

28/12/24.

To whomsoever it may concern,

Hereby referring a patient named Mr. MAZHAR PASHA 57 years/male admitted with clo pain abdomen since 1 week also loss of appetite, fatigue.

Patient is a known Type 2 DM, HTN, IHD [SID: CABG in 2014].

On examination patient was found to be conscious, with vitals: BP-140/90 mmHg; PR-98/min; GRAS-517mg/dl. P/A- soft, tender RIF ⊕, focal guarding ⊕, Bowel sound ⊕.

CECT abd pelvis done on 28/12/2024 revealed features suggestive of acute appendicitis with possible perforation and abscess formation.

Patient was advised for Emergency Exploratory laparotomy. As routine surgical investigation, 2D echo was done, revealed Mild MR / Grade 2 LVDD / moderate TR / EF 55 to 60% / No RWA SVC - 16mm, minimally collapsing.

1/10 High risk [cardiac risk] and non availability of cardiac back-up, patient is now being referred out to higher centre, for further evaluation and management.



Yours sincerely
M.H.
Dr. Suresh



Patient ID:	944	Patient Name:	MAZHAR PASHA
Age:	57 Years	Sex:	M
Accession Number:		Modality:	CT
Referring Physician:	DR LATA SINGH	Study:	CT ABDOMEN & PELVIS
Study Date:	28-Dec-2024		

CT SCAN OF ABDOMEN AND PELVIS (PLAIN & CONTRAST)

CLINICAL DETAILS: H/o pain in abdomen

OBSERVATIONS:-

Lung base: Visualized sections of lungs are clear. No evidence of pleural effusion.

Liver: Is normal in size, shape and attenuation. No dilatation is noted in the intrahepatic biliary radicles and the common bile duct. Portal vein is normal.

Gall bladder: Reveals normal lumen and wall thickness. Show multiple calculi largest measuring 4.0 mm.

Pancreas: Is normal in size, contour and attenuation values. No obvious duct dilatation, calcification or mass.

Spleen: Is normal in size and show normal attenuation values. The splenic hilum is normal. No evidence of focal lesions.

Adrenals: Both adrenals appear normal.

Right Kidney: Right kidney reveals normal size, shape, position and attenuation. No radiopaque stone is seen in the renal parenchyma or collecting systems. No signs of obstructive uropathy are detected. Right kidney shows good concentration of contrast.

Left Kidney: Left kidney reveals normal size, shape, position and attenuation. No radiopaque stone is seen in the renal parenchyma or collecting systems. No signs of obstructive uropathy are detected. Left kidney shows good concentration of contrast.

Lymphnodes: No evidence of significant lymphadenopathy.

Vessels: Aorta and IVC are normal in calibre.

GI Tract/Mesentery:

Appendix is thickened measures 10 mm and show diffuse periappendiceal fat stranding.





Patient Name:	MAZHAR PASHA 57Y/M	Patient ID:	4792.IP
Age:		Accession Number:	
Sex:	M	Modality:	CR
Referring Physician:		Study:	CHEST
Study Date:	28-Dec-2024		

RADIOGRAPH OF CHEST (PA VIEW)

CLINICAL HISTORY: Abdominal pain, uncontrolled dm, HTN & CAD.

FINDINGS:

- Sternotomy sutures are seen
- Trachea is normal and is central.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The cardiac shadow is normal in contour.
- The lung fields and bronchovascular markings appear normal.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- Both the diaphragmatic domes appear normal for the projection.
- The visualized bones and soft tissue structures appear normal.

IMPRESSION:

- **No acute thoracic process.**

Dr. Dave Kruti D
Consultant Radiologist
G-48337



Laboratory Report

Name : Mr. MAZHAR PASHA
Phone : +919742177770

MR No : HBS173584
Visit ID : HBSIP19206
Sample ID : BL80077, PL023039,
BL80077, SE080275,
SE080275, SE080275,
SE080275,

Age/Gender : 57 Y/M

Sample Date : 28-12-2024 12:12
Report Date : 28-12-2024 13:40

Admitting Doctor : Dr Prafull Lata Singh
Department : General Medicine
Ward/Bed : Second-Floor-GEN-Ward-male / S-F-GEN-MALE1

Printed On:28-12-2024 13:42

HEMATOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Complete Blood Count			
HAEMOGLOBIN	8.9 *	gm/dl	13.0 - 18.0
TOTAL WBC COUNT	17900 *	cells/cumm	4000 - 11000
DIFFERENTIAL COUNT	-		
NEUTROPHILS	87 *	%	40 - 75%
LYMPHOCYTES	07 *	%	20 - 45%
EOSINOPHILS	02	%	0 - 7%
MONOCYTES	04	%	2-10%
BASOPHILS	00	%	0 - 2%
RBC COUNT	3.2 *	million/cumm	3.8 - 5.5
PLATELET COUNT	6.64 *	lakhs/cumm	1.5 - 4.5
PCV	27.1 *	%	40-54%
MCV	84.0	fl	80-96
MCH	27.6	pg	26 - 34
MCHC	32.9	gm/dl	32 - 37

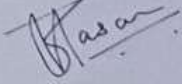
BIOCHEMISTRY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
GLUCOSE RANDOM			
GLUCOSE RANDOM	470.4 *	mg/dL	70 - 140
HBA1C			
HBA1c	14.5 *	%	Normal :4.2 - 6.1% Borderline/Good Control: 5.7 - 6.4%

Blood Urea	53.0 *	mg/dl	10 - 50
CREATININE, SERUM	1.25 *	mg/dl	0.62 - 1.17
ELECTROLYTES(NA, K, CL), SERUM			
Sodium	129 *	mEq/L	135 - 150
Potassium	4.2	mEq/L	3.5 - 5.1
Chloride	85 *	mEq/L	94 - 110
URIC ACID, SERUM	6.0	mg/dl	3.5 - 7.2

End of the report

Verified By
Kirankumar


Certified By
Dr Zubair Hasan
MD Pathologist
MBBS,MD(PATH) DNB



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There is a thick walled collection noted the base of the appendix with possible communication in appendicular lumen and surrounding inflammation measuring approximately 59 x 42 x 41 mm.

Few prominent mesenteric lymph nodes noted in the RIF.

Rest of the bowel and mesentery appear normal.

Peritoneal cavity: No ascites or free air.

PELVIS:

Prostate: Is normal.

Urinary bladder: No focal mass or calculi. Thickened urinary bladder wall measuring 4.0 mm – Cystitis.

Soft tissues & Musculoskeletal: The visible vertebral bodies appear normal. The extra abdominal and para spinal soft tissues are normal.

IMPRESSION:

- Appendix is thickened measures 10 mm and show diffuse periappendiceal fat stranding. There is a thick walled collection at the base of the appendix with possible communication in appendicular lumen and surrounding inflammation measuring approximately 59 x 42 x 41 mm.
- Few prominent mesenteric lymph nodes in the RIF.
→ *Features suggestive of acute appendicitis with possible perforation and abscess formation.*
- Cholelithiasis without evidence of cholecystitis.
- Thickened urinary bladder wall – Cystitis.
Recommend clinical correlation.

Dr. Kiran Kumar DMRD, DNB
Consultant Radiologist