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INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)

D-1, Vasant Kunj, New Delhi, India

Phone No: 011-46300000 Ext: 7055 & 7056, 011-26706700 - 02

Fax No: 46300010, Email: info@ilbs.in, Website: http://www.ilbs.in



Out Patient Consultation Record

UHID: ILBS.0000213447 Date: 28-Jun-2021 5:55 pm
 Patient Name: Mr RAJESH KUMAR MANI Doctor Name: S. K. SARIN / Sr. Resident / Virtual Consultati
 Age/ Gender: 50 Year(s) / Male Designation: Sr. Professor
 Address: A-5 GOVINDPUR Hepatology Unit 1

City and State: ALLAHABAD, UTTAR PRADESH

BP (mmHg): 110/62	Pulse (per min): 60	Waist (cm):	*ILBS.0000213447*
Height (cms): 162 cm	Weight (kgs): 77.8	BMI (kg/m ²): 29.6	
Allergies:			

Laboratory Tests

- Amylase / Lipase / LDH
- ANA / ASMA / Anti-LKM (1:80)
- AMA(1:40) / AMA-M2
- CBC / Hmg / Retic Count /
- DCT / Iron Studies
- Glucose (F / PP) / GTT
- HbA1C / Serum Insulin
- HIV I / II / HIV RNA
- Kidney Function Test
- LFT / LFT-Ar
- Lipid Profile
- RT-PCR
- AFP / AFP-L3 / PIVKA II
- T3 / T4 / TSH
- Total IgG / IgG4
- Urine R / M / C / S
- Vitamin B12 / D3 / RBC Folate
- Hepatitis Panel**
- HBsAg / HBsAg(Q) / AntiHBs
- HBsAg / AntiHBs / Anti HBc(T)
- HBV DNA(Q) / Genotype / Resistance
- Anti HCV / HCV RNA(Q) / HCV Genotype
- IgM Anti HAV / IgM Anti HEV / HBe
- Radiology and Imaging**
- X-ray Chest(PA) / Abdo / KUB
- USG Upper / Whole Abdo / Pelvis / Doppler
- CT Upper / Whole Abdo (Cont / Non-Cont)
- MRI Upper Abdo / Whole Abdo / MRCP
- (Contrast / Non Contrast)
- Dexa Hip and Spine / Whole Body
- Miscellaneous**
- Ascitic fluid Analysis (Cytology / Cell count
- /SAAG / Total Protein / Amylase
- /Triglycerides / ADA / PCR TB)
- Fibroscan Liver / Fibroscan Spleen
- Nutritional**
- Body Composition Analysis
- Endoscopy**
- UGIE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

Dr. Ajay Sr2

SP02-987

PNT (NB, small low m x) hupr-6m x 4)

CLD - end Relabel (LI - 1.4 - 6m x)

Compensated

Duodenal GIST SIP segmental. Resection

D3. 9.10.21

+ Recup - 4 wts + 10.5' + feeling generally feels

CP + Bleeding - 7 febrile

NO wt loss

NO. loss of appetite

NO Pain



Follow up with Consultant / SR after: 2 days / weeks / months OPD: Mon / Tue / Wed / Thu / Fri / Sat

India's First NABH Accredited Autonomous Super Specialty Hospital | Liver help line - 1-800-11-5354

"Healthy Liver, Healthy India" | 24-hr Emergency services | On Panel :- CGHS | DGEHS | Alankit | E-Meditek | Genins India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC | TRAI | iNSA | NSIC | Star Health | Max Bupa | Indian Oil | MMTC | Air India | IGNOU | Jamia Millia Univ. | Manipur Govt. | Sikkim Govt. | West Bengal Govt



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Out Patient Consultation Record

UHID: ILBS.0000213447 Date: 12-Nov-2020 1:23 pm
Patient Name: Mr RAJESH KUMAR MANI Doctor Name: S. K. SARIN / Sr. Resident
Age/ Gender: 50 Year(s) / Male Designation: Sr. Professor
Address: A-5 GOVINDPUR Hepatology Unit 1

City and State: ALLAHABAD, UTTAR PRADESH

ILBS.0000213447

BP (mmHg): 122/76	Pulse (per min): 92	Waist (cm):	Allergies:
Height (cms): 167	Weight (kgs): 76.1	BMI (kg/m ²): 28.2	

- Laboratory Tests**
- Amylase / Lipase / LDH
 - ANA / ASMA / Anti-LKM (1:80)
 - AMA(1:40) / AMA-M2
 - CBC / Hmg / Retic Count / DCT / Iron Studies
 - Glucose (F / PP) / GTT
 - HbA1C / Serum Insulin
 - HIV I / II / HIV RNA
 - Kidney Function Test
 - Liver Function Test
 - Lipid Profile
 - PT/INR
 - AFP / AFP-L3 / PIVKA II
 - T3 / T4 / TSH
 - Total IgG / IgG4
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 - Vitamin B12 / D3 / RBC Folate
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 - HBeAg / AntiHBe / Anti HBe(T)
 - HBV DNA(Q) / Genotype / Resistance
 - Anti HCV / HCV RNA(Q) / HCV Genotype
 - IgM Anti HAV / IgM Anti HEV / HBc

- Radiology and Imaging**
- X-ray Chest(PA) / Abdo / KUB
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 - /SAAG / Total Protein / Amylase
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 - EUS

P.HIV (neg), small low vira ESO Vp Hvp4 - 'Commonly';
CD - Ethanol detected (L2 - Sept 2020) 1 month back;
Compensated - currently compensated
Duodenal cyst (D3 - D4 Seg) 3x per year.
Sp low energy G5/D5 E feeding jejunostomy
Post op decompression with. Auto @
Co-mo - CD now. HIV.
Hypothyroidism to 57.

pain abdomen - 1 week back.
& abdominal bloating
Sp nausea & vomiting - food particle 2-4 hr after mst
inability to pass stool & flatus x 2 day.

Follow up with Consultant / SR after: 1 days / weeks / months OPD: Mon / Tue / Wed / Thu / Fri / Sat





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Out Patient Consultation Record

UHID: ILBS.0000213447 Date: 13-Jan-2020 3:45 pm
 Patient Name: Mr RAJESH KUMAR MANI Doctor Name: T K Chattopadhyay
 Age/ Gender: 49 Year(s) / Male Designation: Sr. Professor
 Address: A-5 GOVINDPUR HPB Surgery

City and State: ALLAHABAD, UTTAR PRADESH

ILBS.0000213447

BP (mmHg): 136/82	Pulse (per min): 66	Waist (cm):	Allergies:
Height (cms): 164cm	Weight (kgs): 70kg	BMI (kg/m ²):	

Laboratory Tests

- Amylase / Lipase / LDH
- ANA / ASMA / Anti-LKM (1:80)
- AMA (1:40) / AMA-M2
- TBC / Hmg / Retic Count /
- DCT / Iron Studies
- Glucose (F / PP) / GTT
- HbA1C / Serum Insulin
- HIV 1 / II / HIV RNA
- Kidney Function Test
- Liver Function Test
- Lipid Profile
- PT-INR
- AFP / AFP-L3 / PIVKA II
- T3, T4 / TSH
- Total IgG / IgG4
- Urine R / M / C / S
- Vitamin B12 / D3 / RBC Folate

Hepatitis Panel

- HBsAg / HBsAg(Q) / Anti-HBs
- HBcAg / Anti-HBc / Anti-HBc(T)
- HBV DNA(Q) / Genotype / Resistance
- Anti HCV / HCV RNA(Q) / HCV Genotype
- IgM Anti HAV / IgM Anti HEV / HBc

Radiology and Imaging

- X-ray Chest(PA) / Abdo / KUB
- USG Upper / Whole Abdo / Pelvis / Doppler
- CT Upper / Whole Abdo (Cont / Non-Cont)
- MRI Upper Abdo / Whole Abdo / MRCP
- (Ct, Contrast / Non Contrast)
- Dens: Hip and Spine / Whole Body

Miscellaneous

- Ascitic fluid Analysis (Cytology / Cell count
- /SAA) / Total Protein / Amylase
- Lipid / Triglycerides / ADA / PCR TB)
- Fibroscan

Nutritional

- Body Composition Analysis

Endoscopy

- UGIE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

F/U/C
 CLD - Ethanol cholelithiasis, Mild Na-II, HVPG-6.
 Duodenal GIST - GI bleeding. [Low grade, spindle cell type, Ki67 < 1%].
 Large intramural haema s/p. EL + Colostomy for
 gunshot injury 2002. s/p colostomy closure 2002.

+ HTN.
 Hypothyroidism
 s/p segmental duodenal resection (D₂, D₃)
 s/p GIST + Roux-en-Y GJ. + Duodenojejunostomy (D₂) + PJ 28/11/2015.

No complaints
 s/e - Asymptomatic
 No / Polyps / Icterus
 PA - soft, NT
 Star healthy
 Large intramural haema
 colosty site.

Adv
 - PA removal
 - 4L use / LFT / renal / liver
 - PA Enzyme:
 syp Creon 15mil HS
 73 days



Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

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| Genins India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC | TRAI | INSA | NSIC

Scanner

3127876

7

1.5.18



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Patient Consultation Section

UHID	ILBS.0000213447	Date	16-Dec-2019 1:12 pm
Patient Name	Mr RAJESH KUMAR MANI	Doctor Name	S. K. SARIN / Sr. Resident
Age/ Gender	49 Year(s) / Male	Designation	Sr. Professor
Address	A-5 GOVINDPUR		Hepatology Unit 1

City and State ALLAHABAD, UTTAR PRADESH

BP (mmHg): 112/72	Pulse (per min): 78	Waist (cm): 105	*ILBS.0000213447*
Height (cms): 164	Weight (kgs): 68.2	BMI (kg/m ²): 25.3	
Allergies :			

- Laboratory Tests**
- Amylase / Lipase / LDH
 - ANA / ASMA / Anti-LKM (1:80)
 - AMA(1:40) / AMA-M2
 - HBC / Hmg / Retic Count /
 - DCT / Iron Studies
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 - ERCP
 - EUS

Dr. Mayank SR3

SpO₂ 98%

HTN *13 year [on no on drug medical].
 Hypothyroidism * 3 months. (on Thyronorm 62 mg/d)
 No n/o 20mm CAD / CAD.
 Ethanol * 2-3 [Sep; 2019].
 * 10-12 gm / 80 gm/day.
 Tobacco chewer (last - 2 weeks back) -

Incident 14 Sep; 2019 -> Malena x 7 days.

↑
 Spiciness
 ↓
 UGIE -
 UGIE -> LCD EPTM.
 UGIE -> Cd II Ex Vx + Duodenal mass
 ↓
 Incubate -> SRAE biopsy
 ↓
 The patient was intubated
 ↓
 UGIE + EUS.



Follow up with Consultant / SR after: ___ days / weeks / months OPD: Mon / Tue / Wed / Thu / Fri / Sat

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 | Genus India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC |
 TRAI | INSA | NSIC

PET-CT (16/11/19) -> Dy -> GIST -

Peritoneal Active enlarge at duodenum & subcapsular dot.

11/11/19 -> CELT-Ab -> Cytotoxic. done.

car reviewed

9

car of.

(NUPG 26 mm)

PHN - NB, small epith, Jx.

CD - E wound related (L2 - sept 2019).

compressed

Duodenal GIST (D3-D4 seg).

SIP. Roux-en-Y GJ/DJ \bar{c} feeding jejunostomy

\rightarrow Post- sx decompression - \bar{c} anitis

\downarrow
controlled

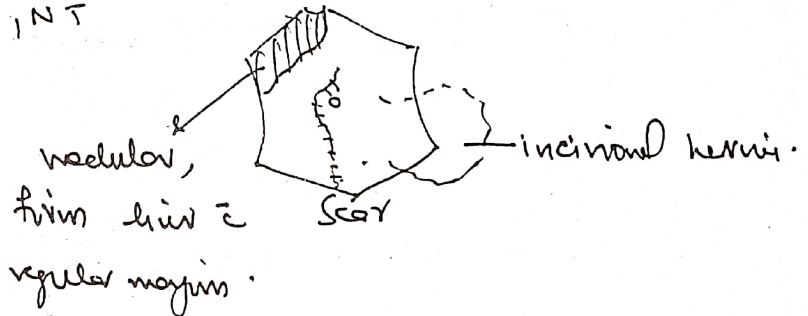
Post h/o. colorectomy large-blot wound / closure (2002)

O/E

APF 23.2

P⁺ 2⁻ cy⁻ cd⁻ u⁻

PIA - some, NT



Px

\rightarrow GIST

low grade, spindle cell type

ki67 = <1% , CD 117 (+), CD 34 (+)

Rx.

- diet as advised

- T. carlinas 3.12mg OD

—○—

- cap. herpoint OD

—○—

- T. Thyronorm 62.5mg OD

—○—
(BBP)

- hyp. loop 30ml BD

○—○

- medical oncology review

Adv.

→ Repeat, CECT - whole abdomen (TP)

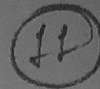
X 1 month

—
- CBC, UPT, LFT, INR

—
TSH.

—
Dr
(M. Jain)

3:27 PM



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Out Patient Consultation Record

UHID	ILBS.0000213447	Date	16-Dec-2019 12:06 pm
Patient Name	Mr RAJESH KUMAR MANI	Doctor Name	T K Chattopadhyay
Age/ Gender	49 Year(s) / Male	Designation	Sr. Professor
Address	A-5 GOVINDPUR		HPB Surgery

City and State ALLAHABAD, UTTAR PRADESH

BP (mmHg): 120/74	Pulse (per min): 84	Waist (cm):	* ILBS.0000213447*
Height (cms): 164.5	Weight (kgs): 68	BMI (kg/m ²):	
Allergies:			

Laboratory Tests

- Amylase / Lipase / LDH
- ANA / ASMA / Anti-LKM (1:80)
- AMA(1:40) / AMA-M2
- CBC / Hmg / Retic Count /
- DCT / Iron Studies
- Glucose (F / PP) / GTT
- HbA1C / Serum Insulin
- HIV I / II / HIV RNA
- Kidney Function Test
- Liver Function Test
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- PT-INR
- AFP / AFP-L3 / PIVKA II
- T3 / T4 / TSH
- Total IgG / IgG4
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- Vitamin B12 / D3 / RBC Folate

Hepatitis Panel

- HBsAg / HBsAg(Q) / AntiHBs
- HBeAg / AntiHBe / Anti HBc(T)
- HBV DNA(Q) / Genotype / Resistance
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- IgM Anti HAV / IgM Anti HEV / HBc

Radiology and Imaging

- X-ray Chest(PA) / Abdo / KUB
- USG Upper / Whole Abdo / Pelvis / Doppler
- CT Upper / Whole Abdo (Cont / Non-Cont)
- MRI Upper Abdo / Whole Abdo / MRCP (Contrast / Non Contrast)
- D=xa Hip and Spine / Whole Body

Miscellaneous

- Ascitic fluid Analysis (Cytology / Cell count / SAAG / Total Protein / Amylase / Triglycerides / ADA / PCR TB)
- Fibroscan

Nutritional

- Body Composition Analysis

Endoscopy

- UGIE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

DBLD - E trans

Bleeding D₃ D₄ GIST.

HTN

hypotension

Segmental duodenal resection.

+ RY GJ + DJ + FJ +

HP R - spindle cell low grade melanoma 0-1/25 MP. 28/11/19. LB ^

h/o. colostomy for Gun Shot Injury 2002 large varicose haemorrhoids colostomy done 2002.



Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

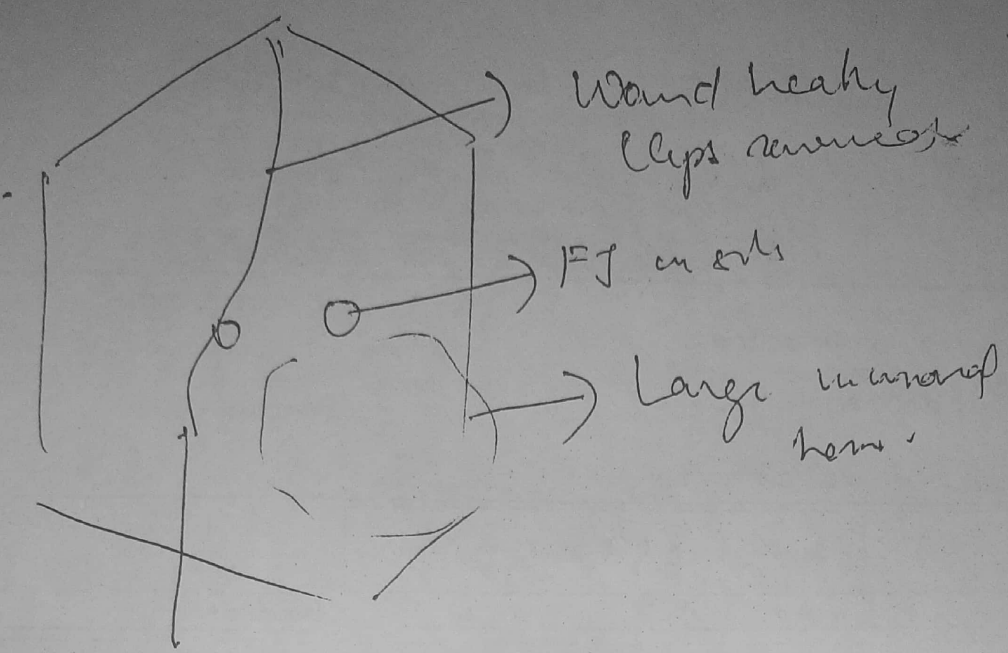
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Scanned

LBX - Steatohepatitis & Anosis



Op or Region

Plan -> FT removal x 2 w/lb

~~anatomy~~ repair

follow



Adv

- Sup locy to continue

- Anovate out 1/A

On river
&

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Out Patient Consultation Record

UHID: ILBS.0000213447 Date: 05-Nov-2019 11:16 am
 Patient Name: Mr RAJESH KUMAR MANI Doctor Name: T K Chattopadhyay
 Age/Gender: 49 Year(s) / Male Designation: Sr. Professor
 Address: A-5 GOVINDPUR HPB Surgery

City and State: ALLAHABAD, UTTAR PRADESH

BP (mmHg): 112/72	Pulse (per min): 90	Waist (cm):	*ILBS.0000213447*
Height (cms): 164.5cm	Weight (kgs): 72.2kg	BMI (kg/m ²):	
Allergies:			

- Laboratory Tests**
- Amylase / Lipase / LDH
 - ANA / ASMA / Anti-LKM (1:80)
 - AMA (1:40) / AMA-M2
 - CaC / Hmg / Retic Count /
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Duodenal GIST Background - CD - Ethanol related
 PHOM - Small size v2
 with asymptomatic
 Last relapse → 14 Sept 2018
 D - A / more
 2 months back

Apparently well x 2 weeks.

Go Meline - Black tarry stool →
 lateral for 1WICS - 4-5 Episode / day

Go weakness / giddiness - tall aside

No n/a of colon suff for gun shot inj - 2002

No n/a fever / jaundice / pain abdomen

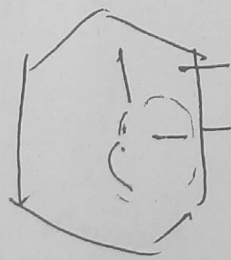
No n/a weight loss / long appetite

comorbidity - none

HTN - 10-15yr

Hypothyroid - 2 months
 (62.5 mg Thy)

O/E :-



soft

Abdominal chills
 tenderness ⊕

B.S ⊕ / msh's - present

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 TRAI | INSA | NSIC

Scanned

evaluated & was diagnosed \bar{c} GDS blood test

(14)

Artemis \rightarrow 5 @ PRBC - 1/10/19 - 3/10/19

\downarrow
faul in between \bar{c} blunt chest \rightarrow Anemia (+)

\hookrightarrow blood transfusion 2 @ PRBC 1/2 Nov 2019.

C/S/B A. TRC

- Child A dials prior to bleed \rightarrow
stability 100%

decompens = 30-40%

Significant complications as explained

W/kg

remains strong

Plan: Segmental ~~segmental~~ ^{dissect} aortic \rightarrow BS + BS
chemo of Whipple in 5-10%

Adm

- Hx of chest \checkmark
- CBC, LFT, RT, H-CAR, \dagger TFF, HBtc, \dagger BS, \dagger HBS.
- Adm for further

evaluation

- Preliminary evaluation

- Lab creatinine 650 μ g
17 \rightarrow



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UHID: ILBS.0000213447
 Patient Name: Mr RAJESH KUMAR MANI
 Age/ Gender: 49 Year(s) / Male
 Address: A-5 GOVINDPUR
 Date: 19-Oct-2019 8:46 am
 Doctor Name: Ragini Kilambi
 Designation: Assistant Professor
 HPB Surgery

City and State: ALLAHABAD, UTTAR PRADESH

Patience Not Brought

BP (mmHg):	Pulse (per min):	Waist (cm):	*ILBS.0000213447*
Height (cms):	Weight (kgs):	BMI (kg/m ²):	
Allergies:			

Laboratory Tests

- Amylase / Lipase / LDH
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- IgM Anti HAV / IgM Anti HEV / HBe

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- CT Upper / Whole Abdo (Cont / Non-Cont)
- MRI Upper Abdo / Whole Abdo / MRCP (Contrast / Non Contrast)
- Dexa Hip and Spine / Whole Body

Miscellaneous

- Ascitic fluid Analysis (Cytology / Cell count / SAAG / Total Protein / Amylase)
- Triglycerides / ADA / PCR TB)

Fibroscan

Nutritional

- Body Composition Analysis

Endoscopy

- UGIE (Antal / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

GIST Duodenum: (Checked by MCD NAIL)

Plan: Digital duodenal resection + Amputation (3 days rest + 14 days post op)

Pt-C7

GIST in D3-D4

Small size lesion sept

Amputation

Explained about the nature of disease and need for surgery.

He is dependent on some of...

monthly visit.

Surgical complete history / But let's check back, Amputation / week visit for PT/TTB/paracetamol

Rpt CBC, LFT, RFT, PT-INR

USG Abdomen -> Dr. Anurag to plan me -> let flow. Vasculin lab, there I

the abdo -> C.A to 2 100 by Amputation etc of BD.

Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

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"Healthy Liver, Healthy India" | 24-hr Emergency services | On Panel :- CGHS | DGEHS | Alankit | E-Meditek | Genus India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt.. | CONCOR | CCI | Paramount | NHPC | TRAI | INSA | NSIC

Scanned

ill stay

16

20/10/19

20/10/19

Vascular Lab Screening CPDWS Dr. Rogan

~~Visualized~~ lesion in CT (age 2)
is not visible in VSEs.

[Signature]

~~Vascular Lab Screening~~

~~20/10/19~~

21/10/19

CPDWS Dr. Rogan

Adv

UFT before Albumin Infusion

Analysis

Review of the LWC.

[Signature]
Dr. Rogan

R

11:32 AM
17



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Out Patient Consultation Record

UHID	ILBS.0000213447	Date	14-Oct-2019 10:18 am
Patient Name	Mr RAJESH KUMAR MANI	Doctor Name	S. K. SARIN / Sr. Resident
Age/ Gender	49 Year(s) / Male	Designation	Sr. Professor
Address	A-5 GOVINDPUR		Hepatology Unit 1

City and State ALLAHABAD, UTTAR PRADESH

BP (mmHg)	122/26	Pulse (per min)	76	Waist (cm)	97	*ILBS.0000213447*
Height (cms)	164.5	Weight (kgs)	70.4	BMI (kg/m ²)	26	
Allergies :						

Laboratory Tests

- Amylase / Lipase / LDH
- ANA / ASMA / Anti-LKM (1:80)
- AMA (1:40) / AMA-M2
- CBC / Hmg / Retic Count /
- DCT / Iron Studies
- Glucose (F / PP) / GTT
- HbA1C / Serum Insulin
- HIV I / II / HIV RNA
- Kidney Function Test
- Liver Function Test
- Lipid Profile
- PT-INR
- AFP / AFP-L3 / PIVKAII
- T3 / T4 / TSH
- Total IgG / IgG4
- Urine R / M / C / S
- Vitamin B12 / D3 / RBC Folate

Hepatitis Panel

- HBSAg / HBSAg(Q) / AntiHBS
- HBeAg / AntiHBe / Anti HBe(T)
- HBV DNA(Q) / Genotype / Resistance
- Anti HCV / HCV RNA(Q) / HCV Genotype
- IgM Anti HAV / IgM Anti HEV / HBc

Radiology and Imaging

- X-ray Chest(PA) / Abdo / KUB
- USG Upper / Whole Abdo / Pelvis / Doppler
- CT Upper / Whole Abdo (Cont / Non-Cont)
- MRI Upper Abdo / Whole Abdo / MRCP

- (Contrast / Non Contrast)
- Dexa / Hip and Spine / Whole Body

Miscellaneous

- Ascitic fluid Analysis (Cytology / Cell count)
- SAAg / Total Protein / Amylase
- Triglycerides / ADA / PCR TB

Fibroscan

- Body Composition Analysis

Endoscopy

- UGIE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

Dr. Harsh SR ID

SPO298/

F/U/C → PH7C Bleeder, grade 2V7 nodes

→ GIST - ? Bad ⊕

→ CD - ethanol (C-I - with) + melatonin

→ D → Astm / Prim H-E ⊕ pleur effus ⊕

GIST → EUS done

benign

Asymptomatic

Chromogm - 114

ANA -ve

Anti HBe - NR

osteopenia

LSM - 70

ZAM - 265



Follow up with Consultant / SR after: ___ days / weeks / months

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| Genis India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC |

TRAI | INSA | NSIC

(SCANNED)

① Creat - 0.56
 BUN - 0.7
 AS7 - 66
 ALT - 40
 ALB - 2.5
 ATP - 3.21
 FNA - 1.21

Hb - 9.1
 PLT - 304
 HIV - NR

① Do Colonoscopy (w/o stom. bleed)

② Mayo diet

7 days	30 day	90 day	1 yr
1.5%	6%	9.5	20%

Unlikely to go for surgery

→ Can you start with (↓ dose)
 (Linc tonic)

omshyy opin

- Salt restricted diet
- Calcium - @ 1800 (a)
 prot - 120g/day
- 7. Candivias 3.12 Sy BD
 (if Hb > 55 / B. 1 > 90/80)
- Syp. loz 15ml OOT =
- 7. 20% Albumin one a
 week. Urea mediat sye
 on 4-6mm (4 8mm)
- C. benzant 1-00 =
- 7. Shehal - @ 500g BD =
- Nulmii ultra 2 Sy 7AS

HPB

Dr. Ragim
 / 24

amb



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Out Patient Consultation Record

UHID	ILBS.0000213447	Date	14-Oct-2019 2:14 pm
Patient Name	Mr RAJESH KUMAR MANI	Doctor Name	Ragini Kilambi
Age/ Gender	49 Year(s) / Male	Designation	Assistant Professor
Address	A-5 GOVINDPUR		HPB Surgery

City and State ALLAHABAD, UTTAR PRADESH

BP (mmHg): 122/76	Pulse (per min): 76	Waist (cm):	*ILBS.0000213447*
Height (cms): 164.5	Weight (kgs): 70.4	BMI (kg/m ²):	
Allergies:			

Laboratory Tests

- Amylase / Lipase / LDH
- ANA / ASMA / Anti-LKM (1:80)
- AMA(1:40) / AMA-M2
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- AFP / AFP-L3 / PIVKAII
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- Fibroscan

Nutritional

- Body Composition Analysis

Endoscopy

- UGIE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

Apparently well x 1/2 months back

Developed melena → did not notice (consider loose stools)

Took obs 1000 cc

Developed giddiness → evaluated → hypotension

USG abd → LLD
Gastric spm → UGIE → Grade II Vx + Antral mass

Came to Medanta
Wt: 44 kg → Admitted to ILO
Informed 50 PRBC.

? developed UA → Regd. Ventilation (Mechanical)

Also slight elevated anion → Grade I HF →

Underwent EUS + UGIE



Follow up after: _____ days / weeks / months

OPD: Mon / Tue / Wed / Thu / Fri / S

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| Genins India | ESI | DU | IUAC | ONGC | DTL | UP Govt. | Rajasthan Govt. | DMRC | MCD | Bihar Govt. | CONCOR | CCI | Paramount | NHPC | TRAI | INSA | NSIC

Scanned

EVS: Duodenal GIST
1/1/15
No report available as seen used

LECT: (no form) 1/1/15. Lintoloni was morphology
Innomit' pyrolytic vessels.
Endo-exophytic lesion → 8 transmembrane receptors arising
from D₃-D₄ : absence of prox. signal loops.
~ 3-9 x 3-4 x 3-9cm. Fat planes intact. vessels clear.

UkIE: Early esophageal V₂.
GIST + D₃

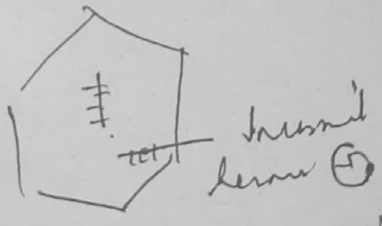
Alcohol → x 10 yrs Tobacco cancer x 1/2 till 15 days.
IC/O → HTN → m₂ ~~at~~ of bank

Hypothyroidism on L₂.

Heart L₂ → gunshot injury Aorta → L₂
↳ EL + coronary plus coronary
disease.

Evoked in Medulla → Dx for Whipple's

1/1/15
CBL: 27-3/05L E
CBL: 8/1/88 RV/304.
LF: 0.7/02 | 0.6/11/11 | 1.03/54 | 1/11/25
1/1/15: 13-5/11/16
P² ID' | G' | U' | PE' | L₂



It explained about
nature of disease
Further detail only possible
after viewing images

Adm
PET-CT.

Imp: L₂ = GIST
check Metast (L₂: 1/2m. only)
Desmoplasia: BUN H₂O, P₂S.
P₂ glands / parities / innomit
blood.

CBL, LF, LF, P₂ + M₂
after 2 weeks
Continue hypochy admin.

Meloma: 12

2

N.R

23029

21

110



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Out Patient Consultation Record

UHID: ILBS.0000213447 Date: 09-Oct-2019 10:14 am
 Patient Name: Mr RAJESH KUMAR MANI Doctor Name: S. K. SARIN / Sr. Resident
 Age/ Gender: 49 Year(s) / Male Designation: Sr. Professor
 Address: A-5 GOVINDPUR Hepatology Unit 1

City and State: ALLAHABAD, UTTAR PRADESH

BP (mmHg): 128/80	Pulse (per min): 66	Waist (cm): 102	*ILBS.0000213447*
Height (cms): 67.5	Weight (kgs): 72.3	BMI (kg/m ²): 26.7	
Allergies:			

Laboratory Tests

- Amylase / Lipase / LDH
- ANK / ASMA / Anti-LKM (1:80)
- ANTA (1:40) / AMA-M2
- CBC / Hbs / Retic Count /
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- Urine R / M / C / S
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- Dext. Hip and Spine / Whole Body

Miscellaneous

- Ascitic fluid Analysis (Cytology / Cell count / SAAG / Total Protein / Amylase / Triglycerides / ADA / PCR TB)
- Fibroscan
- TNF α
- Nutritional**
- Body Composition Analysis
- Endoscopy**
- UOE (Antral / D2 Bx) / Sig / Colonoscopy
- Enteroscopy (Antegrade / Retrograde)
- ERCP
- EUS

Dr. Harsh SR10 SPO2 98%
 DM- / HTN⁺ / CAD- / Hly⁺ / B.A- / IT.B-
 eHm 62-5
 Alcohol → L.D- 14.9.2019 man uylat
 → Carotigen dose → 75hly
 → AUDIT-C-5
 → Tobacco chewer⁺ Pm h/o Colonology
 → Father - Hypertension Anusht and Clostr-C200
 → h/o Malena x 1mth
 → associated to postul symptom
 → associated to giddiness⁺
 → hypoleusmi⁺
 → no h/o PRBC transfusion
 → Underwent UGI → ? Pseudotumor
 → Hb-7 - no PRBC transfusion⁺

Hb-7.4 (4.4)
 T4-7800
 P4-300
 B12-0.9
 AS7-45
 AL7-36
 ALA-3.2
 Creat-0.70
 EUS-2 vB



Follow up with Consultant / SR after: ___ days / weeks / months OPD: Mon / Tue / Wed / Thu / Fri / Sat

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 TRAI | INSA | NSIC

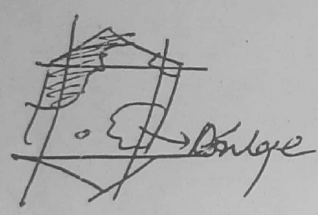
No. Alcohol Tobacco → Genm Chromogram

(SCANNED)

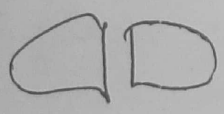
191 → referred to medanta
 early eryth V → undent 5 cells PRBC
 13-11-77 → diagnosed as liver disease
 undent - pleural effy
 w/o mechanical Ventilation

US → 11-57
 7-Aug → endoechlyt
 term - D3-D4 h/o attend
 Serum ⊕ entubated
 Admin of Surgery

12-128
 in and - 9.5
 7511-7-78
 O/E - com/oriented
respny to w/o
 P+I - Cy-Clu - ly'ed
 B/C



P/A - Soft, m tendr
liver palpable 4cu ↓ 1.4u
firm, m tendr, m prot ext
any c respnt
 Splen ⊕ du ↓ cur - firm, m tend
 ⊕ Abdom bulge



Dist

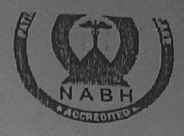
D3-D4 Mass
 ? Vann ectop ? 11-57
 1/2 Vann - glu
 5/7 → 11-57 →
 Need ech shapes
 Adv - Admin

US - GS ⊕ / no mui
 R/S - no BS ⊕
 CX - com/oriented / respny to
Conds / Pleur-effy
 App → D47 (Bleeder, grade I V7)
(D3-D4 - Vann)
 - CO - ethanol C.I. - 1 m + w
 - Demulced c Asth / Hepatic enceph
 ⊕ pleur effus
 → Seropema ⊕ → Salt Restrict
 → Sp w/ Alth → Calu - 2000 kcal
2000 kcal → prot 100g/day
 → C - dent 1-2

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Discharge Summary

Patient:	Mr RAJESH KUMAR MANI	UHID:	ILBS.0000213447
Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	<i>[Signature]</i>
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		

DIAGNOSIS:

1. Duodenal (D3-D4 junction) GIST with GI bleeding
2. Background - CLD-ethanol, decompensated with ascites/?HE, Child A, MELD Na_c 11, HVP 6
3. Large incisional hernia S/P EL + colostomy for gunshot injury in 2002, S/P colostomy closure in 2002

CO-MORBIDITIES: Hypertension x 10 years, Hypothyroidism x 2 months (on Tab thyronorm 62.5 µg/ day)

PROCEDURES PERFORMED: Segmental duodenal resection (D3, D4) of GIST containing segment + Roux en Y gastrojejunostomy + duodenojejunostomy (D3 jejunum) + feeding jejunostomy + liver biopsy on 28/11/2019

INDICATION FOR ADMISSION: Surgery

HISTORY: Mr Rajesh, a 49yrs old male, presented to ILBS with complaints of malena 2 months back which persisted for a week, with 4-5 episodes per day. Patient took over the counter treatment for diarrhea mistaking malena for diarrhea. He developed severe dizziness following which he was evaluated and diagnosed with severe anemia and required blood transfusion. Further workup was s/o CLD. UGIE showed duodenal GIST and patient went to Medanta hospital for further management. At Medanta, he was transfused 4 units of PRBC following which he was intubated ?fluid overload. There was also doubtful h/o altered sensorium. He was evaluated with Imaging, UGIE+EUS which were s/o duodenal GIST (D3-D4) with stigmata of Bleed with early esophageal varices and CLD. Following this he came to ILBS for further management. He was evaluated on OPD basis and planned for surgery. In the interim he had dizziness and fall (? Low Hb) sustaining chest trauma. Patient was admitted on 07/11/2019 for evaluation and surgery but was discharged as patient wanted to obtain 2nd opinion regarding plan of management. Now the patient is being readmitted with complaints of malena for the past 5 days.

Chronic alcoholic x 6 years- 100 ml to 180ml/day
 Last intake - in September 2019
 H/o Tobacco chewing stopped after last admission.
 No h/o UGI/ LGI bleeding.
 No H/o jaundice
 No h/o loss of appetite, loss of weight
 No h/o urinary complaints
 H/o exploratory laparotomy with colostomy for gunshot injury in 2002
 k/c/o large incisional hernia since 2005

25

Patient:	Mr RAJESH KUMAR MANI	UHID:	ILBS.0000213447
Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		

ON EXAMINATION:

Conscious, oriented
 Afebrile, PR-80/min, BP-110/70 mm Hg, RR-16/min
 Pallor present
 No Icterus/ cyanosis/ Clubbing/ LNP/ Edema
 RS: Air entry bilateral equal
 P/A: Soft, Non tender, no lump, no organomegaly, no free fluid, large incisional hernia present with distorted abdominal contour more towards left side. Midline scar mark of exploratory laparotomy, BS +ve
 P/R- grade III hemorrhoids

SYSTEMATIC REVIEW:

USG Abdomen (25/11/2019): K/c/o GIST in duodenum, present ultrasound shows : Chronic liver disease with findings suggestive of portal hypertension (splenomegaly with prominent splenoportal axis). Large hernia seen in left lower abdomen with bowel loops and mesentric fat as content. No free fluid in peritoneal cavity.

PET CT (16/10/2019): Metabolically active exoenteric soft tissue mass arising from the fourth part of duodenum suggestive of primary malignant pathology (likely GIST). Advised HPE for confirmation.
 2. Metabolically active enlarged right lower paratracheal and subcarinal lymph nodes likely infective (granulomatous) in etiology. However FNAC may be worthwhile to exclude remote possibility of metastases.
 3. CLD with non-metabolic LR-3 lesion (likely atypical hemangioma) in segment VII with features of PHT (splenomegaly with mild ascites and bilateral pleural effusion).

CECT Abdomen (Outside, 1/10/2019): cirrhotic liver morphology. Endoexophytic lesion with transmural extension from D3-D4 with abutment of proximal jejunal loops. 3.9 x 3.4 x 3.9cm in size

Upper GI endoscopy (outside): early esophageal varices, GIST of D3.

HVPG (15/11/2019): No clinically significant portal hypertension. HVPG - 6 mm hg

Fibroscan(9/10/2019)

CAP_MED 269
 CAP_IQR 13
 E_MED 70.6
 E_IQR 5.2
 E_IQR_MED 7%

HPE (04/12/2019, H-5425/19): Duodenal D4 segment with tumorGastrointestinal stromal tumor (GIST), spindled cell type, Low grade.

Tumor site- Duodenum.
Tumor size- 6 x 3 x 2.5cm.
Tumor Focality- unifocal
Mitotic Rate- 0-1/25HPF
Necrosis- not seen

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Ward:	General Ward B Second Floor	Discharge Date:	
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Histologic Grade G1:Low grade;mitotic rate 5/5 mm²

Resection margins- Resection margins (duodenal) are free of tumor.

Lymphovascular invasion not seen

Perineural invasion- not seen

Liver biopsy (H- 5426/19, 29/11/2019): Liver (Trucut) biopsy- Steatohepatitis with Cirrhosis

OPERATIVE FINDINGS:

Liver nodular. No ascites. No peritoneal nodules. No significant collaterals

Flimsy adhesions interbowel and bowel to pariety.

Omental and bowel adhesions to right side of liver, gall bladder and parietal wall and liver to wall adhesions

Large incisional hernia on left side. Content: small bowel and sigmoid colon

Tumour of size 4 x 5 cm involving D3-D4 part of duodenum.

10 cm segment of bowel resected from distal D3 to 5 cm beyond DJ flexure.

Root of mesentery fused with mesocolon due to post-operative adhesions

Roux en Y gastrojejunostomy done (retrocolic, posterior, isoperistaltic).

Nasogastric tube positioned in duodenum.

Side to side duodeno(D3)-jejunal anastomosis performed in 2 layers with the same roux en y loop 45 cm distal to GJ.

Leak test done with methylene blue: Negative

FJ done 20 cm distal to DJ

COURSE IN THE HOSPITAL: Mr Rajesh was admitted with the above mentioned history at ILBS. Patient was anemic (Hb 5.1) at presentation. 5 unit PRBC were transfused after which his Hb stabilized at 9.6. Patient and his relatives were explained in detail regarding disease, its treatment options and complication and risk associated with surgery. Also he was explained in detail about risk of mortality i/v/o CLD. After obtaining due consent, he underwent Segmental duodenal resection (D3, D4) of GIST containing segment + Roux en Y gastrojejunostomy + duodenojejunosomy (D3 jejunum) + feeding jejunostomy + liver biopsy on 28/11/2019. He tolerated the procedure well, was extubated on table and shifted to SICU for monitoring. He was managed with IV fluids, IV antibiotics, parenteral analgesics, and inj albumin. He was started on TPN from POD2 for nutrition as FJ output was persistently high. FJ test feed was given on POD4 which he tolerated well. He passed flatus and motion on POD4. He was shifted to the ward on POD4 and allowed oral sips of water as tolerated. A CECT thorax and abdomen with oral contrast was done on POD5 (3/11/2019) to check for any anastomotic leaks which was s/o no leak and passage of contrast in small bowel and he was allowed oral clear liquids as tolerated on POD5. Foleys catheter was clamped and removed on same day. He was gradually advanced to soft diet with diuretics from POD6 and FJ was clamped. Normal diet was allowed on POD7. Drain output gradually decreased and pelvic drain was removed on POD8 and left sided ADK was removed on POD11. Medical oncology opinion was sought and no further treatment was required (low risk GIST). He is pain free, afebrile and tolerating normal diet, hemodynamically stable.

CONDITION AT DISCHARGE: He is pain free, afebrile and tolerating normal diet, hemodynamically stable and fit for discharge.

ADVICE AT DISCHARGE

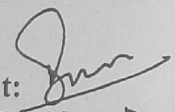
99

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Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		

High protein high calorie diet
 Absolute abstinence from alcohol and tobacco
 Incentive Spirometry
 Tab Lasilactone 20/50 1 BD x 3 days then stop . . .
 Tab Cardivas 3.125 mg OD to continue . . .
 Tab Thyronorm 62.5 mg OD . . .
 Tab Shelcal M 1 tab TDS x 1 month
 Tab Crocin pain relief SOS
 Tab Pantocid 40 mg OD x 1 week . G A M
 Cap A- Z 1 OD x 1 week . . .
 Tab Zinconia OD x 1 week . . .
 FJ site care as advised
 Daily drain output measurement (Left side)
 To follow up in HPB surgery on Monday for clip removal.
 To follow up in hepatology OPD for management of CLD
 To follow up in Medical Oncology OPD for need of adjuvant treatment.

T-117 - Dr. Ranvijay Singh
 Senior Resident
 HPB Surgery

WHEN TO OBTAIN URGENT CARE:
 Severe nausea, vomiting, abdominal pain, fever, jaundice

Senior Resident: 
 Sign of Senior Resident *Dr. Shashwat Sarin*
 Name of Senior Resident

Treating Faculty:
 Sign of Treating Faculty
 Name of Treating Faculty

Senior Resident:

Dr. Shashwat Sarin	Dr. Brahmadaatt Pattnaik	Dr. Devi Singh	Dr. Sahil Gupta	Dr. Dinesh	Dr. Venkatesh	Dr. Vivek R	Dr. Tharun	Dr. Sanyam
7835056139	8437201202	9873415878	9873291642	8561907161	8838299325	8800984217	9953778947	8448884099

Treating Faculty:

Dr. T.K Chattopadhyay	Dr. Viniyendra Pamecha	Dr Senthil Kumar	Dr Shridhar V Sasturkar	Dr Piyush Kumar Sinha	Dr Nihar Mohapatra	Dr Nilesh S Patil	Dr Ragini Kilambi	Dr Rup Goswami
Sr. Consultant	Professor	Additional Professor	Associate Professor	Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Consultant

In case of Emergency Contact - 011-46300000 Ext. 7049 | Hepatology - 9540947080 | HPB Surgery - 9540947081 | Liver Helpline No. - 1-800-115354

INVESTIGATIONS: Reports enclosed

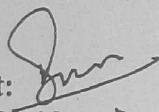
99

Patient:	Mr RAJESH KUMAR MANI	UHID:	ILBS.0000213447
Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		

High protein high calorie diet
 Absolute abstinence from alcohol and tobacco
 Incentive Spirometry
 Tab Lasilactone 20/50 1 BD x 3 days then stop . . .
 Tab Cardivas 3.125 mg OD to continue . . .
 Tab Thyronorm 62.5 mg OD - . . .
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 Tab Crocin pain relief SOS
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 FJ site care as advised
 Daily drain output measurement (Left side)
 To follow up in HPB surgery on Monday for clip removal.
 To follow up in hepatology OPD for management of CLD
 To follow up in Medical Oncology OPD for need of adjuvant treatment.

WHEN TO OBTAIN URGENT CARE:
 Severe nausea, vomiting, abdominal pain, fever, jaundice

T-117 - Dr. Ranvir Singh
 Secy. or In-charge
 of Pathology
 Ashraf Saini

Senior Resident: 
 Sign of Senior Resident Dr. Shashwat Sarin
 Name of Senior Resident

Treating Faculty:
 Sign of Treating Faculty
 Name of Treating Faculty

Senior Resident:

Dr. Shashwat Sarin 7835056139 Dr. Brahmatt Pattnaik 8437201202 Dr. Devi Singh 9873415878 Dr. Sahil Gupta 9873291642 Dr. Dinesh 8561907161 Dr. Venkatesh 8838299325 Dr. Vivek R 8800984217 Dr. Tharun 9953778947 Dr. Sanyam 8448884099

Treating Faculty:

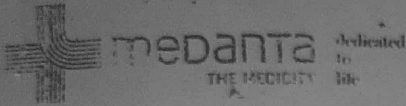
Dr. T.K Chattopadhyay	Dr. Viniyendra Pamecha	Dr Senthil Kumar	Dr Shridhar V Sasturkar	Dr Piyush Kumar Sinha	Dr Nihar Mohapatra	Dr Nilesh S Patil	Dr Ragini Kilambi	Dr Rup Goswami
Sr. Consultant	Professor	Additional Professor	Associate Professor	Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Consultant

In case of Emergency Contact - 011-46300000 Ext. 7049 | Hepatology - 9540947080 | HPB Surgery - 9540947081 | Liver Helpline No. - 1-800-115354

INVESTIGATIONS: Reports enclosed

30

Patient:	Mr RAJESH KUMAR MANI	UHID:	ILBS.0000213447
Age:	49 Year(s)	InpatientNo:	IPID.0058910
Gender:	Male	Admission Date	25 Nov 2019 03:05 PM
Ward:	General Ward B Second Floor	Discharge Date:	
Speciality:	HPB Surgery	Bed No:	2010-01
Consultant:	Dr T K Chattopadhyay		



Global Health Pvt Ltd
Medanta-The Medicity, Sec-38, Gurgaon
Medical Certificate

Patient Name	: Mr. Rajesh Kumar Mani	Patient UHID	: MM01554487
Age	: 49Y	Gender	: Male
Practitioner	: Emergency Team	Specialty	: Emergency and Trauma Services

Emergency Certificate Admission

This is to certify that Mr. Rajesh Kumar Mani S/D/W/O Mr/Mrs Bhagwanmani Tripathi Age 49Y Male UHID No MM01554487 attended the Emergency department of Medanta hospital on 30/09/2019 and was admitted at 30/09/2019 21:21 with complaints of black coloured stools, weakness and was advised for admission as an emergency case under gastro Team with diagnosis of melena with severe anemia under evaluation, CLD .

Admitting Consultant - Dr Randhir Sud
Signature -
Date - 30/09/2019

Authorized By	: Emergency Team	Signature	<i>S-R Sud</i>
Last Modified By	: Emergency Team	Signature	
Print Date / Time	: 30/09/2019 23:13	Logged User	: EMERGENCY



Dr. Randhir Sud
MD, DM, F.I.M.S.
Chairman - Hepatology
Medanta Institute of Gastroenterology & Hepatobiliary Sciences
Medanta - The Medicity
Sector-38, Gurgaon-122 002
Regn. No. DMC - 2642

32

Patient Name	: Mr. Rajesh Kumar Mani	Patient UHID	: MM01554487
Age	: 49Y	Gender	: Male
Admission Date	: 30/09/2019 23:20	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 16278041
Consultant Incharge	: Dr Randhir Sud	Specialty	: Gastroenterology
Location	: 11th Floor A1	Bed No	: 5131

Patients Address : H NO. A 5, GOVINDPUR, ALLAHABAD, M L N
Engg. Coll, ALLAHABAD, India, 211004

Date of Discharge : 07/10/2019 12:00

Name of Consultant : Randhir Sud

Bed No : 5131

Reason for admissions : Procedure/Surgery

Diagnosis & Co-morbidities :

Upper Gastrointestinal bleed - Endoscopic Ultrasound (01/10/2019) : Duodenal Gastrointestinal stromal tumor arising from layer 4 with no active bleed, Upper Gastrointestinal Endoscopy: Early esophageal varix, duodenal GIST (07.10.2019)

Computerized Tomography Angiography abdomen: Cirrhotic liver morphology, no Space Occupying Lesion, No Portal Vein Thrombosis, large left anterior abdominal wall hernia, endo-exophytic lesion with transmural extension D3-D4 of duodenum ? Gastrointestinal stromal tumor.

Ethanol related chronic liver disease (Child B, Child-Turcotte-Pugh 7)

Hepatic encephalopathy Gastrointestinal bleed induced, (Grade - 1) recovered, No Jaundice / No coagulopathy, No Ascites

Pleural effusion (Synpneumonic, drained)

History of colostomy closure (record not available)

Hypertension

Hypothyroidism

Advice on Discharge

Discharge Medication

Tablet CEFTUM 500mg twice daily for 5 days

Tablet PANTOCID 40mg twice daily before meals for 1 week then once daily

Tablet THYRONORM 62.5mcg once daily empty stomach

Tablet BENALGIS 100mg once daily

Syrup LOOZ 30ml twice daily (to achieve 2-3 soft stools)

HEPAMERZ SACHET 1 sachet thrice daily

PENTASURE 2.0 3 scoops four times a day

OD - Once a day ; BD - Twice a day ; TDS - Thrice a day ; QID - Four times a day ; HS - Bedtime ; tsf - Tea spoon full.

Diet

High protein low salt normal diet

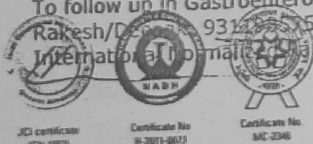
Discharge Instructions

Plan : Whipple's surgery (PAC done, ASA III)

Follow up

To follow up in Gastroenterology OPD with Dr. Randhir Sud on Wednesday (09.10.2019) (before coming contact Mr. Rakesh/Dr. 9312555093/9313985750) with Complete Blood Count, Liver Function Test, Renal Function Test and International Normalized Ratio reports.

Dr. Randhir Sud
M.D., M.S.,
Gastroenterology
Medanta - The Medicity
Sector-38, Gurgaon
Regn. No. DMC - 2012



Medanta - The Medicity

* Sector - 38, Gurugram, Haryana - 122 001, India
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Medanta - Mediclinic Cybercity

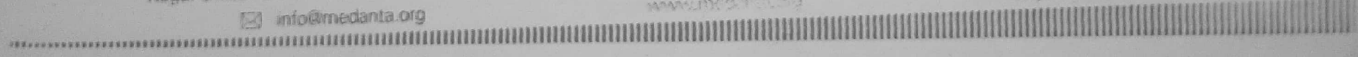
* UG Floor, Building 10C, DLF Cybercity, Phase II, Gurugram 122 01
☎ +91 124 4141 472

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www.medanta.org

Corporate Identity Number - U85110DL2004PTC1283



Patient Name	Mr. Rajesh Kumar Mani	Patient UHID	: MM01554487
Age	49Y	Gender	: Male
Admission Date	30/09/2019 23:20	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 16278041
Consultant Incharge	: Dr Randhir Sud	Specialty	: Gastroenterology
Location	: 11th Floor A1	Bed No	: 5131

Follow up in GI Surgery OPD with Dr Adarsh Chaudhary for Whipple's surgery with prior appointment
WHEN TO OBTAIN URGENT CARE:

In case of any problem like:-

1. Fever/Jaundice
2. Loose stools/motions/vomiting/vomit contain blood or passing black stools like coal tar.
3. Bleeding from any site
4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
5. Reduced urine output.
6. Severe weakness/severe mouth ulcers.
7. Rash over skin, swelling over body.
8. Unconscious

Medical History & Presenting Complaints

Mr. Rajesh kumar Mani 49 years old male, known case of hypertension, hypothyroidism and ethanol related chronic liver disease with decompensation and also had history of colostomy closure. He presented with complaints of Gastrointestinal bleed. Outside UGI endoscopy was suggestive of ?? duodenal varix / ? Gastrointestinal stromal tumor. Now he was admitted for further evaluation and management.

Physical & Systemic Examination

Pulse : 88 /min
Blood Pressure(mmHg) : 130/90mmHg
Respiratory rate : 20 /min
Respiratory :
 Bilateral Clear
Per Abdomen :
 Soft
Cardio Vascular System :
 S1 S2 +
Allergies :

Not Known

Course in Hospital

Patient was admitted in Intensive care unit under Gastroenterology Team. In view of severe anemia, multiple Packed Red Blood Cell was transfused. Patient developed tachypnoea for which high flow nasal oxygen (HFNC) support was started. Echocardiography was done which suggestive of Left ventricular ejection fraction 55%. Ultrasound abdomen was done which showed changes of liver disease and large anterior abdominal wall hernia in left iliac fossa region, gaseous abdomen. In view of worsening respiratory distress, patient was intubated and put on mechanical ventilatory support. Endoscopic Ultrasound performed on 01/10/2019 which was suggestive of duodenal Gastrointestinal stromal tumor arising from layer 4 with no active bleed. Computerized Tomography angio-abdomen was done which showed - large anterior abdominal wall hernia, 3.9x3.4 cm endo-exophytic lesion in D3 region along with Chronic liver disease related changes and atypical liver hemangioma (LR2), significant bilateral pleural effusion. Respiratory decongestion was done which lasix infusion and pleural fluid tapping was done. In view of slight disorientation (hepatic

Dr. Randhir Sud
 MD, DM, FJ, F.M.S.
 Chairman, Hepatology
 Medanta Institute of Digestive
 & Hepatobiliary Sciences
 Medanta - The Medicity



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Name	Mr. Rajesh Kumar Mani	Patient UHID	: MM01554487
Age	49Y	Gender	: Male
Admission Date	: 30/09/2019 23:20	Discharge Date	:
Encounter Type	: Inpatient	Encounter ID	: 16278041
Consultant Incharge	: Dr Randhir Sud	Specialty	: Gastroenterology
Location	: 11th Floor A1	Bed No	: 5131

encephalopathy grade -1), he was started on anti-Hepatic encephalopathy measures. GI surgery consultation was sought and family was explained in detail about need for surgical intervention (Whipple's surgery) after stabilisation. Dobutamine Stress Echocardiography was done which was negative for reversible myocardial ischemia. Cardiology clearance was taken and Anesthesia clearance was given, ASA III. Upper Gastrointestinal Endoscopy was done which showed small varix. Presently patient is alert, afebrile, passing yellow stools and is being discharged.

Significant Medication Given :
 Injection Cefoperazone, Injection Lasix, Injection Meropenem

Procedure/Surgery
Gastro-Intestinal Surgery / Procedure : No *

Stable

INVESTIGATIONS

Laboratory :

Attached

Consultant Incharge

In case of Emergency contact
 RESIDENT INCHARGE - 9560398932

For Ambulance Call (9560398953/0124-4141414, Ext.No. 2406 & 2404)
 Or any other medical problem for which you think urgent attention is required report to emergency at Medanta-The Medicity at the earliest possible. (0124-4141414, Ext.No. 2404 & 2406).

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Activate your eCLINIC account using Medanta Patient UHID (MM*****)

For any assistance or query call +124-4855017 or write to eclinic@medanta.org

Summary prepared by (MT):

Consultant Dr Smruti Ranjan Mishra **Phone No** 9810728429 **Signature**

Sr. Resident Dr Shashank **Phone No** 8949919329 **Signature**

In Case phone is not answered, by the Doctor, Call 9811727387.

For follow up with GI surgeon, please take prior appointment from
 Ms Kanika +91-8527690677 / Mr Vasudev +91-8800949555

Sector-38, Gurugram
 Regd. No. DMC - 2642

Signature

Consultant : : Dr Randhir Sud
 Chairman



Dr. Randhir Sud
 MD, DNB, FRCG
 Chairman - Gastroenterology
 Medanta Institute of Liver &
 & Hepato-Biliary Sciences
 Medanta - The Medicity
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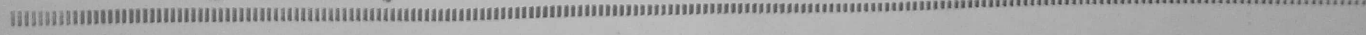
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Corporate Identity Number - U85110DL2004PTC128313



Kriti Scanning Centre (P) Ltd.



DIAGNOSTIC SCANNING CENTRE
ULTRASOUND & ENDOSCOPIC SERVICES

59/35-A Lower Ground, (In front of Medical College), Vasant Vihar, New Delhi
 Registered Office: 59/35 Lower Ground, Vasant Vihar, New Delhi-110014
 e-mail: kritiscan@rediffmail.com - Website: www.kritiscan.com
 Phone - Reception: 011-2256805, 2266261 - CT Scan: 2266131 - AMB: 2266261

Reg. No. : 1184670
 Name : Rajesh Mani
 Date : 26 September 2019
 Age / sex : 49 Y/Male
 Referred by : Dr. Arin Kumar Maurya MD

ABDOMINAL ULTRASOUND

REPORT :

LIVER : Enlarged in size with fatty as well as altered echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion present.

GALL BLADDER : Normal in size & shape. No calculus present. Walls are normal.

CBD & PORTAL VEIN : CBD is normal.
 Portal vein is dilated - 15 mm diameter.

PANCREAS : Normal in size & echopattern.

SPLEEN : - 13.3 cm, enlarged in size with normal echopattern.

KIDNEYS : Both are normal in size and shape. No calculus or hydronephrosis seen. CMD maintained.
 No ascites or lymphadenopathy seen.

HIGH RESOLUTION : Large left iliac fossa anterior abdominal wall hernia is seen with protrusion of omental fat & non-dilated bowel.

URINARY BLADDER : Distended with urine. No calculus or debris present.
 Post void residual - Nil.

PROSTATE : Enlarged in size with normal shape & echopattern. Capsule intact.
 Weight - 38 gm.

IMPRESSION

- Hepatomegaly with features of chronic liver disease.
- Splenomegaly with dilated portal vein.
- Large left iliac fossa anterior abdominal wall hernia.
- Prostatomegaly.

Advise :- Clinical correlation.

DR. SEEMA PANDEY, MD

DR. VIKAS BHAWANI

DR. NEERAY MAHESHWARI DMED

DR. KAVINDRA KUMAR SHUKLA MD

DR. ANSHU KUMAR

DR. PRACHI SRIVASTAVA MD

DR. RACHIT SARMA MD

DR. NITESH KUMAR

Department of Technical & Quality Control

Department of Quality Control & Assurance

Department of Quality Control

श्री रमेश चाइल्ड केयर

30

Date: 25 Sep 2019 Ref. No: S

Name: RAJESH MANI

Re/By: Dr. AKMAURYA MD (PBAO)

Test	Patient Value	Ref. Range
LFT/SERUM		
Serum Bilirubin Total	0.28 mg/dl	0.1-1.2
Serum Bilirubin Direct	0.16 mg/dl	0.0-0.3
Serum Bilirubin Indirect	0.62 mg/dl	0.0-1.0
SGPT	66.75 IU/L	0-40
SGOT	35.06 IU/L	0-40
Serum Alkaline Phosphatase	196.2 IU/L	0-400
Serum Proteins	7.35 g/dl	6.0-8.0
Serum Albumin	4.20 g/dl	3.5-5.0
Serum Globulins	3.15 g/dl	2.0-3.5
Serum A/G Ratio	1.33 : 1 Ratio	1.0-2.0

HEALTH GASTRO CENTRE

Dr. Alok Mishra
MD, FRCS, FRCGS, FRCR
Consultant Gastroenterologist
& Therapeutic Endoscopist

Rajesh
49 / m

Ferritin
↓
Low
↓
Iron

Hb 7.2
v 9.0
0.7-2.1

WBC 16.0
ANC 6.0
HbS -ve TCR -ve
Anti HCV -ve HB

ESR 40 mm/hr. Pft. antinuclear ab. -ve

CRP 2.0 Small stool -ve

OGD REPORT

Esophagus: *Gr. II varices present.*

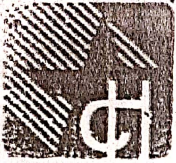
Stomach: *Mild gastropathy present.*

Duodenum (D1&D2):
D1: Normal.
D2: Papilla is situated in situ the diverticulum.
Papilla is normal.
D3: A large globular mass with normal overlying mucosa and a small area of redness is present.
Mass is soft to firm on probing.

Impression:
Small esophageal varices.
Mild Gastropathy.
Duodenal GIST/Duodenal varix.

Dr. Alak Mier
MD, PhD





Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506

Helpline : 9760011538

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012011000941	Reg. Date :	07 Nov 2020
Patient Name :	Mr. RAJESH KUMAR	Report Date :	09 Nov 2020
	MANI		
Age/Sex :	50 YRS/MALE	Referred By :	Dr. DHURUV JAIN MS.MBBS

- Large defect (8cm) is noted in anterior & lateral abdominal wall on left side at the level of umbilicus with herniation of fat, large bowel (sigmoid colon, descending and splenic flexure of colon) and small bowel loops (jejunal loops). Mild narrowing noted in caliber of splenic flexure of colon where it is exiting from the hernia.
- Post-surgical changes noted at the level of 4th part of duodenum, however no obvious thickening noted at anastomotic site.
- Few small lymphnodes with short axis diameter upto 4 mm noted in left para-aortic region of retroperitoneum and in mesentery.
- No evidence of ascites or bilateral pleural effusion is seen.
- Aorta and IVC are normal.
- Visualized spine shows degenerative changes. No focal bony aggressive lesion is seen.
- Visualized lung bases appear unremarkable.

IMPRESSION: CT. Findings reveal:

- Post-surgical changes at the level of 4th part of duodenum, however no obvious thickening or residual / recurrent lesion at anastomotic site.
- Hepatomegaly altered tomography of liver with relative hypertrophy of caudate and left lobe with nodular liver margins with speck of calcification in left lobe with dilated portal vein with borderline splenomegaly with few varices in at gastro-splenic ligament, splenic hilum, gastroesophageal junction and in retroperitoneum. -----Findings are suggestive of Chronic Liver Disease with Portal Hypertension.
- Large defect (8cm) in anterior & lateral abdominal wall on left side at the level of umbilicus with herniation of fat, large bowel (sigmoid colon, descending and splenic flexure of colon) and small bowel loops (jejunal loops) with mild narrowing in caliber of splenic flexure of colon where it is exiting from the hernia. ---Suggestive of large Incisional Hernia.
- Mild prominence and mucosal thickening of jejunal loops --- Jejunitis.
- Hyperdense lesion of CT attenuation 4000 HU in subcutaneous tissue of anterior abdominal wall in right hypochondrium suggestive of metallic foreign body.

Adv Follow up / PET Scan for further evaluation

Dr. Sanjay Gupta,
MD

Dr. Mukta Mittal,
MD

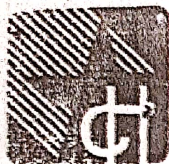
Meena
Dr. Meena Bembli
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

Result Entered By: MEHA



Health Care Imaging Centre

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Ph.: 0121-2652434, 2650506 Helpline : 9760011538

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- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012011000941	Reg. Date :	07 Nov 2020
Patient Name :	Mr. RAJESH KUMAR MANI	Report Date :	09 Nov 2020
Age/Sex :	50 YRS/MALE	Referred By :	Dr. DHRUV JAIN MS,MBBS


CECT WHOLE ABDOMEN

Protocol: Serial thin axial sections in delayed were obtained in the spiral mode on a multi slice CT- scanner from the level domes of diaphragms to the pubic symphysis after administration of oral, rectal and I.V. contrast media. Thereafter coronal and sagittal reformats were done for further references.

Follow up post-op case of GIST (4th part of duodenum)

FINDINGS

- Liver is enlarged in size (170 mm). The tomography of liver is altered with relative hypertrophy of caudate and left lobe. The margins of liver are nodular. Intrahepatic biliary radical are not dilated. A speck of calcification is noted in left lobe.
- Gall bladder: No radio-dense calculus is seen. USG is the modality of choice for GB stones / polyps.
- CBD is normal in calibre.
- Portal Vein is dilated and measures 13mm.
- Pancreas is normal in C.T. attenuation patterns with no focal lesions or peripancreatic collections. Pancreatic duct is not dilated.
- Spleen is borderline enlarged measures 125 mm in CC dimension and shows normal in CT attenuation pattern.
- Few collaterals suggestive of varices are seen in at gastro-splenic ligament, splenic hilum, gastroesophageal junction and in retroperitoneum.
- Minimal stranding is seen in mesentery.
- Both Kidneys are normal in C.T. attenuation patterns. Corticomedullary differentiation is maintained. No evidence of hydronephrosis / calculus is noted. Renal cortical thickness and margins are normal. Both ureters are normal in their course and caliber.
- Both adrenal regions are normal. Psoas shadows are normal.
- Prostate is normal in size. Seminal vesicles are normal.
- Urinary bladder is well distended and appears to be normal.
- Contrast filled stomach is well identified and appears to be normal.
- Mild prominence and mucosal thickening of jejunal loops is noted ---- Jejunitis.
- Hyperdense lesion of CT attenuation 4000 HU noted in subcutaneous tissue of anterior abdominal wall in right hypochondrium suggestive of metallic foreign body.


Dr. Sanjay Gupta,
MD

Dr. Mukta Mital,
MD


Dr. Meena Bemb
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

Dr. Atul Shukla

M.B.B.S., M.D. (Medicine)

Certification in Diabetes Management

न्यूरो, हार्ट, शुगर एवं स्त्रॉस रोग विशेषज्ञ

(UPMCI-55623)

समय-

रविवार से शुक्रवार तक

गर्मी- सुबह: 09 बजे से दोपहर 02 बजे तक

सायं: 05 बजे से सायं 07 बजे तक

सर्दी- सुबह: 10 बजे से सायं 06 बजे तक

Smt. Monika Thakur 47/F is K/O Chronic Allergic

Rhinitis with ? RA. She is undergoing treatment

for same on OPD basis — from 14/8/21 to 30/9/21.

She not improved completely and require further investigation.



Dr. ATUL SHUKLA
M.B.B.S. MD. Medicin
Reg. NO.: MCI 14-15759
U.P.-55623

For Only Appointment No- 9511173111, 8957177600

कटरा रोड, निकट ग्रौल-प्रियाम पैलेस, डी.ए.वी. इण्टर कालेज मोड़, प्रतापगढ़

शनिवार अवकाश

प्रेमक,

मोनिका ठाकुर,
विशेष न्यायाधीश, एस०सी०/एस०टी०,
प्रतापगढ़।

सेवा में,

महानियन्त्रक,
माननीय उच्च न्यायालय,
इलाहाबाद।

द्वारा-

माननीय जनपद न्यायाधीश,
प्रतापगढ़।

विषय :- जनपद न्यायालय, प्रतापगढ़ से स्थानान्तरण हेतु प्रत्यावेदन।

महोदय,

सविनय निवेदन करना है कि मेरा स्थानान्तरण माननीय उच्च न्यायालय, इलाहाबाद की अधिसूचना संख्या-629/Admn.(Services)/2021 दिनांकित 09 अप्रैल, 2021 से जनपद प्रतापगढ़ हो गया है।

ससम्मान निवेदन है कि मेरे पति श्री राजेश कुमार भणि गम्भीर लीवर सिरोएसिस से पीड़ित हैं जिनका इलाज जनपद इलाहाबाद में हुआ था परन्तु उक्त बीमारी की गम्भीरता को देखते हुए एवं जनपद इलाहाबाद में उचित व्यवस्था न होने के कारण माह अक्तूबर, 2019 में इलाज हेतु उच्चतर संस्थान मेदाता गुडगांव हरियाणा ले जाना पड़ा। वहां प्राइमरी उपचार के बाद डयुडोनम के पास दो टयुमर पाए गए जिनसे खून रिस रहा था और दिन प्रतिदिन हीमोग्लोबीन/खून की मात्रा कम हो रही थी और आपरेशन तुरन्त होना जरूरी बताया गया साथ ही आपरेशन काफी रिस्की/रीरिथस बताया गया और आपरेशन टयुमर के हो जाने के बाद लीवर ट्रान्सप्लान्ट के विन्दु पर उपचार हेतु सलाह दिया गया। आपरेशन रिस्की होने की वजह से मेदाता हास्पिटल में टाल-मटोल की जा रही थी जिस कारण मेरे द्वारा पति को एम्स दिल्ली में दिखवाया गया परन्तु वहां भी अधिक समय Appointment में लगने के कारण पति को नवम्बर, 2019 में Institute of liver & Billiary Sciences Delhi में भर्ती कराया गया। वहां पर हार्निया भी detect हुआ परन्तु प्राथमिकता के आधार पर डयुडोनम के पास पहले टयुमर का आपरेशन किया गया जिससे उनकी जान बच सकी। समय समय पर लीवर सोनोग्राफिस और हार्निया के इलाज में चिकित्सीय जांच/इलाज की जरूरत पड़ती रहती है। मेरे पति का इलाज इसी संस्थान में चल रहा है। लाकडाउन व कोरोना महामारी के चलते उक्त संस्थान से मेरे पति के इलाज में विघ्न पड़ा।

मेरे पति व मेरी छोटी बच्ची उम्र 09 वर्ष की जिम्मेदारी मेरे ही ऊपर है। उस समय जनपद मरठ में कार्यरत होने की वजह से मैं अपने पति का अच्छे संस्थान में इलाज कराकर उन्हें बचा पाई। पति के इलाज के दौरान दौड़ भाग व मानसिक एवं शारीरिक stress की वजह से सम्भवतः मुझे भी Herpes की बीमारी में जूझना पड़ा और जुलाई, 2021 में गम्भीर स्पाण्डलाइटिस का अटैक पड़ा जिसका इलाज मैंने जनपद मरठ में कराया। मुझे पूर्व से ही अस्थमा की बीमारी है जो समय के साथ गम्भीर होती जा रही है। रक्त का भी पूर्ण सुविधा व इलाज जनपद प्रतापगढ़ में सम्भव नहीं है।

अतः उपरोक्त परिस्थितियों में माननीय महोदय से करबद्ध प्रार्थना है कि मेरा

स्थानान्तरण जनपद प्रतापगढ़ से दिल्ली के आरा-वास किसी अन्य जिले में किए जाने की कृपा करें जिससे मैं अपना व अपने पति का इलाज सुचारु रूप से करा सकूँ।
ससम्मान।

भवदीय,


(मोनिका ठाकुर)

विशेष न्यायाधीन, एम०सी०/एस०टी०,
प्रतापगढ़।

संलग्नक:-

१. पति का चिकित्सीय प्रमाण पत्र
२. स्वयं का चिकित्सीय प्रमाण पत्र

1485/E-13-21 dt-10-2021


1.10.2021