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JASLOK HOSPITAL
DIVISION OF ENDOSCOPY

DEPARTMENT OF GASTROENTEROLOGY

NAME : Dhingra Dharamveer Tulsidas

DATE : 21/05/2014

AGE : 79

SEX : MALE

ID : 424022

REFD. BY : SELF

ERCP REPORT

ENDOSCOPIST : Dr. Pankaj Dhawan

PREMEDICATION : Inj. Propofol + Inj. Fentanyl

INDICATION : Bile duct calculi

INSTRUMENT : Olympus video TJF 160

FINDINGS :

CHOLANGIOGRAM

Ampulla : Normal. Cholangiogram showed multiple 5-8 mm calculi in the bile duct. The bile duct measured 7 mm. Wide cystic duct. Distended gallbladder with multiple calculi.

THERAPEUTICS

Biliary sphincterotomy was done. All the calculi were extracted with a dormia basket and biliary balloon, complete duct clearance was achieved. Single 10 Fr plastic biliary stent was inserted.

CONCLUSION :

1. Ampulla : Normal. Cholangiogram showed multiple 5-8 mm calculi in the bile duct. The bile duct measured 7 mm. Wide cystic duct. Distended gallbladder with multiple calculi.
2. Biliary sphincterotomy was done. All the calculi were extracted with a dormia basket and biliary balloon, complete duct clearance was achieved.
3. Single 10 Fr plastic biliary stent was inserted.

DR. PANKAJ DHAWAN, MD, DNB, DM [Gastro]
Consultant Interventional Gastroenterologist
Jaslok Hospital & Research Center

ORIGINAL

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EUS REPORT

ENDOSCOPIST : Dr. Pankaj Dhawan

PREMEDICATION : Inj. Propofol + Inj. Fentanyl

INDICATION : Bile duct calculi

INSTRUMENT : Olympus video UCt 160

FINDINGS :

BILIARY PANCREATIC EUS

Bile duct : Measured 7 mm. Multiple bile duct calculi. Thickened wall of bile duct

Gallbladder : Distended with multiple calculi. Thick walls

Pancreas : Coarse echotexture in the head

No lymph nodes. No ascites. Normal portal vein / splenic vein


CONCLUSION :

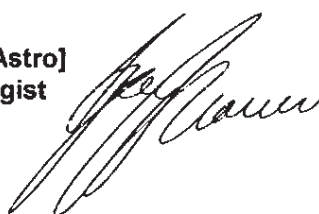
1. Bile duct : Measured 7 mm. Multiple bile duct calculi. Thickened wall of bile duct

2. Gallbladder : Distended with multiple calculi. Thick walls

3. Pancreas : Coarse echotexture in the head

4. No lymph nodes. No ascites. Normal portal vein / splenic vein.

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 ORIGINAL



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Email : info@breachcandyhospital.org; www.breachcandyhospital.org

Admission No : 1405904

BH No : 699933

Name : MR. DHARAMVEER TULSIDAS
DHINGRA

Age/Gender : 79 Years / M

Address : A 404/405 SKYLARK, NEW KANTAWADI ROAD, OFF CARTER ROAD,
PALI HILL BANDRA W MUMBAI 400 050

Admission Date : 29/06/2014 06:30:00 PM

Discharge

Date : 02/07/2014

Category : T P A

Discharge DISCHARGE

Type:

Consultant : DR. KAYOMARS B. KAPADIA / LAPROSCOPIC SURGERY

Discharge Summary

FINAL DIAGNOSIS: Acute cholecystitis with cholelithiasis in a k/c/o pancreatitis.

SURGERY PERFORMED: Laparoscopic cholecystectomy under GA on 30/06/2014

PRESENTING COMPLAINTS AND MEDICAL HISTORY:

The patient had complaints of abdominal pain few days back. He was investigated for the same and took some conservative treatment for the same.

USG of the abdomen on 15/05/2014 showed gallstones UB with few small stones and thick wall. Narrow mouth diverticulum on right lateral wall with debris and stones within prostate (51 gm)

MRI of the abdomen and MRCP on 17/05/14 showed multiple GB calculi, small calculus at lower end of CBD, mild dilatation of IHBR in left lobe of liver.

EUS on 21/05/2014 showed multiple bile duct calculi, GB distended with multiple calculi, thick walled. Pancreas has coarse echotexture in head. Patient underwent ERCP on 21/05/2014 showing biliary sphincterotomy was done. All calculi were extracted, biliary stent inserted. Currently patient is asymptomatic and is admitted for surgical management of the same.

SIGNIFICANT PAST HISTORY:

K/c/o DM on medications

-H/o angioplasty with PTCA in 1998, IHD on medications

-H/o acute pancreatitis in view of CBD stones

RESIDENT DOCTOR SIGNATURE:



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HISTORY OF KNOWN ALLERGIES: Not Known

CURRENT MEDICATIONS:

T. Montrate 10 mg 1-0-1
T. Betaloc 50 mg 1-0-1
T. Diamicon ½ tab 1-0-1
T. Optisulive 1-0-0
T. Ecosprin 150 mg 0-1-0
T. Glycomet 0-1-0
T. Udiliv 300 mg 1-0-1

EXAMINATION AT TIME OF ADMISSION:

Temperature	Afebrile
Pulse rate	62/min
Blood Pressure	150/70 mmHg
Respiratory rate	20/min
Pallor	NIL
Edema	NIL

SYSTEMIC EXAMINATION:

Central Nervous System: Conscious and oriented.

Cardio-Vascular System: S1S2 normal. No murmur.

Respiratory System: Clear AEBE.

Abdomen: Right hypochondrium nodule palpable.

INVESTIGATIONS: Attached overleaf

SURGERY DETAILS: Laparoscopic cholecystectomy under GA on 30/06/2014

SURGEON: Dr. K Kapadia

ANAESTHETIST: Dr. Das Gupta

Anesthesia: GA

Regular painting and draping done

OPERATIVE DETAILS:

Pneumoperitoneum created with 3L CO2 using Veress needle

Four ports, 10 mm x 1 umbilicus and 5 mm x 3 right subcostal

Findings:


RESIDENT DOCTOR SIGNATURE:



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Extensive dense adhesions in the right upper quadrant of the abdomen

Duodenum, transverse colon adherent to a shrunken GB

Procedure:

Extensive adhesiolysis done

Duodenum, and colon dissected off the GB

Cystic artery clipped and divided

Cystic duct ligated doubly with 2-0 Vicryl and divided

GB dissected off the liver and delivered out from the umbilical port

Closure

Port site with Vicryl

Skin with subcuticular 3-0 Monocryl

COURSE DURING HOSPITAL STAY:

Patient's stay in the hospital in post-op period was uneventful

TREATMENT GIVEN:

IV fluids

IV antibiotics

Analgesics

Antacids

Blood transfusion if any: NIL

TREATMENT ADVISED ON DISCHARGE:

T. Ceftum 500 mg	1-0-1 x 5 days
T. Calpol 500 mg	1-0-1 x 5 days
T. Pantocid 40 mg	1-0-1 x 5 days
T. Sildura 8 mg	1-0-0 to continue
T. Betaloc 50 mg	1-0-1 to continue
T. Diamicron 1/2 tab	1-0-1 to continue
T. Optisulive	1-0-0 to continue
T. Ecosprin 150 mg	0-1-0 to continue
T. Glycomet	0-1-0 to continue
T. Udiliv 300 mg	1-0-1 to continue
T. Tonact 20 mg	at bedtime to continue

RESIDENT DOCTOR SIGNATURE:



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Tel.: 2366 7812

E-mail : drsameerp@breachcandyhospital.org

NAME	: MR. DHARAMVEER T. DHINGRA	DATE	: 02/07/2014
AGE / SEX	: 79 YRS / MALE	DATE RECD.	: 30/06/2014
REF. BY DR.	: K. KAPADIA	HIST NO	: OO 1608
WARD/OPD	: D SOUTH	PREVIOUS NO	:
ADM NO	: 1405904	IHC NO	:

SURGICAL PATHOLOGY REPORT

SPECIMEN Cholecystectomy

GROSS The received specimen of gall bladder measures 8.2 cms in length and 2.5 cms in maximum diameter. On opening, it reveals a greenish mucosa overlying a 0.8 cms thick wall.

MICROSCOPIC The gall bladder lumen lined by intact to denuded mucosa shows transmural acute and mononuclear inflammatory infiltrate.

There is no evidence of dysplasia or malignancy.

DIAGNOSIS ACUTE ON CHRONIC CHOLECYSTITIS

DR. SAMEER PATHAN M.D.



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IMAGING DEPARTMENT : SONOGRAPHY / COLOR DOPPLER

DATE : 2ND JULY 2014
NAME : MR. DHARAMVEER TULSIDAS D.
REFERRED BY : DR. KAPADIA

ULTRASONOGRAPHY OF THE ABDOMEN AND PELVIS :

The liver is normal in size and echotexture. No focal lesion is seen. Intra-hepatic biliary radicals are not dilated. Portal vein measures 7.7 mm.

Post cholecystectomy status. Gall bladder fossa appears normal.
The CBD measures 3 mm.

Pancreas is normal in size and echotexture.

Spleen is normal in size and echotexture.

Right kidney measures 9.8 x 3.4 cms. Left kidney measures 10.1 x 3.7 cms
Both kidneys are normal in size and echotexture.
No evidence of hydronephrosis or calculi seen.

No ascites is seen.

Urinary bladder is adequately distended. Urinary bladder wall is thickened with multiple trabeculations. There is evidence of a right lateral wall diverticulum. There is evidence of debris within the urinary bladder and the diverticulum.
The pre-void volume measures 336 cc. Post void residue is 330 cc.

The prostate is moderately enlarged in size and measures 5.1 x 4.7 x 3.9 cms corresponding to 50 gms.

IMPRESSION :

- Thickened urinary bladder wall with multiple trabeculations right lateral wall diverticulum with debris within.
- Moderate prostatomegaly with significant post void residue.

SD/JD/ak

Dr. Pradipta C. Hande
M.D.

Dr. Hemant Morparia
M.D., D.M.R.D.

Dr. Sabita Desai
M.D., D.M.R.E.

Dr. Deepon Patel
D.N.B., D.M.R.D., D.M.R.E.

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Consulting Hours : 8 a.m. to 12 noon & 4 p.m. to 8 p.m.

SUNDAY CLOSED

NAME : MR DHARAM VIR

AGE/SEX : 83YS/M

REG NO : 20804

DATE : 14-01-16

REF. DR. HINGORANI N.R.
M.B.B.S.

Thank you for reference.

SONOGRAPHY EXAMINATION OF ABDOMEN AND PELVIS:

The liver is normal in shape, size, position and shows a bright echotexture due to fatty change. Areas of focal fatty sparing seen. No focal or diffuse lesion is seen in the liver. No biliary tract dilatation seen.

Cholecystectomy noted.

Common bile duct and portal vein are normal in course and caliber and measure 1.7 mm & 7.5 mm respectively.

Pancreas is normal morphologically. No mass lesion or calcification is seen in the pancreas. Spleen is normal.

Kidneys are normal in shape, size, position, outline and echotexture. No mass lesion, calculus or hydronephrosis is seen in either kidney.

Right kidney measures 103 x 38 mm.

Left kidney measures 106 x 40 mm.

No paraortic lymphadenopathy seen.

Urinary bladder is physiologically well distended and shows thickened and trabeculated walls with stones and debris.

Large diverticulum seen on right with echogenic areas within ? debris ? masses.

Prostate measures 56 x 47 x 40 mm. Effective weight of prostate from above is approximately 57.78 gms. (grade II enlarged)

Prevoid bladder measures 390 ml.

Post void bladder measures 258 ml. (significant)

No free fluid is seen in the abdomen & pelvis.

IMPRESSION : FATTY CHANGE IN LIVER WITH AREAS OF FOCAL FATTY SPARING.**CHOLECYSTECTOMY NOTED.****GRADE II ENLARGED PROSTATE WITH A SIGNIFICANT POSTVOID RESIDUE.****BLADDER WALLS ARE THICKENED AND TRABECULATED WITH STONES AND DEBRIS.****LARGER BLADDER DIVERTICULUM SEEN WITH ECHOGENIC AREAS WITHIN ?****DEBRIS ? MASSES.****NORMAL ABDOMEN & PELVIC STUDY, OTHERWISE.**

Dr. Raju R. Shah
M.D. D.M.R.D. (Bom)

Dr. Deepak R. Shah
M.D., D.M.R.D. (Bom)

- All X-Rays DIGITAL with IFTV & all procedures • Portable X-Ray • Total Body Sonography • 3-D/4-D • 2-D Echocardiography
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