

# ULUBERIA S.D. HOSPITAL

ULUBERIA  
RADIOLOGY DEPARTMENT

Report / Treatment is required of

Name ..... Shyamal Mondal ..... Age 70y Sex M

Address .....

Physician Surgeon / Unit ..... DR. P.K. G ..... Ward m.m.w

Bed No. / Cabin ..... X16 ..... Pay / Non Paying.

Brief History of Case :

Clinical Diagnosis :

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

Date 21/8/18

*[Signature]*  
Signature  
Uluberia S. D. Hospital  
Uluberia, Howrah

## 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