



Patient Name: Mrs. SHROTRI ARUNDHATI PRABHAKAR

MRD#: 33331

Date of Birth: 07/04/1937

Sex: Female

Visit Code: IP0004

Age : 88Y 0M 7D

Blood Group : O+

Bed No : SS7A2 - 3717

Consultant : Dr. GOKHALE UDAY

Date of Admission : 31/03/2025

Discharge Type : FOLLOW UP DISCHARGE

Date of Discharge : 14/04/2025

DIAGNOSIS :

Small hiatus hernia with esophageal candidiasis and ulcers with active ooze at GE junction. Erosive gastro-duodenitis with duodenal ulcer (Forrest class IIA). Adrenaline injection followed by hemolok spray done. Supra ventricular tachycardia. Most likely therapy related AML In known Hypertension , hypothyroidism , Carcinoma of breast.

HISTORY OF PRESENT ILLNESS :

presented in ER with complaints of abdominal ,pain vomiting giddiness since yesterday. h/o constipation+,now admitted for further management.

CLINICAL EXAMINATION ON ADMISSION:

On arrival in ER

Patient is conscious oriented

afebrile

Bp-140/58mmhg

Pr-88/min

Spo2-96%ra

Rr-15/min

Cvs- s1s2 heard

Resp- aebe

P/A - soft nontender

Cns- moving all 4 limbs

No focal neurological deficit

COURSE IN THE HOSPITAL AND DISCUSSION :

88 yrs old female presented with above mentioned complaints .Her ECG S/O - sinus rhythm no acute st-t changes vbg- 7.48/31/37/23,ELE-132/4.5/97,LAC-3,GLU-235,HB-7.5.Admitted in ICU for further management .Her Labs s/o Hb =8gm/dl. TLC 72000. Platelet 25000.? Ac Leukemia? Leukemia reaction.Started with symptomatic management done CXR, USG A+P Blood culture .Patient had 4 episode of melena .Gastroenterologist opinion sought with Dr Gadhikar Harshal and planned for UGI scopy.Patient underwent gastroscopy on 1/4/25 UGI s/o UGI- S/o Esophageal Candidiasis .Duodenal Ulcer- Forrest IIA-- Injected Adrenaline with hemoclip applicatuion done.Patient tolerated procedure well .Modified medication according to scopy findings .Her repeat CBC s/o TLC -90k ,clinical hematologist opinion sought with Dr Anushree and agreed with her advice.started on hydroxyuria and zyloric.Adequate blood product transfused.Planned for check scopy on 3/4/25 Patient underwent checkscopy which s/o no bleeding .Her bone marrow bx was done and aviced for chemotherapy.Discussed same with reletives by Hematologist but reletives opted for palliative care.Patient stabilized in ICU no further episode of melena remains stable, hence shifted to ward for supportive care .In ward continue same line of management. gradually tapered down oxygen support.Continued same line of management .Her blood culture was sterile and bone marrow s/o Most likely therapy related AML.Continued same supportive management. Off oxygen trial tolerated well. Remains stable repeat labs were done .Patine remains stable hence planned for

MRD No:33331

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discharge .Patient is hemodynamically stable at the time of patient discharge with Foley's Catheter in situ.

PLAN ON DISCHARGE :

Investigations to be done before coming to the follow-up:

Follow Up:

Follow up with Dr Gokhale Uday after 10 days in clinic

DISCHARGE MEDICATIONS:

Medicine	Frequency	Duration	Instruction
CAP Hdroxyurea(500 mg)	0-0-1	X TILL NEXT FOLLOW UP	
TAB AMIFRU-40	1-1-0.	X TILL NEXT FOLLOW UP	
TAB Dexamethasone(4 mg)	1-0-1.	X TILL NEXT FOLLOW UP	
TAB ZYLORIC 100MG	1-0-1.	X TILL NEXT FOLLOW UP	
TAB BENITOWA 4MG	1-0-0.	X TILL NEXT FOLLOW UP	
TAB Letrozole (2.5 mg)	0-0-1	X TILL NEXT FOLLOW UP	
TAB Thyroxine(25 mcg)	1-0-0	X TILL NEXT FOLLOW UP	
TAB TIMZID MR	1-0-1	X TILL NEXT FOLLOW UP	
TAB PAN 40MG	1-0-0	X TILL NEXT FOLLOW UP	
SYP SPARACID 10ML	1-1-1	X TILL NEXT FOLLOW UP	

CONTACT DETAILS :

* **OPD Appointment: 020-40151100 between 9.00 a.m. to 6:30 p.m. (Sunday Closed)**

* **Medicine OPD Reception: 020-40151072 (9 a.m. to 6 p.m.)**

* **DMH reception 020- 40151000/49153000**

IN CASE OF EMERGENCY :

If you have following symptoms :

chest pain breathlessness , palpitations

Refer to DMH-Emergency Room-1 which is available 24 x 7 for 365 days. Phone 020-40151027/1065

Ambulance No. 020-40151540/108

SPECIAL NEEDS :

PREPARED BY : DR. SONAM NANASAHEB KAMBLE

APPROVED BY : Dr. GOKHALE UDAY