



ULTRASONOGRAPHY

ID No. : **N77358**
Patient's Name : MOUTUSHI
Refd. By : SELF

ID No. : :

Date: Tue 13/08/24
Age : 35 Year(s) Sex : Female

Thank you for your kind Referral

ULTRASONOGRAPHY OF WHOLE ABDOMEN

- Liver** : Normal in size (14.5 cm) & contour. Moderate diffuse increased parenchymal echogenicity with faint visualization of intra-hepatic vessels are seen. No focal lesion is seen. Intrahepatic biliary radicles are not dilated.
- Gall Bladder** : Is well visualized. Wall thickness is normal. Lumen is clear.
- CBD** : Not dilated. Lumen is clear.
- Pancreas** : Normal in size shape with echogenically uniform parenchyma. MPD is not dilated.
- Spleen** : Normal in size shape. Echogenicity is homogeneous.
- Right Kidney**: Right kidney normal in size (10.4 cm), shape & positions with well differentiated cortex & medulla. No focal lesion is seen. Pelvi-calyceal systems are not dilated.
- Left Kidney** : Left kidney normal in size (10.5 cm), shape & positions with well differentiated cortex & medulla. No focal lesion is seen. Pelvi-calyceal systems are not dilated.
- U. Bladder** : Is well filled & appear normal in contour. No intravesical lesion is seen.
- Uterus** : Is normal in size (8.7 x 3.2 cm). Anteverted in position & shows homogeneous myometrial echopattern. Endometrial echo is central. Cervix is normal. No focal lesion is seen.
- Adnexa** : Both adnexal regions appear normal.
- Cul-de-sac** : No pelvic collection is seen.
- ** No lymphadenopathy or ascites is seen.

Impression: Fatty change in liver (Gr-II).

Signature
13.8.24

Asst. Prof. Dr. Md. Mamun Or Rashid
MBBS, BCS (Health) MCPS(Radiology)
MD (Radiology & Imaging),
Dhaka Medical college

Prepared by : Shila Islam



Manipal Hospital Salt Lake

IB-193, Sector-III, Salt Lake, Kolkata 700 106, West Bengal

P +91 33 6600 3300 / +91 33 3505 6969



URN : MH008020155

OUTPATIENT RECORD

Hospital No: MH008020155	Visit No: O25000005570
Name: MOWTUSHEE AHMED	Age/Sex: 34 Yrs/Female
Doctor Name: DR. RATHINDRANATH DUTTA	Specialty: DERMATOLOGY MSK
Date: 01/03/2024 02:52PM	

OPD Notes :

dfv.010324. OC 12 yrs ago. Dhaka Bangladesh.

01.03.2024

>>> Obs for Urt - 3 yrs

>>> AV mainly upper back and upper chest and upper arms - 3 yrs

Xerosis Face

>>> Keratoderma soles - 2 m

Comorbidities :

Photographs to be taken of the lesions as discussed, BEFORE TREATMENT, with a digital camera, WITHOUT FLASH (NO SELFIE PLEASE), and to take PRINTS from Photo paper(hard copy) (size 4" x 6"), colour.
To write the date WHEN taken, on the back of each photograph
For comparison and future reference, to bring all the photographs alongwith prescription, during consultation (Diagram attached)

Adv;

Blood DC, HB, SGPT;

Serum IgE.

Vit D-25 OH

Serum Allergy Test.

Rx;

- # Calogon Lotion + Dosetil Lotion, to mix and to apply on itchy areas as discussed
- # Persol Forte / Clinmiskin gel, to apply twice daily ON pimples only (back, arms & upper chest) - 20mg, 48h!
- # Deriva CMS Cream, to apply after sunset on acneprone areas (back, arms & upper chest)
- # Olesoft Lite, [sunscreen + moisturiser] to use as discussed (on dry areas)
- # Fusiwal B Cream, to apply 2 x daily within fissures / infected lesions
- # Yapitar Lotion, to apply 3 x daily on the dry hard scaly lesions (soles)
- # SalClo-U, to apply 2 x daily on the dry hard scaly lesions (soles)
- # Accutret 10, 1 cap daily after food at bedtime (Pregnancy issues discussed)
- # Flucos 400, 1 tab once a week →
- # Stimuliv, 1 tab twice daily →
- # Prucros 40, 1 atb every morning →
- # Noarer 5, 1 tab twice daily →
- # Atarax 25, 1 tab at bedtime
- # Bandy Plus 12, 1 tab at bed time every 15th day
- # SkinFay, 1 cap twice daily after meals x 2 weeks then 1 cap daily after food →

1 of 2

Home Collection of Blood Samples Call 9674166418 & Home Physiotherapy Call 033-66003300 / 033-35056969.

Manipal Health Enterprises Pvt. Ltd.

IN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

+91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

Address : Hospital Office, IB-193, SECTOR III, SALT LAKE
CITY, KOLKATA, WEST
BENGAL, INDIA, PIN-700106.

Tel : 033-66003300,

Fax : info@manipalhos

Regd. Office: Columbia Asia Hospitals Pvt. Ltd.
8, 80 Feet Road, HAL III Stage, Indiranagar, Bangalore-75,
Ph: 080-40211000, Fax: 080-40211001; www.columbiaasia.com
CIN: U85110KA2003PTC033055

PATIENT ADVICE

Patient Name : MOWTUSHEE AHMED
Aadhaar No. :
Passport No : ZZZ11095
MRN : KOLK-0000125135
Visit No. : V0000000016-KOLK
Date Of Birth : 17/11/1989
Age : 34 Years 0 Months 20 Days
Sex : FEMALE
Blood Group :
Ward /Rm /Bed No. :

Date : 07/12/2023

Doctor's Note / advice :

BP - 110/70 MM OF HG,

WT - 57.6 KGS,

P - 69 B/MIN,

SPO2 - 100% IN R/A.

HTN FLUCTUATING

B/L OVARIES CYST

SOMATIZATION

ITCHING

ADV-

CINOD 10 AFTER DINNER

ASOMEX 2.5 MG SOS IF BP LESS THAN 140/90

NEXPRO 40MG BEFORE BREAKFAST SOS FOR ACIDITY

ALLEGRA 180MG SOS FOR ALLERGY

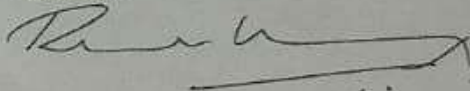
ULTRACET 1 TAB SOS FOR PAIN

REFER PSYCHIATRIST

REFER DERM DR ALOK ROY

DO USG ABDOMEN USG BREAST CXR PAVIEW
CBC ELECTROLYTES VIT B12 LEVEL VIT D25 LEVEL TSH
UREA CREAT SERUM IGE

Signature :



Dr. Ranbir Chowdhary

MBBS, MD (Internal Medicine), Member of Royal College of Physicians

Internal Medicine

Reg No. : WBMC 57783

Printed By : SAMAPTI.B

On : 07/12/2023 01:37:50 PM

Disclaimer:

This document is digitally signed and hence no manual signature required.

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Prescription Medicine

Printed By: 3394, Md. Manoar Hosen, Print Date-Time: 14/08/2024 03:28:00 PM
 Patient Name: Mowtushee Ahmed
 HCN: H124-025861
 Gender: Female
 Age: 34 Year(s) 8 Month(s) 27 Day(s)
 Dept. & Unit: Gastroenterology & Hepatology, Medicine
 Doctor: Dr. Quazi Abdullah Al Masum
 Sr. Consultant-Gastroenterology
 MBBS, FCPS (Medicine) MD (Gastroenterology)



Prescription No: P124-124508

Visit Date: 14/08/2024



Prescription No: P124-124508

Date: 14/08/2024

Page No: Page 1 of 1

Puise
78

Medicine Order

1. Dexamisoprazole 30mg Capsule - (Dsec 30mg Capsule) - 1+0+1, 30 min before meal, Continue
2. Domperidone BP 10mg tablet - (Omidon Tablet) - 1+1+1, 30 min before meal, Continue
3. Tramadol HCl 50mg - (Anadol 50 mg Capsule) - 1+1+1, 30 min before meal, for 5 Days
4. Ondansetron 8 mg - (Emistat 8mg tablet) - 1 + 1 + 1, 30 min before meal, for 5 Days

Investigation Order

- Pathology :**
1. CBC+ESR
 2. CRP
 3. Blood SUGAR RANDOM (RBS)
 4. CREATININE
 5. URINE Routine Examination
 6. Urine culture (routine, aerobic) and sensitivity
 7. TSH

Radiology & Imaging :

1. USG of Whole Abdomen

Gastroenterology :

1. Endoscopy UGI under Sedation + RUT ; Instruction : plan
2. Colonoscopy Full Length ; Instruction : plan

}

যদি কোন ঔষধ এর পার্শ্বপ্রতিক্রিয়া দেখা যাবে (যেমন: অ্যালার্জি, ফিলে রিয়াস) তাহলে সাথে সাথে আসগর আলী হাসপাতাল এর ইমার্জেন্সি ডিপার্টমেন্টে যোগাযোগ করুন। অথবা কল করুন এই নম্বর এ ১০৬০২/০১৭৮৭৬৮৩৩৩৩

Prescribed By: Dr. Quazi Abdullah Al Masum

Note: This is a computer generated prescription

111/A, Distillery Road, Gandaria, Dhaka-1204, B.

Tel: +88-02-47443135-48, Mob: +88-01757683333, Fax: +88-02-47443149

email: info@asgaralihospital.com, www.asgaralihospital.com

Page No: Page 1 of 1

Dr. Quazi Abdullah Al Masum



Prescription Medicine

Printed By: 3394 Md. Manzar Hosen Print Date-Time: 21/08/2024 03:41:29 PM

Patient Name : Mowtushee Ahmed
HCN : H124-025861
Gender : Female
Age : 34 Year(s) 9 Month(s) 4 Day(s)
Dept. & Unit : Gastroenterology & Hepatology, Medicine
Doctor : Dr. Quazi Abdullah Al Masum
Sr. Consultant-Gastroenterology
MBBS, FCPS (Medicine) MD (Gastroenterology)



Prescription No : P124-129019
Visit Date : 21/08/2024

Print Date-Time: 21/08/2024 03:41:29 PM
Printed by: 2748 Dr. Quazi Abdullah Al Masum



Prescription No : P124-129019
Date : 21/08/2024
Page No: Page 1 of 1

Pulse
0

Medicine Order

1. Dexlansoprazole 30mg Capsule - (Dsec 30mg Capsule) - 1+0+1, 30 min before meal, for 14 Days
2. Domperidone BP 10mg tablet - (Omidon Tablet) - 1+1+1, 30 min before meal, for 14 Days
3. Sodium Picosulfate 10mg - (Ezylife 10mg Tablet) - 0+0+1, if stool is hard

Investigation Order

Pathology :

1. Blood SUGAR FASTING(FBS)
2. Blood Sugar 2HRS.ABF (2h.ABF)
3. HbA1C

Radiology & Imaging :

1. X-Ray Chest PA View (Erect Posture)

Gastroenterology :

1. Endoscopy UGI under Sedation + RUT
2. Colonoscopy Full Length

যদি কোল ঔষধ এর পার্শ্বপ্রতিক্রিয়া দেখা যায়(বম্বনঃ অ্যালার্জি, স্থিরে রক্ত) তাহলে সাথে সাথে আসগর আলী হাসপিটাল এর ইমার্জেন্সি ডিপার্টমেন্টে যোগাযোগ করুন। অথবা কল করুন এই নম্বর এ ১০৬০২/০১৭৮৭৬৮৩৩৩৩

Prescribed By: Dr. Quazi Abdullah Al Masum

Note: This is a computer generated prescription

1111/A, Distillery Road, Gandaria, Dhaka-1204 B; Tel+88-02-47443135-48; Mob +88-01797683333; Fax +88-02-47443149
email : info@asgaralihospital.com ; www.asgaralihospital.com

Page No: Page 1 of 1

Dr. Quazi Abdullah Al Masum



পপুলার ডায়াগনস্টিক সেন্টার লিঃ POPULAR DIAGNOSTIC CENTRE LTD.

Narayanganj Branch : 231/4, Bangabandhu Road, Chashara, Narayanganj, Bangladesh, Hotline : 09666787804, 09613-787804
Head Office : House # 16, Road # 2, Dhanmondi, Dhaka, Hotline : 09613 787801, 09666787801, E-mail : info@populardiagnostic.com, Web : www.populardiagnostic.com

RADIOLOGY SERVICES

MRD No. :	40253774	RIS No. :	41778088
Patient Name :	Mrs. Mowtushi	Age/Gender :	34 Y/F
Referred By :	Dr. Quazi Abdullah Al Masum, MBBS, FCPS, MD(Gastro)	Bed No/Ward :	OPD
Bill Date :	18/08/2024 10:40AM	Scan Date :	18/08/2024
Report Date :	18/08/2024 10:57AM	Report Status :	Final

Ultrasonogram of Whole Abdomen

Patient's Data: Abdominal pain.

Liver	Liver is normal in size. Parenchymal echogenicity is increased, compatible with fatty infiltration. No evidence of focal abnormality. Hepatic vessels appear normal.
Gallbladder	Gallbladder is normal in size and shape. No evidence of inflammation or calculus is seen.
Biliary Tree	Biliary tree is not dilated. CBD is 04 - 05 mm with clear lumen.
Pancreas	Pancreas is normal in size with normal echotexture.
Spleen	Spleen is normal in size and uniform in tissue texture.
Kidneys	Both the kidneys are normal in size (RK is 11.0 cm and LK is 10.6 cm in length) and shape with well-defined cortex and medulla. Pelvicalyceal systems of both the kidneys are not dilated. No stone is seen in any kidney and upper / lower visible part of either ureter.
Urinary bladder	Urinary bladder is well filled and smooth in outline. No intra-vesical lesion is seen.
Uterus	Uterus is normal in size (length: 9.1 cm and A/P Dia: 2.7 cm) and anteverted in position. Myometrial echotexture is homogeneous. No focal lesion is seen. The endometrial echo is centrally placed.
Adnexae	Both ovaries are normal in size shape and appearance. No solid or cystic lesion is seen in either side.
Cul-de-sac	No collection of fluid is seen. No USG abnormality is seen in RIF at present.

IMPRESSION:

1. Mild fatty change in liver (Grade - I).
2. Rest of the study is unremarkable.

RECOMMENDATION: Clinical correlation and follow up.

(Photograph supplied)

Disclaimer: The "conclusion" is based upon ultrasound images, but the final diagnosis and the subsequent medical action should be based also upon clinical examination & other investigations.

Prepared by - Jesmen Akter

Dr. S. M. Nazmul Islam
MBBS(Dhaka), DNM(BSMMU)
Specialist in Nuclear Medicine
Ultrasonography & Color Doppler
BMDC Reg. No. 22479