

Age: 54 Years	Sex: Male
UHID No: 070987975	JCA. Maie
	Bed No: 2452
Date of Admission: 17.06.2023	Date of Discharge: 22.06.2023
Consultant: Dr. Ravaz Khalid Ahmed	Location: Max 4th floor Saket

Max Id: SKDD.987975 IP No: 491076

Name: Mr. SHAKEEL AHMAD

Bed No: 2452E Age/Sex: 54 Years 8 Months/Male Consultant: Rayaz Ahmed Md DOA: 17/6/2023 7:09:02PM

Phone Number: 9643651107

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## MAX CANCER CENTER DEPARTMENT OF HEMATOLOGY ONCOLOGY

### DISCHARGE SUMMARY

Patient's Name: Mr. Shakeel Ahmad	
Age: 54 Years	Sex: Male
UHID No: 070987975	Bed No: 2452
Date of Admission: 17.06.2023	Date of Discharge: 22.06.2023
Consultant: Dr. Rayaz Khalid Ahmed	Location: Max 4th floor Saket

Diagnosis: Multiple Myeloma with fracture of D10 vertebra

Treatment given: Bring all outside reports including Bone marrow biopsy, FISH reports

Supportive care + 1st week chemotherapy with VCD regimen

Next follow up: 1st dose of Zoldria 4mg + 2nd week chemotherapy with VCD regimen is due on

27.06.2023 with CBC, KFT, LFT with uric acid and calcium reports

Plan: weekly VCD regimen -> reassessment

Monthly Inj Zoldria 4mg

BRIEF SUMMARY: Mr. Shakeel Ahmad, 54 years old normotensive, diabetic male, presented with complaints of backache-lumbar -on and off since 1 years, acute severe backache since beginning of May 2023, shooting pain on axial movements, constipation, tremors in both hands(rt>>left), >10 kgs weight loss in 2 months. He was diagnosed as Diagnosed Case of Multiple Myeloma with Fracture D10 Vertebrae and AKI

Admitted for further evaluation

#### INVESTIGATIONS:

Bone marrow (10.05.2023): 44% plasma cells along with myeolid and erythroid series of cells. Plasma cell myeloma.

X - ray both knee (29.05.2023): No significant abnormality.

X-ray both hands (29.05.2023): Diffuse osteopenia.

X-ray lumbar spine (29.05.2023): Diffuse osteopenia. Degenerative spine changes.

MRI whole spine screening with MRI LS spine (01.06.2023): Prominent uncovertebral joints are noted. Disc desiccation noted at multiple levels. Diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression seen at C5-C6 and C6-C7 levels. Partial collapse with T2/STIR hyperintensity is noted involving the D12 vertebral body with mild retropulsion of bony fragmants with no obvious cord compression, mild paravertebral edema is noted with a small collection in bilateral paravertebral region. Disc desiccation is noted at multiple levels. There is facetal joint arthropathy and ligamentum flavum thickening is noted at multiple levels. Marginal anterior and posterior osteophyte, lax Super Speciality Hospital, Saket list bulge is noted causing thecal sac compression and bilateral neural foramina

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Fax: +91-11-2651 0050 ww.maxhealthcare.in

## DISCHARGE MEDICATIONS:-Syp Potklor 10ml four times a day as advised x 5 days Mupirocin ointment to continue, \* Tab Emeset 8mg thrice a day x 2 days and then if needed for vomiting \_ Tab. Febuxostat 40 mg 1 tab once daily x 1 week — \* Tab. Pantocid 40 mg 1 tab once daily before breakfast x 1 week-Tab. Valaciclovir 500 mg 1 tab at bedtime to continue \* Tab. Bactrim DS 1 tab once daily at bedtime (Mon/Wed/Fri) \* Tab. Shelcal 500 mg 1 tab twice daily continue Tab crocin 650mg thrice a day to continue for pain-Cap Tramadol 50mg thrice a day in case of severe pain -Hexidine mouth wash four a day \* Tab Tayo 60k 1 tab weekly x 8 weeks · Plenty of oral fluids Following medications to be taken as and when required after consultation with your respective consultant:-For Vomiting: Kindly mark the ones to be prescribed

	1.	Tab. Emeset 04/08/16/32 mg PO TDS
	2.	Tab. Domstal 10/20 mg PO TDS
	3.	Tab Aprecap 80 mg PO Daily X 2 days.
	4.	Tab. Grainsetron 1 mg PO TWICE DAILY
	5.	Tab. Dexona 02/04/08 mg twice daily x 3 days
	For Inc	digestion: Kindly mark the ones to be prescribed
	1.	Tab. Pantocid 40mg PO daily 30mins before meals
	2.	Syp. Digene 2tsf PO every 6hourly
	3.	Tab. Rantac 150/300mg PO twice daily
	4.	Tab. Razo 20mg twice daily
	For Fe	ver: Kindly mark the ones to be prescribed
	1.	Tab. Calpel/ crocin 500 mg stat and do a CBC (Complete Blood Count)
	2.	Tab. Ciprofloxacin 500mg BD X 5 days
	3.	Cap. Augmentin Duo 625mg BDX5 days
	4.	Tab. Cefixime (200mg) BDX 5 days
	5.	Tab. Acyclovir (200 mg) ODX days
	6.	Tab. Bactrim DS
	In case	of loose motions: Kindly mark the ones to be prescribed
	1.	Cap. Imodium / Tab. Lomotil one stat and then one every 5 hrs.
	2.	Tab Redotil 100mg Po TDS
	3.	Plenty of oral fluids
	4	O.R.S. / Electral powder (I satchet dissolved in 1 Litre )
	In case	of Constipation: Kindly mark the ones to be prescribed
	III case	Syp. Cremaffin plus 2 tsf PO at night
H		2. Syp. Duphalac 2 tsf PO at night
		2. Syp. Dulcolay 2 tab Po at night

uper Speciality Prospin; Kindly mark the ones to be prescribed

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## Provisional Transthoracic Echo-Doppler Report

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Max Id:	SKDD.987975	IP
Name:	Mr. SHAKEEL	AHMAD

Bed No: 2452E Age/Sex: 54 Years 8 Months/Male

Consultant: Rayaz Ahmed Md DOA: 17/6/2023 7:09:02PM

Phone Number: 9643651107

tion

UHID

Lab No. :

Date : 18 06 23

udy done at HR of bpm

1. Regional wall motion abnormality. Absent / Present

Global LVEF 55-60

2. Chamber dimension Normal / Abnormal

MACT

3. Gradediastolic function / dysfunction.  $e^{t} = 11$ 

LVEDP Normal / Raised.

4. MR Trace AR - TR Trace (RVSP = mmHg)

5. TAPSE .......cm, RV systolic function Normal / Abnormal.

6. IVC is Normal / Dilated, Collapsing >50% / <50% RA pressure mmHg

7 No Intracardiac clot/vegetation/pericardial pathology seen.

8. Normal aortic arch,

Doctor's Signature Dalah

octor's Name:

Super Speciality Hospital, Saket ho report. Final report can be collected from the report collection center.

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QRS QT/QTcBaz PR P RR/PP P/QRS/T 104 ms 352 / 428 ms 134 ms 110 ms 674 / 674 ms 62 / 1 / 53 degrees Normal sinus rhythm Minimal voltage criteria for LVH, may be normal variant Nonspecific T wave abnormality Abnormal ECG Max Id: SKDD.987975 IP No: 491076 Name: Mr. SHAKEEL AHMAD Consultant: Rayaz Ahmed Md DOA: 17/6/2023 7:09:02PM
Phone Number: 9643651107 17/6/23 V1 V2 ,V6 Unconfirmed 0.56-150 Hz 50 Hz 4x2 5x3\_25\_R1 25 mm/s 10 mm/mV 12SL™ v241 GE MAC2000 1.1

	1. Cap. Prooxyvon 1 cap SOS
	2. Tab. Crocin 500mg PO Three times a day
	3. Tab. Tramadol 50 mg PO BD
For Ora	al Ulcers: Kindly mark the ones to be prescribed
1.	Tab. Forcan 100mg PO BD For 5 days
2.	Chlorhexidine/ Betadine gargles twice daily
3.	Dologel for local application three times a day
4.	Mucaine Gel 2 tsf three times a day
5.	Boroglycerine with Tab Dexona 4 mg crushed and mixed together to be applied In mouth
	Three times a day

When and how to obtain urgent care:

In case of fever, excessive diarrhoea, excessive vomiting.

### In case of emergency contact:

Report back to your Doctor at the earliest in case of any problem/ medical emergency.

Avoid changing/ stopping medicines without medical guidance

Max Call Centre at 011-26515050 (Saket) and 011-43033333 (Patparganj) who will connect you to Consultant on call.

Call your consultant on the number mentioned below.

For next cycle of admission related query - please contact - Mr. Vinod Pal, Mr. Babu (7827265066), Mr. Vishnu NP (8587811303) from 8:00am to 8:00pm.

In case you require sample collection, Medicine Delivery at Home or Home nursing care & Physiotherapy services please contact: - 011 - 47326969, + 91 9999777754

Dr. Rayaz Khalid Ahmed MBBS, MD, DM (Clinical Hematology) Director, Haematology And Bone Marrow Transplant Max Super-Specialty hospital, Saket

Dr. Mohd Rizwan Shaikh MBBS, MD (Internal medicine) DrNB (Doctorate of National board in clinical Hematology) Associate Consultant Max Super- Haematology And Bone Marrow Transplant

Super Speciality Hospital, Saket

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# MAX CANCER CENTER DEPARTMENT OF HEMATOLOGY ONCOLOGY DISCHARGE SUMMARY

Patient's Name: Mr. Shakeel Ahmad	
Age: 54 Years	
UHID No: 070987975  Date of Admission: 27.06.2023	Sex: Male
	Bed No: 2497
	Date of Discharge: 27.06.2023
Consultant: Dr. Rayaz Khalid Ahmed	Location: Max 4th floor Saket
ni coia: Multiple M. 1	

Diagnosis: Multiple Myeloma with fracture of D10 vertebra

Treatment given: 2ND weekly VCD + 1ST dose Inj Zoldria 4 mg

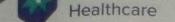
Next follow up: 3<sup>rd</sup> weekly chemotherapy with VCD regimen is due on 04.07.2023 with CBC, LFT, KFT with Uric Acid and Calcium reports

Plan: weekly VCD regimen → reassessment

Monthly Inj Zoldria 4mg

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Now admitted for  $2^{ND}$  weekly VCD +  $1^{ST}$  dose Inj Zoldria 4 mg.



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Sex: Male
Bed No: 2497
Date of Discharge: 27.06.2023
Location: Max 4th floor Saket D10 vertebra
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Plan: weekly VCD regimen → reassessment

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