



PHYSIOTHERAPY & SPORTS REHABILITATION CENTER

- MANUAL THERAPY
- NEUROLOGICAL REHAB
- SPORTS PHYSICAL THERAPY
- ELECTRO THERAPY
- SPEECH THERAPY

Doctor MANSOOR KHAN Achakzoi

- CONSULTANT & SENIOR PHYSIOTHERAPIST**
SPORTS SPECIALIST
 OF DPT, MS-SPT, DDCTR, CKTP
 OF Mulligan, Australia
 OF Car. Dry Needling, UK
 OF Car. Orthopedic Manual Physical Therapy, UK
 OF REG. PT (PPTA)

Ref: _____

Date: 21 Sep 24

25 Days

Age: 84

R. Asst

Acc. Test
 G. II

Post. Motion
 of the medial
 M. J. Effusion

RA

Strength
 is

Normal
 Chest with
 (static)

1x15
 1x15
 1x15
 1x15
 1x15

Shoulder
 with
 for
 the

1x15
 1x15
 1x15
 1x15
 1x15

Lower Limb
 Lower Limb
 Lower Limb

one leg
 one leg
 one leg
 one leg
 one leg

Standing
 standing
 standing
 standing
 standing

SE with every
 + control

Mansoor Khan

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0311-1558883
 0333-3383406

081-2085111
 0826-613115

M.A Jinnah Road Near Imdad Chowk, Quetta
 Plot #1254, Tara Singh Street Khushi
 Mohammad Road Chaman



ADVANCE MRI CENTER

MRI, CT Scan, NCS, EMG, EEG, X-ray, Ultrasound, Lab Center
An Eye-OPENING Look At The Differences In MRI Scanners.

ON LINE REPORTING

ENTER

NAME: M. ASIF	AGE: 24 YRS	GENDER: M	DATE: 17.09.2024
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MRI RIGHT KNEE

INDINGS

- ACL is not distinctly visualized along its femoral attachment and shows intrasubstance T2/STIR hyperintense signals.
- Lateral meniscus appears normal.
- Hyperintense T2/STIR signals are noted in posterior horn of medial meniscus reaching the meniscal root.
- No intra articular loose bodies.
- Normal medial and lateral collateral ligament, patellar tendon and quadriceps tendon.
- Mild effusion is seen in suprapatellar recess ✓

IMPRESSION:

- Features suggestive of Anterior Cruciate Ligament tear.
- Horizontal tear – posterior horn of medial meniscus.
- Mild effusion in suprapatellar recess ✓

*This is a digitally verified report by
Dr S A Hussain,
MBBS, FCPS (Diagnostic Radiology)
European Diplomat in Radiology (EDiR)
Certification in Health Professional Education (CHPE)
Consultant Radiologist
And does not require signatures*

The document is not valid for court. Image Interpretation is done on image data provided and does not imply a final diagnosis. Clinical correlation is requested in all cases. Typographical mistakes are highly regretted. For any query or confusion, don't hesitate to contact our reporting doctor (email: radiodiagnosis10@gmail.com) or our medical center

Not Valid For Court

MRI No: 081-2869292

EMG No: 081-2869999

Call advancemricenter@gmail.com

ADVANCE MRI IMDAD CHOWK IN IMDAD HOTEL JINNAH ROAD QUETTA.

REFERRAL FORM

Institution: DHA Hospital	Name of Patient: Muhammad Asif
District: Chaman	Yearly OPD No:
Referred to: Trauma Center DHA	Sex: Male
REFERRAL INFORMATION (to be filled by referring care provider)	
Reasons for Referral: W/O RTA Trauma to L & R Leg + Knee	Diagnosis:
History and Clinical Findings: For Injuries Treatment Refused to Quits, Not for MLV.	Treatment:
Follow-up:	
Date: 14/9/24	Date:
Name: Sulky Casualty Medical Officer Chaman	Name:
Signature: 	Signature:



SANDEMAN (PROV.) HOSPITAL QUETTA

O.P.D.#: _____

ID: _____

DATE: _____

Name: ASIF Add: _____

Father's / Husband Name: HALE _____

Age: _____ Sex: _____

Clinical Notes:

Advice:

<p><i>(Handwritten notes in Clinical Notes section)</i></p> <p>X</p> <p>2</p> <p>2</p> <p>WRTI</p>	<p><i>(Handwritten notes in Advice section)</i></p> <p>WRTI</p>
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Doctor's Name: _____

Signature: _____

ANCE



ENTER

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CamScanner