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King Georges Medical University
1 Shamina Road, Chowk, Lucknow, Uttar Pradesh

DISCHARGE SUMMARY

UHID : 20260082179
IPD ID : 260015684
Patient's Name : Mr. JITENDRA KUMAR VERMA
Age : 35 Year(s)
Sex: Male
Mobile : 9932604668
Billing Type : General
Guardian Name : TULSIRAM
Address : BIRAHIMAPUR LAXMANPUR
LAKSHMANPUR BARA BANKI 225122
BARABANKI UTTAR PRADESH

Department : Medicine
Ward / Bed: GANDHI WARD WARD 3 /
Unit : Unit 2
Treating Doctor : Dr. Munna Lal Patel
Admission Date : 16/02/2026 12:47:31
Discharge Date : 24/02/2026 11:32:00
Discharge Type : Discharge to home or self care
MLC : No
ABHA Address :

Diagnosis : Decompensated cirrhosis of liver(K74.6), Esophageal varices(I85.9), External hemorrhoids(K61.9)

Patient condition on admission: AT THE TIME OF ADMISSION BP-114/76 PR-84/MIN, PALLOR-ABSENT, ICTERUS-ABSENT, PEDAL OEDEMA-ABSENT, CHEST-BILATERAL CLEAR, PER ABDOMEN- WITHIN NORMAL LIMITS, CVS-S1S2 NORMAL, CNS-E4V5M6.

Treatment Details :

CONSERVATIVE

Brief Summary :

DIAG: 1. DECOMPENSATED CHRONIC LIVER DISEASE CAUSE ALCOHOL RELATED (CHICAGO CLASS-B, MELD NA SCORE-15) WITH SMALL ESOPHAGEAL VARICES WITH EXTERNAL HEMORRHOIDS
2. POST BURN ULCER OVER LEFT FOOT
HB:7.8 TLC:7100 DLC:64/26 PC: 195 MCV/MCH: 110/37.2 UREA/CREAT:8.85/0.90
SODIUM/POTASSIUM: 132.9/2.56 CALCIUM:3.89 TOTAL/DIRECT BILIRUBIN:1.15/0.66
SGOT/SGPT:30.28/14.7 SALP:253.02, S.PROTEIN/S.ALBUMIN:4.2/2.43 PT/INR-15.2/1.13 H SAG: NR HCV: NR HIV: NR IRON PROFILE: IRON -912 FERRITIN - 224 TIBC -1140 UIBC-228.5 iAT - 79.97 USG- CHRONIC LIVER DISEASE MILD SPLENOMEGALY MODERATE ASCITES B/L PLEURAL EFFUSION UGE- SMALL LOW RISK ESOPHAGEAL VARICES MILD PHG

PATIENT IS A KNOWN CASE OF CHRONIC LIVER DISEASE AND PRESENTED TO OUR CLINIC WITH CHIEF COMPLAINTS OF ABDOMINAL DISTENSION AND BILATERAL LOWER LIMB SWELLING FOR 10 DAYS, BLOOD MIXED STOOLS FOR 7 DAYS. AT THE TIME OF ADMISSION BP-114/76 PR-84/MIN, PALLOR-ABSENT, ICTERUS-ABSENT, PEDAL OEDEMA-ABSENT, CHEST-BILATERAL CLEAR PER ABDOMEN-DISTENDED, NON TENDER, CVS-S1S2 NORMAL, CNS-E4V5M6. LEFT FOOT-BULLA PRESENT. ROUTINE BLOOD INVESTIGATION WERE SUGGESTIVE OF ANEMIA, THROMBOCYTOPENIA, RAISED MCV VALUES, HYPOALBUMINEMIA. ON FURTHER INVESTIGATION USG W/A SHOWED COARSE LIVER ECHOTEXTURE WITH IRREGULAR MARGIN AND MILD SPLENOMEGALY, MODERATE ASCITES WITH BILATERAL MINIMAL PLEURAL EFFUSION. OGD SHOWED SMALL LOW RISK ESOPHAGEAL VARICES WITH MILD PORTAL GASTROPATHY. GENERAL SURGERY OPINION WAS TAKEN FOR BLEEDING PILES AND PATIENT WAS FOUND TO HAVE EXTERNAL HEMORRHOIDS DURING THE COURSE OF HOSPITALIZATION HE WAS MANAGED CONSERVATIVELY WITH IV ANTIBIOTICS, IV ALBUMIN, TEMPERATURE AND WEIGHT / GIRTH CHARTING WAS DONE. THE PATIENT CURRENTLY AFEBRILE WITH STABLE VITALS AND ADEQUATE URINE OUTPUT AND IS BEING DISCHARGED WITH ADVICE TO FOLLOW UP IN MEDICINE OPD AFTER 15 DAYS ON TUESDAY IN ROOM NO 17 OR ON FRIDAY IN ROOM NO 15 WITH REPORTS OF CBC, LFT, KFT SERUM SODIUM AND SERUM POTASSIUM.

Patient condition on discharge: AT THE TIME OF DISCHARGE BP-126/84 MMHG, PR-90/MIN, PALLOR-ABSENT, ICTERUS-ABSENT, CHEST-BILATERAL CLEAR, PER ABDOMEN-WNL, CVS-S1S2 NORMAL, CNS-E4V5M6

20260082179

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ING GEORGE'S MEDICAL UNIVERSITY, U.P.,
LUCKNOW - 226003
DEPARTMENT OF RADIO DIAGNOSIS

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USG DONE ON	18/12/2026	PATIENT ID	F300
NAME / AGE / SEX	Jitendra		
PART	USG - WHOLE - ABDOMEN MALE		
REFERENCE BY C/I & DEPTT			
CLINICAL DETAILS & DIAGNOSIS			

LIVER: Carnio - Caudal size in mid clavicular line - 10.8cm.
 Intra hepatic biliary radicles: - Normal.
 Echotexture: - coarse echotexture noted with irregular margins -

Chronic liver disease:
Adv LFT

Gall Bladder:

Lumen: - Anecchoic
 Wall thickness: Pericholecystic cuffing noted.

PORTAL VEIN DIAMETER AT PROTA: - 8mm

CBD Diameter: - Visualised part is noted to normal - normal.

PANCREAS: } obscured due to excess bowel gas.
 Size:
 Echogenicity

RETROPERITONEAL LYMPHADENOPATHY: - No Evidence of any significant Enlarged Lymph Nodes Noted

SPLEEN:

Size: - 13.2cm (mild splenomegaly)
 Echotexture: - Normal.

KIDNEYS:

Size of right kidney (cranio-caudal x transverse): - 10.7 x 3.8cm.
 Size of left kidney (cranio-caudal x transverse): - 9.7 x 3.6cm

Size and Shape:
 Position and excursion: } Normal.
 Echogenicity and CMD:

Calculus: }
 Cyst: } absent
 Mass: }

URINARY BLADDER: } partially distended.
 Lumen:
 Wall thickness:

UTERUS:

Size:
 Echotexture:
 Endometrial thickness:

Prostate - not visualized due to partially distended bladder.

OVARIES:

Right Ovary:

Size and Volume:
 Echotexture

Left Ovary:

Size and Volume:
 Echotexture

Ascites: - moderate ascites noted.

Pleural effusion: - Bilateral minimal pleural effusion.

IMPRESSION:

Feature suggestive of chronic liver disease noted. Adv LFT
 mild splenomegaly noted.
 moderate ascites: Bilateral minimal pleural effusion noted.

Dr. Subani
CT

Dr. Pankaj
CT

ING GEORGES MEDICAL UNIVERSITY, LUCKNOW

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DEPARTMENT OF BIOCHEMISTRY
(ICU STAT LAB, GANDHI WARD)
(ISO CERTIFIED 9001:2015)



Date : 20-Feb-2026
 Name : MR JITENDRA KUMAR VERMA
 Ref.By : ---
 Receipt : NA
 Requested Test : KFT, electro.
 Result(s) awaited : ABG
 Coll Time : 20-Feb-2026 12:34 PM
 Reg/Ref: 20260082179 / 311333294
 Phone :
 Collected At : Gandhi Ward
 Age/Gender : 36 Yrs./male
 Ward : 0
 Validate : 20-Feb-2026 04:14 PM
 Prn. Time : 20-Feb-2026 08:58 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

KIDNEY PANEL	10.45	mg/dL	11.9 - 42.9
Serum Urea (Method- Uriase UV/ GLDH)	1.04	mg/dL	0.6 - 1.5
Serum Creatinine (Method- Enzymatic- Colorimetric)			

Dr. Akanksha Verma

DR AKANKSHA VERMA
(MD Biochemistry)

Report Status : Provisional

हम आपके शीघ्र स्वस्थ होने की कामना करते हैं।

End of report

Checked by Lab Technician

Faculty Incharge/Resident

Print By



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Page
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 2)- In Case of any discrepancy of the results the same should be brought in notice to lab for repeat of tests free
 3)-(*) These Test are not in scopeof NABL Entry level Accriditation.

20260082179
Name : Jitendra Kumar
Age : 35Yrs,

Visit Date : 2/19/2026
Referred by : Dr. M. L. Patel (MD)
Consulted by : Dr. Sudhir Verma (MD, DM)



UPPER GASTROINTESTINAL ENDOSCOPY

Indication : Screening

Findings:

- Cricopharynx was normal.
- Esophagus showed grade 2 varices with no RCS.
- GE junction at 39 cm.
- Fundus, body and antrum showed mild PHG.
- No GOV/IGV noted.
- D1 and DII showed normal mucosa.

Conclusion: Small ^{low} risk esophageal varices, Mild PHG.

Advise:

Repeat UGI+/- EVL after 4 weeks.

DR. AJAY KUMAR PATWA
MD,DM

[Signature]
DR. SUDHIR VERMA
MD,DM

NCRL DIAGNOSTICS CENTRE



**TB HAREGA
DESH JEETEGA**

जांच सही, तो इलाज सही

Test Name	NCRL 1.1	NCRL 1.2	NCRL 1.3
Lipid Profile	✓	✓	✓
Thyroid Profile	✓	✓	✓
Kidney Function with Calcium	✓	✓	✓
Liver Function with GGT	✓	✓	✓
Complete Blood Count	✓	✓	✓
Complete Urine Examination	✓	✓	✓
Blood Sugar Fasting	✓	✓	✓
HbA1c	✓	✓	✓
Iron Profile			✓
Vitamin B12			✓
Vitamin D25 - Hydroxy			✓
Special Price	Special Price	Special Price	Special Price

24 Hours fasting required. Online report available.

Laboratory Reporting Conditions:

- This Report is not for Medico Legal Purpose.
- All Lab Reports/related information are subject to clinical interpretation through qualified Medical professionals.
- Lab results must be interpreted with objective clinical judgement, in conjunction with clinical presentation, history and other diagnostics evidence.
- CRL Shall not be liable to any subjective interpretative litigations pertaining to its tested results.
- Test results depend upon Quality of sample as well as assay procedures and may vary from lab to lab and also from time to time for the same parameters of the same patient.
- In case of any unexpected abnormality in the lab results, A repeat investigation may be entertained within 72 hrs from the time of testing on request of clients.
- Neither CRL nor its directors/ Employees/Representatives shall be responsible for liability, responsibility for any loss or damage that may be incurred by any person including the patient, as a results of assuming the meaning or contents of the reports.
- Financial monetary claims are subject to approval from the management and shall not exceed the stipulated test cost under any circumstances.
- There may be circumstances beyond our control that might delay test results.
- Claims if any, are subject to jurisdiction of Delhi, India.
- CRL outsources certain tests to other lab for providing a wider test menu to its clients under one umbrella.

NCRL DIAGNOSTICS CENTRE

📍 Satrikh Chauraha, Near Bharat Petrol Pump, Harakh Road, Barabanki

Time- 08:00 A.M. to 08:00 P.M. | Emergency 24 Hours Facility Available | 📞 7518146731, 8127274942

KING GEORGES MEDICAL UNIVERSITY, LUCKNOW

DEPARTMENT OF BIOCHEMISTRY
(ICU STAT LAB, GANDHI WARD)
(ISO CERTIFIED 9001:2015)

Date : 18-Feb-2026	Reg/Ref: 20260082179 / 311332194	Collected At : Gandhi Ward
Name : JITENDRA KUMAR		Age/Gender : 36 Yrs./Male
Ref.By : -----	Phone : -----	Ward : ..
Receipt : NA		
Requested Test : electo., IRON PRO, P-TIME		
Result(s) awaited : ABG		
Coll Time : 18-Feb-2026 22:27	Validate : 19-Feb-2026 14:16	Prn. Time : 23-Feb-2026 09:30

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

FASTING IRON PROFILE

Serum Iron	912.19	ug/dL	50-150
Serum UIBC	228.5	ug/dL	
Serum TIBC	1140.69	ug/dL	
Transferrin Saturation %	79.97	%	
Serum Ferritin	224.78	ng/mL	

Reference Range :-

Serum Iron	50-150 ug/dL
Unsaturated Iron Binding Capacity (UIBC)	150-336 ug/dL
Total Iron Binding Capacity (TIBC)	250-370 ug/dL
% Transferrin Saturation	20-45 %
Serum Ferritin	Male: 20-250 ng/mL Female: 10-120 ng/mL

Anshuman

DR. ANSHUMAN
(MD Biochemistry)

Report Status : Provisional, Reprinted, Revised

"हम आपके शीघ्र स्वस्थ होने की कामना करते हैं"

----- End of report -----

Print By

Checked by Lab Technician

Faculty Incharge/Resident



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TERMS AND CONDITION-1)-The lab does not own the responsibility regarding the authenticity of sample requested
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3)-(*) These Test are not in scope of NABL Entry level Accreditation.



SAI DIAGNOSTIC CENTRE

An ISO 9001:2015 Certified

Address : Naka Satrikh, Haldergarh Road, Subhash Nagar Gali, Barabanki-225001(U.P.)

9129327776



8736984005

05248-227776

saidiagnosticbtk@gmail.com



Date: February 8, 2026
Age / Sex: 36 yrs/M

PT. Name : Mr. JITENDRA VERMA

Referred By : SELF

Investigation: Ultrasound whole Abdomen

OBSERVATION

<p>Liver</p> <p>Gall Bladder</p> <p>CBD</p> <p>Pancreas</p> <p>Spleen</p> <p>B/L Kidneys</p> <p>Urinary Bladder</p> <p>Prostate</p>	<p>Enlarged in size ~200mm approx with increase echotexture of hepatic parenchyma. No focal lesion. Intrahepatic biliary radicles not dilated. Portal vein is normal in course and caliber.</p> <p>Normal in distension. Wall is thickened of size 9.7mm. No sizeable calculus.</p> <p>CBD -at porta normal in course, caliber & Clear in visualized region</p> <p>Normal in size, shape and echogenicity. No sizeable mass lesion.</p> <p>Main Pancreatic duct not dilated.</p> <p>Normal in size ~105.59mm approx, shape and echogenicity. No focal lesion.</p> <p>Splenic vein at hilum is normal caliber.</p> <p>Right kidney: 86.52mm approx.</p> <p>Normal in size, shape, position and echogenicity. Pelvicalyceal system not dilated.</p> <p>Corticomedullary differentiation preserved. Renal parenchymal thickness normal.</p> <p>Cortical thickness normal. No calculus seen. Right ureter is not dilated.</p> <p>Left kidney: 83.81mm approx.</p> <p>Normal in size, shape, position and echogenicity. Pelvicalyceal system not dilated.</p> <p>Corticomedullary differentiation preserved. Renal parenchymal thickness normal.</p> <p>Cortical thickness normal. No calculus seen. Left ureter is not dilated.</p> <p>Normal in size, shape & distention. Lumen is anechoic. Wall thickness normal.</p> <p>No calculus or mass lesion.</p> <p>Normal in size, shape and echogenicity. No focal lesion.</p> <p>Shows severe fluid collection with floating bowel loops are seen in peritoneal cavity.</p> <p>Evidence of Mildly dilated thickened wall bowel loops noted in umbilical and Para umbilical region with right predominance. No inter bowel collection noted suggesting ————— Bowel inflammation.</p>
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- OPINION:-** Above findings suggestive of —
- Mild Hepatomegaly with grade-II fatty infiltration. No focal lesions.
 - Acute Cholecystitis.
 - Severe peritoneal Ascites.
 - Bowel inflammation.

Advice : Clinical correlation and CECT further investigation.

Dr. R.C. Bhatt
M.B.B.S. DMED (Radiologist)

- ❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.
- ❖ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico-legal purpose.



Facilities Available: ▶ Ultrasound ▶ Colour Doppler ▶ Tiffa ▶ X-Ray-400M.A. ▶ E.C.G.
▶ Pathology ▶ Biochemistry ▶ Microbiology ▶ Histopathology ▶ Serology ▶ All Type Hormons

The Report is not valid for medico-legal purpose, in case of unexpected of alarming results, you are requested to contact the lab/center immediately.

Timing : 08:00 AM to 08:00 PM Sunday 08:00 AM to 02:00 PM

Home Sample Collection/Report Facility Available

A Fully Computerized Laboratory

भूल को रिंगि की जाँव करना एवं जानकारी देना कम्पूनी अयतन है।