

## Follow up

Next  
Visit  
Date

NOTES

- Trace TSH, and CECT - chest,  
abdomen and pelvic report

R/V dos

plan: - R/V in 3/12 with a USG.  
abdomen to assess the liver  
lesion.

Dr. WASANTHA WIJENAYAKE  
MBBS(Col), MS (Col), MRCS (Eng)  
Consultant Surgeon - UH KDU  
Senior Lecturer in Surgery - KDU  
SLMC Reg No. 14414



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University Hospital

Kothelawala Defence University

## DIAGNOSIS CARD

Name : Mrs. A. A. Jayawardana

Age &amp; Sex : 64 yrs Female

Reg. No : 123358

Ward : 9B

Date of Admission / Readmission : 05/03/2024

Date of discharge : 09/03/2024

Diagnosis :

Investigated for bowel / stomal obstruction  
and dehydration

Consultant: Dr. Wasantha Wijenayaka (rs)

Dr. WASANTHA WIJENAYAKE

COMPLAINT

HISTORY

&

EXAMINATION

Laparoscopic abdominal perineal excision done on 01/03/2023

C/O Vomiting - 02/03/2024

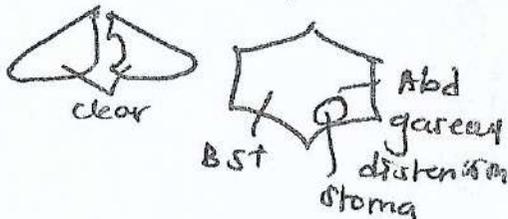
Constipation since 03/03/2024

PMHx - Colorectal CA  
Endometrial CA  
DMT NSTEMI

PSHx - R/ hemicolectomy  
TAA + BSO

Allergy hx - Gabapentine +

ole/ BP - 157/77 mmHg  
PR - 78 bpm



TREATMENT

- N. Saline + Hartmann 100ml/hr.
- Fluid challenge with N. Saline - 250ml in 20
- Klein enema 1 stat then stoma then 1 bd
- Monitor uop.
- CECT - chest, abdomen & pelvis
- Bowel opened

INVESTIGATION

06/03/2024

WBC - 7.06

N - 65.3

L - 23.8

Hb - 12.9

Plt - 304

S. cr - 0.71

Na<sup>+</sup> - 133

K<sup>+</sup> - 3.8

07/03/2024.

Total Ca - 8.5 mg/dl

TSH - Awaiting

CECT - chest, abdomen, pelvis - awaiting report

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INSTRUCTIONS TO PATIENTS

1. Bring this Card with you for it gives a record of your illness  
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2. Please attend Clinics on .....  
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**PRESCRIPTION FORM**

Patient's Name } **Ms. Anoma Jayawardena**  
 No. in Register } ..... Gender } ..... Age } **64yr**  
 Occupation } .....

Date	Treatment
11.07.2024	17/0-Lap APE - 01.03.2024. plan: Colonoscopy - Dulcolax 3 tabs nocte stat - Peg lee 2.

*[Signature]*

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16.07.2024.	R - Mohawain 135 g mane. - Rillus 1 mane. $\frac{3}{52}$
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*[Signature]*  
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## DEPARTMENT OF RADIOLOGY

### CONTRAST ENHANCED CT SCAN – CHEST, ABDOMEN AND PELVIS

noted in the sub capsular location of the inferior most edge of the segment VI of the liver measuring 18 x 14 x 13 mm. Portal veins and hepatic veins are patent.

There are multiple tiny gall stones of <5 mm in size. No biliary dilatation or evidence of cholecystitis.

The spleen appears normal with no focal lesion. Pancreas is normal. No masses or duct dilatation. Both kidneys are normal in size, shape and position. No focal renal lesion or calculus. No hydronephrosis. No perinephric pathology.

There is non specific thickening of the medial limb of the left supra renal gland with no definite discrete focal lesion. The right supra renal gland is normal.

Minor linear atelectasis is noted in the right lung base. No lung nodule / mass.

No hilar or mediastinal lymphadenopathy.

Trachea and main bronchi appear normal. No bronchiectasis.

No pleural or pericardial effusion.

Heart and great vessels appear unremarkable.

Thyroid gland is enlarged containing multiple hypodense nodules, the largest being 20 x 19 mm in the left lobe. The trachea is minimally compressed in the transverse direction, the smallest transverse dimension being 9 mm.

No destructive bone lesion.

#### Conclusion

- *Small bowel dilatation down to distal ileum ? Due to an adhesion.*
- *No evidence of obstruction at the colostomy site.*
- *No definite recurrent bowel mass is seen.*
- *Post-surgical fluid / seroma in the pelvis.*
- *Subtle poorly defined hypodense focal lesion in segment VI of the liver - Metastasis is not excluded.*
- *Nonspecific thickening of the medial limb of the left supra renal gland - Suggest follow up.*
- *No metastasis in the lungs or visualized skeleton.*

Dr. W K C Sampath Withanage  
Consultant Radiologist

**DEPARTMENT OF RADIOLOGY**  
**CONTRAST ENHANCED CT SCAN – CHEST, ABDOMEN AND PELVIS**

Name : Mrs A A Jayawardhana Age : 64 Yrs  
Scan No : PVT/CT/0130/24 Date : 06.03.2024

**Indication:** Endometrial and colorectal carcinoma , APR done , ? Intestinal / colostomy obstruction.

**Report**

Status post op APR and hysterectomy. A colostomy is in situ in the left lower quadrant. No evidence of obstruction at the colostomy. No para stomal herniation. The descending , transverse and ascending colon are not distended. No obvious mass within this limitation.

The stomach is not adequately distended.

There is generalized dilatation of the jejunal and ileal loops preserving only the proximal most jejunum and distal ileum. The maximum caliber of dilated small bowel loops is 5.3 cm. The dilatation is seen down to a point just superior to the dome of the urinary bladder just off the mid line on the right side ? Adhesion. No definite mass or wall thickening / abnormal contrast enhancement is seen at this point. The normal enhancement pattern is maintained in the bowel walls. No pneumoperitoneum.

There is a localized non enhancing hypodense area between the urinary bladder and sacrum / coccyx measuring 69 x 66 x 36 mm . Central CT density measures +12 HU in average- Most likely a post surgical fluid collection / seroma.

No significant para aortic or pelvic lymphadenopathy.

A trace amount of free fluid is seen in the peri splenic space measuring 7 mm in thickness.

Liver is normal in size. The hepatic capsule is smooth. Mild diffuse hepatic parenchymal fatty changes are seen. A subtle poorly defined hypodense focal abnormal area is

Dr. W K C Sampath Withanage  
Consultant Radiologist

03<sup>rd</sup> August 2024

Mrs. Anoma Jayawardhana  
Age 64Y/F  
Matara

Dear Madam,

**QUOTATION FOR CONDUCTING GENETIC TESTING**

As requested by Dr. Mahendra Perera Clinical Oncologist, we are pleased to offer you the following services for Diagnostic purpose through MedGenime Labs Limited, Bangalore India.

**Financial Offer**

Assess Cord	Test Name	Cost for the Toal Package (LKR)
MGM2796	HER2/neu for Colonic Carcinoma	Rs. 157,050 /-
MGM171	Adenomatous polyposis coli (APC) gene analysis	

- **Terms & Conditions**
- Diagnose results, reports will be given after 28 working days.
- Full payments should be transferred before the execution of the process.

**Account Details.**

Aegle Omics (Private) Limited  
Bank - Commercial Bank  
Branch- Narahenpita  
Acc No- 1000756928  
Swift Cord- CCEYLK LX

Thank you!



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Ms. Dona Senara  
Manager Administration