

GUT CARE

A Complete GI & Hepato-Biliary Care Center

Dr. PRAKASH B. SONKUSARE

MBBS, MD(Medicine), DNB(Gastro), MNAMS

Member of INASL, SGEI, ISG, ASGE, HSI, API

Consultant Gastroenterologist, Hepatologist

& Therapeutic Endoscopist

Reg. No. 2003/02/0387

GUTCARE, 404, 'B' wing, Neeti- Gaurav Complex, Ramdaspath, Nagpur-440 010. Helpline : 0712-2455551 Website : gutcare.co.in Email : gutcareclinics@gmail.com

Name : MRS.SANGITA PATLE (32y, Female)

ID : 4044

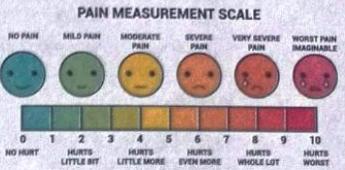
Address : MITEWANI BHANDARA

Date : 03-May-2022

#Visit : 2

Complaints:

- FEELING BETTER WITH TREATMENT
- WEIGHT LOSS - 4 KG



Negative History: GI BLEED / LOOSE MOTIONS

Past History: NOT SIGNIFICANT, NOT SIGNIFICANT

Addiction: NONE

BP 92 / 74* mmHg Pulse 86 bpm Height 155 cm Weight 42 kg Temperature 97.3 F BMI 17.48 Kg/m² SPO2 99 %
Respiratory rate 20 %

Sys.Exam: PA: SOFT, NON-TENDER;

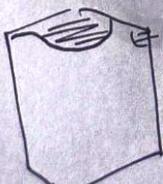
Allergies: NOT KNOWN

Tests Advised : ANA(NEXT), ASMA (NEXT), CERULOPLASMIN (NEXT), SLIT LAMP EXAMINATION FOR KF RING, TOTAL IGG (Creatinine)

Diagnosis: CLD - ? ETIOLGOY, DECOMPENSATED - ASCITES

RX

Medicine	Dosage	
1) CYRA D CAPSULE	1 - 0 - 0	दररोज - 1 महिना
Composition : DOMPERIDONE 30 MG + RABEPRAZOLE 20 MG		
Timing : 1 - नाश्ता आधी		
Note: : 30 MIN BEFORE BREAKFAST		
2) LASILACTONE 50MG TABLET	½ - ½ - 0	दररोज - 1 महिना
Composition : FUROSEMIDE 20 MG + SPIRONOLACTONE 50 MG		
Timing : ½ - नाश्ता नंतर, ½ - दुपारी जेवणानंतर		
Note: : 10 AM, 4 PM		
3) BECOZINC CAPSULE	0 - 1 - 1	दररोज - 1 महिना
Composition : OLIC ACID 1 MG + VITAMIN B1 10 MG + VITAMIN B12 15 MCG ...		
Timing : 1 - दुपारी जेवणानंतर, 1 - रात्री च्या जेवणा नंतर		
4) SHELCAL HD TABLET	0 - 1 - 0	दररोज - 1 महिना
Composition : CHOLECALCIFEROL 500 IU + ELEMENTAL CALCIUM 500 MG		
Timing : 1 - दुपारी जेवणानंतर		
5) EMPTY SYRUP	0 - 0 - 15	दररोज - 1 महिना
Composition : LACTULOSE 10 GM/ 15 ML		
Timing : 15 - रात्री च्या जेवणा नंतर		
6) LAMINO GI POWDER	2 - 2 - 2 (tsp)	दररोज - 1 महिना
Timing : 2tsp - नाश्ता नंतर, 2tsp - दुपारी जेवणानंतर, 2tsp - रात्री च्या जेवणा नंतर		
Note: : IN 50 ML OF WATER		
7) MACTOTAL ORAL SUSPENSION *	0 - 10 - 10 (ml)	दररोज - 1 महिना
Composition : BIOTIN 10 MCG + CHROMIUM 10 MCG + DL-METHIONINE 3.22 MG + ELEMENTAL COPPER 0.025 MG		
Timing : 10ml - दुपारी जेवणानंतर, 10ml - रात्री च्या जेवणा नंतर		





Dr. Jitendra Ashtekar's

Sai

DIAGNOSTIC CENTER

Dr. JITENDRA L. ASHTEKAR

MBBS MD. Radiology (KEM MUMBAI)

Ex. Senior Consultant Radiologist at Kingsway Hospital, Nagpur.

Ex. HOD CT/MRI department ESIC Hospital, Andheri, Mumbai.

Specialist in USG, CT and MRI USG/CT guided Interventions.

MMC Reg. No. 2002/02/0388

PATIENT NAME :	MRS. SANGITA PATLE	DATE: 03.05.2022
AGE/SEX:	32 YRS / FEMALE	
REFERRED BY:	DR. PRAKASH SONKUSARE	

CT SCAN OF ABDOMEN – (P+C)

Technique: CT scan of the abdomen and pelvis has been done with administration of oral plain water and intravenous contrast media.

Observation:

The liver shows diffusely heterogeneous parenchymal density, surface nodularity with atrophy of the right lobe of liver (measuring 10.5 cm in maximum craniocaudal extent) and hypertrophy of the left and caudate lobes of liver. No mass lesion or calcification is seen in the hepatic parenchyma. The porta hepatis is normal. No dilatation is noted in the intrahepatic biliary radicles and the common bile duct. Portal vein appears normal in caliber measuring 10 mm in diameter.

The gall bladder reveals normal lumen with mildly edematous walls. Otherwise normal in size and shape. No mass lesion, calcification or stone is seen within the lumen.

The pancreas appears normal in size and architecture. Pancreatic duct is not dilated.

Spleen is normal in size and architecture. No focal lesion is seen.

Both kidneys reveal normal in size, shape position and attenuation. No mass lesion seen, calcification or stone is seen in the renal parenchyma or collecting systems on either side. No signs of obstructive uropathy are detected on both sides.

Both adrenals are visualized normally.

The IVC, aorta and portal vein are within normal position and calibre.

The urinary bladder reveals normal lumen and walls.

Uterus and ovaries appear normal. No focal lesion seen.

The visible vertebral bodies show normal trabecular pattern.

The extraabdominal and paraspinal soft tissues are normal.

Visualized small and large bowel loops appear normal.

No lymphadenopathy noted.

Mild free fluid is seen in abdomen and pelvis.

Contd.....

SAI DIAGNOSTIC CENTER

Plot No. 809, Bhandepot Square, Opposite to Dr. Alka Mukharjee Hospital, Umred Road, Sakkardara, Nagpur 440024.
Mobile : 87880 22974, 93201 80892 | Email : jitendraashtekar@gmail.com

PATIENT NAME :	MRS. SANGITA PATLE	DATE: 03.05.2022
AGE/SEX:	32 YRS / FEMALE	
REFERRED BY:	DR. PRAKASH SONKUSARE	

Impression:

- Diffusely heterogeneous parenchymal density, surface nodularity with atrophy of the right lobe of liver and hypertrophy of the left and caudate lobes of liver.
These features are mostly suggestive of Cirrhosis of liver.
- Mild ascites.

Clinical and pathological correlation is suggested.

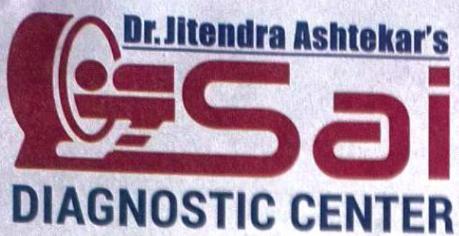

Dr. Nidhi Kimmatkar
MD (Radiology).

Consultant Radiologist.

Disclaimer: Clinicopathological correlation is must before initiation any treatment on basis of imaging reports. If there is any clinical discrepancy, this investigation may be reviewed, repeated or reassessed.

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USG GUIDED ASCITIC FLUID TAPPING

- Under all aseptic precaution USG guided diagnostic ascitic fluid tapping done.
- Approximately 5 ml in quantity aspirated.
- Sample sent for evaluation.
- Patient stood procedure well and was uncomplicated.

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Dr Jitendra Ashtekar
MD (Radiology) KEMH MUMBAI.
Sr. Consultant Radiologist.

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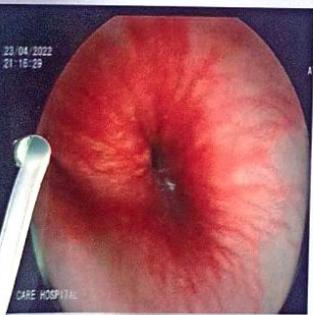
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Cure....with....Care

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404, B wing, Neeti - Gaurav Complex, Ramdaspeth, Nagpur-440010
Phone No: 07122455551, 8698376456

Patient Name : SANGITA PATLE
Patient ID : SANGITA PATLE318

Age/Gender : 32/Female Date : 23-04-2022
Referred By : DR.PRAKASH B. SONKUSARE CRD No. :



DR PRAKASH B SONKUSARE
MBBS, MD(MED), DNB(GASTRO), MNAMS, MACG
GASTROENTEROLOGIST, HEPATOLOGIST, THERAPEUTIC ENDOSCOPIST

