

## SAMPLE MEDICAL OPINION

Dear Sir/Madam,

Please find below your second medical opinion from <DOCTOR'S NAME> and <HOSPITAL NAME>

(Kindly note that the opinion is based on the information provided and the treatment advised can be confirmed only after evaluating the patient in person)

Query No:

Specialist Name:

Description about the Hospital and Specialist:

Patient Name:

Age:

Gender:

Patient's Complaints:

I was having pain in the abdomen since the last 5 days. I had shown to my local doctor. He advised me to undergo Blood Tests and USG- Abdomen. Upon evaluation it was found that I am having Hernia along with Intraabdominal Gas. I have been advised for Hernia Surgery. Please let me know if I need surgery.

**Reports Sent:** Haematology examination and USG Abdomen – scan and report

**Findings:**

Abdomen

Liver: Liver is normal in size (8.72 cm) and homogenous in echo pattern without any focal or diffuse lesion.

Bile Ducts: Normal. Common bile duct diameter is 6,5 mm.

Gallbladder: No calcified gallstones. Normal caliber wall.

Pancreas: Normal. Uniformly enhancing, no pancreatic duct distension.

Spleen: Normal. Splenic index – 396 (normal up to 480).

Adrenals: Normal.

Kidneys: Kidneys are normal in size and position.

NB: Remarkable Intraabdominal Gas seen as present. Hernia seen in right side inguinal region

**Diagnosis:** Right Sided Inguinal Hernia is present which is causing pain in abdomen

**Treatment Advised:** Inguinal hernias never go away without treatment. Furthermore, if the sac is left open, a loop of bowel or another organ may become trapped or incarcerated (strangulated) in the sac. You require physical exam along with USG abdomen, CT scan or MRI. If the diagnosis is confirmed upon evaluation you will need Hernia Repair Surgery

If you decide to travel to <COUNTRY OF TREATMENT> for diagnosis and treatment please find below the cost estimate and other details:

Approximate Cost of Treatment:

Duration of Stay in the Hospital:

Duration of Stay in <COUNTRY OF TREATMENT>:

Inclusions:

Exclusions:

Accommodation Cost:

Travel Advisory:

Any Other Details:

We hope the information furnished will help you & the family members to make the decision to come for evaluation and treatment as suggested by <DOCTOR'S NAME>

Please feel free to contact us for any further information/assistance.

Regards,

HTW Team