Mahatma Gandhi Mission's
MGM Hospital
N-6, Cidco, Aurangabad - 431003 Tel -91-0240-6482000, Ext.-1000/1001/1002, Fax -91-0240-2487727

Department of Imaging & Radiodiagnosis

Patient Name	:	MR. BASHIR KHAN DAULAT KHAN PATHAN	Bill No.	:	MGMOP240102627
Referred By Dr	:		Report No	:	MGMECH240008361
UIN	:	190128637	Reported on	:	20-09-2024 11:09:32
Age / Gender	:	77 Yrs 8 Mth / MALE	Ward / Bed	:	
Ref Department	:	UROLOGY	Ref Unit	:	UROLOGY (U-1)
Unit Incharge	:	DR. UROLOGY			

"Department of Cardiology"

2D ECHOCARDIOGRAPHY/COLOUR DOPPLER REPORT

CHAMBERS:

Left atrium: Normal in size

Right atrium: Normal in size

Right Ventricle: Normal in size, thickness and contractility.

Left Ventricle: Normal in size.

RWMA: No RWMA.

LV Function: Good LV function with LVEF-55%
RV Function: Normal

Valves:

Mitral : Normal

Tricuspid : Normal

Aortic : Trileaflet, Normal morphology and motion

Pulmonary : Normal

Inter atrial/Interventricular Septum- Intact

Aorta: Ascending Aorta -Normal

Arch of Aorta- Normal

No clot/vegetation /effusion.

Department of Imaging & Radiodiagnosis

atient Name	:	MR. BASHIR KHAN DAULAT KHAN PATHAN	Bill No.	:	MGMOP240102627
eferred By Dr	:		Report No	:	MGMECH240008361
JIN	:	190128637	Reported on	:	20-09-2024 11:09:32
Age / Gender	:	77 Yrs 8 Mth / MALE	Ward / Bed	:	
Ref Department	:	UROLOGY	Ref Unit	:	UROLOGY (U-1)
Unit Incharge	:	DR. UROLOGY			

COLOUR DOPPLER

Structure	Regurgitation Grade	Gradient --Peak/mean
Mitral Valve	Trivial	Not Significant
Tricuspid Valve	Mild	Not Significant
Aortic Valve	Nil	Not Significant
Pulmonary Valve	Nil	Not Significant

Diastolic Dysfunction: - Grade I
Pulmonary Hypertension:- PASP by TR jet is 30mmHg.

CONCLUSION: **No RWMA.**
Good LV systolic function.
Grade I Diastolic Dysfunction.

Dr. Vinod Shisode

MD DM (Cardiology) Consultant Interventional

Dr. Vinod Shisode
MD(Med.), DM (Cardiology)
Consultant & Interventional Cardiologist,
Asst. Prof. MGM's Medical College & MCRI,
Aurangabad-431003; Reg. No. 77901

16009: **BASHIR KHAN (75y, Female)** - 9373417223

Date & Time : 27-Sep-2024 04:17 PM

BP 120/80 mmHg

Quick Notes: ALL BLOOD REPORTS. ECG AND XRAY ARE NORMAL
SEROLOGY NEGATIVE

Complaints: NO H/O CHEST PAIN/DOE/COUGH , NO H/O IHD , NO H/O HTN/DM , NO H/O BRONCHIAL ASTHMA

General Examination: NORMAL

Diagnosis: TO BE POSTED FOR TURP

Systemic Examination: NAD

Advice: CAN BE POSTED FOR UROSURGERY UNDER DUE RISK

Dr. Umar Quadri
M.B.B.S. M.D.
Consulting Physician & Diabetologist
For Appointment - 9359454682

Mahatma Gandhi Mission's
MGM Hospital
N-6, Cidco, Aurangabad - 431003 Tel -91-0240-6482000, Ext.-1000/1001/1002, Fax -91-0240-2487727

Department of Imaging & Radiodiagnosis

Patient Name	:	MR. BASHIR KHAN DAULAT KHAN PATHAN	Bill No.	:	MGMOP240093536
Referred By Dr	:		Report No	:	MGMUSG240022224
UIN	:	190128637	Reported on	:	27-08-2024 13:45:42
Age / Gender	:	77 Yrs 7 Mth / MALE	Ward / Bed	:	
Ref Department	:	UROLOGY	Ref Unit	:	UROLOGY (U-1)
Unit Incharge	:	DR. UROLOGY			

USG ABDOMEN AND PELVIS

Liver: Size 125mm normal. Shape and Parenchymal echotexture normal. No focal lesion seen. Intrahepatic portal and biliary radicals appear normal. Portal vein and CBD normal.

Gall Bladder : Partially distended
Pancreas: Visualized head and body appears normal.
Spleen: Size 103mm normal. Shape and Parenchymal echotexture normal. S.V. normal.

RT. Kidney : Size 85x35mm normal.
Parenchymal echotexture, corticomedullary differentiation normal. No calculus seen.

LT. Kidney: Size 108x49mm normal.
Parenchymal echotexture, corticomedullary differentiation normal.
Bilateral mild hydronephrosis with hydroureter secondary to cystitis.
Simple cortical cyst of size 35x36mm at upper pole of left kidney.

Urinary Bladder: Distended with irregular thickening of its wall (maximum wall thickness 8mm) with multiple moving echoes within s/o changes of cystitis.
Pre void: 400cc Post void: 320cc , significant

Prostate: Weight 76g, grade III prostatomegaly

Bowel loops: Normal. Peristalsis normal. No e/o free fluid in abdomen / pelvis.
No e/o Pre/Para aortic lymphadenopathy. Aorta and IVC appear grossly normal.

IMP:

- **Grade III prostatomegaly with significant post void residue.**
- **Changes of cystitis**
- **Bilateral mild hydronephrosis with hydroureter secondary to cystitis**

DR. ANJALI DESHMUKH

Resident, Dept. Of Radiology

DR.ALTAF M. SHAIKH
M.B.B.S.M.S
Mch. Urology (K.E.M.MUMBAI)
Genitourinary &Transplant Surgeon
MMC Reg No 2004/03/1802

Name: Bashir Khan

Date: 19/09/2024.

Plan

TURP

Adv.

- LFT
- PTINR . fitness .
- 2Decho .
- CXR
- ECG
- USG(KUB&PVR) .

Print

MJPJAY

PRE-AUTHORISATION REQUEST FORM 28/09/2024 05:16 PM

Policy period Start Date : 01/07/2024 and End Date : 30/06/2025 for New Policy Year 1

PART - I (TO BE FILLED BY THE BENEFICIARY)

Name of the Patient	: BASHIR KHAN DAULAT KHAN PATHAN	Age :	: 77Years
Gender	: Male	Caste	: General
Ration Card No/Identity Card No	: 272003927522/01	IP NO	: 202450

POSTAL ADDRESS :

House No	: AT PARADH BK	Street Name	:
City/Village/Town	: Paradh Bk.		
Taluka/Zone	: Bhokardan	District	: Jalna
Pincode	: 431114		
Patient Tel.No	: 9373417223	Mobile No	: 9373417223
Name of the referral PHC / Hospital	:	District	: Jalna

PART - II (TO BE FILLED BY THE HOSPITAL)-ALL COLUMNS ARE COMPULSARY

A). Hospital and Treating Doctor details :

Name of the Hospital / Nursing Home	: Ikon Multispeciality Hospital pvt Ltd	Tel. No	: 9225020101
Address	: 2-7-79 Majanu hill, rose park beside pakiza function hall, aurangabad 431001		
Name of Treating Doctor	: Dr.altaf m sk	Qualification	: MCh Urology/Genito-Urinary Surgery
Tel. No	: 02402311497	Mobile No	: 9225020101
Signature :	Dr. Altaf M. Shaikh M.B.B.S, M.S. Mch.Urology	Date :	

B). Clinical Data

Presenting Complaints with exact Duration	: INCONTINENCE OF URINE, BURNING MICTURATION, AND INGUINAL PAIN. FOLEYS BULB IN SITU
Relevant Clinical Findings (Present Illness)	: CBC, ECG, CHEST XRAY, USG ABDOMEN, SERUM PSA.
General Examinations	:

C). Past History and Treatment :

INCONTINENCE OF URINE, BURNING MICTURATION, AND INGUINAL PAIN. FOLEYS BULB IN SITU

D) . Provisional Diagnosis :

BENIGN PROSTATIC HYPERPLASIA.

E). DETAILS OF DIAGNOSTIC PROTOCOL FOLLOWED :

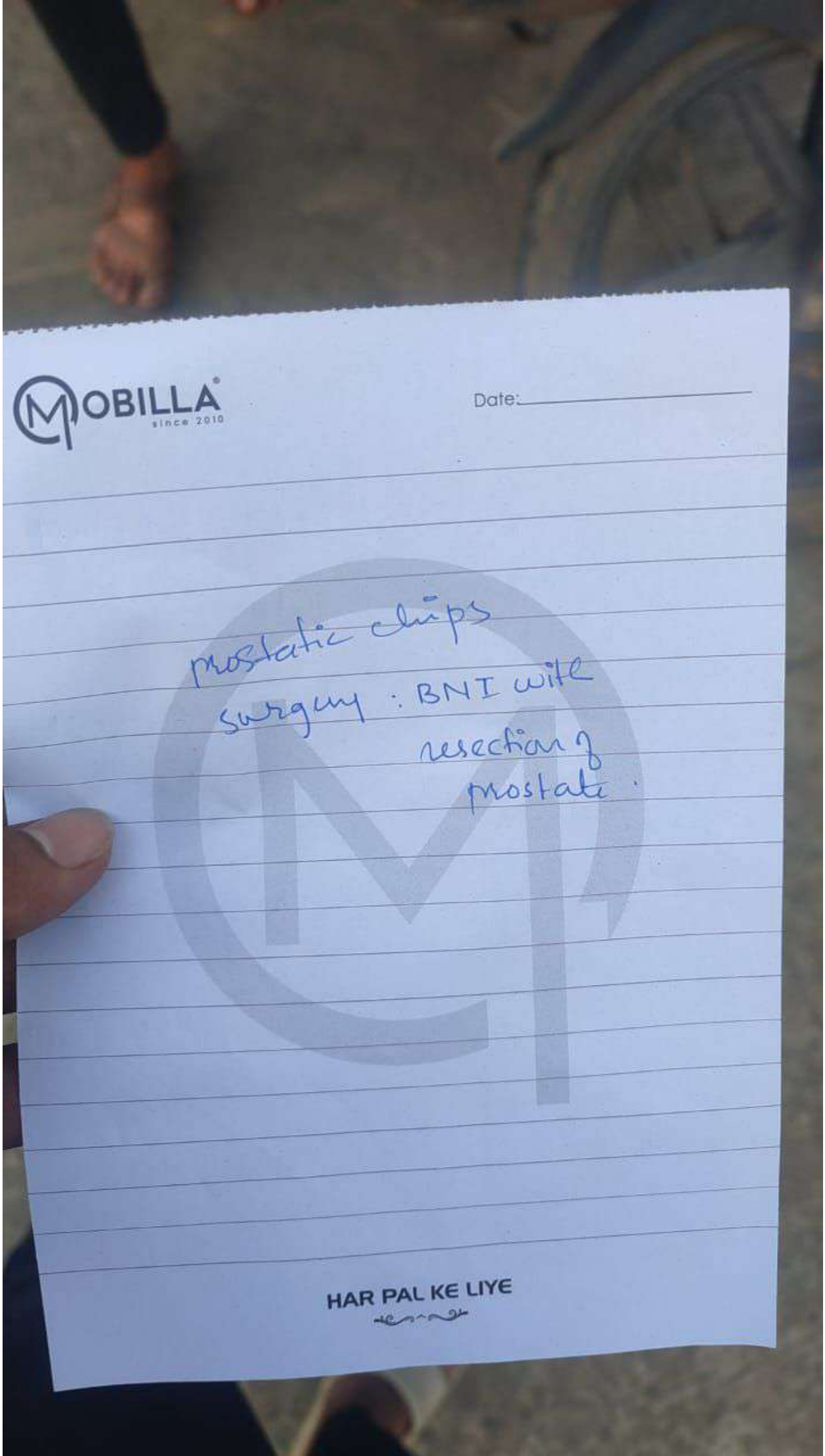
a). Routine Investigation (with Reports)	: CBC, ECG, CHEST XRAY, USG ABDOMEN, SERUM PSA.
b) Special Investigations (with Reports)	: CBC, ECG, CHEST XRAY, USG ABDOMEN, SERUM PSA.

F). Final Diagnosis :

BENIGN PROSTATIC HYPERPLASIA.

G). Plan of treatment(Surgical)

Disease	Sub Category	Surgery/Therapy	Amount	Type	Days/Fractures


MOBILLA
since 2010
Date:
prostatic chips
surgery : BNI with
resection of
prostate.
HAR PAL KE LIYE