

Monowara Hospital (Pvt.) Ltd.

Discharge Summary

Medicine Name

DEXORIDE 1000 ML	CEFTIZONE IV INJ. 1gm	FILMET IV 500 MG /100 ML
MAXPRO IV INJ. 40 mg	VOLTALIN SUPPOSITORY 50 mg	G-PETHEDINE INJ. 50 MG
TRAXYL INJ. 500 MG	ROFIXIM CAP. 400 mg	FLUCLOXIN CAP. 500 mg
NAPA RAPID TAB. 500 MG.	BEKLO TAB. 10 mg	DEFLUX TAB. 10mg
XINC-B TAB. 30's POT	VOLTALIN SUPPOSITORY 50 mg	ESORAL MUPS. 20 MG

Operation Note : LAPARATOMY

Date Of Operation : 09-APR-2022 Time : 07:45:00 PM Duration : 2 Hours
 Name Of Operation : LAPARATOMY *followed by removal of mass.*
 Nature of Anaesthesia : S/A
 Chief Consultant :
 Name Of Surgeon : Dr. Lutfa Begum Lipi
 Anesthesiologist : Prof. Shahera Khatun Bela
 OT Prepared By : SAMIRA MOMIN

Indication:

RIGHT ADNEXAL MASS (PARIETAL)

Incision:

Right LOWER Paramedian

Procedure And Finding:

With all aseptic precaution under S/A abdomen was opened by above mentioned incision. THERE WAS A MASS FOUND AT THE RECTUS ABDOMINIS MUSCLE WHICH WAS FIXED & HARD. EXTENDING UPTO PUBIC SYMPHYSIS, POSTERIOR WALL OF THE BLADDER & ABDOMINAL WALL. THEN RESECTION WAS DONE. COMPLETE RESECTION WAS NOT POSSIBLE DUE TO MASS WAS ADHERENT WITH THE BONE & DISTAL PART OF THE BLADDER. FOR THIS CONSULTATION FROM THE UROLOGIST WAS TAKEN. Bleeding was average. After proper haemostasis and counting mops and instruments abdomen was closed in layers. SKIN CLOSED WITH SKIN STAPLER. Specimen was sent for histopathological examination. 2 DRAIN TUBE WAS KEPT IN SITU. 1 IN THE ABDOMINAL CAVITY. 2ND IN THE SUB RECTAL REGION. CU - T HAS REMOVED.

OT Assistant(s): DOCTOR ASSISTANT, DOCTOR ASSISTANT

Discharged By: DR.TAHFIM

Printed By : DR.ANINDITA

Printed Time : Wed Apr 13 2022 09:41:58 GMT+0600 (Bangladesh Standard Time)

Monowara Hospital (Pvt.) Ltd.**Discharge Summary**

A2204000144

Name of Patient : MRS. SATHI DAS
 Age : 24Y
 Address : BHUMI POLLI, RS ,ARIA SIDDERGONJ ,NARAYANGONJ
 Admission No. : A2204000144
 Discharge Type : Discharge on Advice

Sex : FEMALE

Occupation: HOUSEWIFE
Bed No. 502

Admission Date : 09/04/22 09:23 AM
 Discharge Date : 13/04/2022, 9:42:02 am

Consultant's Name : Dr. Lufita Begum Lipi

Diagnosis : A CASE OF RIGHT ADNEXAL MASS (PARIETAL) [LAPARATOMY FOLLOWED BY F/B RESECTION
 OF MASS DONE ON 09/04/2022]

Treatment on Discharge Medicine Name	Dosages	Duration
EZYLIFE 10MG TAB	0+0+1 After Meal	1 MONTHundefined
ALGICID PLUS SYRUP	2 TSF - - 8 HOURLY	15 DAYS
ZEEFOL-CI CAP.	1+0+0 AFTER MEAL	1 MONTH
NEURO-B TAB. 30S POT	0+0+1 AFTER MEAL	1 MONTH
OSTOCAL-G 30S TAB	0+1+0 AFTER MEAL	1 MONTH
ROFIXIM CAP. 400 mg	1+0+1 After Meal	7 DAYS
FLUCLOXIN CAP. 500 mg	1+1+1+1 After Meal	7 DAYS
NAPA RAPID TAB. 500 MG.	2+2+2 AFTER MEAL	5 DAYS
BEKLO TAB. 10 mg	1+0+1 After Meal	7 DAYS
DEFLUX TAB. 10mg	1+1+1 Before Meal	10 DAYS
XINC-B TAB. 30's POT	1+0+1 After Meal	1 MONTH
VOLTALIN SUPPOSITORY 50 mg	1 STICK P/R SOS	3 DAYS IF SEVERE PAIN
ESORAL MUPS. 20 MG	1+0+1 Before Meal	14 DAYS

Advice on Discharge:

১. *গর্ভাবস্থা* ২৫-৪-২০২২ ম্যাডামের সাথে দেখা করবেন।
২. কোন সমস্যা হলে ম্যাডামের সাথে দেখা করবেন।
৩. নিয়মিত নির্দেশ অনুসারে ঔষধ খাবেন.
- ৩ মাস ভরী কাজ করবেন না।
- ১.৫ মাস সহবাস নিষেধ।
- ৭... দিন পুরোপুরি বিশ্রামে থাকবেন।

Short Case Summary:**Treatment During Hospitalization**

Investigation	Hb%
Urine For R/E & M/E	

MRI REPORT

MAGNETOM Avanto Imaging Matrix 1.5 Tesla MRI

ID No. : 50406 Date 28.02.2022
 Patient's : Ms. Sathi Das. Age 24 Yrs. Sex F.
 Name
 Referred By : Dr. Lutfa Begum Lipi.MBBS.FCPS.

MRI of Lower Abdomen

MRI Protocol: Pre and Post Contrast.

Multiplanar images using multiple pulse sequences.

Clinical Information:

Feeling of swelling in right side of lower abdomen for 20 days. Lower abdominal pain and discomfort feeling in the lower abdomen for same duration.

Findings:

Slightly lobulated T1 hypo and mild inhomogeneous T2 hyperintense mass (about 7cmx8cmx4.5cm) with moderately hyperintense on FS images is seen in right paramedian aspect of anterior abdominal wall, causing compression over adjacent abdominal organs. The mass is subcutaneous in location.

The uterus is slightly bulky in size. Myometrial signal intensity is normal. Normal junctional zone is seen. Endometrial is thickened with normal signal intensity. Both ovaries are normal in size and contains tiny cysts.


The urinary bladder has regular outline and normal wall thickness. No intravesical abnormality is noted. The perivesical fascial planes with adjacent structures are well maintained.

No pelvic fluid collection is noted. No enlarged lymph node is seen.

Impression:

Slightly lobulated right paramedian subcutaneous parietal mass – further evaluation is suggested.

Slightly bulky uterus.


 28-Feb-2022
 Prof. Dr. Mohammad Ali Sarker
 MBBS. DMRD. MRCP. MRI Fellow(USA)
 Consultant Radiologist
 Modern Diagnostic Centre Ltd.



House 17, Road 8, Dhanmondi R/A, Dhaka 1205 Tel : 58616074, 9670295, 9667808, 9661213



DEPARTMENT OF PATHOLOGY
বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়
Bangabandhu Sheikh Mujib Medical University
Shahbag, Dhaka-1000, Bangladesh

13-5



Report Id R13301

Patient No : 01668906 Patient Name : MS. SATHI DAS
Request No : 0016451173 Age : 24 Yrs 0 Mons 6 Day
Lab No : 2201-0847 Gender : FEMALE
Receive Date : 10/04/2022 Nationality : BANGLADESHI
Ref Doctor : BSMMU Verify Date : 16/04/2022

HISTOPATHOLOGY REPORT

Specimen : Resected mass from anterior abdominal wall.

Gross examination :

Specimen consists of one nodular and four irregular gray white pieces of tissue. The nodular piece measures 6cm in diameter. Other pieces measures in between 4.5x3x1.5 cm to 3.5x2x1 cm. Cut surface is solid and gray white. Submitted six blocks.

Microscopic appearance :

Sections show a benign proliferative lesion composed of spindle plump fibroblasts arranged in short fascicles. Areas of abundant collagen and infiltration of mild chronic inflammatory cells are also seen. Mitoses are rare.

No malignancy is seen.

Dx : Fibromatosis.



ID. No.	: V/1885553	Receive: 22/04/2022	Report Complete: 23/04/2022
Patient's Name	: MRS. SATHI DAS		
Age	: 24Y	Sex	: F
Refd. by	: DR. SOTINATH CHANDAR SARKER MBBS.BCS (HEALTH) FCPS (ENT) SURGERY		

CT Scan of Whole Abdomen (Contrast)

Thank you for referring the patient.

Technique: MSCT (64 Slices). Multiplanar images.

Findings:

Heterogeneously enhancing multifocal mixed density small soft tissue density lesions intermixed with fluid collection and multifocal aeroceles are noted at right paramedian aspect of para-umbilical and infra-umbilical regions inseparable from adjacent part of right rectus abdominis muscle and subcutaneous fat planes.

Heterogeneously enhancing soft tissue density lesion (measuring about 69x36x67mm) having internal fluid collection is noted involving anterior pelvic wall of supra pubic region. The lesion is involving distal part of both rectus abdominis muscles. Posteriorly the lesion having multifocal adhesions with anterior wall of urinary bladder. Inferiorly the lesion appears adherent to cortical margin of bilateral superior pubic rami. Anteriorly stranding of subcutaneous fat planes are also noted. Superiorly the lesion is continuous with the above mentioned lesion resulting multifocal defect at rectus abdominis muscles and rectus sheath.

Multifocal and diffuse stranding of subcutaneous fat planes of infra-umbilical anterior abdominal & pelvic walls are noted.

Liver: Liver is normal in size. Strongly enhancing nodular isodense lesion (measuring about 8 mm in diameter) is noted at subcapsular region of segment III of liver, which merges with rest of the hepatic parenchyma in portal & late venous phase. No other focal lesion is seen in hepatic parenchyma. Intra hepatic and extra hepatic bile ducts are not dilated. Porta hepatis appears normal.

Gallbladder: Gall bladder is partially septated and folded. No radiodense structure is seen within its lumen.

Pancreas: Pancreas is normal in size with uniform tissue density. Main pancreatic duct is not dilated and peripancreatic fat plane is maintained.

Spleen: Spleen is normal in size with uniform tissue density.

Kidneys: Both kidneys are normal in size, shape, position with well excretion of contrast medium by them. Pelvic calyceal systems are not dilated and both peri-nephric spaces are clear. Small cortical cyst measuring about 6x5 mm is noted at upper polar region of right kidney. No evidence of internal septation, wall calcification, haemorrhage or enhancing soft tissue component is seen.

Urinary bladder: Urinary bladder outline is normal. No intravesical lesion is seen.



ID. No.	: V/1885553	Receive: 22/04/2022	Report Complete: 23/04/2022
Patient's Name	: MRS. SATHI DAS		
Age	: 24Y	Sex	: F
Refd. by	: DR. SOTINATH CHANDAR SARKER MBBS, BCS (HEALTH) FCPS (ENT) SURGERY		

Uterus: Uterus is normal in size, shape and position. Myometrial tissue density is uniform. Endometrium is normal in tissue density. Parametrium reveals no abnormality.

Adnexae: No definite mass is seen in both adnexal regions.

No collection is seen in cul-de-sac.

Stomach & bowel loops reveal no obvious abnormality.

No evidence of ascites or abdominal lymphadenopathy is seen.

Abdominal aorta & IVC appear normal in course & caliber.

Scanned lung bases are clear.

Impression:

- Post operative status of parietal wall mass (fibromatosis) showing-
 - Multifocal soft tissue lesions (inflammatory / recurrent lesions) with collection at para-umbilical and infra-umbilical abdominal wall involving bilateral rectus abdominis muscle with posterior extension into pre-vesicle fat lane and adhesion into anterior wall of urinary bladder.
 - Diffuse inflammatory changes at subcutaneous fat planes of infra-umbilical anterior abdominal & pelvic walls.
- Partially septated & folded gallbladder.
- Right renal cortical cyst (Bosniak type I).
- Please see the description also.

DR. SHAHRYAR NABI
 MBBS, M. PHIL, MD
 Associated Professor
 Radiology & Imaging
 Dhaka Medical College & Hospital
 Special Training (Neuro Radiology)
 (PGIMER, Chandigarh, INDIA)
 Electronic Signature

DR. RATHINDRANATH MONDAL
 MBBS, MD (RADIOLOGY & IMAGING)
 Junior consultant
 Radiology & Imaging
 Electronic Signature

DR. RIZWANULLAH MAHDI
 MBBS, DMU (STATE UNIVERSITY)
 MD (BSIMAU)
 CONSULTANT
 RADIOLOGY & IMAGING
 Green Life Hospital Ltd.
 Electronic Signature

DR. S. M. NURUZZAMAN
 MBBS, MD
 CONSULTANT
 RADIOLOGY & IMAGING
 Green Life Hospital Ltd.
 Electronic Signature

The report is intended to be used for diagnostic purpose and bears no medico-legal value. Radiological interpretation stated in this report is based on imaging findings and must be correlated with other adjuvant examinations and clinical findings for final diagnosis.

Electronic Signature

This report has been electronically signed
 32, Green Road (Bir Uttam KM Shafullah Sarak), Dhanmondi, Dhaka-1205, Bangladesh
 Tel : 88-02-9612345-54, 9615412, Fax : 88-02-9671080, E-mail: greenlifehospital@yahoo.com



POPULAR

পপুলার ডায়াগনস্টিক সেন্টার লিমিটেড
POPULAR DIAGNOSTIC CENTRE LTD.
Head Office : House # 16, Road # 2, Dhanmondi R/A, Dhaka-1205
HOTLINE: 09613 787801, 09666787801, E-mail : info@populardiagnostic.com, Web : www.populardiagnostic.com

RADIOLOGY SERVICES

MRD No. :	40406800	RIS No. :	2100798
Patient Name :	Ms. Shafi Das	Age/Gender :	24 Y/F
Referred By :	ASSO. PROF. AHMEDUL KABIR CHOWDHURY, MBBS,MS,FACS.	Bed No/Ward :	OPD
Bill Date :	22/05/2022 7:57AM	Scan Date :	23/05/2022
Report Date :	28/05/2022 12:47PM	Report Status :	Final

MRI of Whole Abdomen

Clinical Information : Partially resected Desmoid tumor of anterior abdominal wall.
H/O previous surgery : Laparotomy followed by resection of mass on 09/04/2022.
Sequence : Multiple imaging sequences were realized in different planes.
Contrast study : Pre and post.
Comparison : CT scan of W/A on 23/04/2022.

MRI OF WHOLE ABDOMEN

Findings :	
ANTERIOR ABDOMINAL WALL	<ul style="list-style-type: none">Post operative change with fat necrosis is noted at parambillical region.Enhancing soft tissue mass is noted at mid lower anterior abdominal wall at infra umbilical location upto symphysis pubis. Details are given below:<ul style="list-style-type: none">Size: 30 mm x 52 mm x 50 mm in AP x TR x SIInvolvement of rectus muscle: Involve full thickness of bilateral rectus muscles.Intra abdominal extension: present.Involvement of pelvic organ: None.
LIVER	: Nil significant.
GALL BLADDER	: Nil significant.
BILIARY TREES	: Nil significant.
SPLEEN	: Nil significant.
PANCREAS	: Nil significant.
KIDNEYS	: Nil significant.
URETER	: Nil significant.
URINARY BLADDER	: Nil significant.
UTERUS	: Nil significant.
OVARIES	: Nil significant.
LYMPHADENOPATHY OR ASCITES	: No detectable lymphadenopathy or ascites.
PERITONEUM	: Nil significant.
BOWEL	: Nil significant.

Cont. Page-2

RADIOLOGY SERVICES

MRD No. :	40406800	RIS No. :	2100798
Patient Name :	Ms. Shafi Das	Age/Gender :	24 Y/F
Referred By :	ASSO. PROF. AHMEDUL KABIR CHOWDHURY, MBBS,MS,FACS.	Bed No./Ward :	OPD
Bill Date :	22/05/2022 7:57AM	Scan Date :	23/05/2022
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MRI of Whole Abdomen

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Impression and recommendations :

MRI finding suggests:

- ⇒ Post operative change with residual tumor (30 x 52 x 50) mm at mid lower anterior abdominal wall at infra umbilical location upto symphysis pubis causing involvement of full thickness of bilateral rectus muscles and intra abdominal extension. No involvement of pelvic organ - size reduced since 23.04.2022.
- ⇒ No focal lesion in liver.
- ⇒ No Lymphadenopathy or ascites.



Dr. Sharmila Akhtar Rupa
MBBS, M.Phil, FCPS
Associate Professor
Radiology & Imaging
Popular Medical College & Hospital



Center for Diagnosis and Cancer Research

ANOWARA MEDICAL SERVICES

Hosue # 22/A, Road # 2, Dhiamondi Residential Area
Dhaka-1205, Bangladesh. Phone: 01971534317, 01971534318

REVIEW REPORT

Patient's Name :	Mrs. Shathi das	Patient's ID :	000000772930
Age :	24 Year(s)	Sex :	Female
Case ID :	220000026623		
Referred By :	Dr. Abdullah Al Mannun Khan MBBS, BCS, MID	Lab No :	22-030-1000
Specimen :	Prepared slides from anterior abdominal wall	Exam Date :	26 May 2022
Investigation :	Review		

No of Slide

Six H&E stained slides are submitted.

Identification of Slide/block

BSMMU - 2201-0847.

Microscopic Description

Section show a benign lesion made of proliferating fibroblasts mixed with mature collagen fibres.

No granuloma or malignancy is seen.

Dx

Prepared slides from anterior abdominal wall (review; biopsy) : Fibromatosis.

Remark

S 100, SMA and CD 34 immunostaining are recommended for further confirmation. We can do these if necessary.

With Compliments for kind referral

(Dr. Mohammad Golam Mostafa)

MDBS, M Phil Pathology (Hons)
WHO Fellow in Cytopathology, Bangkok
Ex Professor of Histopathology
National Institute of Cancer Research and Hospital
E-mail: anowarams@gmail.com

আলোয়ারা মেডিকেল সার্ভিসেস

বাসা নং-২২এ, রাস্তা নং-২,

ধানমন্ডি আবাসিক এলাকা, ঢাকা

ফোন: ৯৬১১৮০১, ৯৬১২৩৩৭

গোপীয় অন্য রিপোর্ট/অবস্থার সাথে অমিল হলে ২১ দিনের ভিতর এনে রিপোর্ট রিভিউ করে দেয়া হবে।

Dr. S.M. Quamrul Akther
MBBS, FCPS (Sur), FACS
MRCS (Eng-). MRCS (Edin)
Associate Professor
Shaheed Suhrawardy Medical College

বাংলাদেশ ফরম নং ৮১৭

হাসপাতাল

ShSMC

রোগীর ছাড়পত্র

সংখ্যা (২৪)

প্রত্যয়ন করা যাইতেছে যে, জনাব

পিতা/স্বামী **পঞ্জিকর দেবনাথ**

ঠিকানা **দাখিন বনশ্রী, মোসা**

অত্র হাসপাতালের **SU-1V** বিভাগে

বিভাগে

শয্যা/কেবিনে

২৩/৫/২২ ইং

তারিখ পর্যন্ত চিকিৎসারী ছিলেন।

Desmoid tumor (partially resected)

তিনি

fracture Rt metatarsal joint

ভুক্তিগত ছিলেন।

৭. 6. 22

তারিখ

স্বাক্ষর

Rokseina Sedia

Intern Doctor

রেজিঃ নম্বর

**Assistant Registrar
Unit-IV**

Shaheed Suhrawardy Medical College

বাঃ **Shaheed Suhrawardy Medical College** পক্ষ কপি, যুগ্মদেশ নং-০৮/২০২০-২১, তারিখ-০৯/৮/২০২০ইং।

**Shaheed Suhrawardy
And Hospital**

হাসপাতাল ভ্যাগকালে উপদেশ ও ব্যবস্থাপত্র :-

১. Cap. Emerp 20mg (গ্যামাডাভাল) ১৪ দিন - 19
১ + ০ + ১

২. Tab. Napra 500mg ৫ দিন
১ + ১ + ১

৩. Tab. Lorham 5mg ৯ দিন
১ + ০ + ০ (৩টা গোট)
১/২ + ০ + ০ (৩টা গোট)

ব্যাখ্যা - ডাঃসাহাী সঞ্চয়িত্র অফারম্যাট ইমমুনো
Histochemistry report সহ
সম্বন্ধী ওডি রক্ত রসায়ন পরীক্ষা।

Nit

বিঃ দ্রঃ- পুনরায় ভর্তি বা উপদেশের জন্য এই ছাড়পত্র অবশ্যই সঙ্গে আনিবেন।



পপুলার ডায়াগনস্টিক সেন্টার লিঃ POPULAR DIAGNOSTIC CENTRE LTD.

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RADIOLOGY SERVICES


MRD No. :	40406800	RIS No. :	40793309
Patient Name :	Ms. Shati Das	Age/Gender :	24 Y/F
Referred By :	Dr. Tahjib Islam, MBBS. PGT	Bed No/Ward :	OPD
Bill Date :	08/11/2022 8:18PM	Scan Date :	08/11/2022
Report Date :	08/11/2022 9:11PM	Report Status :	Final

Ultrasonogram of Whole Abdomen

- Liver** Liver is normal in size. Echotexture of liver parenchyma is homogeneous showing no focal abnormality.
- Gall bladder** Gall bladder is normal in size and shape. No evidence of inflammation or calculus is seen.
- Biliary channels** Biliary tree is not dilated.
- Pancreas** Pancreas is normal in size with normal echotexture. **MPD is not dilated. No mass or calculus is seen.**
- Spleen** Spleen is normal in size and uniform in tissue texture.
- Kidneys** Both the kidneys are normal in size (RK is 9.1 cm and LK is 9.4 cm in length) and shape with well-defined cortex and medulla. Pelvicalyceal systems of both the kidneys are not dilated. No stone is seen in any kidney.
- UB** Urinary bladder is well filled and smooth in outline. No intra-vesical lesion is seen.
- Uterus** Uterus is normal in size (length: 6.8 cm and A/P Dia: 3.5 cm) and anteverted in position. Myometrial echotexture is homogeneous. No focal lesion is seen. The endometrial echo is centrally placed.
- Adnexae** Parametrium appears normal. Both the ovaries are normal in size.
- Pouch of Douglas** No collection of fluid is seen in the pouch of Douglas.
- *** An ill-defined lobulated soft tissue hypoechogenic parietal lesion (about 7.2 x 4.4 cm) is seen in right lower anterior abdominal wall at infra umbilical location extending upto pelvis (post operative status of parietal wall mass – recurrence / residual).
No ascites, pleural effusion or lymphadenopathy is seen.

Comment: Please see the description above.
(Photograph supplied)

Composed by – Joni Khatun


PROF DR BIBEKANANDA HALDER
MBBS, BCS, MD (Radiology & Imaging)
Higher training in Radiology (India, Japan & USA)
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