Medanta

Patient ID	: MM00413916	**Patient Name**	: Mrs. Sangeeta Seth
Gender	: Female	**Age**	: 61Y
Encounter ID	: 180359900001	**Encounter Type**	: Outpatient
Visit Date	: 13/09/2021 11:59	**Location**	: Medical Oncology & Hematology
Speciality	: Medical & Haemato Oncology	**Attending Practitioner**	: Dr Jyoti Wadhwa

Note Type	:	Medical Oncology OPD Note	**Med/Anc Service**	:	Med Onco& Hemat
Date/Time	:	13/09/2021 12:26	**Performed By**	:	Dr Jyoti Wadhwa

Medical Oncology OPD Note

Proxy visit by son

Recurrent Stroke
Acute right pre central gyrus infarct
Bilateral MCA + PCA infarct (march 2021)
Drug induced thrombocytopenia (resolved

Famil h/o breast cancer in maternal cousine

Mrs. Sangeeta Seth is a 61 years old female, known case of bilateral MCA + PCA infarct (march 2021), coronary artery disease, hypertension, presented with complaints of left hand numbness and weakness since 11 am on 13.06.2021 (woke up at ~ 7am, was alright then). No weakness of left shoulder/elbow. No difficulty in walking. Patient was admitted under Neurology for further evaluation and management.

MRI brain, plain done on 13.06.2021 showed acute infarct in right pre central gyrus. Multiple areas of gliosis arranged linearly in bilateral centrum semiovale extending in bilateral high frontoparietal cortex including the pre and post-central gyri, bilateral occipital lobe cortex due to old watershed infarct. Few of them showing old hemorrhage. CT angiography of neck and brain vessel showed short segmental moderate narrrowing at origin of inferior M2 division of right MCA seen. Distal to it right MCA is normal.Mild atherosclerotic changes in arch of aorta, left carotid bulb and cavernous ICAs. No significant stenosis of the major neck and rest of intracranial arteries is seen.

2D echo showed EF-55%. Cardiology reference was taken and advice followed.
Hematology reference was taken and advice followed.
ENT team reference was taken in view of nasal bleed and advice followed.
Vascular surgery review was done and advice followed.
In view of fall in platlets antiplatlets were stopped
In view of recent epitaxis rivaroxaban was stopped
Presently started on Inj clexane to decide any change on OPD basis.
During hospital stay patient was managed with Intravenous antibiotics, Intravenous fluids, nutritional support and other supportive measures. Patient showed improvement with given treatment

CBC,KFT,LFT-acceptable

CA125= 1590

Pleural fluid- metastatic carcinoma
Omental biopsy- awaited report

PET CT- 7/9/21- Recent history of brain infarct with cerebral changes suggestive of infarcts, chronic microvascular ischemic changes and moderate diffuse cerebral atrophy; as described above.
Small right and moderate loculated left pleural effusion with partial collapse and scalloping of left lung and passive atelectatic changes in right lower lobe.
Diffuse FDG avid omentoperitoneal thickening, nodularity and caking seen in greater omentum.
There is associated mild ascites noted.

Authorized by Dr Jyoti Wadhwa on 13 Sep 2021 12:44

This is a computer generated report. Signature is not required.

Medanta

Patient ID	: MM00413916	**Patient Name**	: Mrs. Sangeeta Seth
Gender	: Female	**Age**	: 61Y
Encounter ID	: 180359900001	**Encounter Type**	: Outpatient
Visit Date	: 13/09/2021 11:59	**Location**	: Medical Oncology & Hematology
Speciality	: Medical & Haemato Oncology	**Attending Practitioner**	: Dr Jyoti Wadhwa

Uterus shows a heterogeneously enhancing partially exophytic lesion arising from right fundal anterior wall of uterus, likely fibroid. Both ovaries appear heterogeneous. These may be evaluated further with MRI Pelvis / TVS.

Suggest,

Review with patient & biopsy report

HBsAg, anti HCV & HIV

DTPA GFR scan

Order germline & somatic BRCA 1 & 2 mutation test

COVID test by RT PCR prior to admission

Counselled son in detail

Authorized by Dr Jyoti Wadhwa on 13 Sep 2021 12:44

This is a computer generated report. Signature is not required.