

RUBAN MEMORIAL HOSPITAL

(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)

Patliputra Colony, Near Patliputra Golambar, Patna-800013
 Tel.: 0612-2271020, 2271021, 8406003102, 8406003103
 info@ruban.org.in, www.rubanpatliputrahospital.com



TOLL FREE NO.: 1800 120 2216
 (Only for Patient's Registration)

OP CASE SHEET

Patient	: Mrs ANITA KUMARI 52Yrs FEMALE	Hospital No. : 22L00554
Address	: A-30MITRA MANDAL COLONY PHULWARI, DISTRICT : PATNA	 271637
Consultant	: Dr. MUKESH KUMAR SINGH.(MBBS,MS (HEAD&NECK SUR))	
Specialty	: ENT	
Corporate	: NONE	
Referred By :	Booking Date : 07-Apr-2023	
	Print Date : 07-Apr-2023 1:00 pm	

→ Flu case w/ Subacute finding
for 2 yrs.

Q12

Subacute (level Ia) -
neck node. C Zone
wonder

Fnac from level Ia neck node -
(Reactive.)

Ans -

Observation.

- Few SB / Znss.

/ US guided
Fnac (Repeat)

from Subacute neck node?

(Dr. Ashish, Pathology)

Patient Name : ANITA KUMARI
 Patient Age : 52 Yrs 12 Days
 Sex : FEMALE
 Address : A-30 MITRA MANDAL COLONY PHULWARI, , PATNA - 800002
 Consultant : Dr.AVINASH KUMAR(MS)
 Customer : ICICI LOMBARD

Hospital Number : 22L00554
 IP Number : 123175
 Date Of Admission : 22-Mar-2023
 Time Of Admission : 9:44 am
 Date Of Discharge : 24-Mar-2023
 Time Of Discharge : 11:08 am
 Bed Number : 17P 101

DISCHARGE SUMMARY

GNOSIS :

RESIDUAL GB CALCULI
 GENERALISED LYMPHADENOPATHY
 S/P LAP. CHOLECYSTECTOMY
 DIAG. LAP.

PRESENTATION\HISTORY :

C/O Gaseous discomfort of abdomen & pain RUQ region on and off.

PAST HISTORY, CO-MORBIDITIES & ALLERGIES (IF ANY) :

P/M/H - K/C/O TYPE II DM / HTN
 P/S/H - H/O CHOLECYSTECTOMY - 2005

HOSPITAL COURSE INCLUDING OPERATIONS :

SL #	Surgery Date	Surgery Name	Anesthesia Type	Surgeon Name	Anaesthetist
1	22-Mar-2023	LAPAROSCOPIC CHOLECYSTECTOMY	GA	AVINASH KUMAR	PANKAJ KUMAR SHARMA
2	22-Mar-2023	Diagnostic Laparoscopy	GA	AVINASH KUMAR	PANKAJ KUMAR SHARMA
		1:-LAPAROSCOPIC CHOLECYSTECTOMY			

OT Note

Under GA, Epigastric 10 mm and four 5 mm port used , Diagnostic lap done , adhesions was found in perihepatic region , gentle adhesiolysis was done , few small lymph node was found in periportal region ,one of the lymph node was removed and sent fpr HPE , Lap Cholecystectomy was done, calots dissected , cystic duct short and wide , clip applied to the cystic duct, cystic artery clipped and cut ,Gall bladder detached from liver bed with the help of monopolar cautery , hemostasis secured ,GB removed from 10 mm epigastric port in plastic bag , adk drain placed in gb fossa ,absorbable suture used for the skin , A/S Dressing was done.

Patient was admitted with above mentioned complaints under Dr. Avinash Kumar. Patient is evaluated and all the relevant investigations were done under GA. Patient underwent Lap. Cholecystectomy & Diag. Lap. on 22.03.2023. One of the lymphnode from periportal region was removed & sent for HPE postoperatively. Patient was treated with I.V. Antibiotics, Analgesics & other supportive medicine. Now patient is being discharged in stable condition with advice.

MEDICATIONS USED DURING HOSPITAL STAY :

Patient was treated with supportive measures.

INVESTIGATIONS (RELEVANT) :

All investigations were attached.

MEDICATIONS ON DISCHARGE :

- T. CLAVAM 625 mg 1 TAB TWICE DAILY FOR 7 DAYS
- T. PARACETAMOL 650 1TAB TWICE DAILY FOR 7 DAYS
- T. PANTOCID DSR 1 TAB ONCE DAILY IN EMPTY STOMACH FOR 15 DAYS

FOLLOW UP :

Follow up in SOPD to Dr. Avinash Kumar after 15 days.

INSTRUCTION ABOUT WHEN AND HOW TO OBTAIN URGENT CARE

Note : Please ensure that your primary physician reviews medications prescribed by all other specialist consultants, so as to avoid drug overdose repetition.

Patient Name : ANITA KUMARI
Patient Age : 52 Yrs 12 Days
Sex : FEMALE
Address : A-30 MITRA MANDAL COLONY PHULWARI,, PATNA - 800002
Consultant : Dr.AVINASH KUMAR(MS)
Customer : ICICI LOMBARD

Hospital Number : 22L00554
IP Number : 123175
Date Of Admission : 22-Mar-2023
Time Of Admission : 9:44 am
Date Of Discharge : 24-Mar-2023
Time Of Discharge : 11:08 am
Bed Number : 17P 101

DISCHARGE SUMMARY

If patient develops rashes, fever, severe pain, abnormal swelling or discharge at surgical site in Emergency (24x7) or visit Consultant in OPD with prior appointment. Contact numbers available on the top right corner of the discharge summary page.

Prepared by Dr. Bablu

Created By : VINEETHA LAKRA
Printed By : VINEETHA LAKRA



Q. T. H P E - N
Pain & D. S. R. O. D. I.
PIA NOD
B. M. K. A. Z.

Date : 28-Mar-2023 4:42 pm

No. : 22L00554

: Mrs ANITA KUMARI

: 52 Yrs

Sex : FEMALE

Doctor : Dr. AVINASH KUMAR

Lab no:H-671/2023

Bed No. : 17P 101
Discharge Bed : 17P 101
Bill No. : 552694
Bill Date : 22-Mar-2023
Report No. : 122183498

Page 1 of 1

Patient Type : T / IN PATIENT

Collected on : 22-Mar-2023 7:16 pm

Received on : 22-Mar-2023 7:20 pm

Reported on : 28-Mar-2023 12:42 pm

HISTOPATHOLOGY

CLINICAL :- Pain abdomen.

SPECIMEN :- Lymphnode biopsy periportal region.

GROSS :- Received single nodular fatty soft tissue piece measuring 1.7 x 1.5 cm. Lymphnode measuring 1.6 x 0.7 cm.

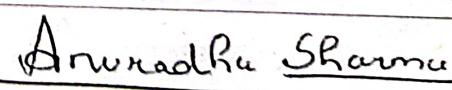
MICROSCOPIC :- Section from lymphnode shows lymphoid follicles with well formed germinal center. No evidence of granuloma or malignancy seen.

IMPRESSION :- Reactive lymphnode.

Comments :- Kindly correlate clinicoradiologically.

-- Kindly receive concern gross tissue specimen within 1 months and slide & block within one year, otherwise it will be discarded due to age of storage capacity.

End of Report

HISH RANJAN SINGH
MD (PATHOLOGY)0612-2270097
0612-2270059
8406003102
8406003103TOLL FREE No.: 1800 120 2216
(Only for Patient's Registration)
Dr. ANURADHA SHARMA
MBBS, MD (PATHOLOGY)

PATHOLOGIST

Note : Please co-relate the finding clinically.
Any discrepancy may kindly be brought to notice.
THIS IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

Date : 28-Mar-2023 4:41 pm

No. : 22L00554

: Mrs ANITA KUMARI

: 52 Yrs

Sex : FEMALE

Doctor : Dr. AVINASH KUMAR

Lab no:H-673/2023

Bed No : 17P 101
Discharge Bed : 17P 101
Bill No. : 552696
Bill Date : 22-Mar-2023
Report No. : 122183497

Page 1 of 1

Patient Type : T / IN PATIENT

Collected on : 22-Mar-2023 7:16 pm

Received on : 22-Mar-2023 7:20 pm

Reported on : 28-Mar-2023 12:05 pm

HISTOPATHOLOGY

CLINICAL :- Pain abdomen.

SPECIMEN :- Gall Bladder.

GROSS :- Received partly opened gall bladder specimen measuring 4.5 x 2.5 cm. Outer surface is dull greyish white. On opening mucosa is ulcerated. Maximum wall thickness 0.3 cm. No stones received.

MICROSCOPIC :- H and E stained section shows partially ulcerated mucosal lining, fibrotic lamina propria. Diffuse involvement by lymphoid aggregates, well formed germinal centers throughout G.B wall. Muscle layer is thickened with transmural chronic inflammatory infiltrates reaching upto serosa. Dilated congested and thickened blood vessels seen. No evidence of malignancy seen.

IMPRESSION :- Follicular cholecystitis. (Variant of chronic cholecystitis)

Comments :- Kindly correlate clinicoradiologically.

- Kindly receive concern gross tissue specimen within 1 months and slide & block within one year, otherwise it will be discarded due to age of storage capacity.

End of Report

Anuradha Sharma

Dr. ANURADHA SHARMA
MBBS, MD (PATHOLOGY)

PATHOLOGIST

Note : Please co-relate the finding clinically.

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ISH RANJAN SINGH
MD (PATHOLOGY)

512-2270097
512-2270059
546003102
546003103

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OP CASE SHEET

Patient : Mrs ANITA KUMARI 52Yrs FEMALE
Address : A-30 MITRA MANDAL COLONY PHULWARI,
DISTRICT : PATNA
Consultant : Dr. AVINASH KUMAR(MS)
Specialty : GENERAL & LAPAROSCOPIC SURGERY
Corporate : NONE
Referred By : SELF

Hospital No. : 22L00554



Booking Date : 18-Mar-2023

Print Date : 18-Mar-2023 1:56 pm

BP - 140/80 mmHg

PT NOT PRSENT

(Hb) DM on medicore

(Hb) HbN on medis core

(K1CLO) Raised g6
calci

FNAC → Reactive

PT work Bx.

PT work

To come

PT E rope

CBC, LFT, RFT,

Vlsg ure, ECH,

VSG abd (Rsg)

||

R
21/03/23

SACR +
Lap chole +
Diagnostic lap
Lymph node
22/03/23

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 Corporate Identity No.U85100BR2011PTC016619



TOLL FREE NO.: 1800 120 2216
 (Only for Patient's Registration)

Patient Name	: ANITA KUMARI	Hospital No	: 22L00554
Sex	: FEMALE	Age	: 52 yrs 11 d
Test Done	: 21-MAR-2023	Date of Report	: 21-MAR-2023
Ref. Consultant	: Dr.AVINASH KUMAR(MS)		

USG - WHOLE ABDOMEN

There are a few calculi present in the GB. The GB wall measures 1.1mm in thickness. The CBD measures 6.1mm in diameter and no calculi seen within it. The liver Parenchyma is normal measures 148mm. No focal or diffuse disease seen. There is no evidence of dilated ducts. The pancreas is normal. The Spleen measures 109mm in bipolar diameter.

There are multiple enlarged lymphnodes present in the neck and in the abdomen, size ranging from 6.6 mm to 38.7mm.

There is no pleural effusion or ascites.

Both adrenals are normal, the right measures 16.8mm and the left 16.0mm in diameter.

Both kidneys are normal, the Right measures 93.1mm and the Left 103mm in bipolar diameter. No calcification or Hydronephrotic changes seen. The corticomedullary distinction is intact.

The bladder is normal in outline.

The pre void bladder volume 342ml.

The post void bladder volume nil

The Uterus measures 40.0mm and the Cervix 16.6mm in diameter. The endometrium measures 3.0mm. Both ovaries are normal, the Right measures 23.0mm and the Left 24.2mm in diameter.

Conclusion

A few calculi in the GB.

Multiple enlarged lymphnodes in the neck and in the abdomen.

No other abnormality seen.

Dr. UDAY KRISHNA
 MD,DMRD,FRCR (LONDON)
 RADIOLOGIST

Prepared By: PREMCHAND PANDIT

Note : Please co-relate the finding clinically. Any discrepancy may kindly be brought to notice.

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TOLL FREE NO.: 1800 120 2216
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Page 1 of 2

Patient Name
Patient Age
Sex
Address
Consultant
Customer

ANITA KUMARI
51 Yrs 8 Months 27 Days
FEMALE
A-30 MITRA MANDAL COLONY PHULWARI,, PATNA -
800002
Dr. VAIBHAV RAJ(DM, (HEPATOLOGY))
ICICI LOMBARD

Hospital Number : 22L00554
IP Number : 118404
Date Of Admission : 06-Dec-2022
Time Of Admission : 11:15 pm
Date Of Discharge : 13-Dec-2022
Time Of Discharge : 1:46 pm
Bed Number : 17PP 106

DISCHARGE ON REQUEST

DIAGNOSIS : GB CALCULI
ABP - MILD
GENERALISED LYMPHADENOPATHY (PLANNED FOR BIOPSY)

PRESENTATION/HISTORY :

C/O Pain in chest region left, loose motion, abdominal distension & generalised weakness.

HOSPITAL COURSE INCLUDING OPERATIONS :

Patient was admitted with above mentioned complaints under Dr. Sanjeev Kumar. Patient was evaluated & all the relevant investigation were done. Patient was treated conservatively. Cross consultation was done by Dr. Vaibhav Raj (Hepato+gastroenterologist), Dr. M.S. Pandey (Cardiologist), Dr. Shyam Kishore (Endocrinologist), Dr. Mukesh (ENT), Dr. Avinash Kumar (Gen. Surgeon) & Dr. Pranay Vinod (Pulmonologist). Now patient is being discharged in stable condition with advice on request.

MEDICATIONS USED DURING HOSPITAL STAY :

Patient was treated with supportive measures.

INVESTIGATIONS (RELEVANT) :

All investigations were attached.

CT- THORAX (CHEST) ROUTINE

Mild left sided pleural effusion.

MRI - MR CHOLECYSTO-PANCREATOGRAPHY WITH CONTRAST

1. H/o cholecystectomy. Residual GB noted with a calculus measuring 1.2cm in the neck region.
No significant wall thickening seen. Surround fat planes are preserved.
2. CBD is prominent measuring upto 8.0mm in diameter however no evidence of calculus seen in the CBD lumen. No IHBRD seen.
3. Pancreas is mildly bulky with mild peripancreatic fat stranding. Mild left pleural effusion seen.
Suggested correlation with serum amylase.
4. There are multiple retroperitoneal nodes seen measuring upto 1.5cm.
5. There is supra-umbilical right parasagittal parietal wall hernia seen containing fat with hernial defect measuring 2.1cm.

USG - WHOLE ABDOMEN (FEMALE)

- Cholelithiasis (Post op case ? remnant GB with calculi).
- Multiple periportal, peripancreatic, pre-aortic, aorto-caval lymphnodes.
- Minimal perisplenic ascites.

Note : Please ensure that your primary physician reviews medications prescribed by all other specialist consultants, so as to avoid drug overdose repetition.

Patient Name : ANITA KUMARI
 Patient Age : 51 Yrs 8 Months 27 Days
 Sex : FEMALE
 Address : A-30 MITRA MANDAL COLONY PHULWARI, , PATNA - 800002
 Consultant : Dr.VAIBHAV RAJ(DM, (HEPATOLOGY))
 Customer : ICICI LOMBARD

Hospital Number : 22L00554
 IP Number : 118404
 Date Of Admission : 06-Dec-2022
 Time Of Admission : 11:15 pm
 Date Of Discharge : 13-Dec-2022
 Time Of Discharge : 1:46 pm
 Bed Number : 17PP 106

DISCHARGE ON REQUEST

MEDICATIONS ON DISCHARGE :

1. T. LUMENAC 600 mg 1 TAB THRICE DAILY FOR 5 DAYS
2. CEFTUM 500 mg 1 TAB TWICE DAILY FOR 5 DAYS
3. SOMPRAZ D 40 mg 1 TAB ONCE DAILY IN EMPTY STOMACH FOR 2 WEEKS
4. ROZAT 10 mg 1 TAB ONCE DAILY
5. UPRISE D3 60 K 1 CAP WEEKLY FOR 8 WEEKS
6. DUONASE NASAL SPRAY IN EACH NOSTRIL TWICE DAILY
7. SYP. AMBRODIL S 2 TSF THRICE DAILY FOR 5 DAYS
8. SYP. CREMAFFIN PLUS 15 ml AS AND WHEN REQUIRED

DISCHARGE ADVICE :

- Planned for Biopsy (LN)

FOLLOW UP :

- Review after 5 days / as and when required in OPD in Dr. Vaibhav Raj (Gastro OPD), Dr. M. Pandey (Cardio OPD), Dr. Shyam Kishore (Endocrine OPD), Dr. Mukesh Kumar (ENT OPD), Dr. Avinash Kumar (SOPD) & Pranay Vinod (Pul. OPD)

INSTRUCTION ABOUT WHEN AND HOW TO OBTAIN URGENT CARE

If patient develops fever, severe vomiting, rash after taking drugs, chest pain, increased breathlessness, subnormal consciousness, abnormal movements or symptoms, consult in Emergency (24x7) or visit Consultant in OPD with prior appointment. Contact numbers are on the top right corner of the discharge summary page.

Prepared by Dr. Bablu

Created By : VINEETHA LAKRA
 Printed By : VINEETHA LAKRA

Date : 12-Dec-2022 6:10 pm

No. : 22L00554

Name : Mrs ANITA KUMARI

Age : 51 Yrs

Doctor : Dr. VAIBHAV RAJ

Lab No.C-929/2022

Sex : FEMALE

Bed No. : 117PP 106
Current Bed No. : 117PP 106
Bill No. : 401113
Bill Date : 10-Dec-2022
Report No. : 12214433

CYTOTOLOGY

Page 1 of 1

Patient Type : T / IN PATIENT

Collected on : 10-Dec-2022 2:09 pm

Received on : 10-Dec-2022 6:36 pm

Reported on : 12-Dec-2022 11:33 am

Clinical :- Sub - mental lymphnode

FNAC site :- Sub - mental lymphnode (USG guided)

Microscopic :- Smears are cellular and show reactive lymphoid cells, centrocytes, centroblasts and tingible body macrophages. No necrosis, giant cells or any atypical cells are seen.

Impression :- Reactive lymphoid hyperplasia.

End of Report

URADHA SHARMA
MD (PATHOLOGY)

0612-2270097
0612-2270059
8106093102
8406003103

TOLL FREE No.: 1800 120 2216
(Only for Patient's Registration)

Ashish R Singh

Dr. ASHISH RANJAN SINGH
MBBS, MD (PATHOLOGY)

PATHOLOGIST

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TOLL FREE NO.: 1800 120 2216
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Patient Name :
Sex :
Bed No. :
Test Done :
Ref. Consultant :

: ANITA KUMARI
: FEMALE
: 17PP 106
: 10-DEC-2022
: Dr. VAIBHAV RAJ(DM, (HEPATOLOGY))

Hospital No : 22L00554
Age : 51 yrs 8 m 27 d

Date of Report : 10-DEC-2022

USG - GUIDED FNAC

Under strict aseptic condition USG guided FNAC done from sub-mental lymphnode of size 1.7 x 0.9 cm.
Seven slides prepared and handed over to concerned sister for investigation.
The vitals of the patient are within normal limit.

Dr. Surg Cdr Sourabh
Kumar (Reid), MBBS
(AFMC), DNB
(INHS ASVINI)
Associate Proff (Radio
diagnosis)

Dr. Surabhi MD
(Safdarjung Hospital),
DNB Radiodiagnosis
Ex-Neuro PDCC Sr.
SGPGI (Lucknow)

Dr. Sumit Singh
MBBS, MD
(Radiodiagnosis)

Dr. Arun Kumar
MBBS, DMRD
Radiologist

Dr. P. C. Jha,
MD Radiodiagnosis
(AMU) Ex. Cons.
Radiologist (MTMH)

Dr. Anas Misbah
MBBS, MD
(Radiodiagnosis)

Prepared By: ABHISHEK VISHAL

Ratan Advanced Diagnostics & MRI Centre

Unit of Ruban Patliputra Hospital Pvt. Ltd.

A-State-of-Art 24 hours facilities Under One Roof

Patient Name :
Sex :
Test Done :
Ref. Consultant :

: ANITA KUMARI
: FEMALE
: 08-DEC-2022
: Dr.VAIBHAV RAJ(DM, (HEPATOTOLOGY))

Hospital No : 22L00554
Age : 51 yrs 8 m 27 d Bed No. : 17PP 106
Date of Report : 08-DEC-2022

MRI OF UPPER ABDOMEN WITH CONTRAST AND MRCP

H/o cholecystectomy. Residual GB noted with a calculus measuring 1.2cm in the neck region. No significant wall thickening seen. Surround fat planes are preserved. CBD is prominent measuring upto 8.0mm in diameter however no evidence of calculus seen in the CBD lumen.

Left and right hepatic ducts are normal with normal biliary hilar confluence. No intra hepatic biliary radical dilatation seen.

Pancreas is mildly bulky with mild peripancreatic fat stranding. Pancreatic duct is normal in caliber and uniting normally with the CBD at the ampulla. No side branches appreciated from the pancreatic duct. No accessory pancreatic duct seen.

Liver and spleen are normal. No focal lesion seen.

Splenoportal axis is patent.

Both kidneys are normal.

No mesenteric edema or ascites seen.

There are multiple retroperitoneal nodes seen measuring upto 1.5cm.

Mild left pleural effusion seen.

There is supra-umbilical right parasagittal parietal wall hernia seen containing fat with herniale defect measuring 2.1cm.

IMPRESSION:

1. H/o cholecystectomy. Residual GB noted with a calculus measuring 1.2cm in the neck region. No significant wall thickening seen. Surround fat planes are preserved.
2. CBD is prominent measuring upto 8.0mm in diameter however no evidence of calculus seen in the CBD lumen. No IHBRD seen.
3. Pancreas is mildly bulky with mild peripancreatic fat stranding. Mild left pleural effusion seen. Suggested correlation with serum amylase.
4. There are multiple retroperitoneal nodes seen measuring upto 1.5cm.
5. There is supra-umbilical right parasagittal parietal wall hernia seen containing fat with herniale defect measuring 2.1cm.

Answer
DR. CHANDAN KISHORE
MD, FRCR (LONDON)
SENIOR CONSULTANT RADIOLOGIST

Prepared By: AWADHESH KUMAR

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Patient Name:
Sex:
Bed No.
Test Done:
Ref. Consultant:

: ANITA KUMARI
: FEMALE
: 17PP 106 ✓
: 11-DEC-2022
: Dr.VAIBHAV RAJ(DM, (HEPATOLOGY))

Hospital No : 22L00554
Age : 51 yrs 8 m 27 d
Date of Report : 11-DEC-2022

CT- THORAX (CHEST) ROUTINE

The study reveals:-

Bilateral lung show normal expansion.

No parenchymal nodule, scarring or infiltration.

Mild left sided pleural effusion is seen.

Mediastinal contents are normal with normal appearing great vessels and their branches.

No pericardial effusion is seen.

Bony cage appears normal.

Dorsal esophagus appears normal.

Two enlarged pretracheal lymphnodes with preserved hilum is seen, largest measuring 8.9mm in short axis.

Multiple left axillary lymphnodes are seen, largest measuring 1.68 x 2cm in size.

GB shows hyperdensity (HU 67) within likely calculus.

IMPRESSION:

Mild left sided pleural effusion.

Dr. Surg Cdr Sourabh
Kumar (Reid), MBBS
(AFMC), DNB
(INHS Asvin)
Associate Prof
(Radiodiagnosis)

Dr. Surabhi MD
(Safdarjung Hospital),
DNB Radiodiagnosis
Ex-Neuro PDCC Sr.
SGPGI (Lucknow)

Dr. Sumity Singh
MBBS, MD
(Radiodiagnosis)

Dr. Arun Kumar
MBBS, DMRD
Radiologist

Dr. P. C. Jha,
MD Radiodiagnosis
(AMU) Ex. Cons.
Radiologist (MTMH)

Dr. Anas Misbah
MBBS, MD
(Radiodiagnosis)

Prepared By: PREMCHAND PANDIT

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TOLL FREE NO.: 1800 120 2216
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Patient Name
Sex
Bed No.
Test Done
Ref. Consultant

: ANITA KUMARI	Hospital No	: 22L00554
: FEMALE	Age	: 51 yrs 8 m 27 d
: 17PP 106	Date of Report	: 07-DEC-2022
: 07-DEC-2022		
: Dr.VAIBHAV RAJ(DM, (HEPATOLOGY))		

LIVER

GALL BLADDER

CBD
PANCREAS
SPLEEN
KIDNEYS

URINARY BLADDER

UTERUS

OVARIES

ANY OTHER FINDING

USG - WHOLE ABDOMEN (FEMALE)

- : Liver is normal in size measuring 14.1 cm in craniocaudal diameter. Parenchyma is normal in echotexture. Intrahepatic ducts are not dilated. No focal or diffuse lesion seen.
- : Post op case : GB is partially distended. Multiple echogenic calculi are seen in the GB with distal acoustic shadowing, largest measuring 1cm.
- : CBD is not dilated. No calculi seen in the CBD.
- : Pancreas is normal in echotexture.
- : Spleen is normal in size measures 11.7cm in bipolar diameter.
- : Both kidneys are normal. No hydronephrosis or calcifications seen. Cortico-medullary distinction is intact. Right Kidney measures 9.85cm and the Left is 10cm in bipolar diameter.
- : Urinary bladder is normal.
- : Uterus is normal in size. Endometrium thickness measures 4mm. Myometrium and cervix are normal.
- : Bilateral adnexa are clear.
- : Multiple periportal, peripancreatic, pre-aortic, aorto-caval lymphnodes are seen with conglomeration, largest measuring 2.72 x 4.6cm. Minimal perisplenic ascites noted. No pleural effusion seen.

IMPRESSION:

- Cholelithiasis (Post op case ? remnant GB with calculi) .
- Multiple periportal, peripancreatic, pre-aortic, aorto-caval lymphnodes.
- Minimal perisplenic ascites.

Dr. Surg Cdr Sourabh
Kumar (Recd), MBBS
(AFMC), DNB
(UNIS Asstn)
Associate Prof (Radio
diagnosis)

Dr. Surabhi MD
(Safdarjung Hospital),
DNB Radiodiagnosis
Ex-Neuro PDCC Sr.
SGPGI (Lucknow)

Dr. Sumit Singh
MBBS, MD
(Radiodiagnosis)

Dr. Arun Kumar
MBBS, DMRD
Radiologist

Dr. P. C. Jha,
MD Radiodiagnosis
(AMU) Ex. Cons.
Radiologist (MTMII)

Dr. Anas Misbah
MBBS, MD
(Radiodiagnosis)

Prepared By: PREMCHAND PANDIT

Note : Please co-relate the finding clinically. Any discrepancy may kindly be brought to notice.

THIS IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

RUBAN MEMORIAL HOSPITAL

(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)

Patliputra Colony, Near Patliputra Golambar, Patna-800013

Tel.: 0612-2271020, 2271021, 8406003102, 8406003103

info@ruban.org.in, www.rubanpatliputrahospital.com

Corporate Identity No.U85100BR2011PTC016619



TOLL FREE NO.: 1800 120 2216
(Only for Patient's Registration)

Patient Name

Sex

Bed No.

Test Done

Ref. Consultant

: ANITA KUMARI

Hospital No

: 22L00554

: FEMALE

Age

: 51 yrs 8 m 27 d

: 17PP 106

: 11-DEC-2022

Date of Report

: 11-DEC-2022

: Dr. VAIBHAV RAJ (DM), (HEPATOLOGY)

X-RAY CHEST (PA VIEW)

No lung parenchymal lesion seen.

CP angles are clear.

No cardiomegaly seen.

Hilar shadows are normal.

Bony cage is unremarkable.

Dr. Surg Cdr Sourabh
Kumar (Retd), MBBS
(AFMC), DNB (INHS
ASVINI) Associate
Prof (Radio diagnosis)

Dr. Surabhi MD
(Safdarjung Hospital),
DNB Radiodiagnosis
Ex-Neuro PDCC Sr.
SGPGI (Lucknow)

Dr. Sumit Singh
MBBS, MD
(Radiodiagnosis)

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Prepared By: ABHIJEET KUMAR

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TOLL FREE NO.: 1800 120 2216
(Only for Patient's Registration)

Patient Name

: ANITA KUMARI
: FEMALE

Hospital No : 22L00554
Age : 51 yrs 8 m 27 d

Sex

: 07-DEC-2022

Date of Report : 07-DEC-2022

Bed No. : 17PP 106

: Dr.VAIBHAV RAJ(DM, (HEPATOLOGY))

Test Done

Ref. Consultant

X-RAY CHEST PA VIEW

Rotation +
Not in full inspiration.
Blunting of left CP angle.
No lung parenchymal lesion seen.
No cardiomegaly seen.
Hilar shadows are normal.
Bony cage is unremarkable.

Mishra
Dr. Surg Cdr Sourabh
Kumar (Retd), MBBS
(AFMC), DNB
(INHS Asvini)
Associate Prof
(Radiodiagnosis)

Dr. Surabhi MD
(Safdarjung Hospital),
DNB Radiodiagnosis
Ex-Neuro PDCC Sr.
SGPGI (Lucknow)

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Radiologist (MTMH)

Dr. Anas Misbah
MBBS, MD
(Radiodiagnosis)

Prepared By: PREMCHAND PANDIT