

03/07/2020 07:56

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POST OP COURSE:  
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PATIENT MANAGED WITH IV ANTIBIOTICS . PATIENT'S CATHETER REMOVED ON POST OP DAY 1 AND DRAIN ON POST OP DAY 2 . PATIENT ACCEPTED ORAL FEEDS WELL . DISCHARGED IN STABLE CONDITION .

INVESTIGATIOIS:  
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5/3/2020

HB - 11.5

TLC - 9550

PLATELET COUNT - 2.34 LAKHS

URA / CREAT - 23/0.7

NA / K - 138/3.7

URIC ACID - 7.3

CA / PO4- 9.1/3.4

T.BIL - 0.5

T PROTRIN - 6.7

OT/PT/ALP - 17/21/225

HIV &amp; HBSAG &amp; ANTI HCV - NR

S.TSH - 2.5 ( 5/12/19 )

( 2/11/19 )

AMH - 1.73

FSH - 6.30

(15/02/2020 ) PAP SMEAR - MILD INFLAMMATION

( 2/11/19 ) USG PELVIS

4.9 \* 4.7 CM FIBROID ? ADENOMYOMA , POST WALL , CAVITY NORMAL , RO - ABSENT , LO - 3.86 \* 1.79 \* 2.65 CM . AFC 5 - 6

1.5 \* 1.6 CM LEFT FORNICEAL CYST

ET - 12 MM

( 1/12/19 )

AIIMS MRI PELVI REVIEW

LARGE POST MYOMETRIAL ADENOMYOMA WITH DISTENDED ENDOMETRIAL CAVITY . B/L OVARIES SHOW HEMORRHAGIC CYSTS . IMP - DEEP PELVIC ENDOMETRIOSIS WITH ADENOMYOSIS

## TREATMENT:

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

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GOSWAMI, SMITA  
104-86-5330 DOB:11/02/1984AIIMS NEW DELHI  
Pt Loc: OUTPATIENTPrinted:03/09/2020 16:56  
Vice SF 509  
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