

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ក្រសួងសុខាភិបាល



មន្ទីរពេទ្យជាតិ គេហសន្តិភាព

Patient's Name : ឈន សាម៉េត Sex: ប្រុស (M) Age: 85ឆ្នាំ 1ខែ 25ថ្ងៃ
HN : 26-257101
Date of Exam : 28/04/2026 14:15:42
Requested By : ឃី ប្រុសពៅ
Department : ED
Pre-diagnosis : Old stroke

Heart Ultrasound Report

Ascending aortic root not dilated.

No shunt visible on TTE

Left chambers

- LA is not dilated, and no thrombus nor spontaneous echo contrast is visible on TTE.
- LV not dilated , but concentric hypertrophy.
- Neither regional nor global wall motion abnormalities of the LV were found.
- Good systolic function of the LV, EF: 65%.
- LV filling pressure not elevated, mitral inflow type I.

Neither significant mitral nor aortic valve disease.

Right chambers not dilated; good function systolic of RV.

Absence TR significant found.

IVC not dilated and collapse >50% on inspiration.

Pericardial: free

Conclusion:

Hypertensive heart disease with preserved EF: 65% without elevated LV filling pressure.

Sonographer

គេ. ហេង ឆឹមហុង



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មន្ទីរពេទ្យជាតិ អេសេសត្រីភាព
លទ្ធផលមន្ត្រីពិសោធន៍

លេខអ្នកជំងឺ : TSN-26-257101	ប្រភពសំណាក : Med-ICU (ប្រពោធនកម្មវេជ្ជសាស្ត្រ)
ឈ្មោះ : ឈន សាម៉េត	ភេទ : ប្រុស អាយុ : 85 ឆ្នាំ 2 ខែ 1 ថ្ងៃ
លេខទូរស័ព្ទ : 0121710096	រោគវិនិច្ឆ័យ : 1. Urosepsis (qSOFA: 2)
អាសយដ្ឋាន : ឃុំ/សង្កាត់ កំពង់ចាម - ស្រុក/ខ័ណ្ឌ កំពង់ចាម - ខេត្ត/ក្រុង កំពង់ចាម	

HEMATOLOGY	លេខសំណាក	អ្នកស្នើសុំ	ថ្ងៃប្រមូលសំណាក	ថ្ងៃទទួលសំណាក
Blood-EDTA	247-04052026	វេជ្ជ. ចំរើន មុន្នីសេរីវិញ	04-May-2026 10:51	04-May-2026 11:28

Test Name	លទ្ធផល	ឆ្លុះ	តំលៃយោង
COMPLETE BLOOD COUNT			
WBC	7.42	x10 ⁹ /L	4 - 10
RBC	3.34	L x10 ¹² /L	4.5 - 5.5
Hemoglobin	10.4	L g/dL	13 - 17
Hematocrit	32	L %	40 - 50
MCV	94	fl	83 - 101
MCH	31	pg	27 - 32
MCHC	33	g/dL	31.5 - 34.5
Platelets	176	x10 ⁹ /L	150 - 410
RDW-CV	17	H %	11.5 - 14
Differential White Cell Count			
Neutrophils (%)	66%	4.90	x10 ⁹ /L 2 - 7
Lymphocytes (%)	19%	1.41	x10 ⁹ /L 1 - 3
Monocytes (%)	13%	0.96	x10 ⁹ /L 0.2 - 1
Eosinophils (%)	02%	0.15	x10 ⁹ /L 0.02 - 0.5
Basophils (%)	00%	0.00	L x10 ⁹ /L 0.02 - 0.1

BIOCHEMISTRY	លេខសំណាក	អ្នកស្នើសុំ	ថ្ងៃប្រមូលសំណាក	ថ្ងៃទទួលសំណាក
Blood-Clotted	247-04052026	វេជ្ជ. ចំរើន មុន្នីសេរីវិញ	04-May-2026 10:51	04-May-2026 11:28

Test Name	លទ្ធផល	ឆ្លុះ	តំលៃយោង
Albumin	29	L g/L	38 - 51
RENAL FUNCTIONS			
Creatinine	0.7	mg/dL	0.6 - 1.3
BUN (Blood Urea Nitrogen)	8.5	mg/dL	4.7 - 23.4

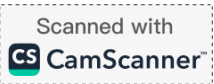
ថ្ងៃពិសោធន៍ចុងក្រោយ : 04-May-2026
 ត្រួតពិនិត្យដោយ

 ឱសថការី គីម សុភារី

ថ្ងៃចេញលទ្ធផលដំបូង : 04-May-2026 13:15
 បុគ្គលិកមន្ទីរពិសោធន៍

 ម.ពិ. គីម សុភារី

មហាវិថីឈ្នះឈ្នះ សង្កាត់គោករកា ខណ្ឌព្រៃកញ្ជា រាជធានីភ្នំពេញ អ៊ីមែល:tsnhhospital.gov@gmail.com



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មន្ទីរពេទ្យជាតិ គេហសន្និភាព

Patient's Name : ឈន សារ៉េត Sex: ប្រុស (M) Age: 85 ឆ្នាំ 1 ខែ 25 ថ្ងៃ
HN : 26-257101
Date of Exam : 28/04/2026 14:30:56
Requested By : ឃី ប្រុស រៀន
Department : ED
Pre-diagnosis : Cystitis ?

ULTRASOUND ABDOMINAL AND PELVIC

INDICATION: Cystitis ?

TECHNICAL: Trans abdominal ultrasound using a 4 MHz transducer.

FINDING:

- Liver: Normal in size, irregular contours, cirrhosis echo structure. There is no evidence of a lesion within the liver parenchyma.
- The portal vein and hepatic veins are not dilated.
- GB: Normal in size, with a thin wall. No evidence of gallstone.
- Biliary tract: Not dilated.
- Pancreas (head and body): Normal in shape with a homogeneous echo structure. The pancreatic duct is not dilated.
- Spleen: Normal in size and homogenous echo-structure.
- Right kidney: Normal in size, well-differentiated cortical pelvis zone. No evidence of kidney stone.
- Left kidney: Normal in size, well-differentiated cortical pelvis zone. No evidence of kidney stone.
- Urinary bladder: Moderately distended, with a thickening wall (6.9mm) regular wall without evidence of bladder stone.
- Prostate : is normal in size , estimated 10 ml volume without evidence of a lesion.
- Moderate ascite

CONCLUSION:

- Feature of liver is liver cirrhosis with moderate ascite.
- Thickening of urinary bladder wall is suspicious cystitis.***Please correlated with urine test.

Sonographer

ចេត្ត ជាតិ គារម្ម

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មន្ទីរពេទ្យជាតិ គេហសន្តិភាព

Patient's Name : ឈន សាម៉ែត Sex: ប្រុស (M) Age: 85ឆ្នាំ 0ខែ 28ថ្ងៃ
HN : 26-257101
Date of Exam : 31/03/2026 22:57:22
Requested By : វេជ្ជ. ហួន រតនា
Department : ED
Pre-diagnosis : Left side hypotonia

NON-CONTRAST CT SCAN OF BRAIN

INDICATION: Left side hypotonia.

TECHNIQUE: CT scan of brain was performed without contrast medium administration. Multiplanar reconstruction was obtained.

FINDINGS

- Slightly hypodensity involving the right internal capsule extending to right thalamic and lenticulo-caudate nucleus also the right corona radiata area suggestive of acute ischemic infarct.
- Hypodensity involving left external and internal capsule extending to left lenticulo-caudate nucleus suggestive of sub-acute ischemic infarct.
- Diffuse cerebral atrophy associated with communicating hydrocephalus without obstruction identified suggestive of normal pressure hydrocephalus in elderly.
- A single hyperdensity lesion size 8 x 5mm (density=102HU) located at right cerebellar hemispheric without surrounding edema likely a small single cavernoma.
- No evidence of intracranial hematoma or subarachnoid hemorrhage identified.
- No intra-axial or extra-axial mass.
- Midline structures are preserved and in normal position.
- Minima left maxillary mucosal thickening associated with minima curved of nasal septum to the left side.
- The remaining paranasal sinuses and mastoid air cells are clear.
- No visible skull fracture.

CONCLUSION:

- Acute ischemic infarct involving the right internal capsule extending to right thalamic and lenticulo-caudate nucleus also the right corona radiata area. ***Correlate clinically.
- Sub-acute ischemic infarct left external and internal capsule extending to left lenticulo-caudate nucleus.
- No evidence of hemorrhagic transformation identified today.
- Diffuse cerebral atrophy associated with communicating hydrocephalus without obstruction identified suggestive of normal pressure hydrocephalus in elderly.
- A single hyperdensity lesion located at right cerebellar hemispheric without surrounding edema likely a small single cavernoma.
- Minima left maxillary sinusitis associated with minima curved of nasal septum to the left side.

Radiologist

DR. HUY SRUY