

Self Attested

Lumina Muzaffar



19/11/2019

OPD PRESCRIPTION PAPER OF DR. MEENU WALIA
(MEDICAL ONCOLOGIST) Page 1 of 3

Patient Name: Mrs Naseem Muzaffar Location: Patparganj
Age / Sex: 71 year(s) 7 month(s) 27 day(s) /Female Date: Wednesday, October 16, 2019 4:07 PM
MaxId: EHPG.196512 Invoice No: PGCR968364
Doctor Name: Dr.(Prof.) Meenu Walia Referred By: SELF
DMG: Hematology and BMT

Allergy: No Known Allergy

Chief Complaints and History of Present Illness

CASE OF GRANULOSA CELL TUMOUR LEFT OVARY DIAGNOSED IN MAY 2018
POST TAH+ BSO DATED 4/5/18
POST OP HPE: LEFT OVARY-SEX CORD STROMAL TUMOUR, POORLY DIFF TUMOUR, -LIKELY GRANULOSA CELL TUMOUR
, 0/48 LN ,
PT1AN0
NOW CAME FOR OPINION FOR ADJUVANT CHEMO
PROS AND CONS DISCUSSED
CHANCES OF RELAPSE , RECURRENCES EXPLAINED
CASE DISCUSSED IN TUMOUR BOARD---IN VIEW OF LOW RISK---PLANNED TO KEEP ON FOLLOW UP
CASE RE-DISCUSSED IN TUMOUR BOARD IN VIEW OF INHIBIN LEVELS --AGAIN PLANNED FOR FOLLOW-UP
NO FRESH COMPLAINTS

Past History

HTN
UMBILICAL HERNIA
B/L HDN--ON FOLLOW UP WITH DR PAWAN KESARWANI

Physical Examination

INFRAUMBILICAL SWELLING

Clinical Notes / Old Reports

3/4/18
MRI PELVIS: WELL DEFINED LOBULATED LESION 4.7X 2.7X 5 IN LEFT ADNEXA ? NEOPLASTIC
CXR NORMAL
30/6/18
KFT, LFT, CBC NORMAL
URINE R/M: 7-10 PUS CELLS
INHIBIN A < 1.0
INHIBIN B 75
9/aug/18
usg w/a grade I FATTY LIVER
USG DOPPLER B/L LL--NO E/O DVT
29/AUG/19



Self Referred
Fauzaid Muzaffar
19/11/2019



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KFT , LFT ,SE,LDL 116.8 REST NORMAL

URINE ROUTINE NORMAL

CBC NORMAL

TSH NORMAL 25 OHD 28.96

INHIBIN A-- 0.20pg/ml

INHIBIN B ---31.43

19/12/2018

CXR NORMAL

USG WA NORMAL

INHIBIN A--0.30 PG/ML

INHIBIN --2.88 PG/ML

CBC, LFT, KFT , HBA1C--5.9

VIT D3--NORMAL

28/2/2019

CBC, LFT, KFT NORMAL

VIT D3--34

USG W/A --B/L MILD HYDRONEPHROSIS , MILD THINNING AND STRECHING OF RECTUS SHEATH SEEN IN RT INFRA UMBLICAL REGION , NO DEFECT SEEN

INHIBIN A--0.00

INHIBIN B--< 4.60

CXR PA NORMAL

20/6/2019

CBC, LFT, KFT NORMAL

CXR NORMAL

VIT D3--69

USG W/A ---FOCAL DEFECT IN THE LINEA ALBA APPROX 1.8 CM , ABOVE THE PUBIC SYMPHYSIS WITH HERNIATION OF OMENTAL FAT ON RT SIDE THROUGH THE DEFECT---LIKLEY HERNIA
CECT ABDOMEN--FOCAL DEFECT IN LINEA ALBA--2 CM--MINIMAL HERNIATION OF FAT

INHIBIN A < 1.0

INHIBIN B < 4.60

18/09/19 : CHEST XRAY : NORMAL

USG ABDOMEN : BILATERAL PELVICALYCEAL SYSTEM ARE MILDLY PROMINENT: AS BEFORE

CBC,KFT,LFT NORMAL

HBA1C: 5.9

INHIBIN A < 1.0

INHIBIN < 4.60



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Sumair Muzaffar
19/11/19



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Medicine Advised

Sno	Medicine	Schedule	Instruction	Route	Days
1	SHELCAL 500 MG TABLETS (CALCIUM CARBONATE 500 MG + VITAMIN D3 250 I.U)	ONCE IN A DAY		ORAL	90
2	UPRISE-D3 60K CAP (CHOLECALCIFEROL 60000 I.U)	ONCE A MONTH		ORAL	90
3	NEBICARD 5 MG TABLETS (NEBIVOLOL 5 MG)	ONCE IN A DAY		ORAL	90
4	LOOZ 200ML SYRUP* (LACTULOSE 200 ML)	ONCE IN A NIGHT	20 ML	ORAL	30
5	ULTRACET TABLETS(1X15)* (PARACETAMOL 325 MG + TRAMADOL 37.5 MG)	SOS	FOR PAIN	ORAL	30

CONTINUE ANTI-HYPERTENSIVES AS ADVISED BY THE PHYSICIAN

Advice

REVIEW AFTER 3 MONTHS WITH CBC,KFT,LFT,S. INHIBIN A , S.INHIBIN B ,VITAMIN D, USG WHOLE ABDO , CXR P/A, B/L Mammography
REFERRED TO GENERAL SURGEON FOR HERNIA ---DR VK JAIN
REVIEW BY DR PAWAN KESARWANI--UROLOGIST AND DR MUKUND ROY--VASCULAR SURGEON AS ADVISED

Referral Section

Location:: Patparganj **Speciality::** General Surgeon. **Doctor::** V. K. Jain

Location:: Patparganj **Speciality::** Urologist **Doctor::** Pawan Kesarwani

Dr.(Prof.) Meenu Walia
Director-Medical Oncology & Haematology
DNB(Medical Oncology)*MD(Gold Medalist)

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