B.  
Consultant Radiologist  
Reg No.: 2015/08/4240.

**Dr. Smita More**

M.B.B.S., M.D.  
Pathology  
Reg No.: 2004/02/868.

PATIENT'S NAME: MR. MAYUR BARGE  
REF CLINICIAN: DR. M V KABRA

AGE/SEX: 27Y/M  
DATE: 19/08/2024

## ULTRASOUND ABDOMEN & PELVIS

**Liver:** Normal in size (14.4cm), shape and shows mild diffuse increased echotexture. No obvious evidence of any space occupying lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in caliber (9.3mm at porta).

**Gallbladder:** GB is well distended. No evidence of calculus/sludge/ wall thickening/pericholecystic fluid collection noted. CBD is normal in caliber.

**Pancreas:** Normal in bulk & echotexture. MPD appears normal.

**Spleen:** Appears normal in size (10.3 cm), shape and echotexture. No calcification or mass is seen. Splenic vein is not dilated.

**Kidneys:** Both kidneys are normal in size, shape, positions and echotexture. Bilateral corticomedullary differentiation appears normal. No hydronephrosis or calculus or obvious mass lesion on either sides.

Right kidney – 9.3 x 4.7 cm

Left kidney – 10.6 x 4.1 cm

**Urinary Bladder:** Is well distended. No evidence of calculus/ wall thickening noted.

**Prostate:** Measures 3.1 x 3.4 x 3.4 cms (volume of 18 cc) - normal in size, shape and echotexture. Periprostatic fat planes appear normal.

**Bowel:** Visualized small bowel loops are normal in caliber, fluid filled, show normal wall thickness & peristalsis. Mucosal pathology cannot be ruled out on sonography.

**RIF: Appendix** is seen in right paracolic gutter. Its base and proximal 5cm is non-dilated. Rest of its small segment is dilated, shows circumferential wall thickening with diameter of 12mm and is seen in continuation with ill defined hypoechogenicity in subcaecal location, approx measuring 5 x 3 x 2.2 cms with volume of 15-20cc and showing air pockets within. The distal part and tip of appendix are not seen separately from this. Likely appendicitis with perforation at its distal end/ tip. Adjacent mild omental inflammation noted. IC junction is mildly thickened.

Overlying probe tenderness is elicited.

**Lymphadenopathy:** No significant retroperitoneal lymphadenopathy noted.

**Free fluid:** No evidence of any free fluid in peritoneal cavity.

### IMPRESSION:

- Grade I fatty liver.
- Appendix is seen in right paracolic gutter. Its base and proximal 5cm is non-dilated. Rest of its small segment is dilated, shows circumferential wall thickening with diameter of 12mm and is seen in continuation with ill defined hypoechogenicity in subcaecal location with approx volume of 15-20cc and showing air pockets within. The distal part and tip of appendix are not seen separately from this. Likely appendicitis with perforation at its distal end/ tip. Adjacent mild omental inflammation noted with ?appendicular mass formation. IC junction is mildly thickened.

Kindly correlate clinically.

Dr. Sarita Kabra  
MBBS, DNB (Radiodiagnosis)  
Reg. No. 2015/08/4240

*Sarita*

Dr. Sarita Kabra

MBBS, DNB Radiodiagnosis

Consultant Radiologist

Warning: These investigations. Solitary Pathological/Radiological and other investigations never confirm the final diagnosis. They help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.