PROFORMA- I

Remarks/ assessment of Chief Medical Officer/ Chief Medical Superintendent along with verified / countersigned papers

I, Dr. Bhavtosh Shankdhar, CMO, Ghaziabad have perused the documents presented before me by Smt. Archna Rani, ID No. UP1525, Add. Principal Judge posted at Ghaziabad, Uttar Pradesh.

1. Dr. Rakesh Kumar, EMO, DCH Sanjay Nagar, Ghaziabad examined Smt. Veer Bala aged- 69 years, who is suffering from the disease/syndrome/disability CARCINOMA Left Breast and in my opinion he may require frequent hospitalization for treatment/management.

I also verify that Smt. Veer Bala is suffering from the disease/ syndrome/disability CARCINOMA Left Breast and the disease finds mention at paragraph no. I of the Annexure 1 enclosed herewith.

3. In my professional opinion and assessment, I am convinced that the disease/syndrome/ above-mentioned of the treatment/management disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his application submitted to the Hon'ble High Court.

4. The treatment/management of the above-mentioned disease/ syndrome/ disability/disorder in paragraph two above is also available at the districts namely possible at the districts Gautam Buddha Nagar, Ghaziabad, Meerut, Moradabad.

5. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.

6. The document shall be valid for six months only.

Vees Bake

Shul Name: Dr. Bhavtosh Shankhdhar

ID No.181620

Designation: Chief Medical Officer Mobile No. 9456078958

> Chief Medical Officer Ghaziabad

The Registrar General, Hon'ble High Court of Judicature at Allahabad.

Through,

The Principal Judge, Family Court, Ghaziabad.

Subject:-

Submission of Representation for one year stay in District Ghaziabad on account of my mother's illness and undergoing treatment of BREAST CANCER (INVASIVE DUCTAL CARCINOMA) at KOSMOS Superspeciality Hospital, Delhi.

Respected Sir,

It is most respectfully submitted that my husband Late Sri Amit Kumar Singh was a Judicial Officer who was transferred from Hapur to Etah in April, 2021. Unfortunately, he left to heavenly abode on 15.05.2021 due to COVID-19. Since then, I am raising my only daughter age 12 years as a single parent with the help of my parents who are risiding with me. My mother Smt. Veer Bala is home maker and my father Sri Om Prakash Singh is a retired government employee and pensioner. My mother has been diagnosed second stage of BREAST CANCER (INVASIVE DUCTAL CARCINOMA) in June, 2023. She has taken treatment at KOSMOS Superspeciality Hospital, Delhi for CHEMOTHERAPY and presently undergoing RADIOTHERAPY at Yashoda Superspeciality Hospital and CANCER Institute, Ghaziabad.

In these circumstances, one year over stay at Ghaziabad for treatment of my mother (CANCER Patient) which is still going on at Delhi will help me a lot.

It is therefore, humbly requested that your goodself may kindly place my representation before the Hon'ble Court for sympathetic consideration.

Thanking you in anticipation.

Date: - 23.02.2024

Yours faithfully,

(Archana Rani)

Add. Principal Judge, Family Court, Ghaziabad.

Enclosures:- Medical documents.

Endorsement No. - 157 I , Date - 23.62.2024

Forwarded,

The Registrar General, Hon'ble High Court of Judicature at Allahabad.

(Vatsal Srivastava)

Principal Judge, Family Court,

Principal Judge Family Court

Ghaziabad











NEHRU NAGAR

OPD CONSULTATION- PVT

Patient Name: Mrs. VEER BALA Age: - 69 vrs. Consultant Name: - DR. (COL.) N. CHAKRAVARTY

Female

Date: - 20 Jan 2024

_69 yrs. old postmenopausal lady, presented with progressively increasing lump left breast Mrs. VEER BALA with Oct 2021. She has no positive family history of breast malignancy however history of ? HCC in mother. She was initially evaluated at Yashoda hospital Katsambis by surgical oncologist June 2023. On clinical examination found to have lump left breast approx. 45x43 mm left upper outer quadrant. Left

axillary nodes not palpable

Left digital mammogram on 15 June 2023 suggested- presence Spiculated, ill-defined mass lesion upper quadrant at 12 O Clock position approx, 33x26 mm BIRAV -V with left axillary node- largest 13.4x 06 mm in size. Sono-mammogram-detail not available!

18 F FDG PET CT Scan on 16 June 2023 suggested ill-defined irregular avid soft tissue thickening noted left upper quadrant left breast (approx. 15x 41 mm SUV max 2.2. Surrounding fat stranding noted. Fat plane with overlying skin/underlying muscle preserved.

Histopathological examination of trucut biopsy specimen from left breast (vide SN-604-23 dated 15 June 2023) invasive ductal carcinoma breast- NST

After initial work up,

Later UNDERWENT LEFT MRM at KHANDELWAL HOSPITAL & UROLOGY CENTRE on 21 June 2023 Histopathological examination of surgical specimen (vide Dr. LPL 442861785 dated 22 June 2023) ≰)-Invasive carcinoma left lower outer quadrant T - 48x45x20 mm. Glandular / tubular differentiation score 02, nuclear pleomorphism score 03, mitotic rate score 01 overall grade II, cut margin-free, LVSI- identified/ derm LVSI/PNI - not identified, 07 /16 left axillary node with extra nodal extension. ER -positive 55-60 %, PgRpositive 75%, Her2Neu-negative, Ki-67 (?)

She received 08 # adjuvant chemotherapy (04# Inj. ADRIAMYCIN +Inj. CYCLOPHOSPHAMIDE) followed 04# Inj.

Currently she is doing fine. Left shoulder movement free Weight 46.76 Kg General & systemic examination found unremarkable

Left MRM scar-healthy. / left axilla -normal/left supraclavicular / Left arm- normal Right breast healthy. / right axilla -normal/right supraclavicular / right arm- normal. She has associated comorbidity (1) Type 2DM -on OHA In view of post mastectomy, node positive disease with extra nodal extension as high risk features she requires adjuvant radiation to chest wall & regional nodes

CARCINOMA BREAST (OPTD)- LEFT Stage pT2N2MO -III A POST MRM

Following is recommended

- CBC/LFT/KFT weekly
- X-ray Chest PA view
- Ultrasound examination abdomen & pelvis
- ECG.
- Thermoplastic mould & CT simulation
- 6) 3 D Planning
- 7) Adjuvant radiation to left chest wall 50.4 Gy in /28 fraction by IGRT
- 8) Supportive care

You are requested to accord permission for above.

DR. (COL.) N. CHAKR Dr. (Col.) N. GHAKRAVARTY MD, DNF Director Radiation Oncolo **REG NO.-30491**

Yashoda Superspeciality Hos, it B-1, Sector-23

Yashoda Hospital & Research Centre Ltd.

III^{ro} M, Nehru Nagar, Ghaziabad - 201001

Yashoda Superspeciality Hospital & Cancer Institute (A Unit of Vivekanand Nursing Home Pvt. Ltd.)

B 1 & 2, Sec - 23, Sanjay Nagar, Ghaziabad - 201002 Ph - 98107 09038, 0120-4612000

Yashoda Hospital & Cancer Institute

HC - 1, Sec - 15, Vasundhara, Ghaziabad - 201012 Ph - 98107 05772, 0120-4466000

Ph - 98109 22042, 0120-4182000 info@yashodahealthcare.com

www.yashodahealthcare.com 1

YH/HRM/LH/V2



Dr. Sachdeva's

Kosmos Superspeciality Hospital

A UNIT OF SACHDEVA MEDICARE PVT. LTD.

C-60, Anand Vihar, (Vikas Marg), Delhi-110092 Ph.: 011 -22160000, 22160001, 22160002, 22160003

Emergency call: 85 86 82 82 82 E-mail: kosmoshospital@gmail.com Website: www.kosmoshospital.com



DISCHARGE SUMMARY

Patient Name

: Veer Bala

Age / Sex

68 / Female

Address

: Judges Residence Modal Town Gzb Ghaziabad

IPD No.

: 18828/23

UHID No.

: 61763

Admission Date

: 24/12/2023 10:35:15 AM Discharge Date : 24/12/2023

Room No.

: 216

Category / TPA

General

Doctor Incharge

: Dr. Suresh Kumar

Department

General Surgery

Discharge Reason :

DIAGNOSIS :-

POST OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA). T2/3, NOaMO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE...

KNOWN CASE OF T2 DM / HTN...

CHIEF COMPLAINTS & REASON FOR ADMISSION :-

PATIENT IS A POST-OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA) T2/3, NO MO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE. NOW PATIENT IS BEING ADMITTED FOR EIGHTH CYCLE OF CHEMOTHERAPY. POST CHEMOTHERAPY HAIR FALL (+), LOSS OF APPETITE, NAUSEA (+), NO FEVER, NO THROMBOCYTOPENIA, NO LEUCOPENIA. PATIENT TOLERATED WELL EIGHTH CYCLE OF CHEMOTHERAPY AND POST CHEMOTHERAPY SIDE EFFECTS WITHOUT ADMISSION IN THE HOSPITAL.

CLINICAL HISTORY :-

KNOWN CASE OF T2 DM / HTN ON TREATMENT

HISTORY OF LEFT MRM ON 21/06/2023

ON EXAMINATION :-

At Admission:

Conscious Oriented PR: 102/min, BP: 140/70 mmHg, RR: 20/min, Temp: 98°F

Chest - B/L AE EQUAL VBS (+) Abdomen - SOFT BS (+)

CVS - S-1 S-2 AUDIBLE SPO2-98% ON RA, RBS-168MG/DL, WEIGHT: 44KG

LOCAL EXAMINATION:

Directorale of Houth Services
Govt. of NCT of Dehi Shahdara Distact

Page 1 of 3

DISCHARGE SUMMARY

PALLOR +

TREATMENT GIVEN IN THE HOSPITAL:

I/V FLUIDS

INJ. MVI

INJ. AVIL

INJ. DECADERON

INJ. EMESET

INJ, APRECAP (D1)

INJ. EFFCORLIN (D1)

INJ. PACLITAXEL (D1)

HOSPITAL COURSE / COMPLICATIONS / SEQUENCE OF COMPLICATIONS:

PATIENT IS A POST-OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA) T2/3, NO MO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE. NOW PATIENT IS BEING ADMITTED FOR EIGHTH CYCLE OF CHEMOTHERAPY. POST CHEMOTHERAPY HAIR FALL (+), LOSS OF APPETITE, NAUSEA (+), NO FEVER, NO CHEMOTHERAPY. POST CHEMOTHERAPY HAIR FALL (+), LOSS OF APPETITE, NAUSEA (+), NO FEVER, NO CHEMOTHERAPY. POST CHEMOTHERAPY AND POST THROMBOCYTOPENIA, NO LEUCOPENIA. PATIENT TOLERATED WELL EIGHTH CYCLE OF CHEMOTHERAPY AND POST CHEMOTHERAPY SIDE EFFECTS WITHOUT ADMISSION IN THE HOSPITAL. AFTER CLINICAL ASSESSMENT AND INITIAL TREATMENT IN EMERGENCY PATIENT WAS GIVEN INJ. DECADERON 16MG I/V STAT IN 100ML NS OVER FOR 8TH CYCLE OF CHEMOTHERAPY. PATIENT WAS GIVEN INJ. DECADERON 16MG I/V STAT IN 100ML NS OVER 1/2 AN HOUR & INJ. EMESET 8MG I/V STAT IN 100ML NS OVER 1/2 AN HOUR BEFORE STARTING EIGHTH CYCLE OF CHEMOTHERAPY ON D1 WITH INJ, APRECAP150MG IN 100ML NŞ CHEMOTHERAPY. SHE RECEIVED 8TH CYCLE OF CHEMOTHERAPY ON D1 WITH INJ, APRECAP150MG IN 100ML NŞ OVER 1/2 AN HOUR, INJ. AVIL 1AMP I/V BOLUS STAT SLOW, INJ. EFFCORLIN 100MG I/V SLOW BOLUS STAT, INJ. OVER 1/2 AN HOUR, INJ. AVIL 1AMP I/V BOLUS STAT SLOW, INJ. EFFCORLIN 100MG I/V SLOW BOLUS STAT, INJ. OVER 1/2 AN HOUR, INJ. AVIL 1AMP I/V BOLUS STAT SLOW, INJ. MVI 1AMP. WITH 500ML NS I/V OVER 2-3 HOURS WAS PACLITAXEL 225MG IN 500ML NS OVER 3-4 HOURS, INJ. MVI 1AMP. WITH 500ML NS I/V OVER 2-3 HOURS WAS DONE AND GIVEN ON D1. SHE TOLERATED THE CHEMOTHERAPY WELL. ALSO BLOOD SUGAR CHARTING WAS DONE AND MANAGED ACCORDINGLY. GRADUALLY PATIENT'S GENERAL CONDITION HAS IMPROVED AND NOW PATIENT IS BEING DISCHARGED TODAY IN SATISFACTORY CONDITION TO BE FOLLOWED UP THROUGH OPD.

Shandara District
Shandara District
Services
Directorate of Health Services
Govt. of NCT of Delhi

INVESTIGATION :-

CONDITION AT DISCHARGE :-

SATISFACTORY

MEDICINES ON DISCHARGE:-

Morning Noon Evening Night Da

NA S

Page 2 of 3

	DISCHARG	E SUMMARY	10
1 Tab. Pan 2 Tab. Emeset 3 Tab. Neurobion Forte 4 Tab. Alprex 5 Tab. Ironemic 6 Tab. Lomotil 7 TAB. DULCOLAX 8 Syp. Looz SF 9 TAB. INSUGRIP M 10 TAB. MET INDIA GP1	40MG 4MG 1 0.25MG 1 2 2 15ml 1000MG 1 20mg	TWICE A DAY BBF & B DINNER THRICE A DAY TWICE A DAY HS BED TIME ONCE A DAY SOS IF LOOSE STOOLS SOS IF CONSCIPATION SOS IF CONSTIPATION TWICE A DAY 09AM & 09PM TWICE A DAY BBF & B DINNER ONCE A DAY	5 21 21 21 0 0 0 21 21

ADVICE ON DISCHARGE :-

REVIEW IN OPD AFTER 07 DAYS WITH LFT / KFT REPORTS

CONTINUE ALL PREVIOUS ONGOING MEDICINE AS BEFORE FOR T2 DM / HTN

ADVISED: POST 8TH CYCLE OF CHEMOTHERAPY RADIOTHERAPY TO BE START AFTER 03 WEEKS

DIABETIC DIET
RBS CHARTING TO BE DONE
IF FEVER, LOOSE MOTION, VOMITING IS CONTINUOUS
THEN INFORM IMMEDIATELY

REST PRECAUTION AS ADVISED

IN CASE OF VOMITING, BLOOD PRESSURE (>140/90 MMHG,<100/70 MMHG TEMPERATURE >100F, PLEASE CONTACT IN HOSPITAL EMERGENCY

In Case of any medical emergency Please Conatct: 9599941127, 8586828282

Dr. Suresh Kumar Consultant Doctor Resident Medical Officer

NOTE: PLEASE DISPENSE THE ABOVE MEDICINES OR IDENTICAL GENERIC DRUGS. In Emergency Conatct: 8586828282

Albertal Services

Chief District Medical Officer

Shenders District
Shenders District
Shenders of Health Services

Directorate of Health Services

Govt. of NCT of Delhi

Govt.

Page 3 of 3