# Ferdousi-Women & Children Welfare Center (WCWC)

Name : Mohon Ali Sheik Age : 55 Gender : M Date : 7-5-25

Address : Weight : Card No : 258 SL No : 09

**Cheif Complaint :**

℞

**On Examination :**

BP : 100/60 mmHg

Temp :

RR :

Pulse :

1 Cap. Xanol 1mg

1+0+1

**Diagnosis :**

**Case History :**

**Investigation :**

Refer to Surgery Specialist

Advices/ Referral :

ডাঃ তানিয়া সুলতানা
এমবিবিএস, ডিএমইউ (আরবী)
চেম্বারঃ- শ্যামনগর প্যাথলজী
হাসপাতাল গেটের সামনে
শ্যামনগর,সাতক্ষীরা

*** Next Visit..... Days/Month.**

DOB

# Sheikh Russel National Gastroliver Institute & Hospital

Mohakhali, Dhaka-1212, Bangladesh.

## DISCHARGE PAPER

Department : MCU
Unit: 02
Ward/Cabin: 601
Bed : 606

Name : Md. Mohor Ali Sheikh Age : 55 yrs. Sex : (M) Reg. No. : 25089660

Mailing address : Poranpur 5, Azadnagar, Satkhira Sadar Satkhira

NID : 2800609261 Mobile : 01734555625

Unit Head : Prof. Dr. Touhidul Karim Majumder

Date of Admission : 27/09/25 Date of Discharge : 07/05/25

Principal Diagnosis : Obstructive Jaundice due to periampullary carcinoma ē Chronic HBV infection ē OV(Gr-I)

Other Diagnosis :

Procedure(s) / Operation Performed : UGIT endoscopy ē biopsy (29/09/25)

☑ Discharge to home ☐ Referred to other department ☐ Referred to other hospital

## ICD-10 CODING

Chapter No. ..... Block .....

3-Digit/4-Digit Code ..... Name of Disease .....

Name of Doctor : .....

Supervisor

Signature : Dr. Kibria Kabir

Designation : FCPS, Part-02 Trainee

Reg. No. :

**Case Summary:** Pt is admitted ē the complaints of fluctuating jaundice ē generalized itching for last 2 months, anorexia & wt. loss for 5/D ē H/O BT (1 unit). After proper history taking, clinical examination & certain inv., we came to the diagnosis of- "periampullary carcinoma ē Chronic HBV infection ē OV(Gr-I)". After evaluation, we consulted ē surgery dept. They gave opinion about surgery. So, we decided to discharge the pt. & refer the pt. for surgery.

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**Inv.:**

① CBC ē ESR:

| | 05/05/25 | 28/09/25 |
|---|---|---|
| | Hb (10.2g/dl) | Hb (5.8g/dl) |
| | ESR (120mm/1st hr) | ESR (53mm/1st hr) |
| | T.WBC (10.7×10³/cu) | T.WBC (17.6×10³/cu) |
| | N (82%) | N (83%) |
| | TPC (399×10³/cu) | TPC (53×10³/cu) |

② S.Billirubin(Total): 10.2g/dl (05/05/25), 7.1 (28/09/25)

③ S.Albumin: 2.3 g/dl (05/05/25)

④ CA-19.9: 8.41 U/mL

⑤ RBS: 9.0 mmol/L

⑥ S.Creatinine: 0.9 mg/dl

⑦ SGPT: 280 U/L

⑧ SGOT: 99 U/L

⑨ ALP: 915 U/L

⑩ ECHO: ✓ EF (70%)
✓ No pericardial effusion
✓ No diastolic dysfuction.

⑪ PT ē INR: 17.2 secs, 1.49

⑫ HBsAg: (−)

⑬ USG of A/P: Suggestive of Fatty Liver (Gr-I)

⑭ S. Electrolytes: Na (145), K (3.1), Cl (85)

⑮ Anti HCV: (−)

Medications received during hospital course and/ Operation note :

(*) CT scan of W/A: Enhancing mass at the ampulla of Vater ē double duct sign - features consistent ē ampullary carcinoma.

(*) MRCP: Suggestive of periampullary growth resulting pancreatico-biliary dilatation. ✓ CB sludge

(*) UGIT endoscopy: Suggestive of Ampullary carcinoma ē Gr-I OV.

(*) └ Histopathology report of biopsy from ampullary tissue: Adenocarcinoma, moderately differentiated

Treatment at discharge :

1. Cap. Cefim-3 (200mg)
   2+0+2 ——— (৭দিন)
2. Tab. Utramal RTD (50mg)
   2+0+2 (খেয়ে পেটে) ——— [পেটে ব্যথা হলে]
3. Tab. Emistat (8mg)
   2+2+2 (খাওয়ার আগে) [বমি হলে]
4. Tab. Remmo (20mg)
   2+0+2 (খাওয়ার আগে) [বমিতে]
5. ~~Tab.~~ Syp. Avolac
   ১চামচ × দুইবার খাবার (পায়খানা কম হলে)
6. Tab. Vironex (0.5mg)
   2+0+0 (খাওয়ার আগে) (চলবে)
7. Tab. Inderer (20mg) (1+0+1) ——— চলবে