

DISCHARGE SUMMARY

Name: [Redacted]
Date of Admission: 11.10.2023

Age: [Redacted] M.R.No: 4801 I.P.No.: 12198
Date of Discharge: 11.10.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB; DM, DNB

Consultant 2 : Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023
- Week 4 / ABP + Carboplatin on 04.10.2023
- Week 5 / ABP + Carboplatin on 11.10.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 5 / ABP + Carboplatin (On 11.10.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Mucozinik mouth washes 3 time per day x to continue
- Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit
- Presaforte 1 daily (AL) x to continue till next visit
- Tab. Bilbosa 1 daily (AD) x to continue till next visit

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 17.10.2023 [Shravan: 9550548682]
- Review and Readmission on 18.10.2023 for Week 6 / ABP + Carboplatin

Consultant

D.M.O



DEPARTMENT OF NUCLEAR MEDICINE

Age: [REDACTED]
Referred by:
Hospital No:

Dr P Satya Dattatreya
UMRC4801

Gender: [REDACTED]
Date: 31 October 2023
Scan no: PET2334 /2023

Indication for PET-CT K/c/o carcinoma tongue; status post resection (August, 2022) + ACT + ART (February, 2023). PET/CT for response evaluation.
Comparison 14th August, 2023

Please Note:

- *FDG PET-CT has low sensitivity in detecting brain metastases*
- *FDG perse cannot differentiate infection inflammation and malignancy*
- *We correlate with CT findings and history and come to the impression*
- *CT is used for attenuation correction and anatomical localization*
- *Kindly discuss if any clinical discrepancy persists*

Vaishnavi

Dr. Vaishnavi D
M.D (PGIMER, Chandigarh)
Consultant Nuclear Medicine



DISCHARGE SUMMARY

Name: [REDACTED]
Date of Admission: 10.08.2023

Age: [REDACTED] M.R.No: 4801 I.P.No.: 10943
Date of Discharge: 17.08.2023

Department: Medical oncology
Consultant 1: Dr. P.S. Dattatreya MD,DNB; DM, DNB
Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM
Final Diagnosis: Recurrent Ca. Tongue
Chief complaints: Admitted for Further definitive management

Present History:
→ Recurrent Ca. Tongue
→ Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
→ On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.

Past History: Nil
On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital:
→ Supportive care and symptomatic management
→ On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
→ i/v fluids
→ i/v antibiotics

Condition on Discharge: Stable

Discharge Advice
Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Tab. Mucinac (600 mg) 1 daily x 10 days
- Duolin nebulisation twice daily x 10 days
- Foracort nebulisation twice daily x 10 days
- Tab. Syscan (200 mg) 1 daily x 20 days
- Syp. Mucolyte 10 ml twice daily 5 days
- Tab. Dalacin C (300 mg) 1 - 1 - 1 x 5 days
- Darolac sachet 1 daily x 5 days

Tab: Thyronorm 125mg 1 OD (morning 6am)
Preventive plan of care: Hygienic food

Follow - up:
→ Repeat Tft after 1 month coming to hospital
→ Review at the earliest for further management
Consultant

D.M.O



DISCHARGE SUMMARY

Name: [REDACTED]
Date of Admission: 27.09.2023

Age: [REDACTED] M.R.No: 4801 I.P.No.: 11895
Date of Discharge: 27.09.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 3 / ABP + Carboplatin (On 27.09.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Mucozinik mouth washes 3 time per day x to continue
- Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit
- Presaforte 1 daily (AL) x to continue till next visit
- Tab. Bilbosa 1 daily (AD) x to continue till next visit

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 03.10.2023 [Shravan: 9550548682]
- Review and Readmission on 04.10.2023 for Week 4 / ABP + Carboplatin

Consultant

D.M.O

(A Unit of Bhavani Healthcare Services Pvt Ltd.)

Plot No. 3-7-218 & 219, Beside Lucid Diagnostics, Karkhana, Secunderabad - 500015.

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DISCHARGE SUMMARY

Name: [REDACTED] Age: [REDACTED] M.R.No: 4801 I.P.No.: 11557
Date of Admission: 09.09.2023 Date of Discharge: 09.09.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 2 / ABP + Carboplatin (On 09.09.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Mucozinik mouth washes 3 time per day x to continue
- Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit
- Presaforte 1 daily (AL) x to continue till next visit
- Tab. Bilbosa 1 daily (AD) x to continue till next visit

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 15.09.2023 [Shravan: 9550548682]
- Review and Readmission on 16.09.2023 for Week 3 / ABP + Carboplatin

Consultant

D.M.O



DISCHARGE SUMMARY

Name: [REDACTED]
Date of Admission: 02.09.2023

Age: [REDACTED] M.R.No: 4801 I.P.No.: 11414
Date of Discharge: 02.09.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 1 / ABP + Carboplatin (On 02.09.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Inj. Religrast 300 mcg subcutaneously OD on 04.09.2023; 06.09.2023
- Mucozinik mouth washes 3 time per day x to continue
- Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit
- Presaforte 1 daily (AL) x to continue till next visit
- Tab. Bilbosa 1 daily (AD) x to continue till next visit

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 07.09.2023 [Shravan: 9550548682]
- Review and Readmission on 09.09.2023 for Week 2 / ABP + Carboplatin

Consultant

D.M.O



DISCHARGE SUMMARY

Name: [REDACTED]
Date of Admission: 04.10.2023

Age: [REDACTED] M.R.No: 4801 I.P.No.: 12038
Date of Discharge: 04.10.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD, DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023
- Week 4 / ABP + Carboplatin on 04.10.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 4 / ABP + Carboplatin (On 04.10.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Mucozinik mouth washes 3 time per day x to continue
- Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit
- Presaforte 1 daily (AL) x to continue till next visit
- Tab. Bilbosa 1 daily (AD) x to continue till next visit

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 10.10.2023 [Shravan: 9550548682]
- Review and Readmission on 11.10.2023 for Week 5 / ABP + Carboplatin

Consultant

D.M.O

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DISCHARGE SUMMARY

Name: [REDACTED]

Date of Admission: 31.10.2023

Age: [REDACTED]

M.R.No: 4801

I.P.No.: 12650

Date of Discharge: 01.11.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023
- Week 4 / ABP + Carboplatin on 04.10.2023
- Week 5 / ABP + Carboplatin on 11.10.2023
- Week 6 / ABP + Carboplatin on 18.10.2023
- Week 7 / ABP + Carboplatin on 25.10.2023
- On 31.10.2023: WB PET CT SCAN – Progressive disease
- Cycle 1 / Nivolumab + Oral Gefitinib + Celecoxib + Oral MTX from 01.11.2023

Past History: Nil

Course in the Hospital:

Cycle 1 / Nivolumab + Oral Gefitinib + Celecoxib + Oral MTX from 01.11.2023

- Inj. Nivolumab 20 mg i/v in drip administered

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Tab. Methotrexate (10 mg) on every Sunday x to continue
- Cap. Celecoxib (200 mg) 1 – 1 (ABF – AD) x to continue
- Tab. Erlotinib (100 mg) daily x to continue
- Cap. Robo D 1 capsule daily (BBF) x 21 days
- Tab. Ondo (8 mg) 1 – 1 – 1 (SOS if Vomiting)
- Syp. Gaviscon 15 ml (SOS if Severe Acidity/Gastritis)

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; RFT; LFT; RBS on every Saturday [Shravan: 9550548682]
- Review and Readmission on 22.11.2023

Consultant

D.M.O

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DISCHARGE SUMMARY

Name: [REDACTED] Age: [REDACTED] M.R.No: 4801 I.P.No.: 11711
Date of Admission: 16.09.2023 Date of Discharge: 20.09.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital:

- Supportive care and symptomatic management
- i/v fluids
- i/v antibiotics
- Dr. Sanjay sir' consultation → Treatment accordingly

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Augmentin DUO (625 mg) 1 - 1 x 7 days ✓
- Tab. Nexpro (40 mg) 1 daily (BBF) x 7 days ✓
- Duolin nebulization thrice daily x 7 days ✓
- Budecort nebulisation thrice daily x 7 days ✓
- Regular suction of ET Tube every 4th hrly ✗

Preventive plan of care: Hygienic food

Follow-up

- Discharged at request
- Review in the OPD after 5 days

Consultant

D.M.O

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7799982495

DISCHARGE SUMMARY

Name: [REDACTED]
Date of Admission: 31.10.2023

Age: [REDACTED]

M.R.No: 4801 I.P.No.: 12650
Date of Discharge: 01.11.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB; DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023
- Week 4 / ABP + Carboplatin on 04.10.2023
- Week 5 / ABP + Carboplatin on 11.10.2023
- Week 6 / ABP + Carboplatin on 18.10.2023
- Week 7 / ABP + Carboplatin on 25.10.2023
- On 31.10.2023: WB PET CT SCAN – Progressive disease
- Cycle 1 / Nivolumab + Oral Gefitinib + Celecoxib + Oral MTX from 01.11.2023

Past History: Nil

Course in the Hospital:

Cycle 1 / Nivolumab + Oral Gefitinib + Celecoxib + Oral MTX from 01.11.2023

- Inj. Nivolumab 20 mg i/v in drip administered

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Tab. Methotrexate (10 mg) on every Sunday x to continue
- Cap. Celecoxib (200 mg) 1 – 1 (ABF – AD) x to continue
- Tab. Erlotinib (100 mg) daily x to continue
- Cap. Robo D 1 capsule daily (BBF) x 21 days
- Tab. Ondo (8 mg) 1 – 1 – 1 (SOS if Vomiting)
- Sy. Gaviscon 15 ml (SOS if Severe Acidity/Gastritis)

Preventive plan of care: Hygienic food

Follow-up

- CBP + PC; RFT; LFT; RBS on every Saturday [Shravan: 9550548682]
- Review and Readmission on 22.11.2023

Consultant

D.M.O



DISCHARGE SUMMARY

Name: [Redacted]
Date of Admission: 18.10.2023

Age: [Redacted] M.R.No: 4801 I.P.No.: 12364
Date of Discharge: 18.10.2023

Department: Medical oncology

Consultant 1: Dr. P.S. Dattatreya MD,DNB, DM, DNB

Consultant 2: Dr. Y. Anvesh Karthik MBBS, MD, DM

Final Diagnosis: Recurrent Ca. Tongue

Chief complaints: Admitted for Further definitive management

Present History:

- Recurrent Ca. Tongue
- Underwent WLE → Adjuvant chemotherapy and Radiotherapy in February, 2023
- On 14.08.2023: WB PET CT SCAN = Metabolically active soft tissue mass in the left lateral margin of the tongue. Low grade metabolically active in the base of the tongue.
- Explained about Targeted therapy: CETUXIMAB
- Explained about Immunotherapy: Pembrolizumab
- Week 1 / ABP + Carboplatin on 02.09.2023
- Week 2 / ABP + Carboplatin on 09.09.2023
- Week 3 / ABP + Carboplatin on 27.09.2023
- Week 4 / ABP + Carboplatin on 04.10.2023
- Week 5 / ABP + Carboplatin on 11.10.2023
- Week 6 / ABP + Carboplatin on 18.10.2023

Past History: Nil

On Examination: The vital signs i.e, HR, RR, BP & Temperature: Within normal limits

Course in the Hospital: Week 6 / ABP + Carboplatin (On 18.10.2023)

- Supportive care and symptomatic management
- Inj. Albumin Bound Paclitaxel (Taxonab) 100 mg i/v in drip administered
- Inj. Carboplatin 150 mg i/v in drip administered

Condition on Discharge: Stable

Discharge Advice

Investigations & Medications for pre-existing conditions like Diabetes, Hypertension, Thyroid problems, Cardio-Respiratory diseases, Neurological problems, and other chronic ailments should be continued (In case of any clarification, please contact us)

- Cap. Robo D/Pan D 1 capsule daily (BBF) x 3 days
- Mucozinik mouth washes 3 time per day x to continue

→ Tab. Igstrum (Colostrum) (500 mg) 1 daily (ABF) x to continue till next visit

→ Presaforte 1 daily (AL) x to continue till next visit

→ Tab. Bilbosa 1 daily (AD) x to continue till next visit

→ Tab. Tramadol 50mg 1-1-1 (for pain)

Preventive plan of care: Hygienic food

T. pulmoclear 1-1-1 x to continue
Neb-Duolin 3 times/day

Follow-up

- CBP + PC; Se. Creatinine; Se. Bilirubin; RBS on 24.10.2023 [Shravan: 9550548682]
- Review and Readmission on 25.10.2023 for Week 7 / ABP + Carboplatin

Consultant

D.M.O

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7799982495

DEPARTMENT OF NUCLEAR MEDICINE

Name: [Redacted]
Age: [Redacted] Gender: [Redacted]
Referred by: Dr P Satya Dattatreya Date: [Redacted]
Hospital No: UMRC4801 Scan no: PET2334 /2023

Indication for PET-CT K/c/o carcinoma tongue; status post resection (August, 2022) + ACT + ART (February, 2023). PET/CT for response evaluation.

Comparison 14th August, 2023

¹⁸F FDG WHOLE BODY PET/CT

REPORT

Study protocol: After overnight fasting, 9.38 mCi of F-18 FDG was administered intravenously to the patient. Study was performed in euglycemic hypoinsulinemic state at FBS of 97mg/dL and S. Creatinine, 0.53mg/dL. Whole body PET-CT (base of the skull), with intravenous contrast (Omnipaque) was performed 60 minutes post administration of the radiopharmaceutical.

Findings:

- No significant interval change in the FDG uptake with partial interval increase in the size & extent of the pre-existing FDG avid heterogeneously enhancing soft tissue mass (SUV max 5.3 vs. 5.9 previously; ~ 5.5 x 4.9 x 4.4 cm vs. ~ 3.4 x 4.0 x 3.2 cm; AP x Tr x CC; previously) in the anterior two thirds of the tongue & tip (L>R), seen to be extending to the posterior one third of the tongue, including the base of the tongue & epiglottis, pre-epiglottic/pre-supraglottic spaces and left palatine tonsillar fossa, is noted.
- Partial interval increase in the FDG uptake & size of the pre-existing low grade FDG avid heterogeneously enhancing ill defined mucosal mass forming thickening of the bilateral aryepiglottic folds/supraglottic regions (SUV max 4.4 vs. 3.0 previously; ~ 3.0 x 3.1 cm vs. ~ 2.6 x 2.6 cm; AP x Tr; previously), with partial luminal narrowing, is noted.
- Partial interval increase in the FDG uptake & size of the pre-existing low grade FDG avid heterogeneously enhancing soft tissue lesion (SUV max 2.7 vs. 1.6 previously; ~ 2.7 x 2.2 cm vs. ~ 2.0 x 1.3 cm; AP x Tr; previously) in the left thyroid gland and prethyroid regions, is noted.
- Tracheostomy tube is noted *insitu*.
- Complete interval resolution of previously noted FDG avid consolidatory changes in the anterior segment of the RUL & ground glass changes in rest of the bilateral lung fields, is noted.
- Interval appearance of non FDG avid sclerotic lesion is noted in left 3rd rib – new finding.



DEPARTMENT OF NUCLEAR MEDICINE

Name: [REDACTED]

Age: [REDACTED]

Referred by: Dr P Satya Dattatreya

Hospital No: UMRC4801

Gender: [REDACTED]

Date: [REDACTED]

Scan no: PET2334 /2023

Indication for PET-CT K/c/o carcinoma tongue; status post resection (August, 2022) + ACT + ART (February, 2023). PET/CT for response evaluation.

Comparison 14th August, 2023

- No abnormal FDG uptake/lesion is noted in bilateral cerebral and cerebellar hemispheres. Ventricular system appears to be normal.
- The thyroid gland appears to be normal in size and shape. No abnormal FDG uptake/lesion is noted in the thyroid gland.
- No abnormal FDG avid lesion is noted in the bilateral breast parenchyma.
- No abnormal FDG uptake/avid lesion is noted in the bilateral lung parenchyma.
- No pleural/pericardial effusion noted.
- Liver appears to be normal in size and shape. No abnormal FDG uptake/avid lesion is noted in the liver. Non FDG subcentimetric calcified focus is noted in the segment VII of the right lobe of the liver – healed granuloma; *status quo*. No IHBRD/dilated CBD is noted.
- Gall bladder appears to be well distended. No abnormal FDG uptake/lesion/wall thickening is noted.
- Spleen, pancreas, bilateral adrenal glands and kidneys appear to be unremarkable. No abnormal FDG uptake/lesion is noted.
- Stomach, small and the large bowel appear to be unremarkable with no focal FDG uptake/avid lesion.
- No abnormal FDG uptake/lesion/enlarged lymph node is noted in the bilateral cervical, supraclavicular, axillary, internal mammary, mediastinal, abdominal, retroperitoneal and pelvic regions.
- Prostate gland appears to be unremarkable.
- No ascites is noted.
- No abnormal FDG uptake/avid lytic/sclerotic lesion is noted in rest of the visualized skeleton.
- Diffuse physiological distribution noted in the brain parenchyma, oropharynx, bilateral salivary glands, Waldeyer's ring (nasoro/oro/laryngopharynx), myocardium and liver.
- Physiological FDG excretion is noted in the kidneys and urinary bladder.



DEPARTMENT OF NUCLEAR MEDICINE

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Date: [REDACTED]

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Comparison 14th August, 2023

IMPRESSION

- No significant interval change in the metabolic activity with partial interval increase in the size & extent of the pre-existing metabolically active soft tissue mass in the tongue, with extent as described – s/o residual primary.
- Partial interval increase in the metabolic activity & size of the pre-existing low grade metabolically active in the supraglottic region, with extent as described - residual neoplastic etiology; ? metastasis.
- Partial interval increase in the metabolic activity & size of the pre-existing low grade metabolically active lesions in the left lobe of the thyroid gland and prethyroid region, as described.
- Interval appearance of metabolically inactive skeletal lesion, as described – new finding. ? metastasis.
- Complete interval resolution of previously noted metabolically active lesion in the RUL and rest of the lung parenchyma, as described.
- No definite PET evidence of abnormal hypermetabolism elsewhere in the current study.

Compared to the previous scan dated(14th August, 2023), current scan findings are s/o disease progression.



RENOVA
SOUMYA
CANCER CENTRE

Dr. Palanki Satya Dattatreya
DM, DNB
Director and Chief of Medical Oncology Services
Regd. No. 44536

Name: [REDACTED]
Age: [REDACTED]
M.R.No: 4801

Pls admit for Cycle 3/ NIVOLUMAB

- Inj.AKYNZEO 235 in 250 ml of NS i/v over 90 mins
- Inj.PCM 1 gm i/v
- Inj.Avil 2Cc in 100 ml of NS i/v
- Inj NIVOLUMAB (OPDYTA) 20 mg in 100 ml NS i/v.
- DISCHARGE