

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

R41800736605

Report / Treatment is required of

Name..... Ms Raziya Bibi ..... Age..... 35 yrs ..... Sex..... F .....

Address.....

Physician / Surgeon..... U.P.(S) ..... Ward..... C2003 ..... No. of Bed / Cabin..... 18 .....

Paying / Non Paying .....

Brief history of case . pain in RL at upper quadrant for last 15 days

Clinical Diagnosis USG - GB - distended lumen contains echogenic sludge.

Particulars point to be Investigated CD - dilated (0.5cm) a small echogenic focus appeared 4.3 mm in distal lumen of CD

Instruction

Date..... 24/10/18 ..... MRCF to seen for any Signature..... [Signature] .....

### REPORT

- MRCF to seen -
- CBD diameter
  - CBD stone
  - IHBP
  - GB wall
  - GB stone
  - MPD
  - Impacted calculus in MPD.

Notes : (1) This form should, except in urgent cases, be signed by the Visiting Staff.  
 (2) A note should, in all fracture cases, be made as to whether the splints may be removed.  
 (3) The time at which a Bismuth meal has been given should be noted.  
 (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.