



DEPARTMENT OF NUCLEAR MEDICINE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
BHUBANESWAR – 751019

PET No:	7626/25	Date :	08/01/2025
Patient's Name :	Prativa samal	Age/ Sex :	36y 0m / F
UHID :	21917240050505684	Referring Dept :	Radiation Oncology

Whole Body FDG PET-CT

Procedure

Whole body images (base of skull to mid thigh) were acquired in 3-D mode 60 min after intravenous injection of 7mCi of F18-FDG using a dedicated LSO PET-CT scanner. Intravenous contrast was administered. Reconstruction of the acquired data was performed so as to obtain fused PET-CT images in transaxial, coronal and sagittal views. Comparison is made with prior PET-CT dated 22.08.2024.

Clinical History

Adenoid cystic carcinoma of right orbit, post exenteration, post chemotherapy, post RT, on TKI. PET CT for response assessment.

Findings

BRAIN:

- No pathological hypermetabolic lesion is seen in the brain (however, MRI brain is recommended to rule out metastatic disease). Bilateral ventricular system appears unremarkable.

HEAD AND NECK:

- *Status post right orbit exenteration.* Diffuse FDG uptake is seen at the right orbital region and right maxillary region with subtle enhancing thickening, SUVmax 9.5 – likely local residual disease.
- *Left orbit appears unremarkable.*
- *Diffusely increased FDG uptake is seen in bilateral palatine tonsils – likely infective/ inflammatory. Diffusely increased FDG uptake is seen in bilateral submandibular glands – likely infective/ inflammatory.*
- *Non FDG avid mucosal thickening is seen in right frontal, ethmoid and maxillary sinus-sinusitis.*
- *Stable FDG avid subcentimeter bilateral level II cervical lymph nodes are seen – likely reactive.*



Prof. (Dr.) Ghanashyam Biswas

MD, (GENERAL MEDICINE) DM MEDICAL ONCOLOGY
FORMERLY AT TATA MEMORIAL HOSPITAL, MUMBAI

(9937500878)



REGD NO-12749/OMC

dr.gbiswas@gmail.com

(New)

5/09/2024

PATIENT NAME: Pradnya Samant

GENDER: Female

AGE: 36.

PATIENT ID:

EVA/CR-24/915

HEIGHT: 5.2 inch

WEIGHT: 78 kg

B.P: 130/90

P011 (neg)

Rx (b)

(Adenoid cystic ca.)

(A Jan '2022)

NGS (Neuberg)

(May '24) (Lum Bx)

↓ ARRT ⊕ / BAP1 ⊕

(DNB ER B2/B201821)

KEAS / sent ⊖

RET / MET / MKC
(RM)

(Adv)

⊕ Neuberg (PS < 1

↓ PDH

HER-2neu

Neg

Met Acc (CKT Hc)

↓ RKT ⊕ (Hc)

(p63-rc)

↓ AR (neg)

on biopsy blank

(LD: 24/8/24)

No much dysplasia

(already sent C

on lenvatinib 16 mg/d

Since 24/8/24

Precision Oncocare Clinic

Diagnostic Partner - InDNA Life Sciences

Plot no - 353, 1st Floor, Infocity Road, Sishu Vihar, Patia, Bhubaneswar-751024



www.evacaclinic.com



7077122411/7325927627



connect@evacaclinic.com

To review & puncturing IHC report

11/1/20

13/01/85 (✓ 2/14)
58 kg $\frac{m}{2.3m}$
B.P - 120/80 mmHg

Neurology diag:

PD14 (CPS) < 1
AR (neg)

1k12-Neu (Neg)

C-KIT (Pos)

last 20
(Nur 24)

S13 TMMH (F11/20)

→ Ct-ZA (4mg)

→ Ct-Teniparolis

(on progression Caboz)

S13 Arim (11/1/24)

→ Consider apocifinone

→ SOS Pall RT

DETECT Scan (8/1/25)

① Arim

② orbital/middle region

↑ liver lesion

↑ skeletal lesion

(overall PD)

Adv

Ct Monthly Zoledronic acid (4mg)

Consider Calcium 1vit-D

Tak. Tacemone x 1 x 800 ca

Stop teniparolis

Adv

Tak. Teniparolis (400) x 1 x 50 (45 min after)

→ ~~Stop~~ ca

(504-diac)

Liquid biopsy

Consider Palliative RT to symptomatic site

Adv L10. megasthogen 0.5 x 4 ml x 50

or gustant 360
or stands
or Tempus

↓ TMB

Report

Patient Name-PRATIYA SAMIAL
Radiology CT No-24099

Age/Sex-34Y/F Dt-10-Feb-2022
Referring Dept-LVPEI

CECT OF BILATERAL ORBITS

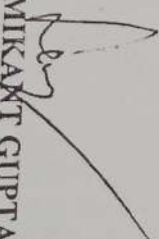
Scan Technique: 3 mm spiral acquisition of face was done in multi slice CT scanner after IV contrast administration.

Findings:

- Ill-defined homogeneously enhancing lesion measuring approx 3.6 x 1.7 x 1.7 cms is seen in the extraconal suprotemporal aspect of the right orbit. Lacrimal gland is not separately visualized. It is showing ill-defined fat planes with the lateral and superior recti muscle causing mild proptosis. Mild erosion is seen in the medial aspect of the sphenoid bone.
- Both eye ball shows normal shape, size and attenuation. Bilateral lens are normal.
- Pre-septal soft tissues appear normal.
- Optic Nerves and complex: Bilateral optic nerve shows normal thickness and density.
- EOMs: Rest of the bilateral extraocular muscles are normal in bulk and attenuation.
- Lacrimal gland and apparatus are normal.
- Orbital apex shows normal attenuation.
- Visualized brain parenchyma is normal.
- Deviated nasal septum to the right with left inferior turbinate hypertrophy.

IMPRESSION:

- CT scan reveals ill-defined homogeneously enhancing lesion in the extraconal suprotemporal aspect of the right orbit with ill-defined fat planes with the extraocular muscle causing mild proptosis as described - ? Inflammatory pseudotumor.


DR. LAXMIKANT GUPTA
M.D (PGI CHANDIGARH), DNB
SR (AIIMS NEW DELHI)
CONSULTANT RADIOLOGIST

Name : Ms. PRATIVA SAMAL
MR No : UDS600000146442
Referred By : Dr. Panduranga Siddegowada
Medical Report : M.R.I SCAN
Remarks :

Performed On : 19-01-2022 20:35
Age/Sex : 33 Y / F
Performed By : Dr. Ramesh Pillutla

Test Name: Mri Brain W/O Contrast

Conduction Start Date & Time : 19-01-2022 19:34

Conduction End Date & Time : 19-01-2022 20:10

Alert Category: Alert Category 3

Mri Brain W/O Contrast:

Chief complaint : Periodic headache syndromes in child or adult, intractable.

Findings:

The supratentorial brain parenchyma appears normal.

No diffusion restriction is noted.

Prominent cisterna magna.

Ventricles, basal cisterns and bilateral Sylvian fissures appear normal.

Cerebellum, pons, mid brain and bilateral thalami reveals normal signal characteristics.

Pituitary gland, infundibulum and optic chiasma are normal.

Major flow voids appear normal.

Incidental note is made of an elongated soft tissue intensity lesion in the superolateral aspect of right lacrimal fossa with mass effect on the lateral rectus muscle, ?infiltration and thickening of lateral rectus muscle showing increased signal intensity on STIR sequence and T2 weighted images. The lesion is well circumscribed in the lateral aspect of the right globe measuring 30 x 10 mm.

Impression:

Normal MRI scan of brain parenchyma.

Incidental note is made of an elongated soft tissue intensity lesion in the superolateral aspect of right lacrimal fossa with mass effect on the lateral rectus muscle, ?infiltration and thickening of lateral rectus muscle showing increased signal intensity on STIR sequence and T2 weighted images. The lesion is well circumscribed in the lateral aspect of the right globe measuring 30 x 10 mm - likely to represent lacrimal gland lesion.

Please advise contrast enhanced MRI scan of orbits for further evaluation.

Please correlate clinically and follow-up.

Disclaimer :

Please note, This report has been generated using speech recognition software and may contain errors related to that system software, including errors in grammar, punctuation, spellings as well as words and phrases that may be inappropriate. If there are any questions or concerns please feel free to contact the reporting physician for clarification.

Reported by :

Name: Mrs. Prativa Samal
Ref By: Dr. Vijay Anand P Reddy
Reg No: 8227 / P22

Age: 34 yrs / F
Date: 04-05-2022
UHID: APJ1.0015426504

RTP PET-CT

Clinical History:

- Right eye lacrimal gland adenoid cystic carcinoma. PET-CT (24/02/2022- Bhuvaneswar) showed right orbital tumour. Completed one cycle of NACT in March 2022 followed by right orbital exenteration on 06/04/2022. For RTP.

PET-CT:

Limited CECT (Serum creatinine – 0.83) & PET scan was done after injecting 12.6 mCi of ¹⁸F FDG intravenously with blood sugar level 108 mg/dl.

CT Findings:

BRAIN

- Both cerebral hemispheres are normal.
- Basal ganglia and thalami are normal.
- Ventricular system is normal.
- Posterior fossa structures are normal.
- Bony calvarium is normal.

ORBITS

- S/P Right orbital exenteration. Post operative changes seen in the surgical bed.

NECK

- Neck structures are normal.
- No significant lymph nodes.

BONES

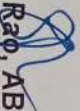
- No significant abnormality.

PET Findings:

- Physiological tracer distribution noted with prominent symmetric brown fat uptake in the neck.
- Rest of the scan including the brain is unremarkable.

IMPRESSION:

- PET NEGATIVE FOR VIABLE TUMOUR.


Dr Jyotsna Rao, ABNM
CONSULTANT PET-CT


Dr Alka Chengapa M.D
Sr. CONSULTANT PET-CT

- The above represent imaging findings. Clinical correlation and pathological confirmation is essential.

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APOLLO CANCER HOSPITAL

Department of Oncology & Radiotherapy
Dr. P. Vijay Anand Reddy

Tel: 040-23556357
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M.D., DNB (RT), FUICC (UK), FNDM (USA), FUICC (AUS), Med. Onc. (ESMO)
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Dr. K. Shilpa Reddy, DNB, Gyn. Fellow (FRANCE)

Dr. K. Madhuri, DNB,

DISCHARGE SUMMARY

14th June'22

Mrs. Praiva Samal, Age: 34 yrs/ F
Hosp. No.: APJ1.0015426504

Diagnosis:

Right Lacrimal gland - Adenoid Cystic Carcinoma
S/P 1 cycle IAC with Doxorubicin + Cisplatin (11/03/2022)
S/P Right eye Exenteration (06/04/2022).

History:

C/o : Rt. Eye swelling

14/01/22 MRI Brain: 30x10 mm likely lacrimal gland lesion in superolateral aspect of right lacrimal gland fossa with mass effect on lateral rectus muscle.

10/02/22 CECT B/L orbits: 3.6x1.7x1.7 cm lesion in extra conal supra temporal aspect of Right orbit. Lacrimal gland not separately seen.

14/02/22 Patient underwent Biopsy from the lesion : S/o Adenoid Cystic Carcinoma of right Lacrimal Gland with PNI +

24/02/22 PET CT Whole Body: 2.9x1.5 cm lesion in superolateral aspect of Right orbit closely abutting right globe SUV max 9.05.

11/03/22 Patient received 1 cycle of Intra arterial Chemotherapy with Inj. Cisplatin+ Inj Doxorubicin

Post procedure patient developed loss of vision in the right eye.

12/03/22 MRI orbit: 38x18 mm lesion in Right lateral extraconal space with heterogeneous enhancement and areas of restricted diffusion.



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31/03/22 MRI orbit: 3.2x1.9x2 cm lesion in superotemporal aspect in right orbit. Lacrimal gland not separately visualized. Fat planes with superior and lateral rectus lost with mild intraconal extension and mild proptosis. Right Optic nerve show altered signal intensity involving the intraorbital portion of the optic nerve with mild post contrast enhancement s/o subacute optic neuropathy.

06/04/22 Patient underwent exenteration of right eye at LV Prasad Eye

Institute, Bhubaneswar.

Post Op HPE: F/c/w Adenoid cystic carcinoma invading lateral wall of orbit with invasion to muscle, perineural and neural involvement and vascular invasion by tumour cells seen. Apical tissue invaded with tumour cells. Meningeal covering of Optic nerve invaded.

Discussion:

Mrs. Prativa Samal 45/female, case of Right Lacrimal gland - Adenoid Cystic Carcinoma S/P 1 cycle IAC with Doxorubicin + Cisplatin (11/03/2022) S/P Right eye Exenteration (06/04/2022) has been advised Adjuvant Radiation Therapy to Right Orbit. Upon understanding the stage and nature of disease, options of treatment, risks and benefits of treatment options, probable side effects and expected outcomes, patient and attendants agreed for Radiation Therapy.

Treatment Advised: Adjuvant External Beam Radiation Therapy to Right Orbit

04/05/22 RTP PET CT Scan Negative for viable tumour

06/05/22 RTP MRI Orbits: No gross residual lesion.

Treatment Received: Adjuvant External Beam Radiation Therapy to Right Orbit with IGRT technique on TrueBeam linear accelerator with daily on board image guidance.

Dose:

Dose:
Ph I PTV (Right Orbit post op bed + Superior Orbital Fissure + Inferior Orbital Fissure + Cavernous sinus - 50 Gy/ 25 fts @ 2 Gy/ft

Ph II PTV (Right Orbit post op bed) - 16Gy/ 8fts @ 2 Gy/fr

Total Dose to Tumour bed - 66 Gy/ 33 frs @ 2 Gy/fr

From 06/05/22 to 14/06/22

Dose Constraints Achieved:

OAR Brain stem Dmax	: 51.6 Gy
OAR Lt. Temporal lobe Dmax	: 41.3 Gy
OAR Rt. Temporal lobe Dmax	: 66.2 Gy
OAR Lt. Cornea Dmax	: 14.2 Gy
OAR Lt. Cochlea Dmean	: 8 Gy
OAR Rt. Cochlea Dmean	: 22.5 Gy
OAR Lt. Lacrimal gland Dmean	: 12.7 Gy
OAR Lt. Eye Dmax	: 21.4 Gy
OAR Lt. Optic nerve Dmax	: 43.7 Gy
OAR Lt. Lens Dmax	: 6.7 Gy
OAR Chiasm Dmax	: 49.6 Gy

Advise:

1. Avoid irritation to the irradiated site x 10 days
2. Refresh eye drops 2 drops in left eye every 2 hourly x 2 weeks
3. Lacrigel Ointment at bedtime in left eye for local application x 2 weeks
4. Tab Dolo 650mg, 1 tab after food if required for headache
5. Cap. Zincovit one cap once daily after lunch to continue
6. Review after 3 months i.e. on 09/09/2022 in Dr. VAR OPD with prior appointment for follow up.


Dr. V. AR. P. U. W. K. S. R. K. M

DEPARTMENT OF NUCLEAR MEDICINE

Patient Details :	Mrs. PRATIVA SAMMAL Female 34Yr 5Mth 21Days
UHID :	APJ1.0015426504 Patient Location: OP
Patient Identifier:	OPP11138827 
DRN :	100000211 Completed on : 10-JAN-2023 14:06
Ref Doctor :	DR. VIJAY ANAND REDDY P DR PRASHANT UPADHYAY DR VIJAY KA

PET CT WHOLE BODY (HEAD TO MID THIGHS WITH CONTRAST)

Clinical History:

- FUC of Right eye lacrimal gland adenoid cystic carcinoma. S/P Right orbital exenteration on 06/04/2022. 1 cycle of NACT & EBRT to right orbit (14/06/2022). RTP PET- CT dated 04/05/2022 was negative. For restaging.

PET-CT:

Whole body Multislice CT with oral and IV contrast (Serum creatinine - 0.47) & PET scan were done from the vertex of the skull to mid thigh after injecting 11.4 mCi of 18F FDG intravenously, with blood sugar level 104 mg/dl.

CT Findings:

BRAIN

- Both cerebral hemispheres are normal.
- Basal ganglia and thalami are normal.
- Ventricular system is normal.
- Posterior fossa structures are normal.
- Bony calvarium is normal.

ORBITS

- S/P Right eye exenteration (April 2022).
- Rest of the orbits are normal.

NECK

- Bilateral level II cervical nodes noted - ? Significance.
- Rest of the neck structures are unremarkable.

THORAX

- Lungs are clear.

Printed on : 10-Jan-2023 16:43

Printed By : 700202

Reported By : 719437

Page 1 of 3

MS. PRATIVA SAMAL

APJL.0015426504

OPP11138827

PET CT WHOLE BODY (HEAD TO MID THIGHS WITH CONTRAST)

- No significant lymph nodes.

ABDOMEN

- Liver shows subcentimeter cysts.
- Rest of the abdominal organs are unremarkable.
- No significant lymph nodes.
- The peritoneal fat planes are normal.
- No free fluid.

BONES

- No significant abnormality.

PET Findings:

- Normal physiological distribution of tracer noted in the organs visualized.
- Bilateral cervical nodes show increased tracer concentration (SUVmax of right is 2.15) – likely reactive hyperplasia.
- No focal abnormality noted in the brain.
- No evidence of any other abnormal foci of FDG concentration noted elsewhere in the survey.

Impression

- PET-CT NEGATIVE FOR TUMOUR RECURRENCE OR METASTASIS.

Mrs. PRATIVA SAMAL

APJ1.0015426504

OPP11138827

PET CT WHOLE BODY (HEAD TO MID THIGHS WITH CONTRAST)

Note:

- It should be noted that FDG PET sensitivity for brain metastases is low compared to MRI due to high background activity.
- The above represent imaging findings. Clinical correlation and pathological confirmation is essential.
- SUVs can be affected by various technical factors and should therefore be interpreted with clinical correlation.

--- END OF THE REPORT ---



DR.KALYAN REDDY, DNB
CONSULTANT



Dr. ALKA CHENGAPPA, MD
SENIOR CONSULTANT



For appointments or online consultation, visit www.askapollo.com

Discharge Summary

Dept. of RADIATION ONCOLOGY

PatientDetails

UHID	APJ1.0015426504	Name	Mrs. PRATIVA SAMAL
Patient Identifier	IP384258	Age	33Yr 7Mth 22Days
Sex	Female	Date of Admission	07-Mar-2022
Date of Discharge	14-Mar-2022	Address	PLOT NO 55, SAI VAHAR, LANE 11 B, DURGA MADHAV NAGAR, Bhubaneswar, Odisha

Ward/Bed No	Third Floor , 3rd Floor-Special Ward, Bed no:331	Primary Consultant	DR. VIJAY ANAND REDDY P DR PRASHANT UPADHYAY DR VIJAY KARAN REDDY DR SHILPA REDDY DR MADHURI RADIATION ONCOLOGY
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Consultants	Dr. MALLIKA GOYAL MBBS,MD (Ophthalmology),DNB (Ophthalmology) OPHTHALMOLOGY	Surgeons	Dr. SRIDHAR REDDY B M.D.,Radiology,FVIR,RPIR(USA),IN TERVENTIONAL RADIOLOGIST INTERVENTIONAL RADIOLOGY
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Diagnosis

Diagnosis
 Right eye lacrimal gland adenoid cystic carcinoma with per neural
 involvement cT3N0M0

Surgery / Procedures Done

Surgery / Procedure

Surgery / Procedure Name	Date
INTRA ARTERIAL CHEMOTHERAPY	08-Mar-2022

Details

Chief complaint(s)

c/o Right eye swelling and pain since 8months
 Head ache, Worsening of Rt eye pain and difficulty in Rt eye movement
 since 2months.



Treatment Summary

Discussion

Patient presented with Right eye swelling and pain since 8months. Head ache, Worsening of Rt eye pain and difficulty in Rt eye movement since 2months.

MRI BRAIN(19/1/22) :- An elongated soft tissue intensity lesion in the supero-lateral aspect of Rt lacrimal fossa with mass effect on lateral rectus muscle of size 30x10mm likely lacrimal gland lesion. Brain parenchyma is normal.

CECT B/L ORBITS (10/2/22) :- Ill defined homogenously enhancing lesion of 3.6 x 1.7 x 1.7cm in extra conal supra temporal aspect of Rt orbit. Lacrimal gland is not separately seen.

BIOPY from the lesion(14/2/22) :- Adenoid cystic carcinoma of RT lacrimal gland with PNI +.

PET CT WB(24/2/22) :- Focal increased FDG uptake in heterogeneously enhancing irregular soft tissue elongated lesion in superolateral aspect of Rt orbit closely abutting Rt globe measuring 2.9 x 1.5cm with SUVmax - 9.05.

Discussion(3/3/22) :- Patient has been given treatment options of Neo-adjuvant chemotherapy with Intra-arterial or Intravenous chemotherapy followed by debulking surgery. She was seen by surgeon and suggested Neo-adjuvant chemotherapy. Overall prognosis of disease, duration of treatment and associated side effects with Intra-arterial treatment including Thrombosis, Retinal detachment, Optic neuritis and potential chances of vision loss are explained in detail to patient and her attendants. After understanding the above,they have given consent for Neo-adjuvant Intra-arterial chemotherapy.

Treatment advised:- Neo-Adjuvant chemotherapy followed by debulking surgery.

Inj.Cisplatin 80mg/m2 D1 Intra-arterial route
Inj.Adriamycin 20mg/m2 D1-D3 Intra-venous route

Treatment received :- Neo-Adjuvant chemotherapy from 8/3/22 to 11/3/22
Inj.Cisplatin 150mg Intra-arterial route D1.
Inj.Adriamycin 37mg D2-D4 Intra-venous route.

Patient developed Severe Peri orbital edema of Right eye,pain and vomitings.



MRI ORBIT (12/3/22) :- Heterogenous collection measuring 38x18mm in Rt lateral extraconal space which is intense in T1, HYPPOINTENSE on T2 with heterogenous enhancement and areas of restricted diffusion displacing Rt lateral rectus muscle.

Ophthalmologist opinion sought. Ophthalmoscopic evaluation and MRI Orbits revealed Retinal detachment and optic neuritis. Patient had developed complete loss of vision on day 3 of post chemotherapy.

Patient was given IV steroids and antibiotics.

Discussion(14/3/22):- Patient and her attendants were explained in detail regarding,

- 1)Further continuation of Intra-arterial chemotherapy for 2 more doses and reassessment for debulking surgery
- 2)Intravenous chemotherapy for 2 more doses and re-evaluation for debulking surgery followed by EBRT
- 3)Orbital exenteration followed by post OP Radiotherapy.

Pros and cons of both the modalities were explained in detail to patient and her attendants. After understanding the same,they wanted to go ahead with orbital exenteration without continuing further chemotherapy.

Patient is being discharged in hemodynamically stable condition.

Discharge Medication

Prescription Details

Drug Name (Generic Name)	Strength	Dosages	Frequency	Route of Admin	Relationship With Meal	Duration	Comment
TAXIM-O 200 MG TAB(CEFIXIME 200MG)	200MG	1 Tablet(s)	Two Times a Day	Oral	After meal	7 Day(s)	ANTIBIOTIC
ZOFER MD 8 MG TAB(ONDANSETRON)	8MG	1 Tablet(s)	Three times a day	Oral	Before meal	3 Day(s)	nausea/vomiting (if required)
MUCAINE GEL 200 ML(OXETACAIN+ MAGNESIUM HYDROXIDE+ALU MINIUM HYDROXIDE)	291MG,98 MG,10MG	10 ml	Three times a day	Oral	Before meal	20 Day(s)	antacid
PANTOP 40MG TAB(PANTOPRAZOL E 40MG)	40MG	1 Tablet(s)	Once a Day	Oral	Before Breakfast	20 Day(s)	ANTACID
ULTRACET TAB	325MG,37	1	SOS	Oral	After meal	3 Day(s)	PAIN

Regd. Office : Apollo Hospitals Enterprise Limited, No. 19, Bishop Garden, Raja Annamalaiapuram, Chennai - 600 028, Tel: +91-44-28293333, Fax: +91-44-28293333
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15'S (TRAMADOL + A CETAMINOPHEN)	.5MG	Tablet(s)				(if required)
DUPHALAC 100 ML SYP (LACTULOSE)	10GM	15 ml	SOS	Oral	At Bed Time	CONSTIPATION
ZINCOVIT TAB/B- COMPLEX + ZINC)	75MCG, 1 50MCG, 1 0MG, 2MG	1 Tablet(s)	Once daily	Oral	After lunch	1 Month(s) MVT

Tab Dexta 4mg, 1 tab twice daily after food x 3 days then

Tab Dexta 2mg, 1 tab twice daily after food x 3 days then

Tab Dexta 1mg, 1 tab twice daily after food x 3 days then

Tab Dexta 0.5mg, 1 tab twice daily after food x 5 days then stop.

Discharge Examination

Vitals stable	Yes	Surgical wound clean	Not applicable
Blood sugar levels controlled	Yes	Pain score below 4	Yes
Ambulatory	Yes	Condition on discharge	Stable

DAMADOR/LAMA

None

Special Instructions

Diet

As per Dietician's advise

Follow-up instruction

Review after 15 days i.e on 29/3/2022 at Dr. VAR OPD with MRI Both ORBITS for further management.

Emergency Care

- ** IN CASE YOU HAVE
- FEVER (101 F)
 - NEW ONSET PAIN OR WORSENING OF EXISTING PAIN
 - VOMITINGS
 - DIFFICULTY IN BREATHING
 - ALTERED LEVEL OF CONSCIOUSNESS
 - DISCHARGE / BLEEDING FROM OPERATED WOUND SITE
 - WORSENING OF ANY OF YOUR SYMPTOMS

Apollo Healthcare City

FINAL PAT

AUDITED BY

N. Name: S. Rajeshwari

Date & Time: 14/3/22

5:20pm



EMERGENCY CALL - 1066

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"

-ANY OTHER SIGNIFICANT COMPLAINTS**

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**** IN CASE YOU DONOT UNDERSTAND YOUR DISCHARGE MEDICATIONS AND / OR NOTICE ANY NEW REACTION TO YOUR MEDICATIONS, PLEASE CALL 9177400151 / 04023607777-6314 ****

**** FOR YOUR APPOINTMENTS, SCHEDULED OR OTHERWISE, CALL OUR "CALL CENTER (04060601066), .04023607777**

Shan
DR. VIJAY ANAND REDDY P DR PRASHANT

UPADHYAY DR VIJAY KARAN REDDY DR SHILPA

REDDY DR MADHURI

RADIATION ONCOLOGY

Primary Consultant