

A photograph of a woman lying in a hospital bed. She is covered with a pink blanket. Her head is resting on a pillow, and she appears to be resting or sleeping. There is some medical equipment visible near her head, including what looks like a nasal cannula. The text "The miracle foundation" is overlaid on the image in a large, black, sans-serif font.

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## Patient Evaluation Summary

MR No. : MR/23/021191      Name : Mrs. ARAMITA ACHARYA  
IP/OP No. : OP/23/096000      Sex : FEMALE      Age : 38 Y 5 M  
Address : RAM KRISHNA PALLY, NEW PAUL PARA, LANE NO-7 MATIGARA, DARJEELING, WEST BENGAL, INDIA  
Assessmnt Dt : 20/12/2023 12:14:01      Assessment ID: AS/23/021191/002

3. Severe bleeding not controlled by the above methods and medications.
4. Any other abnormality related or unrelated to the procedure.

In some circumstances we may need to repeat your procedure. In such cases, no fees will be charged by the Radiology dept. Pathology may require extra charges on a case to case basis.

### DISCUSSION

38 year old female  
Suspected LPD under evaluation  
B symptoms  
Anemia at presentation: Iron profile s/o ACD; HPLC normal  
Provisional HPE: s/o Hodgkin lymphoma (d/w Dr Anand Bardia)

Counselled regarding need for treatment  
Costs (2-3L), expected outcome (70-80% in stage IV disease), frequency and duration of chemo (ABVD x 6 +/- de-escalation/escalation based on interim scans) was explained  
Discussed regarding role of Brentuximab (cost and PFS benefit)  
Plan for staging and then proceed with therapy

### ADVICE

- Plenty of fluids: 3L/day
- Tab Allopurinol 300mg PO OD x 7 days
- Syp Duphalac 20ml PO HS to continue
- Transfuse 1 unit PRBC in daycare. Eo today (4-10mg b.i.d / daycare)

Book appointment for staging PET CT on 22-12-2023

Review in the OPD on 27-12-2023 with CBC diff/ Creatinine/ SGPT

Book daycare for CIA ABVD on 27-12-2023

In case of fever, respiratory distress, diarrhea > 3 times/day, constipation > 3 days/obstipation, vomiting > 4-5 times/day after routine meals, altered consciousness, seizures, bleeding in stools/ urine/cough, persistent headache, visual disturbance, abdominal pain > attend ER



Scan this QR code or go to the link to view or download your reports  
<https://tmckolkata.com/reports/>

\*\* Downloads will be available for 90 days from the date of report.

Dr. G Vinay Anand  
MBBS, MD Pathology  
Dnb Ss, Regn. No. : 111082  
Department of Clinical Haematology and Cellular Therapies

Book 28/12 - 9:30 AM/A

3rd F

Please take an appointment for next visit. Ph : 033-6605 7222, Email id : appointment@tmckolkata.com

Disclosure: Your data will be used by Tata Medical Center (TMC) for clinical usage and patient care.  
Your data will not be used for any other purpose.



**MEDICA Cancer Hospital**  
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R A N G A P A N I

Admission No : 44179

Patient : Mrs. Aramita Acharya (23070)  
Visit : IP-1

Age/Sex : 39 Yrs/Female  
Consulting Dr : Dr. Arkoprovo Halder.  
MD.DM(Medical Oncology)

Admission Dt : 02-Jan-2024

Discharge Dt : 02-Jan-2024

Referred By :  
Department : Medical Oncologist

Ward : Daycare Ground Floor Ward(DCRGF1)

Patient Address: V-ramkrishna Pally, P.o-p.s- Matigara, D-darjeeling, DARJELLING, WEST BENGAL, India,  
734010

Patient Contact : 9830000000

## DISCHARGE SUMMARY

### Final Diagnosis

Classical Hodgkin's lymphoma  
{Stg III} [GHSG-advanced]

### Investigations

USG neck (Oct 23'): Nodes in rt lower neck 1.1 x 3.5 cm. Few cysts in both lobe of thyroid.

FNAC Rt SCLN (Oct 23'): s/o Hodgkin disease.

TB-PCR (14.12.23): Mycobacterium tuberculosis complex DNA not detected.

Excision Bx+ IHC Rt CLN (20.12.23): FAVOUR CLASSICAL HODGKIN LYMPHOMA [diffusely positive for C030, PAX5 (heterogeneous - strong to weak), CD15 (patchy positive); while being negative for CD20 and CD3 (which highlight the B- and T-lymphocytes, respectively)].

PET-CT (26.12.23): Metabolically active multiple supra as well as infra-diaphragmatic lymphadenopathy. No other metabolically active disease is seen in present scan.

Blood Reports (13.12.2023): Hb: 6.5gm/dl, TLC: 10.5thou/mm<sup>3</sup>, Platelet Count: 4,01,000, Urea: 14mg/dl, Creatinine: 0.69 mg/dl, Sodium :135mmol/L, Potassium :4.9 mmol/L.

### Treatment

CT1/D1 (ABVD regimen) chemotherapy is given on 2.1.2024 with:

Inj. Adriamycin (40mg) IV.

Inj. Bleomycin (16U) IV.

Inj. Vinblastine (9.5mg) IV.

Inj. Dacarbazine (600mg) IV.

[Cap. Netupitant/Palonosetron (300/0.5)mg P.O stat given as pre-medication]



# MEDICA Cancer Hospital

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RANGAPANI

Admission No : 44671

Patient : Mrs. Aramita Acharya (23070)

Visit : IP-2

Age/Sex : 39 Yrs/Female

Consulting Dr : Dr. Arkoprovo Halder.  
MD.DM(Medical Oncology)

Admission Dt : 19-Jan-2024

Discharge Dt : 19-Jan-2024

Ward : Day Care Unit(D108A)

Referred By :

Department : Medical Oncologist

Patient Address: V-ramkrishna Pally, P.o-p.s- Matigara, D-darjeeling, DARJELLING, WEST BENGAL, India,  
734010

## DISCHARGE SUMMARY

### Final Diagnosis

Classical Hodgkin's lymphoma

{Stg III} [GHSG-advanced]

### Investigations

Blood Reports (18.1.2024): Hb: 9.2gm/dl, TLC: 9250/cumm, Platelet Count: 2,75,000,

On 15.1.24: Urea: 17.20mg/dl, Creatinine: 0.80mg/dl, Sodium :138mmol/L, Potassium :5.0 mmol/L.

### Treatment

CT1/D15 (ABVD regimen) chemotherapy is given on 19.1.2024 with:

Inj. Adriamycin (40mg) IV.

Inj. Bleomycin (16U) IV.

Inj. Vinblastine (9.5mg) IV.

Inj. Dacarbazine (600mg) IV.

[Cap. Netupitant/Palonosetron (300/0.5)mg P.O stat given as pre-medication]

### Advice

Inj. Grafeel (300mcg) S/C on D16 (20.1.24) & D17 (21.1.2024) at 7 pm

Cap. Sompraz-D 20 1 cap ODAC x 7 days.

Tab. Decmax (4mg) 1 tab BDPC x 2 days.

Tab. Emeset-MD (8mg) 1 tab BDAC X 3 days, then SOS for vomiting.

Tab. Calpol-T 1 tab BD x 1 week, then sos for pain.

Syr. Duphalac 15ml at HS for constipation.

Tab. Septran-DS 1 tab OD (mon/wed/fri) x contd.

Tab. Febutaz (40mg) 1 tab BD x contd.

Hexidine M/W TDS x contd.

\*\*In case of Loose motions - Tab. Lomotil 2 tab stat & 1 tab-6 hrly / ORS / start Tab. Ciplox-TZ 1 tab BD x 3 days.

\*\*In case of oral pain / ulcers - Salt + Soda gargles / Mucopain + Zytee gel LA TDS.

Please refer to bill for details of discharge time

Page 1 of 2

CE Licence No. 32734979

Vill & P.O. Rangapani, Dist. Darjeeling, West Bengal, Pin - 734434, A Unit of North Bengal Clinic Pvt. Ltd.



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Discharge Dt : 19-Jan-2024

Referred By :  
Department : Medical Oncologist

Ward : Day Care Unit(D108A)

\*\*Oral fluid intake >2.5 L/day.

## Followup

R/A 2 weeks (2.2.24) with CBC, RFT, LFT & uric acid for CT2/D1 admission.

In case of fever (>100.4 degree) chills, rigor, diarrhoea, excessive vomiting or excessive weakness inform RMO (Ph.No-9933003262) & visit Rangapani as soon as possible. For any Pharmacy related query, Contact : (9933003283)

Dr. Arkoprovo Halder.  
MD.DM(Medical Oncology)



ভারত সরকার

Government of India



আধার



অরমিতা আচার্য

Aramita Acharya

জন্মতারিখ/DOB: 16/07/1985

মহিলা/ FEMALE

Issue Date: 21/01/2017

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3486 0539 1600

VID : 9166 7893 8959 8644

আমার আধার, আমার পরিচয়



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
Unique Identification Authority of India



ঠিকানা:

ওয়েই/ও: সুরপ আচার্য্য, রামকৃষ্ণ পল্লী, তারি, দার্জিলিং,  
পশ্চিম বঙ্গ - 734010

Address:

W/O: Swarup Acharya, ramkrishna pally,  
Tari, Darjeeling,  
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