

Sample Receipt Details:

 POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign : _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type MOU Retail Research

TEST REQUISITION FORM

 Disease Segment* _____
 Each sample must be accompanied by this completed requisition. * Fields are mandatory

Test Details

 Test Name:* Test Code:*
 Sample type: Blood (in EDTA tube) Blood (in streck tube) DNA, Specify Source: _____ Buccal swab
 Amniotic Fluid CVS Cultured CV Cultured amniocytes
 Fetal Blood (PUBS) Maternal blood for MCC (please send for prenatal studies) Products of Conception (POC), specify tissue: _____ * FFPE tissue Block (Block no.)
 Fresh Frozen Tissue Saliva Other sample type (specify site) _____ DBS/FTA

 6734/A1/24
 6734/A11/24
 6734/A111/24

 Patient had a blood transfusion Yes No Date of last transfusion ____ / ____ / ____ (minimum 3 days of wait time is required for genetic testing)
 Has he/she undergone allogenic bone marrow transplant: Yes No.

3 wax Blocks

Patient Details

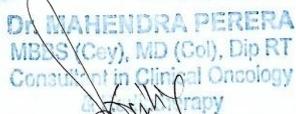
 Name:* (In Capital Letters) D.O.B. Age:* Gender:*
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

 Clinician's Name:* Hospital Affiliation:
 Address: _____
 Phone : _____
 Email id : _____

 Date of sample collection*

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/terms as mentioned in the clinical details provided by me. Incidental findings which may or may not be actionable are not routinely reported. They can however be provided on request after informed consent from the patient/guardian. As disease phenotype may evolve over time, the appearance of new symptoms/signs may alter test results or their significance: MedGenome laboratories cannot be held responsible for this. A re-analysis or a re-test may be required due to the former; this will be performed (if deemed necessary) at an additional cost. I am authorised to order the above tests as I am the treating physician/consulting physician in this case. I confirm that the patient/guardian (in case of minors) has been provided complete information regarding the test, including its limitations in a language of their understanding.


DR MAHENDRA PERERA
 MBBS (Cey), MD (Col), Dip RT
 Consultant in Clinical Oncology
 & Radiotherapy

Medical Professional Signature* _____ Date: _____ Place: _____

Clinical notes/diagnosis: _____

 Disease affection status Parental consanguinity present Age of manifestation: _____

 Affected Siblings Details: _____

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION

These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Bangalore shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the 'President-Arbitration Centre-Karnataka', Bangalore as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Bangalore and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

INDEPENDENT PARTIES

All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND

Refund of fees for any reason has to be claimed by the Patient or the guardians of the Patients within 90 days from the date of delivery of report.

NOTICE

All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

Patient/Guardian Authorization

By my signature below I attest to the following:

I have read and I understand the information provided on this form.

Patient Consent (sign here or on the consent document)

I have read the Informed Consent document and I give permission to MedGenome to perform genetic testing as described. I also give permission for my specimen / genetic data to be used in (de-identified) studies at MedGenome to improve genetic testing for other patients.

By agreeing to this informed consent below, I am confirming that I understand the benefits, risks and limitations associated with genetic testing. Furthermore, I am affirming that I recognize the seriousness of conditions for which {I am/my child} being tested, and that disease descriptions, prognoses, and treatment options have been made available to me by {my/my child's} health care provider. Finally, if I have the legal authorization to provide this informed consent on behalf of another person, I am attesting that the sample provided belongs to that person.

Patient/Guardian Name **Mrs. S. Hendavitharana**

First Name Middle Name Last Name Date of Birth: mm/dd/yyyy

Patient/Guardian Signature* Date: Place:

Father Name Mother Name

Signature* Date and time Signature* Date and time



Relationship with the proband

Note :
 Signature of both parents is requested for prenatal testing.
 For trio testing, each parent should provide separate informed consent for the sequencing of his or her sample.

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B. H. T. No. }

H 060676 - 5000,000 (2024/12)p ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

සෞඛ්‍ය 26 සී
Health 26 B
(71-21 S&E.)5 / 67

දිනය
Date

දිනපතා තත්ත්වය / DAILY STATE

6/6/25

Dr. Mohendra Perera

Consultant Oncologist

Dear Sir

Re: Mrs S. HendunRana

Please be referred to oncology DREPT,

Block 2, NRD Stadium in Durai


Dr. T. SKANDARAJAH
MBBS, MD (Clinical Oncologist)
Consultant Oncologist
Cancer Hospital Maharagama
SLMC Reg. No: 12920

Department of Histopathology

National Cancer Institute, Maharagama

70239004	Name	: MRS S.HENDA VITHARANA
94/2024C	Test	: Histology of Resection Specimen
ic No 116	Ref.By	: Dr. Chinthana Hapuarachchi
, 9 M, 23 D	Collection Date	: 2024-12-28 09:17:00
ale	Date of Receipt	: 2024-12-28 09:20:43
88031	Date of Report	: 2025-01-29 11:00:38
/6734/2024		

: Ascites, liver parenchymal disease without focal masses on CECT.
 Cytology of ascitic fluid - Malignant cells compatible with adenocarcinoma
 Undergone left salpingo-oophorectomy and peritoneal biopsy in September/2024.
 Histology - Appearances are compatible with a low grade serous carcinoma.
 Chemotherapy completed in October/2024.

ails

- : A - Specimen labelled as uterus, bilateral ovaries, bilateral fallopian tubes with stripped peritoneum
 B - Supracolic omentum
- : A - The specimen received consists of a uterus with cervix, attached bilateral right fallopian tube with fimbrial end, right ovary and anterior peritoneal fold. The left ovary and the left fallopian tube are not included. The uterus with cervix measures 78 x 50 x 25 mm. The right fallopian tube measures 50 x 08 mm. The right ovary measures 25 x 18 x 10 mm. The left fallopian tube with fimbrial end measures 45 x 08 mm.
 The anterior peritoneal fold measures 40 x 30 x 06 mm. The outer surface of the uterus is distorted anteriorly. The cut surface shows macroscopically unremarkable uterine cavity. The endometrium is 02 mm and the myometrium is 16 mm in maximum thickness. The bilateral fallopian tubes are macroscopically unremarkable. The outer surface of the right ovary is smooth and the cut surface is entirely solid, firm and tan in colour.
- B - Received a segment of omentum with thickened areas measuring 270 x 55 x 20 mm.

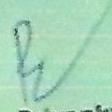
nd Conclusions

: **A & B - Specimen labelled as uterus, bilateral ovaries, bilateral fallopian tubes with stripped peritoneum and supracolic omentum;**

Tumour type : Residual low grade serous carcinoma.
Tumour site : Right ovary and right tubal wall.
Capsular breach noted in the right ovary.
Uterus : Atrophic endometrium.
Cervix : Unremarkable.
Anterior peritoneum contains multiple tumour deposits.

B - Supracolic omentum ;

Contains residual low grade serous carcinoma.
Chemotherapy response score : 2 (Partial response to therapy).


Dr. Mrs. Priyanka Abeygunasekara
(MBBS, D Path, MD(Histopath)
Consultant Histopathologist



UHID : 120425086
PATIENT'S NAME : MRS SHANTHINI HENDAVIDARANE
SCANNED REGION : CT- ABDOMEN & PELVIS
REQUESTED BY DR : PROF MADUNIL NIRIELLA
REFERENCE NO : RC01267804
DATE : 20-Aug-2024

PMR :
AGE : 71 Yrs
SEX : FEMALE
PLAIN :
ENHANCED : X

CT ABDOMEN & PELVIS

CT abdomen before & after IV contrast enhancement.

FINDINGS :

Left lobe of the liver is prominent. There is mild irregularity of the liver outline suspicious of parenchymal disease. Caudate lobe index however is normal.

No focal masses seen.

No intra or extra hepatic duct dilatation. CBD is normal.

Portal vein is patent (diameter - 13.4mm) and appear to be normal.

Gall bladder is normally distended. Multiple calculi seen within.

No splenomegaly (BPL - 10.4cm).

Pancreas is normal. No calcification, masses or duct dilatation.

Both kidneys are normal in size and position.

No calculi. No hydronephrosis. No perinephric pathology.

Supra renal glands are normal.

Aorta and IVC are of normal calibre.

Large amount of ascites seen.

No paraaortic or pelvic lymphadenopathy.

There is minimal thickening of few small bowel loops seen.

Bladder contour is normal. No intra or perivesical pathology.

Appendix is normal.

Uterus is normal.

Ovaries are normal.

Fat stranding with nodularity noted in the peritoneal cavity.

IMPRESSION

Liver shows possible evidence of parenchymal disease.

No focal masses in the liver.

Large amount of ascites with fat stranding in the peritoneum noted.

There are some thickened loops of small bowel in the peritoneal cavity.

No definite mass lesions.

Suggest clinical correlation and analysis of peritoneal fluid.

Uncomplicated gallbladder calculi.

DR(MRS) LAKMALIE PARANAHEWA

CONSULTANT RADIOLOGIST



කරුණාකර ඔබට නියම කරන ලද ඖෂධ වෛද්‍ය උපදෙස් පරිදි පාවිච්චි කරන්න.
 Please use prescribed medications as advised by the Physician.

Discharge Plan: (Inclusive of Management, Plan, Advices, Diet, Life Style Behaviour)
 මුදාහැර පසු අනුමත කළ යුතු ඖෂධ (ප්‍රතිකර්ම/චලනය/වෛද්‍ය උපදෙස්/ආහාර/ජීවන රටාව හෝ හැසිරීම අන්වර්තය)
 බොහෝවිට මාස කිහිපයක් (නිවැරදිවීම, අධ්‍යයන, ආහාර, ජීවන රටාව) පිළිබඳව පැහැදිලි කර ඇත.

BHT No. අදාළ ඉහත අංකය අංකය/ලිපිනය	Ward/Unit වැඩිදුර/ඒකකය විලිසුම්/විලිසුම්	Sex Male/Female ස්ත්‍රී පුරුෂ හා වයිර/වැඩිදුර පාලන/වැඩිදුර	Age වයස වැසු
5599	24	F	70y

Follow up Details / පසු විපරම් විස්තර / ශල්‍ය චිකිත්සා වැඩසටහන්

Date දිනය නිදහස්	Day දවස නිදහස්	Time වේලාව වේලාව	Type of Clinic වෛද්‍ය සායනය විවිධ වශයෙන්	Consultant's Name වෛද්‍ය චිකිත්සාකරු හෝ වෛද්‍ය නිලධාරීන්ගේ නම	Room No. කාමර අංකය අංකය

Instructions in Sinhala or Tamil (Optional) (Eg.- Disease Condition, Medication, Referrals)
 රෝගීන්ගේ ලබාදීම සිංහලෙන් හෝ දෙමළෙන් (අවශ්‍ය වූ විටකදී)
 රෝගීන්ගේ, ඉඩකඩේ ඇතිවනු ලබන අවධානය (විද්‍යාත්මක/විද්‍යාත්මක)

Referral Note / යොමු කිරීමේ සටහන / පැවරුම් ලේඛන ලබාදීම

Medico-Legal අධිකරණ වෛද්‍ය සටහන අධිකරණ වෛද්‍ය සටහන	MLEF No. Date අධිකරණ වෛද්‍ය අංකය, දිනය අධිකරණ වෛද්‍ය අංකය, දිනය	Name of JMO අධිකරණ වෛද්‍ය නිලධාරීන්ගේ නම අධිකරණ වෛද්‍ය නිලධාරීන්ගේ නම
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මේ කිසියම් වෛද්‍යවරයෙක් හමුවන්නේ නම් මෙම රෝග නිවේදන පත් ඉදිරිපත් කරන්න.
 Please produce this Diagnosis Card at your next consultation.



රෝග නිවේදන පත
நோய் நிர்ணய அட்டை
Diagnosis Card

Hospital රෝගීන්ගේ වෛද්‍යාගාරය	Apelasha Hospital	Contact No. දුරකථන අංකය දුරකථන අංකය	
Patient's Name රෝගීන්ගේ නම රෝගීන්ගේ නම	Mr. S. Hendarav Narana		

Date of Admission අදාළ කළ දිනය අදාළ කළ දිනය	04/10 2024	Date of Discharge මුදාහැර දිනය මුදාහැර දිනය	04/10 2024
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Principal Diagnosis
ප්‍රධාන රෝග නිවේදන
ප්‍රධාන රෝග නිවේදන

Low grade Serous Carcinoma
Predominantly involves ovary

Co-morbidities
සමරෝගීන්
සමරෝගීන්

Surgeries
චලනය
චලනය

Procedures
විද්‍යාත්මක
විද්‍යාත්මක

වෙනත් රෝග හෝ තත්වයන්
වෙනත් රෝග හෝ තත්වයන්

අනෙකුත් වෛද්‍ය ක්‍රියා
අනෙකුත් වෛද්‍ය ක්‍රියා

මූලික වෛද්‍ය ආහාර
මූලික වෛද්‍ය ආහාර

ආහාර ආහාර
ආහාර ආහාර

ආහාර ආහාර
ආහාර ආහාර

Mode of Admission වේලාව අදාළ කළ වෛද්‍යාගාරයේ වෛද්‍යාගාරයේ	Self කමා විසින් කමා විසින්	<input type="checkbox"/>	Requested / Referred ඉල්ලීම මත / යොමු කිරීමකින් ඉල්ලීම මත / යොමු කිරීමකින්	<input type="checkbox"/>	Transferred In මාරුකර එවීම මාරුකර එවීම	<input type="checkbox"/>
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Mode of Discharge මුදාහැර අංකය මුදාහැර අංකය	Routine සාමාන්‍ය පිළිවෙත සාමාන්‍ය පිළිවෙත	<input type="checkbox"/>	Transferred Out මාරුකර යැවීම මාරුකර යැවීම	<input type="checkbox"/>	Self Discharge මාරුකර යැවීම මාරුකර යැවීම	<input type="checkbox"/>
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Disease Notification
රෝගය දැනුම්දීම
රෝගය දැනුම්දීම

Yes No

Medical Certificate Issued
වෛද්‍ය සාහසිකය නිකුත් කිරීම
වෛද්‍ය සාහසිකය නිකුත් කිරීම

Yes No

Insurance Form Filled
රක්ෂණවරයේ අදාළවන
රක්ෂණවරයේ අදාළවන

Yes No



Consultant's Name and Stamp
වෛද්‍ය චිකිත්සාකරුගේ නම හා නිල මුද්‍රණ
වෛද්‍ය චිකිත්සාකරුගේ නම හා නිල මුද්‍රණ

HO / MO Name
නිල/වෛද්‍ය නිලධාරීන්ගේ නම
නිල/වෛද්‍ය නිලධාරීන්ගේ නම

Signature / අත්සන / ඉස්මන්

National Cancer Institute, Sri Lanka (Maharagama)
Department of Chemical Pathology

Laboratory Report

Lab Ref. No.: CA/1791/25

Technique : Enhanced Chemiluminescence Immunoassay / Direct ISE

BHT/ OPD No. : 9294/24

Sex : Female

Patient's Name : S HENDAVIDHARANA

Ward : OPD

Referred By : DR : PRASAD ABEYSINGHE

Date : 2025-May-09

Age : 71Y

Time : 16:07:26

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
CA 125 II	76.6	U/mL	0 - 35

Comments : _____


MLT

Date : _____

2025/5/9


Dr. Rajitha Samarasinghe
M.B.S. (Chemical Pathology) FAACG
Consultant Chemical Pathologist
National Cancer Institute
Maharagama

*** FOR ANY INQUIRIES ON THIS REPORT, PLEASE CONTACT EXT - 2412 (Dr. Rajitha Samarasinghe or Mrs. Ganaga, Mr. Savinda, Mrs. Mayuri, Mr. Nasreen)

National Cancer Institute, Sri Lanka (Maharagama)
Department of Chemical Pathology

Laboratory Report

Lab Ref. No.: CA/404/2025

Technique : Enhanced Chemiluminescence Immunoassay / Direct ISE

BHT/ OPD No. : 9294/2024C
Patient's Name : S HENDA VITHARANA
Referred By : DR PRASAD ABEYSINGHE
Age : 71 Y

Sex : Female
Ward : OPD
Date : 2025-Jan-29
Time : 17:12:37

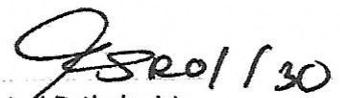
<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
CA 125 II	77.7	U/mL	0 - 35

Comments :



MLT

Date : 29/01/25



Chemical Pathologist
Dr. Rajitha Samarasinghe
MBBS (Col) D.Path MD (Chem) FRACG
Consultant Chemical Pathologist

*** FOR ANY INQUIRIES ON THIS REPORT, PLEASE CONTACT EXT - 2412 (Dr. Rajitha Samarasinghe or Mrs. Ganoga, Mr. Savinda, Mrs. Mayuri, Mr. Nasree) National Cancer Institute, Maharagama.

Indications on Discharge: (Medication / Dose / Frequency / Route / Duration)
 දා හැරවීමේ නිකුත් කළ ඖෂධ (වෛද්‍ය / වැදගත් / සිවරක්ද / දින හතර / කාල පරිච්ඡේදය)
 වෛද්‍යවරයා විසින් නිර්දේශ කළ ඖෂධ (වැදගත් / වැදගත් / සිවරක්ද / දින හතර / කාල පරිච්ඡේදය)

කරුණාකර ඔබට නියම කරන ලද ඖෂධ වේදනා ප්‍රදායක පරිදි පාවිච්චි කරන්න.
 Please use prescribed medications as advised by the Physician.

Discharge Plan: (Inclusive of Management Plan, Advices, Diet, Life Style Behaviour)
 අනුකූල පහ අනුකූල කළ යුතු වැදගත් (ප්‍රතිකාර / වැදගත් / වේදනා ප්‍රදායක / ආහාර / ජීවන රටාව හෝ භෞතික අත්කරගැනීම)
 වෛද්‍යවරයා විසින් නිර්දේශ කළ (විවිධ ආකාරයේ, ආහාර, ජීවන රටාව, වැදගත් ප්‍රකාරයන් සඳහා සලකා බැලිය යුතුය)

- RU at clinic 5 days
 - keep catheter 10 days

Follow up Details / පහ විස්තර / වෛද්‍ය ආචාර්යවරයා විසින් සලකා බැලිය යුතුය

Date දිනය	Day දින	Time වේලාව	Type of Clinic වෛද්‍ය කාන්තා විකේන්ද්‍රය	Consultant's Name වෛද්‍ය ආචාර්යවරයාගේ නම වෛද්‍යවරයාගේ නම	Room No. කාමර අංකය
29	01	12	R123		

Instructions in Sinhala or Tamil (Optional) (Eg.- Disease Condition, Medication, Referrals)
 විස්තර, වැදගත් ආචාර්යවරයාගේ නම (විවිධ ආකාරයේ)

Referral Note / පහ විස්තර / වෛද්‍ය ආචාර්යවරයා විසින් සලකා බැලිය යුතුය

MO-CH / Procedure 5000
 Dr. D., Please arrange catheter removal on
 03/01/2025. Catheter removal on 10/01/2025

Medico-Legal
 MLEF No. Date
 Name of JMO

Thank you
 Dr. M. S. S.

Please produce this Diagnosis Card at your next consultation.



රෝග නිශ්චය පත
 රෝග නිර්ණය ඇදහීම
Diagnosis Card

Health 383A
 සෞඛ්‍ය 383අ
 සෞඛ්‍ය 383 අ

Personal Health No. වෛද්‍ය සෞඛ්‍ය අංකය	09294 / 2024
Contact No. දුරකථන අංකය	
NIC No. ජාතික හැඳුනුම්පත් අංකය	
Blood Group රුධිර සමූහය	A+ve
Allergy (Drug / Food / Other) අනුකූලතාව (විවිධ / ආහාර / වෙනත්)	

Hospital
 රෝගාගාරය
 වෛද්‍යවරයාගේ නම

Apexsha Hospital

Patient's Name
 රෝගියාගේ නම
 රෝගියාගේ නම

MRS. S. HENDAVITHARANA

BHT No. රුධිර සමූහය	072818 / 2024	Ward/Unit වැදගත් / ඒකකය	28	Sex Male/Female ස්ත්‍රී පුරුෂ / වැදගත්	Age වයස	71
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Date of Admission දැක්වූ දිනය	26.12.2024	Date of Discharge මුදාහැර දිනය	01.01.2025
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Principal Diagnosis
 ප්‍රධාන රෝග නිශ්චය

CA ovary

Co-morbidities
 අනුකූලතාව
 Surgeries
 වැදගත් ක්‍රියාමාර්ග

Interval Debulking Laparotomy & A
 27 / 12 / 2024

Mode of Admission දැක්වූ දිනය	Self මම විසින්	Requested / Referred අදහස් / යොමු කිරීම	Transferred In වැදගත් රෝග
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Mode of Discharge මුදාහැර දිනය	Routine මාර්ගගත	Transferred Out වෛද්‍යවරයා විසින්	Self Discharge මම විසින්
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Disease Notification රෝග දැනුම්පත	Yes <input type="checkbox"/> No <input type="checkbox"/>	Consultant's Name වෛද්‍ය ආචාර්යවරයාගේ නම	M. S. S. MRCOG
Medicine Certificate Issued වෛද්‍ය සහතිකය	Yes <input type="checkbox"/> No <input type="checkbox"/>	MO / MO Name වෛද්‍ය / වෛද්‍ය නම	National Cancer
Insurance Form Filled විද්‍යා මාර්ගගත	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature / අත්සන / ලකුණ	

Interval Debulking Laparotomy ↓ uA
27/12/2024

Hudson hysterectomy + BSO +
Supracolic omentectomy ↓ uA

Done by Dr. Sumith (SR)
Dr. Rohita (SHO)

Assisted by Dr. Kajeerban (Reg)

Uls of Dr. C. Hapuracacurige (nos)

Supine position.

Midline vertical incision made.

PC open into

F^o - Mild free fluid noted.

Bladder, uterus, B/L ovaries are taken
adherent together.

B/L ovaries and tubes adhered to sigmoid
colon & POD completely obliterated.

B/L lateral pelvic wall adherent to bowel.

Omentum, B/L paracolic gutters, mesentery
involved & deposits.

Liver surface. Cirrhosis changes +.

Omental cake free at the supracolic omentum.

P^o - Hudson hysterectomy done.

BSO done.

Supracolic omentectomy done.

Optimum cytoreduction done.

Haemostasis achieved. EBL - 1500 cc.

Specimen sent for histology

Rectus loop PDS

Skin staples.

Special Investigations: (Eg.- Histology Report, CT Scan)

විශේෂ පරීක්ෂණ වාර්තා (උදා.- පටක විද්‍යා වාර්තා / CT සකූන්)
විශේෂ පරීක්ෂණ වාර්තා (උදා. - පටක විද්‍යා වාර්තා, CT සකූන්)

Patient's Condition at the Time of Discharge

මුදාහරින අවස්ථාවේ රෝගියාගේ තත්වය
රෝගියාගේ මුදාහරින අවස්ථාවේ තත්වය

Minilaparotomy + Bx + EA
13/09/24

Done by Dr. Vishagan (SR)
A/s by Dr. Kasun (Reg)

I° - Adenocarcinoma.
- uterus / ovary

Midline supraumbilical
incision made.

opened into PC.

Ascitic fluid 3 1800 cc.

Multiple peritoneal deposits
noted. In POD at bladder
surface & ovarian surface.

Liver, paracolic gutter normal.

Peritoneal Bx taken.

(L) salphingo opharectomy
done.

Haemostasis achieved.

sample sent for histology.

Routine closure done.

Rectus PDS.

SKIN metalclips.

15/09/24

Ref. C & G.
Ref by

- WL. 24/12/24

Special Investigations: (Eg.- Histology Report, CT Scan)

விசேஷ பரிசோதனைகள் (உதாரணம் : திசுவியல் அறிக்கை, CT ஸ்கேன்)

Patient's Condition at the Time of Discharge

இடாய்டிக் அலக்டாலே ரெஃடியூஷன் கவனவலக
வெளியேறிய நேரத்தில் நோயாளியின் நிலைமை