

Annexure - 1

DEPARTMENT OF LAB SCIENCES



REGENCY HOSPITAL LTD.
A 2, Sarvodaya Nagar, Kanpur 208005
T 0512 3501111
CIN No. : U85110UP1987PLC008792
Visit us at : www.regencyhealthcare.in

INVESTIGATION REPORT

Lab No. : 5,077,923	Centre : Regency	Receipt No. : 241400
Name : Mrs. SUCHI UPADHYAYA		Age/Sex : 36 Yrs./ F
Referred by : Dr. HARPREET SINGH		Reg. No. : 1649680
Sample Date : 06/11/2019 11:02AM		Result Date : 07/11/2019 01:24 pm
Sample Ack Dt : 07/11/2019 10:22:00AM		Sample Type :
Requester's Contact No. : 9450933043		

HISTOPATHOLOGY

TISSUE/ORGAN : Trucut biopsy - Right inguinal lymph node

RHL/ 2999 / 19

GROSS DESCRIPTION :

Received few grayish white linear soft tissue bits. Entire bits processed.

MICROSCOPIC DESCRIPTION & DIAGNOSIS :

Section examined reveals monomorphic population of atypical cells (? immature lymphocytes) having round to oval nucleus, opened up chromatin, occasional prominent nucleoli and scant cytoplasm. The cells show atypical mitotic figures and karyorrhexis. Areas of necrosis, mixed inflammatory infiltrate and karyorrhectic debris are seen too.

Impression : Malignant Round Cell tumor -
Morphological features are suggestive of Non Hodgkin's Lymphoma. (NHL)

Advise : Immunohistochemistry for further evaluation.

-----End of Report -----

(Shefali)

Dr.SHEFALI AGARWAL,DPB
TECHNICIAN/PATHOLOGIST

Nupur

Dr.NUPUR TRIVEDI,MD
PATHOLOGIST

Self attested
Shefali

Anjali

Dr.ANJALI TEWARI,MD
PATHOLOGIST

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

NOT FOR MEDICO LEGAL PURPOSE

Amnesia-2

2019612528

General

Suchi Upadhyay / 36 Years, FEMALE



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Department of Pathology

Lab Name: Histopathology

CRNo: 2019612528

Status OP

Unit: UNIT 1

Department Hematology

Name: Suchi Upadhyay / 36 Y / F

Lab Id: C15011111912190

Specimen: Tissue

Consultant Sanjeev

Collected On: 11/11/2019 14 11 PM

Test Name: 01. Endoscopic/ Needle/ Small Biopsy/Cell Block Test On: Right Inguinal lymph node

Gross: 12190/19 Received multiple fibrofatty tissue pieces measuring 1.5x1x0.5cm. Two lymph nodes were identified, largest measuring 0.8x0.5x0.5cm. All embedded.

Microscopic: Section shows predominantly fibrofatty tissue with small fragmented nodal tissue showing sheets of atypical cells having enlarged nucleus with irregular nuclear membrane, marked nuclear pleomorphism, coarse chromatin, prominent nucleoli and moderate to abundant cytoplasm. Few binucleate cells and cells with reniform nuclei are also noted. Mitotic activity is noted. Background shows few lymphocytes and congested blood vessels.

Conclusion: RIGHT INGUINAL LYMPH NODE: S/O ALK+ ANAPLASTIC LARGE-CELL LYMPHOMA.

Remarks: On immunohistochemistry, the atypical cells are positive for LCA (faint membranous), ALK1 (strong nuclear and cytoplasmic), CD30 (strong membranous) and are negative for CK, CD3 and CD20.

Reported Date: 20/11/2019 13:11 PM

Reported By : Dr (Mrs.) Vinita Agrawal

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Self attested

Handwritten signature



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019612528	Name: Suchi Upadhyay 36/ Y/F	Department: Hematology
Unit: UNIT-1	Ward/Bed: B27B09 / PVT / 3	
Admission No: ADM-201950873	Admitted on: 18-11-2019 13:38	Discharged on: Dec 28, 2019 3:42 PM
Patient Type: Online	Consultant: Sanjeev	Discharge Type:
Correspond. Address: B 7,Cant	Distt.	State Uttar Pradesh Pin No. 208001 Phone No

Diagnosis-stage 3 Anaplastic large cell lymphoma (ALK positive) with KPC klebsiella pneumoniae wound Infection at right inguinal lymph node biopsy site (now recovering and healing) with rt cephalic picc line thrombosis on Inj clexane with anal fissure(now reducing) with 1 st cyle of CHEOP chemotherapy done on 16dec 2019 with CTCAE grade 4 febrile neutropenia with grade 2 mucositis with obesity with hypothyroidism with transient hypertension

course in ward

Patient was admitted in ward with history of pain and discomfort in the right iliac fossa and the right inguinal area for 3 months for which patient was extensively evaluated and was found to have ALK positive ALCL with stage 3 disease on PET CT scan and lymph node biopsy of the mass in the right iliac fossa. bone marrow was not done as patient was not willing and there was no significant uptake on pet ct inside the marrow, so marrow was deferred after consultation during rounds.

On admission patient was febrile and was having fever and severe pain in the right iliac fossa . on examination there was high grade fever and there was wound gaping from the biopsy site along with purulent discharge from the biopsy site. the sutures were removed and Dr. Brajesh sirs opinion was taken about the wound care and advised daily dressing with betadine ,spirit and H2O2. The patient was empirically started on inj magnex forte and teicoplanin and clindamycin and cultures were sent. in view of persistent fever magnex forte was stopped after 2 days and patient was upgraded to inj meropenem and inj colistin. the cultures grew KPC klebsiella pneumoniae which was initially treated with increasing doses of colistin and meropenem .WITH DAILY DRESSING AND ANTIBIOTICS THE wound showed improvement and hence it was decided to give debulking chemo for the ulcer to heal with inj vcr 2 mg ,inj cyclo 1500 mg and doxo 85 mg on 28 november 2019.(echo was done twice showed normal ejection fraction.)

IN VIEW OF PERSISTENT FEVER AND KPC klebsiella pneumoniae and post chemotherapy status patient antibiotics were further upgraded to include inj vancomycin ,inj metronidazole. in view of persistent fever and cytopenias the antibiotics were further upgraded to include injzavicefta and inj tigecycline .repeat cultures were negative and procal had settled down ,so it was decided to go ahead with full dose on CHOEP protocol. patient was given 100 % dose of CHOEP(vcr 2mg, doxo 85 mg ,endoxan 1425 mg, etoposide 190 mg ,predni 75 mg) on 16/12/2019 and had a TLC NADIR OF 100 post 10 days of CHOEP with grade 2 mucositis.

the hospital course of patient was also complicated by breathlessness which was evaluated extensively with 2 d echo, cardiac and pulmonary embolism biomarkers ,chest x ray and usg doppler of both lower limbs. the results of above investigation did not show any abnormality. additionally the patient was in stress and anxiety and had a component of obesity and chest splinting. the patient

BED HAS NOT BEEN VACATED FROM SYSTEM



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

RNO: 2019612528

Name: Suchi Upadhyay 36/ Y/F

Department: Hematology

as given nutritional support with diuresis with inj albumin and her edema significantly reduced

the patient's wound had a significant improvement with wound gaping and severe purulent discharge from wound (6cm in length with 3 cm in breadth with 7 cm depth with a necrotic base filled with slough with minimal granulation tissue) with cellulitis of the anterior abdominal wall and the labia majora with copious purulent discharge, which with daily dressing and cleaning with betadine, spirit and hydrogen peroxide and silver dressing, now has become a healing wound with bleeding margins with length of around 4 cm breadth 2 cm, depth of about 3 cm with granulation tissue and minimal slough and bleeding margins with clear base and resolved induration of the anterior abdominal wall and the labia majora. The 3rd pus swab grew CoNS, however it was discussed on round to be a commensal and a contaminant and hence antibiotics were not given for extended period and procal was also 0.12.

the patient has received 4 prc transfusions and is being discharged with a left sided cephalic vein in situ.

patient has received the following antibiotics in this admission - magnex for 2 days (19-20 nov), clinda for 16 days (19/11-5/12), doxistin 25 days (21/11-16/12), meropenem for 15 days (21/11-5/12), teicoplanin for 12 days (19/11-30/11), inj vancomycin for 6 days (30/11-5/12), inj metro for 6 days (6/12-11/12), inj zavicefta (7/12-17/12) 10 days, inj tigecycline for 10 day (7/12-16/12), inj clindamycin for (23/12-28/12) 6 DAYS, inj zavicefta for 5 days from 23/12/2019 to 28/12/2019

treatment on discharge

- wear mask/eat cooked food/to drink boiled water/to maintain local hygiene
- inj clexane 0.8 cc sc bd upto 8 weeks (upto 31 st January 2020), to stop clexane if platlet less than 50000
- change dressing once in 8 days, to change statlock once in 2 weeks.
- to keep hb more than 7, tlc more than 3000, platlets more than 20000
- inj neukine 450 ug if tlc less than 3000.
- soft bland diet/hexidine mouth wash/easy treat mouth wash/seitz bath with betadine 4 times a day
- benzocaine jelly for local application
- tab flucan 400 mg od
- tab acivir 200mg tds
- tab clofen 10 mg tds to chew
- tab septran ds 1 bd on mon/wed/friday
- tab folvite 5 mg od
- tab shelcal 500 mg bd
- tab xyloric 100 mg tds
- tab alprax 0.25 sos at night
- fentanyl patch sos if pain
- tab ultracet sos if pain
- syp cremaffin 30 ml hs

BED HAS NOT BEEN VACATED FROM SYSTEM



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019612528

Name: Suchi Upadhyay 36/ Y/F

Department: Hematology

syp phensidyl 2 spoons bd

plan on discharge

- 1.repeat cbc after 3 days on 31/12/2019
- 2.flush picc line weekly with normal saline .
- 3.picc line dressing once a week.\
- 4.wound dressing aleternate day.
- 5.next cycle on 6 th january 2020, to come to opd on 6 jan 2020 with cbc/rft/lft/uric acid/rbs/tsh/free t3/free t4 levels for furthe chemo.
- 6.PET CT after 3 cycles to asses response.
- 7.repeat doppler of right upper limb in february 2020 for resolution of thrombus.
- 8.in case of emergenc to report to ers of sgpgi
- 8.to monitor bp at home , if raised to more than 140/90 to take salt restricted diet and tab amllo 5 mg od to start

Signature of Consultant

BED HAS NOT BEEN VACATED FROM SYSTEM

Archit S Pandharipande @ 172.25.250.163

Page-4

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India



Discharge Summary

CRNO: 2019612528	Name: Suchi Upadhyay 36/ Y/F	Department: Hematology
Unit: UNIT-1	Ward/Bed: B27B09 / PVT / 1	
Admission No: ADM-202000731	Admitted on: 06-01-2020 13:47	Discharged on: Jan 11, 2020 11:20 AM
Patient Type: Online	Consultant: Sanjeev	Discharge Type:
Correspond. Address: B 7,Cant	Distt.	State Uttar Pradesh Pin No. 208001 Phone No

Diagnosis-ALK positive ALCL for 2nd CHOEP cycle.

COURSE IN WARD

patient was admitted in ward for second cycle of CHEOP . patient was given 3 days of chemotherapy, patient tolerated the chemotherapy well. picc line and wound dressing changed ,patient stable and afebrile and is being discharged in a stable stat

treatment on discharge

- hexidine mouth wash tds
- wear mask/eat cooked food/to drink boiled water/to maintain local hygiene
- inj clexane 0.8 cc sc bd upto 8 weeks(upto 31 st january 2020), to stop clexane if platlet less than 50000.
- picc line dressing once in 8 days , to change statlock once in 2 weeks.
- to keep hb more than 7 ,tlc more than 3000,platlets more than 20000
- inj neukine 450 ug if tlc less than 3000 .
- soft bland diet/hexidine mouth wash
- tab flucon 400 mg od
- tab acivir 200mg tds
- tab clogen 10 mg tds to chew
- tab septran ds 1 bd on mon/wed/friday
- tab folvite 5 mg od
- tab shelcal 500 mg bd
- tab xyloric 100 mg tds
- tab alprax 0.25 sos at night
- fentanyl patch sos if pain
- tab ultracet sos if pain
- syp cremaffin 30 ml hs
- syp phensidyl 2 spoons bd
- inj pegesta 6 mg sc on discharge

to follow up in opd on 27 january 2020 with cbc and lft/rft

BED HAS NOT BEEN VACATED FROM SYSTEM



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Amritsar - 5

DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name	: SUCHI UPADHYAY	Ref.physician	: YATENDRA
MRNO	: 2019612528	Study Date Time	: 10/02/2020 10:30
Gender	: Female	Accession No	: PT3386
Age	: 37Y	Order Date	: 10/01/2020
Procedure	: 18 FDG PET-CT WHOLE BODY IMAGING		

¹⁸F-FDG WHOLE BODY PET-CT STUDY

History: k/c/o hashimoto thyroiditis. c/o right inguinal pain since 2 months. HPE(07.11.2019)- malignant round cell tumor- non Hodgkin's lymphoma. Baseline PET/CT (08.11.2019) Hypermetabolic left supraclavicular and retroperitoneal pelvic lymphadenopathy. Stage III disease. Post 3 cycles of chemotherapy (last- 27.01.2020)

Indication: Interim PET/CT

Procedure: Whole body images (vertex to mid thigh) were acquired in 3-D mode 60 min after intravenous injection of 370MBq of ¹⁸F-FDG using a dedicated LSO PET-CT scanner. Reconstruction of the acquired data was performed to obtain fused PET-CT images in transaxial, coronal and sagittal views. I.V contrast was given.

Blood glucose level- 120 mg/dl.

PET-CT Findings:

Brain:

The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

(Due to high physiological uptake of FDG in brain parenchyma, small lesions may be missed, MR is better modality for brain evaluation).

Head and Neck:

Few non FDG avid subcentimetric bilateral cervical level II and III lymph nodes are noted.

Normal physiologic FDG distribution is seen in rest of the neck region. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax:

Bilateral breasts and axillae are unremarkable.

Non FDG avid up to centimetric lower paratracheal and subcarinal lymph nodes are noted.

Physiologic FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and esophagus appear normal on CT.

Self-Authentic
[Signature]



Sanjay Gandhi Post Graduate Institute of Medical Sciences

DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name	: SUCHI UPADHYAY	Ref.physician	: YATENDRA
MRNO	: 2019612528	Study Date Time	: 10/02/2020 10:30
Gender	: Female	Accession No.	: PT3386
Age	: 37Y	Order Date	: 10/01/2020
Procedure	: 18 FDG PET-CT WHOLE BODY IMAGING		

Abdomen-Pelvis:

Faintly FDG (SUV max<2.5) avid pre and paraaortic, aortocaval, paracaval, bilateral common iliac, external and internal ilia, right inguino-femoral and pubic lymph nodes are noted.

Right iliopsoas is bulky.

Hepatomegaly is noted (measuring 18.7 cm).

Few tiny (<3mm) renal calculi are noted in bilateral kidneys.

Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract, kidneys and urinary bladder. Liver, biliary ducts, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted. No significant FDG avid lymphadenopathy noted in the abdomen-pelvis.

Skeletal System:

Physiologic FDG distribution is seen in the visualized axial and appendicular skeleton.

Impression: PET/CT scan findings reveal

- Minimally metabolically active lymph nodes in the pelvis- Deauville score- II

As compared to previous PET/CT dated- 08.11.2019, there is decrease in size and avidity of previously seen lesions- complete metabolic response.

Prepared by
Dr. Vineet Mishra

Confirmed by
Dr. Manish Ora
Faculty



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014, India

Discharge Summary

CRNO: 201612528	Name: Suchi Upadhyay 36/ Y/F	Department: Hematology
Unit: UNIT-1	Ward/Bed: B27A09 / GEN / 3	
Admission No: ADM-202013737	Admitted on: 18-04-2020 15:21	Discharged on: ^{2 May} Apr 30 2020 5:03 PM
Patient Type: Online	Consultant: Anshul Gupta	Discharge Type:
Correspond. Address: B 7,Cant	Distt.	State Uttar Pradesh Pin No. 208001 Phone No

Discharge Summary

Diagnosis-ALK + ALCL /6th cycle(CHOEP, 2 vincristine is replaced by 12 mg of vinblastine in view of early symptoms of periphe neuropathy.)/FEBRILE NEUTROPENIA /E COLI SEPSIS/ FOCUS ANAL FISSURE/NOW RECOVERED/POST CCOMPLETION PET CT T BE DELAYED BY 4 WEEKS

COURSE IN WARD

Patient was admitted in ward with complaints of high grade fever loose motions tenesmus and severe neutropenia. on examination there was no hsmegaly or tenderness..the lung fields were clear. rhe patient was investigated and found to have tlc of 40 and procal of 31. chest x ray was normal.the patients blood culture grew e coli sensitive to meropenem amikacin.the patient was started on nj mero inj targo asnd inj amphilip . the pt was given supportive care with growth factor and PRBC and platlet transfusions. the patient was initially thought to nneed granulocyte support but patient recovered with neukine support. the patient received 14 days of antibiotics , the patients pet scan is due after recovery from fever.

2nd blood test → CONS - ME - Domy sensitive.
 into stable vitals - afebrile started; possible colonisation plan given
 treatment on discharge → Doxycycline 100mg BD ⊗ 14 days

- hexidine mouth wash tds
- wear mask/eat cooked food/to drink boiled water, to maintain local hygiene
- picc line dressing once in 8 days , to change statlock once in 2 weeks.
- to keep hb more than 7 ,tlc more than 3000,platlets more than 20000
- soft bland diet/hexidine mouth wash
- tab v fend 200 mg bd for 3 weeks
- tab acivir 200mg tds
- tab clogen 10 mg tds to chew
- tab septran ds 1 bd on mon/wed/friday
- tab folvite 5 mg od
- tab shelcal 500 mg bd
- syp cremaffin 30 ml hs
- monitor cbc every 7 days.INJ NEUKINE 450 UG SC OD if TLC <3000 TILL TLC>5000

[Handwritten signature]

→ 101°F →

BED HAS NOT BEEN VACATED FROM SYSTEM

Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India



Discharge Summary

CRNO: 2019523005	Name: Pushp Lata Upadhyay 67/ Y/f	Department: Surgical Gastroenterology
Unit: UNIT-2	Ward/Bed: CHBDT Ward / PVT / 2	
Admission No: ADM-201926432	Admitted on: 18-06-2019 15:42	Discharged on: Jul 13, 2019 5:56 PM
Patient Type: Priority	Consultant: Rajan Saxena	Discharge Type:
Correspond. Address: D-27, Kolar Road	Distt. Madhya Pradesh	Pin No. 462042 Phone No +91-

DIAGNOSIS – periampullary adenocarcinoma moderately differentiated pT1 N1 Mx. In a k/c/o HTN

HISTORY AND EXAMINATION:

Mrs pushp lata upadhyay , 69 yr/f, r/o UP, k/c/o HTN on irregular med cines, past sx: vaginal hysterectomy 1990, Lap cholecystectomy 2015 ,2018 right TKR., no known drug allergy

C/o pruritis x 2 months

HOPI: she was apparently well when he had pruritis. persistently increasing with anorexia and significant loss of weight 7 kgs in 1 month, h/o passing melena twice in jan 2019 and march 2019, small in amount remain for 2-3 days and which resolved spontaneously

No h/o abdominal pain, fever, vomiting, abdominal distension, altered bowel habits

No h/o jaundice in past, blood transfusion,

With these complaints she was evaluated elsewhere and found to have biochemical jaundice underwent ERC and referred to SGPGI,

Family history: no significant history of malignancy in first degree relatives.

O/E: adult female, ECOG 0, BMI – 21.86, No Pallor, icterus / Lt SCLN/Pedal Edema.

Pulse - 88/min, BP-110/70 mm Hg, RR-18/min, CVS/RS - NAD

P/A: Soft nontender, GB not palpable, no organomegaly and no FF, BS+ scars of previous standard 4 ports lap cxx.

DRE: no deposits.

EVALUATION –

ERCP 11-6-19 : SVE shows a lobulated growth of 2.5 cm at ampulla

Biopsy : well differentiated adenocarcinoma.

US abdomen: 4-6-19 liver is mildly enlarged in size, normal echotexture, IHBRD are dilated in both the lobes, No SOL, cbd is dilated

1.7 cm in diameter in throughout its length and smooth tapering is seen at the distal end. focal thickening is seen at the ampulla encasing the distal end of CBD. PD is mildly dilated 3 mm

CECT abdomen: 7-6-19 : a 2.3x2.8x2.9 cm polypoidal enhancing soft tissue lesion at the ampulla noted, protruding into duodenum lumen. the lesion causes dilated CBD 1.2 cm and mild dilatation of main pancreatic duct-double duct sign is seen. no radioopaque calculus at ampulla. Moderate IHBRD+, few subcentimetric para-aortic nodes and periduodenal nodes.+, post cholecystectomy

status with surgical clips in GB fossa.

Procedure: Classical PD with FJ done under GA + EA on 26/06/2019

Laparotomy : 2 suspicious liver nodules u0013 one in rt lobe segment 7 and other in left lobe of liver. Sent for frozen , reported

BED HAS NOT BEEN VACATED FROM SYSTEM

Self addressed



Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014, India

Discharge Summary

CRNO: 2019523005

Name: Pushp Lata Upadhyay 67/ Y/F

Department: Surgical Gastroenterology

negative for malignancy. no e/o Omental serosal peri omental nodules. No ascites. A 4 * 4 cms hard mass felt in the peri ampullary region. Few soft retroaorticaval LNs present. Few soft LNs present in HDL, CHA, retropancreatic region. A nodule 1.5 * 1 cm, hard in consistency present in relation to post surface of head of pancreas ? metastatic lymphnode. GB absent (prior cholecystectomy). Cystic artery seen \u0013 2 mm, cystic duct stump 4mm. No pericholedochitis.

Biliary anatomy- Cystic duct joining in mid CBD. CBD diameter 2cm.. RHD and LHD joining to form CHD.
Pancreas firm, MPD 2mm.

Arterial anatomy- CHA giving rise to GDA and forming PHA, PHA giving rise to RGA and LHA, Replaced RHA arising from SMA coursing posterior to CBD

Proximal division at incisura with Reliamax 80 green. Distal transection 20cm distal to DJ with Reliamax 60 blue and ends overrun with prolene 3-0.

Reconstruction:

PJ: Blumgart technique. End to side, duct-to-mucosa, outer layer anchoring sutures with prolene 3-0 interrupted, Duct to mucosa sutures using PDS 5-0, interrupted

HJ: End to side, 10cm distal to PJ, single layer interrupted Vicryl 4-0. Stoma size 2cm

GJ: Antecolic, isoperistaltic in 2 layers, outer prolene 3-0, inner vicryl 3-0 both continuous. Stoma size 6 cm. FJ done 20 cm distal to GJ \u0013 10 fr IFT using whitzel technique

C/S 4*4 cm ulceroproliferative ampullary growth present.

hospital course: admitted and underwent above mentioned procedure, post operatively developed DGE grade B, managed conservatively with bile refeed, and electrolyte management, also developed Pancreatic fistula GRADE B drain fluid amylase 57700 left side, and draining around 150-200 ml/day pancreatic secretions which are also refeed through diet, DGE RESOLVED ON pod 8

NG taken out orally started, and staples removed, discharged with left drain in situ. HPE: PANCREATICODUODENECTOMY

SPECIMEN: WELL DIFFERENTIATED ADENOCARCINOMA. PROXIMAL AND DISTAL RESECTION MARGINS, PANCREATIC SURGICAL MARGIN, COMMON BILE DUCT RESECTION MARGIN AND SMA GROOVE: FREE PERIPANCREATIC LYMPH NODES: METASTASIS (1/ 7) CYSTIC LYMPH NODE (1) AND CHA LYMPH NODES (3): FREE

CONDITION ON DISCHARGE:- Stable, left drain in situ, draining pancreatic secretions around 120 ml/day.

FUTURE PLAN:- As per HPE report.

ADVICE AND REMARKS:-

High protein diet

Cap Omez 20 mg 1 OD x 7days.

tab telma AM OD.

I Dose 50 mg QID x 3 days then SPS for pain.

tab creon 10000IU TDS x 1 month.

f/u in RT department for adjuvant treatment.

To f/up in SGE OPD under Prof Rajan saxena on Tue/Fri after 10 days.

BED HAS NOT BEEN VACATED FROM SYSTEM

Self admitted!
H. Arora

Anamna - 6

Name	Puep late upadhyay		
Age	67	Sex	F
CR No.	2019523005		
SGE No.	45584		

Blood Group _____ Weight at discharge 51 kg

DOA 18.6.19 DOO 26.6.19 DOD 13.7.19

Consultant I/C Prof. Rajan Saxena.

Final Diagnosis P.T., N, M, moderately
diff. adenoc. Perianp.
E HTN.

Operative procedure performed:
Classical P.D E FJ.

[Handwritten signature]

Arman 072

Histopathology/Cytopathology

No. _____ Date _____

Name _____
Age _____ Sex _____
CR No. _____
SGE No. _____

REPORT

H/E → Well diff. Adeno CA. Margins free.
1/11 nodes free.

Advice on Discharge

- High protein Diet
- Cap. energy 20 00 + 7d.
- Tab. TELMA AM OD.
- Tab. Dole 650 mg Q8hr
3 days then see for pain.
- Tab. Clean 10,000 IU Tds
x 1 week.
- F/U in RT department for adjuvant treatment
- F/U in SGE after 10 days after R.S. on the 1st (26.7.19)

Saint

Blood Group _____ Weight at discharge _____

DOA _____ DOO _____ DOD _____

Consultant I/C _____

Final Diagnosis _____

Operative procedure performed:

H. G. Sh

सामान्य निर्देश

1. कृपया इस पुस्तिका को अस्पताल आते समय हमेशा अपने साथ लायें।
2. कृपया निर्धारित तिथि पर आयें।
3. मरीजों से अनुरोध है कि दी गई तारीख पर न आने पर फोन नं: 0522-2496445/2496448/2496449 से पहले से पुनः अगली तारीख/Next Re-appointment लेकर आयें। तारीख लेने का समय सोमवार से शुक्रवार प्रातः 11 a.m. से 1.00 p.m. तक।
4. दावे की प्रतिपूर्ति/प्रमाण पत्र के लिये कृपया कमरा नं 9 या 8 से सम्पर्क करें।
5. अस्पताल समय के बाद आकस्मिक मामलों में रोगी आपातकालीन वार्ड से सम्पर्क करें।

PGI Exchange Phones : 0522-2494000, 2495000
2668700, 2668800
New RT OPD Reception : Ext. 6449, 448
New RT OPD Room No. 431: Ext. 6451
New RT OPD Room No. 432: Ext. 6452
New RT OPD Room No. 433: Ext. 6453
New RT OPD Room No. 434: Ext. 6454
New RT OPD Room No. 435: Ext. 6455
RT Day-Care Ward : Ext. 5280

FOLLOW UP BOOKLET

CR No. 2019523005
RT - No 1353/2019

Date of Registration: 12/07/2019
Renewal valid till: 10/06/2020

Name: Pushtap Lata Upadhyay
Age: 67 Gender: Female

Sig. Pro. W/o: Arjun Kumar Upadhyay
Full Address: D-27 Panchsheel Disha Road
Kashyap Road
Bhikapur (MP)

Phone No. : 8765681678
Referred by : SIC
Hospital : PUR

Final Diagnosis : Peritonipulmonary Ca

SPECIAL NOTES

[Handwritten signature]

