



Sethiya

Gut & Liver Clinic

Centre For Endoscopy
Digestive, Pancreato-Biliary
& Liver Diseases

Dr. Pratik R. Sethiya

MD (Medicine) DM (Gastroenterology)
ESEGH, UK

Clinic Timings

Daily - 5.30 pm to 8.30 pm (Sunday Closed)

Brief Clinical Summary

Mu Saanu Shaikh

25/04/24

Procedures Done :

Upper GI
Endoscopy

Colonoscopy

ERCP

US

Management of Disorders Related to :

Esophagus

Stomach

Small & Large
Intestines

Liver

Pancreas

Gall Bladder

AdL
Colonoscopy

(TAbd SDS

toplan

=> Young Male

=> 35kg wt 105 in 6-7mths

=> All lab work normal - TSH - T4 - T4c

=> PET-CT -> No FDG avid lesions

=> Gastroscopy => H. pylori Related Gastritis
LAX LFJ

Duodenal erosionil Bx taken

Rx
① Tab. Doxx (100) 1-0

② Tab. Arip (402) 1-0

③ Tab. Razo (20) 1-0

④ Tab. Domstal DT (10) 1-0

⑤ Day

Dr. Sethiya

☒ Sideeffects of the Medicines have been explained.

☒ Do not Substitute

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(For Appointment)

Indication and Clinical Setting- Reflux symptoms with Bloating under evaluation.

Instrument used- Olympus EVIS EXERA III CV-CLV 190 AND OGD SCOPE 190H

Procedure - OGD scopy

Written informed consent was taken from the patient. Procedure was explained to patient in detail. Patients vitals were monitored throughout the procedure.

Examination findings-

Esophagus-LES at 37cm, LAX LES (Hills grade 2) with normal Esophageal mucosa

Stomach-There was diffuse erythema in fundus, body and antrum ; RUT for H Pylori taken.

Duodenum- First part-normal

Second part-few erosions, biopsy taken. Ampulla is normal.

Impression- Duodenal erosions with Hyperemic Gastropathy with LAX LES.

Management is advised on OPD paper. RUT is positive. F/up with biopsy



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