

অধ্যাপক ডাঃ মামুন আল মাহতাব (স্বপ্নীল)

এমবিবিএস, এমএসসি (গ্যাস্ট্রোএন্টারোলজি সনদ), এমডি (হেপাটোলজি)
 এফআইসিপি (ভারত), এফআরসিপি (আয়ারল্যান্ড), এফআরসিপি (সুডান), সিএইচডি (মালয়ে বিশ্ববিদ্যালয়)
 সিন্ডার ও সিন্ডার ক্যান্সার বিশেষজ্ঞ ও ইন্টারভেনশনাল এন্ডোস্কোপিস্ট
 ডিভিশনাল হেড, ইন্টারভেনশনাল হেপাটোলজি ডিভিশন
 বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়
 ডিজিটিং প্রফেসর, গ্যাস্ট্রোএন্টারোলজি ও মেটাবোলজি বিভাগ
 এডিমে বিশ্ববিদ্যালয়, মাকসুইয়ামা, জাপান
 মেম্বর, বোর্ড অব স্টাডিজ, গ্যাস্ট্রোএন্টারোলজি বিভাগ
 অল ইন্ডিয়া ইনস্টিটিউট অব মেডিকেল সায়েন্সেস, ইন্ডিয়া



SHWAPNIL LIVER CENTER

15 JUL 2023

MN RUHUL AMIN
১৪৭

~~14 JUL 2023~~

15 JUL 2023

CHS related degenerated liver cirrhosis & HCC in Puhang Secondary

~~CHS ১২৫~~

Tab. Nexalaf (25mg)

1+0+0 করা নেই - না

[Subst. Tm]

দৈনিক... পিটারের বেশী তরল নিবেদ
 আঙ্গীক আঙ্গীক নিবেদ/কম-কম
 পাতে লবন নিবেদ
 বেকারী স্বাস্থ্যকর কম-কম রাখবেন না।

~~f. URAMID (100mg)~~

~~০+০+০ পেটে ব্যাথা হলে~~

Tab. LIVER FAST (540mg)

1+0+1 - না

f. REMISTAT (8mg)

1+0+0 যদি অথবা যদি অবস্থা হলে

f. REMMO (20mg)

১+০+১ - ২০০

f. FLEXIBAC (100mg)

১+০+১ পেটে ব্যাথা হলে

বলি পেটে/বাড়ার আধা বসি আছে

চারণের প্রয়োজন হত

f. TAMOXIFEN (50mg)

১+১+১ পেটে ব্যাথা হলে

দৈনিক... পিটারের বেশী তরল নিবেদ
 আঙ্গীক আঙ্গীক নিবেদ/কম-কম
 পাতে লবন নিবেদ
 বেকারী স্বাস্থ্যকর কম-কম রাখবেন না।

15 JUL 2023

~~14 JUL 2023~~

f. EOBLOSS (20/150mg)

১+০+০ হলে

15 JUL 2023

↓ | ~~Adm~~
| ~~Ev~~

~~14 JUL 2023~~

~~14 JUL 2023~~

Biobran Sachet 1gm

১/২ গ্রাম পানিতে তুলিয়ে খাবেন
খাবার পর, দিনে ২...+১...+২...

Adm

Hospitalization at
Noorjahan Hospital
Dargah Gate Sylhet.

for knowledge

Inj. Nivomab (40mg/4mL)
Total Mixed with 50 mL Normal Saline
IV @ 12 drop/min for 90 minutes
Every 2 weekly

kid Adm

Dr sumon


15 JUL 2023

7/14/2023

11:28:13 PM

FibroScan

AMIN
MR. RUHUL
1/1/1996 (M)
487617

CAP (dB/m)	
IQR	MEDIAN
54	225

E (kPa)	
MEDIAN	IQR
75.0	0.0
	IQR/med 0%

Exam type M (Liver)
Operator : SHAMPA DEB
Valid measurements : 10
Total measurements : 10



Comments :

FibroScan 502 (SNF00971) - Probe M (SN71170) - A 2.2.0.0

FibroScan® is a medical device intended as an aid for the management of patients with liver disease. Measurements should be performed by a certified operator. The values obtained must be interpreted by a physician experienced in dealing with liver disease, taking into account the complete medical records of the patient, the number of valid measurements and their dispersion. Probes must be calibrated according to the manufacturer's recommendations.



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ঢাকা

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LABAID LTD. (DIAGNOSTICS), SYLHET
Reg. Code: HSM19941

Patient ID : 487618	Sex : M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Name : MR. Ruhul Amin	Age : 26Y
Ward/Unit :	Bed :
Doctor : Prof. DR. Mamun-Al-Mahtab. (Shwapni)	Date : 14-07-23

Interpretation of Liver Stiffness Measurement & CAP

F0 = no fibrosis; F1 = portal fibrosis without septa; F2 = portal fibrosis with few septa

F3 = numerous septa without cirrhosis; F4 = cirrhosis

Co-relation between Liver Stiffness (kPa) and Fibrosis stage

DISEASE	F0-F1	F2	F3	F4
Chronic Hepatitis B*	1 - 7.4	7.4 - 9.5	9.5 - 12.5	12.5 - 75
HCV-HIV Co-infection*	1 - 7	7 - 11.4	11.4 - 14	14 - 75
Primary Biliary Cholangitis	1 - 8.8	8.8 - 10.7	10.7 - 16.8	16.8 - 75
Chronic Hepatitis-C*	1 - 7	7 - 9.5	9.5 - 12.6	12.6 - 75
Autoimmune Hepatitis	1 - 5.8	5.8 - 10.5	10.5 - 16	16 - 75
NAFLD**	1 - 7.8	7.8 - 8.8	8.8 - 11.6	11.6 - 75
Alcohol***	1 - 7.5	7.5 - 9.6	9.6 - 12.6	12.6 - 75

Liver Stiffness (kPa)

Liver Steatosis Assessment by FibroScan

Diseases	CAP in dB/m							
	Liver histology-determined steatosis							
Chronic Hepatitis C	~ 224	S0 - 0 - 4%	224 - 237	S1 - 5 - 33%	237 - 294	S2 - 34 - 66%	294 - 400	S3 - 67 - 100%
NAFLD/NASH	~ 235	S0 - 0 - 4%	235 - 268	S1 - 5 - 33%	268 - 302	S2 - 34 - 66%	302 - 400	S3 - 67 - 100%
Chronic Hepatitis B	~ 223	S0 - 0 - 10%	223 - 247	S1 - 11 - 33%	247 - 286	S2 - 34 - 66%	286 - 400	S3 - 67 - 100%
Meta-analysis	~ 248	S0 - 0 - 4/10%	248 - 268	S1 - 5/11 - 33%	268 - 280	S2 - 34 - 66%	280 - 400	S3 - 67 - 100%

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CT SCAN REPORT



Invoice No :	LS2307487621	Invoice Date :	14/07/2023	Delivery Date :	15/07/2023	Report No. :	2307325615
Patient Name :	MR. RUHUL AMIN		Age :	26 Y		Gender :	M
Ref. Doctor :	PROF. DR. MAMUN-AL-MAHTAB (SHWAPNIL) MBBS, MSc(GASTO), MD(Hepa.), FICP(India), FRCP(Ireland), FRCP(London), PhD(University of Malaya)						
Test Name :	CT Scan of Upper Abdomen TRAPHESIC						

SPIRAL CT SCAN OF UPPER ABDOMEN (TRIPHASIC)

Technique: Plain & contrast CT Scan of Upper Abdomen.

Clinical Information: H/O: Abdominal pain & Vomiting --- 04 months.

Findings:

HBS:

The liver is mildly enlarged in size. Hepatic parenchyma is coarse and inhomogeneous. Poorly defined irregular hypodense area noted at right lobe of liver (at segment VII & VIII). After I.V contrast the lesion shows mild heterogeneous enhancement. Size of the lesion about 5.0 cm x 4.5 cm x 5.3 cm (Approx). Focal faint calcification is also seen in right lobe of liver.

Portal vein appears normal. Biliary channels are not dilated. Gall bladder is outlined with normal wall thickness. **Sludge seen in GB lumen.**

Pancreas:

Normal in size with uniform density. Peri-pancreatic fat plane maintained. MPD is not dilated. No calcification or focal lesion is seen.

Spleen: Normal with uniform density.

Kidneys: Both the kidneys are normal in size, shape & position with normal excretion of contrast medium. PC systems are not dilated.

Adrenal glands: Normal.

** There is minimal ascites.

** **Few small lymph nodes** are seen in upper abdomen at peri-pancreatic region.

** Multiple nodular lesions of variable sizes are seen in both lung bases.

Comment: ♦ Suggestive of CLD with SOL in right lobe of liver.

♦ Minimal Ascites.

♦ Multiple pulmonary nodules at both lung bases.

----- Clinical and related other lab findings correlation.

HN:

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Prepared By :

Prof. Dr. Md. Mdjibor Rahman
PROF. DR. MD. MDJIBOR RAHMAN
 MBBS, DMRD (DU)
 Professor and Head (Ex.)
 Department of Radiology & Imaging
 Sylhet Women's Medical College & Hospital.

Medical Road, Kajolshah, Sylhet, Bangladesh, Tel : 0821-721521, 723269, E-mail : info@labaidgroup.com, Web : www.labaidgroup.com

... of Report

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IMMUNOLOGY REPORT

Invoice No : **LS2307487617** Invoice Date : **14/07/23** Delivery Date : **15/07/23** Report No : **102307689447**
Patient Name : **MR. RUHUL AMIN** Age : **26 Y** Gender : **Male**
Address :
Referred By : **PROF. DR. MAMUN-AL-MAHTAB (SHWAPNIL) MBBS, MSC(GASTO), MD(Hepa.), FICP(India),
FRCP(Ireland), FRCP(London), PhD(University of Malaya)** Contact No : **01747268506**
Sample Type : **BLOOD** LAB. No : **102307794304**
Tests : **AFP (Alpha-Feto-Protein)**
Sample Collected: **14/07/23 10:06 pm** Sample Received: **14/07/23 10:20 pm** Released Time : **15/07/23 10:52 am**

Test	Result
AFP	> 1000.0 ng/ml

Reference Range:
As a tumor marker: Upto 13.6 ng/ml
In single pregnancy:

Gestational week	Median (ng/ml)
15	31.3
16	36.3
17	42.0
18	48.7
19	56.5
20	65.4

Method: Automated Chemiluminescence Immunoassay
Instrument: ADVIA CENTAUR CP (SIEMENS)


Md. Abu Salek
B.Sc(Hons), M.Sc Biochemistry &
Molecular Biology(Ru)
Biochem.st
Labaid Ltd. (Diagnostic), Sylhet.

Print by & Date :: TAYAJUL on 15/07/2023 10:52:50 AM

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is a medical device intended for use by a certified operator. The validity of the complete medical record is guaranteed according to the manufacturer's instructions.

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BIOCHEMISTRY REPORT



Report No : 102307689414

Gender : Male

Contact No. : 01747268506

Invoice No : LS2307487617 Invoice Date : 14/07/23 Delivery Date : 15/07/23

Patient Name : MR. RUHUL AMIN Age : 26 Y

Address :

Referred By : PROF. DR. MAMUN-AL-MAHTAB (SHWAPNIL) MBBS, MSC(GASTO), MD(Hepa.), FICP(India),
FRCP(Ireland), FRCP(London), PhD(University of Malaya)

Sample Type : BLOOD LAB No : 102307794303

Tests : Bilirubin Total/Direct/Indirect Serum, Electrolytes Serum, AST (SGOT) Serum, Albumin Serum, Creatinine Serum

Sample Collected: 14/07/23 10:06 pm

Sample Received: 14/07/23 10:20 pm

Released Time : 15/07/23 10:48 am

Test	Result	Unit	Reference Value
Bilirubin			Adult <= 1.0, Neonates < 12.6 mg/dL
Bilirubin Total	8.4	mg/dL	
Direct	3.2	mg/dL	
Indirect	5.2	mg/dL	
S Electrolytes			135 - 146 mmol/L
Sodium	139	mmol/L	Child 3.4-4.7, Adult 3.5-5.5 mmol/L
Potassium	4.4	mmol/L	96 - 110 mmol/L
Chloride	99	mmol/L	21 - 32 mmol/L
T-CO2	30.0	mmol/L	0.6 - 1.4 mg/dL
Creatinine	0.7	mg/dL	Upto 37 U/L
AST (SGOT)	142	U/L	Child: 2.8-5.4, Adult: 3.6-6.0 gm/dL
Albumin	4.5	gm/dL	



HN :

MD. Tayajul Islam
Sr. Medical Technologist
Labaid Ltd. (Diagnostic), Sylhet

MD. ABU SALEK
B.Sc(Hons), M.Sc In Biochemistry &
Molecular Biology(RU)
Biochemist
LABAID LTD. (DIAGNOSTIC), SYLHET.

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SEROLOGY REPORT

Invoice No : **LS2307487617**

Invoice Date : **14/07/23**

Delivery Date : **15/07/23**

Report No : **102307689395**

Patient Name : **MR. RUHUL AMIN**

Age : **26 Y**

Gender : **Male**

Address :

Contact No. : **01747268506**

Referred By : **PROF. DR. MAMUN-AL-MAHTAB (SHWAPNIL) MBBS, MSC(GASTO),MD(Hepa.), FICP(India),
FRCP(Ireland),FRCP(London), PhD(University of Malaya)**

Sample Type : **BLOOD**

LAB. No : **102307794305**

Tests : **Prothrombin Time (PT)**

Released Time : **15/07/23 10:36 am**

Sample Collected: **14/07/23 10:06 pm**

Sample Received: **14/07/23 10:20 pm**

Test	Result
Patient	19.0 Seconds
Control	13.5 Seconds
Index	71.05 %
Ratio	1.41
INR	1.52

Method : **Coagulation**

Comments : **ISI VALUE : 1.15**

DR. NAYMA CHOWDHURY

MBBS, DCP

Jalalabad Ragib Rabeya Medical College Hospital, Sylhet

MD. Tayajul Islam

Sr. Medical Technologist

Labaid Ltd. (Diagnostic), Sylhet

----- End of Report -----

IMPORTANT INSTRUCTIONS

*The test results should only be interpreted by qualified and registered medical practitioners.*The laboratory test results should be clinically correlated by the referring physician. *The reported results depend on the quality of the samples and sensitivity/specificity of the test methods.*In case of grossly abnormal test results, the lab may perform repeat test from the same/fresh sample at its own or on the basis of clinician's/Client's request within 2 days post reporting *Inter-laboratory variations may be found in test results, and Labaid Limited (Diagnostics) shall not incur any liability due to such variance *This test report is not valid for medico-legal purpose.*Labaid Limited (Diagnostics)and its staff will not take any responsibility or liability for any loss or injury resulting from incomplete or erroneous interpretation of the test results contained herein.*Due to unexpected circumstances, the report delivery may rarely be delayed *Partial reproduction of this test report is not allowed.

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