

# ডিজিটাল ডায়াগনস্টিক সেন্টার

Id No : IN23070428

Inv. Date : 2023-07-02

Printing Date : 02-Jul-23

Name : MOYNA

Age : 30Y 03M 06D

Gender : Female

Refd.By : DR. KALLYANASHISH SARDAR (KALLYAN) MBBS.BCS.FCPS(MEDICINE)

## ULTRASOUND REPORT OF WHOLE ABDOMEN

### Findings:

**LIVER:** Normal in size (measuring about 131 mm). Parenchymal echogenicity is homogenous in both lobes. Intra-hepatic biliary tree appear normal. Intrahepatic IVC PV and HV appear normal in caliber.

**GALL BLADDER:** Normal in size and regular in contour. Wall thickness is within normal limit. Small polypoid soft tissue echogenicity lesion (04) is seen in the posterior wall of the gall bladder.

**BILIARY TREE:** Normal in appearance. CBD diameter is about 2 mm.

**PANCREAS:** Normal in size (AP-14 mm), shape and echotexture. MPD is not dilated.

**SPLEEN:** Normal in size (length: 84 mm), shape and echotexture.

### RIGHT KIDNEY:

Right kidney is normal in size, shape and position. Cortex and medulla are well differentiated. Pelvicalyceal system of right side is not dilated. No echogenic structure or calculus is seen. Cortex and medulla shows no focal mass.

☐ Right kidney measuring about- length: 91 mm & AP: 40 mm.

### LEFT KIDNEY:

Left kidney is normal in size, shape and position. Cortex and medulla are well differentiated. Pelvicalyceal system of left side is not dilated. No echogenic structure or calculus is seen. Cortex and medulla shows no focal mass.

☐ Left kidney measuring about- length: 90 mm & AP: 43 mm.

**URETER:** Both the ureters are unremarkable.

### URINARY BLADDER:

Partially-filled with urine and regular in contour. Mucosal wall thickness is 02 mm. No intra-vesical pathology is seen.

**UTERUS:** Ante-verted and normal in size (length: 92 mm & AP-33 mm) and normal in position. Myometrium is homogeneous. Cervix is normal.

**ADNEXAE:** Ovaries are appears normal in size, shape and echotexture.

**CUL-DE-SAC:** No collection is present in posterior cul-de-sac.

No intra abdominal or intra pleural collection is noted.

### Impression: USG features suggested—

- ☑ Small polyp at posterior wall of the gall bladder.
- ☑ Urinary bladder mucosal thickening 02 mm----inflammatory.

-----and please see above descriptions also.

## Urine RME, CS & other modalities of investigation correlation please for further evaluation.

**DR. MD ABDUS SOBHAN**

MBBS (RMC), BCS (Health)

MD (Radiology & Imaging)

Special training on CT-angiography (NICVD).

Ex-Radiologist Shahid Sk. Abu Naser specialized hospital, Khulna

Radiologist, Sathkira Medical collage & hospital, Sathkira.

Prepared by Ariful.

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore, USG report should be interpreted in correlation with clinical and pathological findings.

All Typing and topographical error is regretted at any time is correctable. Please inform us immediately.



# আসসালামু আলাইকুম ডায়াগনস্টিক সেন্টার

Patient Name: **MOYNA**      Date: **02/07/23**      Printing Date: **02/07/23**  
 Age: **34**      Sex: **F** (M/F)      Gender: **Female**  
 Ref By: **DR. N. SHASHI**      (M.D. (RADIOLOGY) MBBS, B.S. (CPS) (MEDICINE))

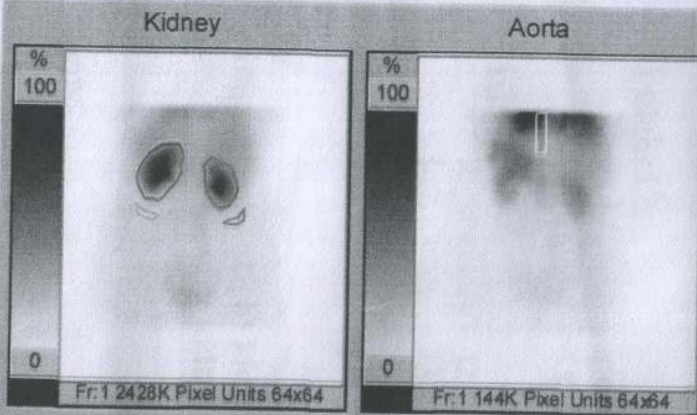


DR. MD. **ABU HASAN**  
 MBBS, DGO, DLO, DFCI  
 MRCP (UK), MRCP (LOND)  
 MRCP (LOND), MRCP (LOND), MRCP (LOND)  
 MRCP (LOND), MRCP (LOND), MRCP (LOND)

DR. MD. **ABU HASAN**

This report is a diagnostic impression and not a diagnosis. It is for all diagnostic modalities. It is also not a substitute. The clinical/radiology report should be interpreted in correlation with clinical and pathological findings.  
 All types of radiological study is requested at any time to carry out. Please follow us on social media.





Left Kidney  
 Right Kidney  
 Left Backgr.  
 Right Backgr.

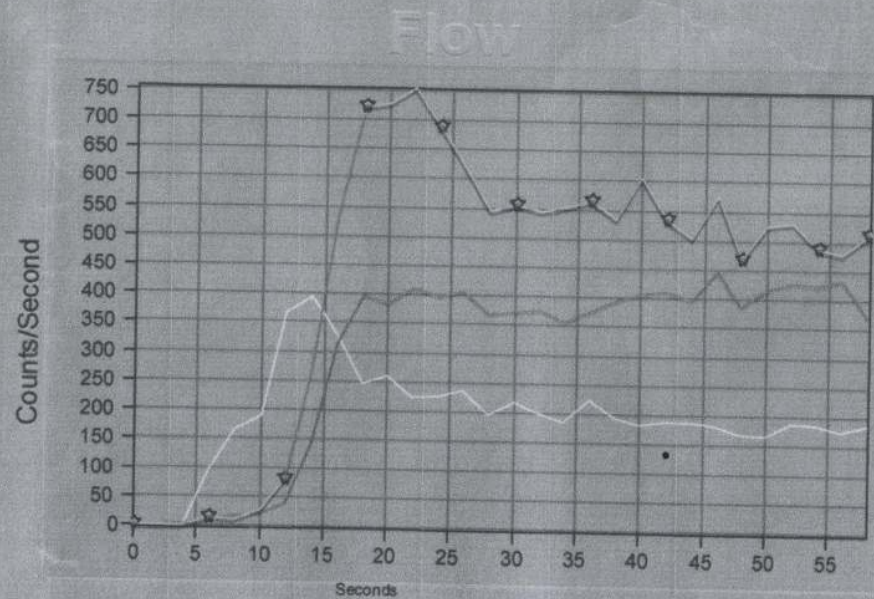
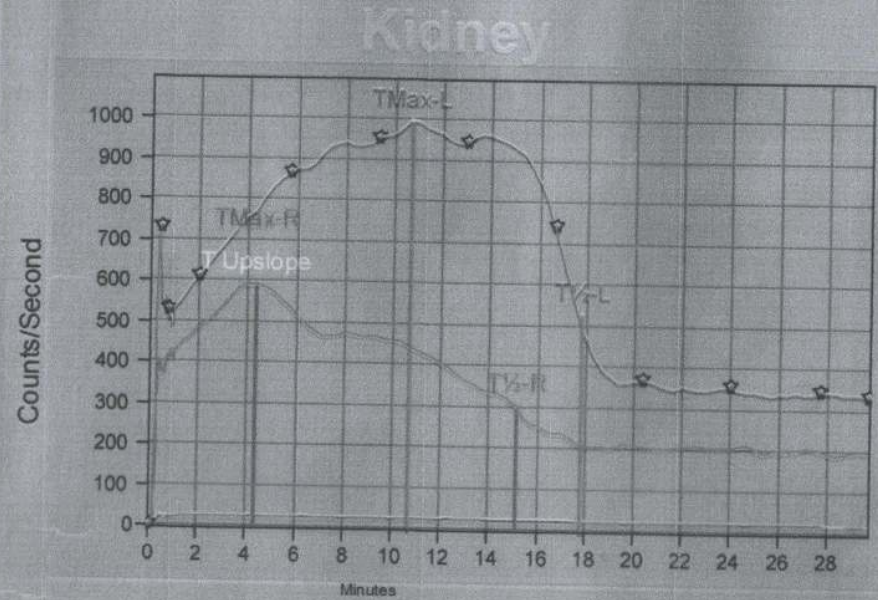
Table of Patient Parameters

Parameters	Values
Renal Protocol	Gates GFR (DTPA)
Kidney Depth Method	Standard
Patient Name	Mrs. Moyna
Patient ID	230405-16
Sex	Female
Age	30
Height	142.2 cm
Weight	49.9 kg
Body Surface Area	1.43 m <sup>2</sup>
Reference BSA	1.73 m <sup>2</sup>
Split Uptake Interval (min)	2.0 - 3.0
Radiopharmaceutical	5.0 mCi 99m Technetium DTPA
Presyringe Counts (Kcpm)	1555
Postsyringe Counts (Kcpm)	76
Net Injected Counts (Kcpm)	1478
Method	Adult
Hematocrit	0.00

Table of Result Summary

Parameters	Left	Right	Total
Split Function (%)	55.9	44.1	
Kidney Counts (cpm)	86020	67900	153920
Kidney Depth (cm)	5.330	5.365	
Uptake (%)	5.819	4.593	10.4
GFR (ml/min)	53.3	42.1	95.4
Normalized GFR (ml/min)			115.6
GFR Low Normal (ml/min)			86.0
Mean GFR (ml/min)			112.0
Time of Max (min)	10.7	4.334	
Time of 1/2 Max (min)	17.8	15.1	

Left Kidney  
 Right Kidney  
 Aorta





Reg. No. 23 0405-16 Date: 08/04/2023  
Name: MRS. MOYNA Age: 30 Y Sex: F  
Refd. By: DR. MD. RASIDUZZAMAN  
Radioisotope investigation of: Renogram with GFR  
Isotope used: Tc-99m-DTPA Dose: 5 mCi Route: I/V

**Clinical History:** Left loin pain.

**Sequential images:**

Right kidney is normal in size. Perfusion is adequate. Renal parenchymal uptake is uniform with centromedial photon deficient area. Excretion of tracer through renal parenchyma into collecting system is slow with hold up of isotope in renal pelvis. After diuretic injection slow wash out is seen.

Left kidney is normal in size. Perfusion is adequate. Renal parenchymal uptake is uniform with centromedial photon deficient area. Excretion of tracer through renal parenchyma into collecting system is slow with hold up of isotope in pelvicalyceal system. After diuretic injection prompt wash out is seen.

**Renogram curve:**

Right kidney shows good glomerular uptake with slow excretion.  
Left kidney shows prolonged glomerular uptake with slow excretion.

**Differential function:**

Right kidney - 44.1%  
Left kidney - 55.9%

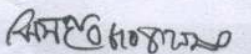
**Uptake (%):**

Right kidney - 4.59%  
Left kidney - 5.81%

**GFR:**

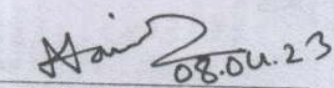
Right kidney - 42.1 ml/min  
Left kidney - 53.3 ml/min  
Total - 95.4 ml/min  
Low Normal GFR - 86.0 ml/min

**Impression:** Right kidney - Normal parenchymal function with functional obstruction.  
Left kidney - Normal parenchymal function with functional obstruction.



Dr. Jharna Das  
PMO & Assoc. Prof.

Dr. Md. Nazmul Hossain  
Medical Officer

  
08.04.23  
Dr. S. M. Nazim Uddin  
Medical Officer

Dr. Ashima Pervin  
Medical Officer





ব্যাপক ডাঃ মোঃ রুহুল কুদ্দুছ

এমবিবিএস, এফসিপিএস (সার্জারী)

এম, এস (ইউরোলজি), এফআরসিএস (গ্রাসগো)

বিএমডিসি রেজি: নং- এ-২১১৪৯

অধ্যক্ষ ও অধ্যাপক, সার্জারী

জেনারেল, ল্যাপারোস্কপিক সার্জন ও ইউরোলজিস্ট

সাতক্ষীরা মেডিকেল কলেজ, সাতক্ষীরা।

চেম্বার: সংগ্রাম হাসপাতাল

শহীদ কাজল স্মরণী, পলাশপোল, সাতক্ষীরা।

মোবাইল: ০১৭১৮-২৮৬৪০৩, ০১৭১৫-৭৮১৩৬৭

ফোন: ০৪৭১-৬৫১৬৭

নাম: Mrs. Moynca

বয়স: 30 years

তারিখ: 28 APR 2023

left sided Baggy  
pelvis, functional

- ❖ CBC obstruction,
- ❖ RBS
- ❖ S. Creatnine cupping
- ❖ HBs Ag
- ❖ S. Electrolytes maintained
- ❖ S. T3, T4, TSH
- ❖ S. PSA
- ❖ Urine R/E
- ❖ Uroflowmetry
- ❖ USG of Whole Abdomen  
Specially Kidney System  
MCC PVR
- ❖ ECG
- ❖ ECHO
- ❖ CXR P/A View
- ❖ X-Ray KUB
- ❖ IVU
- ❖ RGU, MCU
- ❖ Blood Group
- ❖ Non Contrast CT (KUB)
- ❖ S. Vit D3 Level
- ❖ S. OC fetoprotein
- ❖ S.  $\beta$ hcg
- ❖ S. LDH
- ❖ CT Urogram
- ❖ Barium meal X-ray
- ❖ Barium follow through
- ❖ Upper GI Endoscopy
- ❖ Colonoscopy
- ❖ Anti Hcv
- ❖ DTPA Scan with Split function  
with diuretic Challenge
- ❖ 24 hours urinary total  
protein estimation
- ❖ Occult blood test
- ❖ S. Lipid Profile

Rx Plan: Watchful Waiting

• Tab. Augment (1gm)

১০০০ ————— ২২/০২

• Tab. Urokit

১০০০ ————— ১২/০২

• Cap. Prostacyn (4)

০১০০ ————— ১২/০২

• Tab. Norvis

১০০০ — ব্যাংক ২০০০ খসবত

• Tab. Flexibac (১০)

১০০০ ————— ১২/০২

পরবর্তী সাক্ষাতের সময় প্রেসক্রিপশন অবশ্যই সঙ্গে আনবেন।



নাশাফ সরদার (কল্যান)

(ঢাকা মেডিকেল কলেজ), বিসিএস (স্বাস্থ্য)

এস (মেডিসিন)

, আমেরিকান কলেজ অফ ফিজিশিয়ানস

উসিন বিশেষজ্ঞ

কনসালটেন্ট (মেডিসিন)

সাতক্ষীরা মেডিকেল কলেজ হাসপাতাল

মোবাঃ ০১৭৪১-৩৪২৭৪১

Dr. Kallyanashish Sardar (Kallyan)

MBBS (Dhaka Medical College), BCS (Health)

FCPS (Medicine)

Member, American College of Physicians

Medicine Specialist

Consultant Medicine

Satkhira Medical College Hospital

Reg : A-46400

রোগী দেখার সময় :  
শনি থেকে বৃহস্পতিবার  
বিকাল ৩টা থেকে রাত ৮টা পর্যন্ত  
সুক্রবার বন্ধ

নাম :

Mrs. Moyus Begum

বয়স : ৩০

তারিখ :

27 JUL 2023

৫১১

LAP

Rx

M. Neofloxin-500  
(+0+)

M. Norvis-50  
(+)+)

M. Napro A plus-375  
(+0+)

৭/১৫

৭ দিন পর দেখা করবেন।

O/E BP - 100/70  
hr

Adv:

LAC

S. creatin

40%

USG of W/A

W/S

Urine R/M/E

k

ডেয়ার

সে বা ও বিশ্বস্ততার অপর্ণাম



ডিজিটাল ডায়াগনস্টিক সেন্টার

শহীদ কাজল সরণী (জজ কোর্টের দক্ষিণ পার্শে), কালিগঞ্জ সড়ক, পলাশপোল, সাতক্ষীরা।

পরবর্তী স্বাক্ষরের সময় ব্যবস্থাপুর সাথে আনবেন।  
..... দিন পর পরবর্তী স্বাক্ষরের জন্য আসবেন।





**Hospital**  
এসডি হাসপাতাল

Id No : IN23036417

Inv. Date : 2023-03-26

Printing Date : 29-Mar-23

Name : MOYNA Age : 30Y

Gender : Female

Refd.By : DR.MD. RASHIDUZZAMAN M.B.B.S ,B.C.S(HEAL) M.S(URO)

## X-RAY REPORT OF IVU

### Findings:

#### Control:

Multiple tiny radio-opaque shadows with central lucency are seen in the both lower hemi-pelvis.

#### After IV injection of contrast:

##### Nephrogram:

Both kidneys are excreting the contrast promptly with good concentration.

##### Pyelogram:

Pelvi-calyceal system of left kidney is mildly dilated and abrupt narrowing is seen at left PUJ.

Both renal pelvises are well opacified with contrast and normal in size.

##### Ureterogram:

Ureters on both sides are not dilated.

##### Cystogram:

The urinary bladder is well filled with smooth outlined.

No intravesical lesion is seen.

### Comment:

- Left sided mild hydro-nephrosis possibly due to PUJ obstruction.
- Normal excretory function of both kidneys.

----and please see above descriptions also.

## CT Uro-gram & other modalities of investigation correlation please for further evaluations.

### **DR. MD ABDUS SOBHAN**

MBBS (RMC), BCS (Health)

MD (Radiology & Imaging).

Specialist in Radiology & Imaging.

Special training on CT-angiography (NICVD).

Ex-Radiologist Shahid Sk. Abu Naser specialized hospital, Khulna

Radiologist, Satkhira Medical collage & hospital, Satkhira.

Prepared by Ariful.

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