

# ULUBERIA S. D. HOSPITAL

ULUBERIA HOWRAH  
RADIOLOGY DEPARTMENT

Report / Treatment is required of

Name Angali Hazra Age 1.7 yrs Sex F

Address .....

Physician Surgeon / Unit Dr. U.M. Ward F-150

Bed No. / Cabin ..... Pay / Non Paying.

Brief History of Case : CT Scan of Brain.

Clinical Diagnosis :

~~U.S.G. of Whole Abdomen~~

Date .....

Medical Officer  
Uluberia S.D. Hospital  
Uluberia Howrah  
*[Signature]*  
Signature  
*As soon*

## REPORT

LIVER

SPLEEN

PANCREAS

G.B.

P.V.

C.B.D.

R.K.

L.K.

U.B.

U.T.

R.O.

L.O.

P.O.D.

RT. & LT. ADNEXAL

RIF & LIF

IMP

Signature