

Date: 04-01-2025**RADIOLOGY REQUEST**

PATIENT INFORMATION	
Hosp N°: _____	
Bed N°: _____	
Location: _____	
Patient's Name: <u>SOUS PITHOM</u> Age: <u>40</u> Sex: <u>M</u>	
Address: _____	
Phone: _____	

Additional Information				
Infection concerns? ☐ No ☐ Yes SPECIFY: _____	Pregnant? ☐ No ☐ Yes Gestational age _____ weeks	Allergies? ☐ NKA ☐ Yes SPECIFIC MEDICINE _____	Diabetes Mellitus? ☐ No ☐ Yes Metformine? ☐ No ☐ Yes	Renal Function Creatinine: _____ BUN: _____ Weight: _____

DDX/ Relevant History	
1. HBV(+) R/O early stage liver cirrhosis - Increase bilirubene.	
Exam Requested ☐ Ultrasound: _____ ☐ X-ray: _____ ☐ Mammography: _____ ☐ CT Scan: _____ Please stop using metformine 48 hours after using contrast. ☒ Others: <u>Fibroscan</u>	
Approved by: _____	Request by: <u>វេជ្ជ. ខុំ សីហា</u> <u>085 322 065</u>

MINISTRY OF HEALTH



Calmette Hospital
Gastrointestinal
Phnom Penh

N°.....HC/20



Sous

PHIROM

M, ២០

27/12/1984

HBV

Height: 164 cm

Weight: 67.0 kg

Physician:

Chronic hepatitis B

Fasting:

Yes

CAP (dB/m)

E (kPa)

04/01/2025 15:23:21

Exam:

M

IQR

MEDIAN

MEDIAN

IQR

20

172

15.3

1.9
IQR/Med
12%

SWF = 50Hz

Organ:

Liver

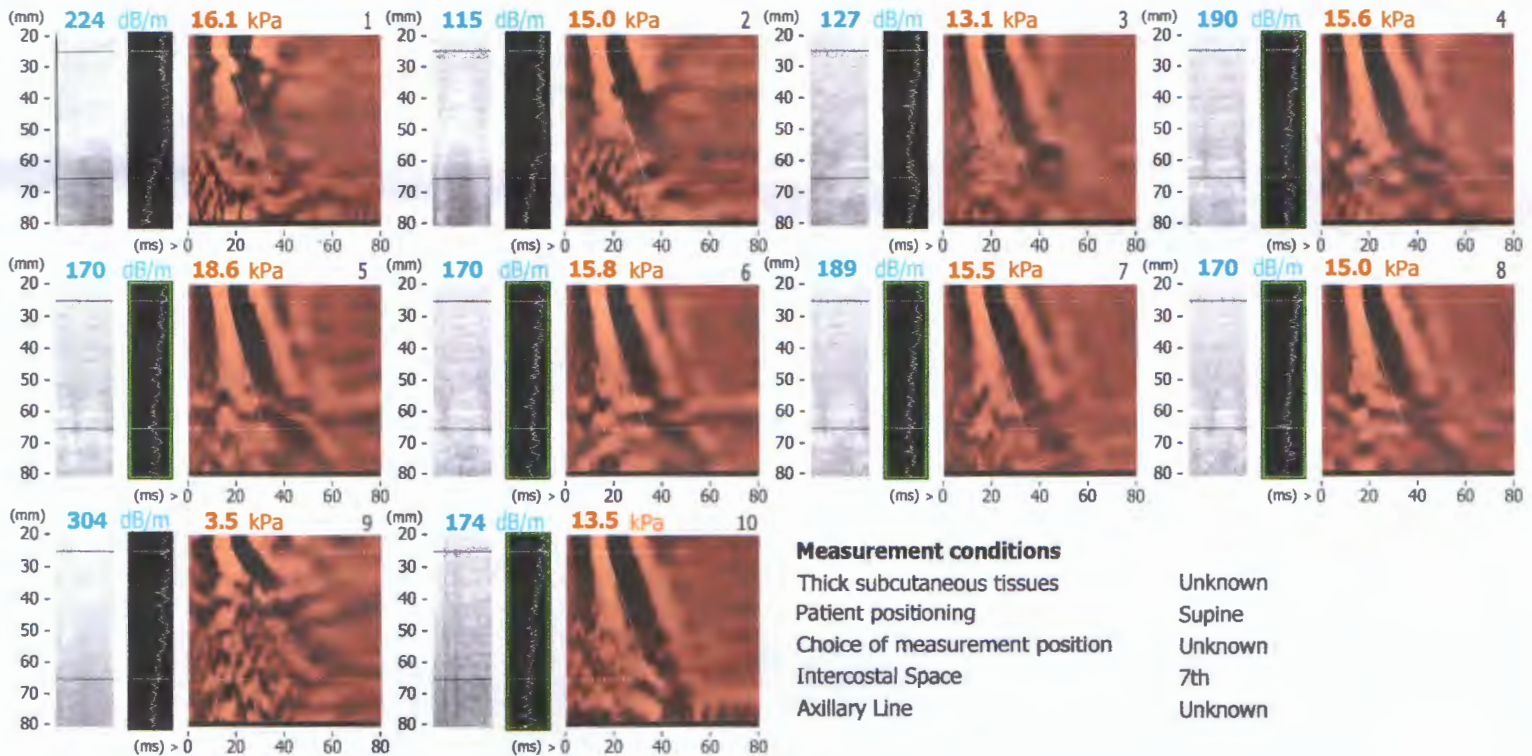
Operator:

Operator

E-MEASUREMENTS:

10

The result of Fibroscan is F4



FibroScan 530 Compact / SN: F82067

Probe M+ / SN: 2002382

Software release number FS 4.1.3

FibroScan® is a medical device intended as an aid for the management of patients with liver disease. Measurements should be performed by a certified operator. The values obtained must be interpreted by a physician experienced in dealing with liver disease, taking into account the complete medical records of the patient, the number of valid measurements and their dispersion. Probes must be calibrated according to the manufacturer's recommendations.

Chetra
Dr. Maneth / Dr. VANNA CHETRA