

Rahul Harilal Kaswala
51, Mountland Drive,
Scarborough, Ontario. M1G 2N7
Email : rahulkaswala@gmail.com
Phone Number : 437-545-1001
Date : 21st September 2024

To,
The Canadian Embassy,
Immigration Department.
Subject : Request for Visitor Visa for My Mother

Respected Visa Officer,

I am writing to request a visitor visa for my mother, Ms. Bhavnaben Harilal Kaswala, refer personal details as below :

Name : Bhavnaben Harilal Kaswala
DOB : 01st June 1970
Current Address : 15, Vijyant Park Society, Hirawadi Road, Saijpur Bogha, Ahmedabad, Gujarat, India.
Pin code : 382345
Mobile : +919924410261

The purpose of her visit is to provide emotional and practical support during my wife's first positive pregnancy, following two earlier miscarriages.

Me and My wife are eagerly expecting our first child. This pregnancy holds significant emotional weight for us given our past experiences.

I am working with Shah Trading Company since April'2023 as a full time employee and I am having a stable income. Recently I have been promoted to the role of a Sales Representative. In this role I will be visiting our valued clients across Ontario and hence I will be travelling away from home daily. During this time, nobody will be at home to look after my wife. Also, her health is up and down with immense symptoms.

To tackle this sensitive phase consciously, I would like to invite my mother here in Canada, so that she can stay with us and look after my wife and the Baby.

We believe that having my mother with us during this crucial time will greatly help both of us in our mental and physical well-being. Her presence will offer much-needed comfort and support, as well as assist with the preparations for the baby and managing household responsibilities.

My wife has completed her studies of Cloud Computing in mid Aug'24 and applied for PGWP on 07th September 2024. She has been appointed as a DevOps Engineer at Omega Software Services Ltd. and started working full time from 16th September 2024.

My father Harilal Chhaganbhai Kaswala is a businessman in India and having own garage of motorcycle and mopeds. He also owns two houses, car and farming land in India. He is staying as a joint family with my mother, brother and sister-in-law as a Head of the House. Their families and

relatives are also staying in India in the neighbourhood and are visiting very frequently during social occasions, get together and other family functions.

1. Purpose of Visit:

As me and my wife are expecting our first child, and this pregnancy is specifically very crucial considering previous experiences with two miscarriages we are inviting my mother Bhavnaben Harilal Kaswala, so that she can stay with us during this significant time and provide us the emotional support, warmth and practical assistance during my wife's first pregnancy and postpartum. After delivery she will go back to her home country to resume her family life with my father, brother and sister-in-law.

2. Stay and Accommodation:

She will be visiting Canada from 07th January 2025 to 05th March 2025, for two months which covers Neha's last 1.5 moths of pregnancy, birthing time and postpartum. During the visit she will be staying with us at 51, Mountland Drive, Scarborough, Ontario M1G 2N7. During her stay all living and food expenses will be covered by herself and my father. If at all required as an additional support, my brother and sister-in-law are also there to support her for all the expenses. I am attaching all financial supporting documents and Affidavit of Sponsor for your ready reference including my financial status.

3. Reason for Returning India :

My parents have deep-rooted ties in India, including familial, social and professional connections. My father is a businessman and having own garage of motorcycle and mopeds in India since 1983. They are living in an extended family in my home country including my mother who is an independent self-employed woman, brother who is working as a Civil Engineer with a private group of companies, Sister-in-Law who is working as a Customer Relationship Manager and my grand mother. They all are financially and socially well-established and have been staying in our own house under the same roof for the past 30 years. My Mother is spending most of her time in her household business and looking after my grandmother and other family members. She is actively involved in the spiritual activities and spiritual education to the youth. After delivery, she is planning to go back at the earliest so that she can resume her routine life in terms of professional, social and spiritual. Hence, because of all these strong ties in the back home, her intentions for overstay during her visit will be out of the scope.

4. Financial Establishments :

To address the concerns regarding their financial situation, I am enclosing updated bank statements, balance certificates, statement of current investment in the stock market, Income Tax Returns, Valuation Reports of the current assets, demonstrating their financial stability and ability to support themselves during my mother's visit to Canada. Additionally, I am also providing bank statement of me and my wife wherein We undertake full financial responsibility for any expenses she may incur during her stay in Canada.

Summary of Movable Income :

[*Exchange rate CAD \$1 = 61.85 Indian Rupees]

Type of Finance	Owner (Whose name is it ?)	Financial Institution	Amount in Indian Rupees	Amount in CAD (*Exchange Rate)
Saving Account	Kaswala Bhavnaben Haribhai	Saraswat Bank	4,79,400/-	7751 CAD

Demat Account	Bhavnaven Haribhai Kaswala	Zerodha Broking Limited	85,735/-	1386 CAD
Saving Account	Harilal Kaswala	Axis Bank	10,65,106/-	17215 CAD
Demat Account	Rohini Kiritbhai Jogani	Demat Account	3,90,351/-	6311 CAD
PPF Account	Rahul Harilal Kaswala	EPFO	1,85,916/-	3005 CAD
PF Account	Rahul Harilal Kaswala	EPFO	2,14,684/-	3471 CAD
Preferred Package	Rahul Harilal Kaswala	Scotia Bank	29722 CAD	29722 CAD
Student Banking Advantage Plan	Nehaben Rahul Kaswala	Scotia Bank	6229 CAD	6229 CAD

Summary of Immovable & Tax Return:

[*Exchange rate CAD \$1 = 61.85 Indian Rupees]

Type of Asset	Owner (Whose name is it ?)	Location / Year	Amount in Indian Rupees	Amount in CAD (*Exchange Rate)
Commercial Shop	Bhavnaven Harilal Kaswala	Ahmedabad, Gujarat	36,85,000/-	59579 CAD
Commercial Shop	Harilal Chhaganbhai Kaswala	Ahmedabad, Gujarat	1,65,32,500/-	267300 CAD
Residential Tenement	Harilal Chhaganbhai Kaswala	Ahmedabad, Gujarat	85,97,000/-	138997 CAD
ITR Acknowledgement	Bhavnaven Haribhai Kaswala	2024-25	6,79,840/-	10991 CAD
ITR Acknowledgement	Bhavnaven Haribhai Kaswala	2023-24	4,61,100/-	7455 CAD

I have attached the below mentioned documents to support her visa application :

1. A letter of invitation from me, detailing the purpose of her visit and our current circumstances.
2. Proof of our relationship.
3. Evidence of my wife's current pregnancy, medical records and a letter from doctor.
4. A copy of my mother's passport and a completed visa application form.
5. Proof of financial support, including recent bank statements, balance certificates, statement of current investment in the stock market, Income Tax Returns, Valuation Reports of the current assets and our bank statements along with the letter of the employment.

We are committed to ensuring that all conditions of the visitor visa are met, and we assure you that she will return to her home country upon the completion of her visit. We appreciate your understanding and consideration of our situation and look forward to a favourable response.

Thank you for your attention to this matter.

Sincerely,

R. Kaswala. 21st September 2024

Rahul Kaswala

Dr. Brenda Sohn, MD FRCSC

Obstetrics, Gynecology and Minimally Invasive Surgery

Markham Sheppard Women's Health Centre

1780 Markham Road, Suite 140, Scarborough, ON M1B 2W2

Phone: (416) 286-3830 Fax: (416) 286-3133

2024-Aug-26

Name: KASWALA BHAVNABEN HARILAL

DOB : 01 - JUNE - 1970

**Address : 15, VIJYANT PARK SOCIETY, HIRAWADI ROAD, SAIJPUR BOGHA, AHMEDABAD,
GUJARAT, INDIA. PIN CODE : 382345**

Relationship: Mother-in-law

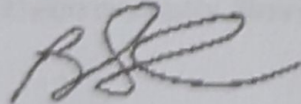
To whom it may concern,

This is to inform you that the above mentioned is the mother-in-law of Ms. Nehaben Kaswala, who is under my prenatal care. Her daughter-in-law's expected due date is February 23, 2025. She will be delivering at Scarborough Health Network - Centenary Site. I will providing ongoing antenatal, intrapartum and initial postpartum care to Ms. Kaswala.

Please accept this letter as support documentation for a visiting VISA for Ms. Bhavnaben , who presently resides in India. It would be ideal if the visiting VISA is granted for Ms. Bhavnaben before the birth of the newborn, so that she could be of assistance prior to the birth of the baby, and during Ms. Kaswala's post partum period. At this moment, my patient is experiencing some medical complications with her pregnancy and requires additional support at home.

If you require any more information, please do not hesitate to contact our office.

Sincerely,



Brenda Sohn, MD

Electronically Reviewed to Expedite Delivery

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Sam Patrick Lambert at 23/8/2024 22:09

Status: Signed

Nehaben Kaswala is a 29 y.o. female presenting to ED with

Chief Complaint

Patient presents with

- Vomiting and / or Nausea

Triage note reviewed:

Triage Note at 23/8/2024 20:57

Per husband pt is 13 wks pregnant

With N/V during pregnancy

Admitted x 1 wk for hyperemesis

Dx today with home care visits

Was told to come to ED 2 IV access for her tx

No abd cramping

No vaginal bleeding

G3P0M2

To triage per w/c

Looks tired

HPI

Patient is 13-week pregnant

Nausea and vomiting during pregnancy

Admitted for 1 week for hyperemesis

Was supposed to get home visit starting today

Was told to come to IV to get IV access for treatment

No cramping

No vaginal bleeding

G3P0A2

Patient looks unwell

After discussion with charge nurse and patient to the was determined that patient was declined home care service today because she did not have 2 lines for access

She is to get metoclopramide and KCl

Could not get it because of the 2 separate lines

Social History**Past Medical History**

Past Medical History:

2023: Miscarriage

No date: No disease found

No Known Allergies

Medications**Current Facility-Administered Medications on File Prior to Encounter**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• [COMPLETED] potassium chloride (K-10) solution 20 mmol	20 mmol	oral	BID	Brenda Sohn		20 mmol at 23/08/2 4 0842
• [DISCONTINUED] acetaminophen (TYLENOL EXTRA STRENGTH) tablet 1,000 mg	1,000 mg	oral	QID PRN	Brenda Sohn		
• [DISCONTINUED] acetaminophen (TYLENOL EXTRA STRENGTH) tablet 1,000 mg	1,000 mg	Enteral Tube	QID PRN	Brenda Sohn		
• [DISCONTINUED] acetaminophen (TYLENOL) suppository 1,000 mg	1,000 mg	rectal	q6h PRN	Brenda Sohn		650 mg at 20/08/2 4 1700
• [DISCONTINUED] dimenhyDRINATE (GRAVOL) injection solution 25-50 mg	25-50 mg	intravenous	q4h PRN	Brenda Sohn		
• [DISCONTINUED] dimenhyDRINATE (GRAVOL) tablet 25-50 mg	25-50 mg	oral	q4h PRN	Brenda Sohn		
• [DISCONTINUED] famotidine (PEPCID) 20 mg in sodium chloride 0.9 % 100 mL IVPB	20 mg	intravenous	BID	Brenda Sohn		20 mg at 23/08/2 4 0844
• [DISCONTINUED] folic acid tablet 1 mg	1 mg	oral	Daily	Brenda Sohn		1 mg at 23/08/2 4 0842
• [DISCONTINUED] metoclopramide (MAXERAN) 5 mg/mL injection 10 mg	10 mg	intravenous	q12h SCH	Brenda Sohn		10 mg at 23/08/2 4 0843
• [DISCONTINUED] metoclopramide	5 mg	oral	QID PRN	Brenda Sohn		

(Maxeran) tablet 5
mg

• [DISCONTINUED] multivitamins without vit K 10 mL in dextrose 5 % in water (D5W) 1,000 mL IVPB		intravenous	Daily	Brenda Sohn	100 mL/hr at 22/08/2 4 2029	New Bag at 22/08/2 4 2029
• [DISCONTINUED] ondansetron (ZOFTRAN) 2 mg/mL injection 4 mg	4 mg	intravenous	q8h PRN	Brenda Sohn		4 mg at 20/08/2 4 1602
• [DISCONTINUED] ondansetron (ZOFTRAN) 2 mg/mL injection 4- 8 mg	4-8 mg	subcutaneous	q8h PRN	Brenda Sohn		
• [DISCONTINUED] ondansetron tablet 4-8 mg	4-8 mg	oral	q8h PRN	Brenda Sohn		
• [DISCONTINUED] ondansetron tablet 4-8 mg	4-8 mg	Enteral Tube	q8h PRN	Brenda Sohn		
• [DISCONTINUED] sodium chloride 0.9% with potassium chloride 40 mmol/L infusion		intravenous	Continuous Infusion	Brenda Sohn	125 mL/hr at 22/08/2 4 1107	New Bag at 22/08/2 4 1107

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL EXTRA STRENGTH) 500 mg tablet	Take 2 tablets (1,000 mg total) by mouth 4 (four) times a day as needed for moderate pain.	30 tablet	0
• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	350 mL	0
• dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	60 tablet	0
• doxylamine-pyridoxine (DICLEPTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	126 tablet	0
• famotidine (PEPCID) 20 mg tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day.	30 tablet	1
• metoclopramide (Maxeran) 5 mg	Take 1 tablet (5 mg	30 tablet	0

tablet	total) by mouth 4 (four) times a day as needed (for nausea) for up to 10 days.		
• MULTIVITAMIN ORAL			
• ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	20 tablet	0
• ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.	21 tablet	0
• potassium chloride (SLOW-K) 8 mmol (600 mg) CR tablet	Take 1 tablet (8 mmol total) by mouth 2 (two) times a day.	60 tablet	1

Physical Exam**Visit Vitals**

BP	103/73 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	90	
Temp	36.7 °C (Tympanic)	
Resp	16	
Wt	41.5 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	98%	
BMI	16.73 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never	
BSA	1.35 m ²	

Vital signs above are reviewed and normal.

GENERAL: Patient is pale and vomiting. Looks unwell.

RESPIRATORY: Good air entry bilaterally to bases. No crackles, wheeze, rhonchi. Chest wall is normal.

CARDIO: Normal S1/S2. No extra heart sounds or murmurs appreciated. Symmetrical radial pulses.

ABDOMINAL: Abdomen is soft/non-tender. No scars appreciated. No Murphy's. No McBurney's.

Impression and Plan

Differential: Issue with IV access. Will give a dose of fluids and max ran here. and Tylenol as well.
Discharged home with new home care orders.

START TIME: 23/08/24 2145

END TIME: 2213

Reassessments and Actions

ED Course as of 24/08/24 0008

Sat 24 Aug 2024

0008 Patient reassessed and feeling much better. I feel that the home care form so that things are done properly. Patient is return if she cannot get her dose in the morning.

Final diagnoses:

None

ED Prescriptions

None

Sam Lambert, MD
Emergency Physican

Sam Patrick Lambert, MD
23/08/24 2213

ED Provider Notes

Sam Patrick Lambert at 23/8/2024 22:09

Nehaben Kaswala is a 29 y.o. female presenting to ED with

Chief Complaint

Patient presents with

- Vomiting and / or Nausea

Triage note reviewed:

Triage Note at 23/8/2024 20:57

Per husband pt is 13 wks pregnant

With N/V during pregnancy

Admitted x 1 wk for hyperemesis

Dx today with home care visits

Was told to come to ED 2 IV access for her tx

No abod cramping

No vaginal bleeding

G3P0M2

To triage per w/c

Looks tired

HPI

Patient is 13-week pregnant

Nausea and vomiting during pregnancy

Admitted for 1 week for hyperemesis

Was supposed to get home visit starting today

Was told to come to IV to get IV access for treatment

No cramping
 No vaginal bleeding
 G3P0A2
 Patient looks unwell

After discussion with charge nurse and patient to the was determined that patient was declined home care service today because she did not have 2 lines for access
 She is to get metoclopramide and KCl
 Could not get it because of the 2 separate lines

Social History.

Past Medical History.

Past Medical History:
 2023: Miscarriage
 No date: No disease found

No Known Allergies

Medications

Current Facility-Administered Medications on File Prior to Encounter

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
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• [DISCONTINUED] metoclopramide (MAXERAN) 5 mg/mL injection 10 mg	10 mg	intravenous	q12h SCH	Brenda Sohn	10 mg at 23/08/24 0843	
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• [DISCONTINUED] sodium chloride 0.9% with potassium chloride 40 mmol/L infusion		intravenous	Continuous Infusion	Brenda Sohn	125 mL/hr at 22/08/24 1107	New Bag at 22/08/24 1107

Current Outpatient Medications on File Prior to Encounter

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• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	350 mL	0
• dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or	60 tablet	0

	vomiting.		
• doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	126 tablet	0
• famotidine (PEPCID) 20 mg tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day.	30 tablet	1
• metoclopramide (Maxeran) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 4 (four) times a day as needed (for nausea) for up to 10 days.	30 tablet	0
• MULTIVITAMIN ORAL			
• ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	20 tablet	0
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• potassium chloride (SLOW-K) 8 mmol (600 mg) CR tablet	Take 1 tablet (8 mmol total) by mouth 2 (two) times a day.	60 tablet	1

Physical Exam**Visit Vitals**

BP 103/73 (BP Location: Right arm, Patient Position: Sitting)

Pulse 90

Temp 36.7 °C (Tympanic)

Resp 16

Wt 41.5 kg

LMP (LMP Unknown)

Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024

SpO2 98%

BMI 16.73 kg/m²

OB Status Pregnant

Smoking Status Never

BSA 1.35 m²

Vital signs above are reviewed and normal.

GENERAL: Patient is pale and vomiting. Looks unwell.

RESPIRATORY: Good air entry bilaterally to bases. No crackles, wheeze, rhonchi. Chest wall is normal.

CARDIO: Normal S1/S2. No extra heart sounds or murmurs appreciated. Symmetrical radial pulses.

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Discharged home with new home care orders.

START TIME: 23/08/24 2145

END TIME: 2213

Reassessments and Actions

ED Course as of 24/08/24 0008

Sat 24 Aug 2024

0008 Patient reassessed and feeling much better. I feel that the home care form so that things are done properly. Patient is return if she cannot get her dose in the morning.

Final diagnoses:

None

ED Prescriptions

None

Sam Lambert, MD
Emergency Physican

Sam Patrick Lambert, MD
23/08/24 2213

Discharge Instructions

Sam Patrick Lambert at 24/8/2024 0:05

As we discussed I felt with the homecare form again. Hopefully they can complete the orders as previously ordered. I also message to her OB so that they are aware. If you cannot get your morning dose please come back to the emergency department for assessment. If you have any new or concerning symptoms you can was come back for assessment.

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Your Admission - 19/08/24

Notes

Discharge Summary

Brenda Sohn at 23/8/2024 13:28

Status: Signed

Admission date: August 18, 2024
Discharge date: August 23, 2024
Discharge Diagnosis: hyperemesis gravidarum

Procedures done in hospital: none

Hospital Course

Ms. Kaswala was admitted to SHC on August 18, 2024 due to unremitting emesis from hyperemesis gravidarum. She was initially assessed in the ED for chest pains where cardiac work-up was negative and it was felt to be MSK related to to the vomiting +/- acid reflux. She was given anti-emetics, but ultimately require admission for IV fluid rehydration and around the clock anti-emetic therapy. She was given IV famotidine, ondansetron, gravol and metoclopramide. She found the IV Gravol infusion unhelpful, so that was discontinued. Ultimately, the IV metoclopramide worked best for her and she was finally able to keep small amount of food/fluid down without vomiting. Dietician and social work were also consulted during her admission. Her potassium was noted to be persistently low and she was started on oral potassium in addition to IV.

Test Results Pending At Discharge Pending Labs

Order	Current Status
Tissue Examination	In process

Issues Requiring Follow-Up

None

Outpatient Follow-Up

She was discharged home in stable condition.

Patient to seek urgent medical attention if she develops fever, chest pain, shortness of breath, severe abdo pain, heavy vaginal bleeding.

CCAC homecare was arranged for IV 0.9% NS + 20 mEq KCL daily and IV metoclopramide 10 mg IV q12h x 14 days.

The following Rx were provided: Slow K 8 mmol (600mg) CR tab PO BID, metoclorpramide 5-10 mg PO q6h PRN, Tylenol 500-1000 mg PO Q6H prn, famotdine 20 mg PO BID PRN. She already has Diclectin and Ondanestron at home

Follow-up with me in office September 11, 2024 already arranged.

Brenda Sohn, MD, FRCSC

23/8/2024 13:37 Discharge Summary signed by Brenda Sohn

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Jackie Chou at 19/8/2024 0:08

Status: Addendum

ED Staff Physician Note

DEMOGRAPHICS

Nehaben Kaswala
51 Mountland Drive
Scarborough ON M1G 2N7
647-861-6443
1810741742AT

Chief Complaint

Patient presents with

- Chest Pain (Cardiac Features)

Triage Note at 18/8/2024 21:30

As per patient, is 13 weeks pregnant, chest pain and sob onset since this morning, 7 episodes of emesis, no hematemesis, just food contents

No vaginal bleeding or discharge

Administered diclectin, zofran and gravol with no effect

No fever, chills

No cough

G3P0A2

DLMP unknown patient does not recall

Pregnancy test positive July 2, 2024

Currently 8/10 pleuritic, reproducible with palpation, bilateral right and left pectoral region discomfort

On call - 24 hour call at Cent, called in at 2305 Aug 18, 2024

HPI:

Nehaben Kaswala is a 29 y.o. female presenting with n/v

Total 8x vomiting.
No blood

Improved a bit with zofran and gravol

No drugs no alcohol
No trauma no injuries

No PV bleeding
No stool changed

Patient History

The patient's chart and relevant storyboard were reviewed.

Past Medical History:	Medications:	
Past Medical History:	Current Outpatient Medications	
2023: Miscarriage	Medication	Instructions
No past surgical history on file.	• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	15 mL, oral, Every 6 hours PRN
	• dimenhyDRINATE (GRAVOL)	50 mg, oral, Every 6 hours PRN
	• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.
	• ondansetron	4 mg, oral, Every 8 hours PRN
	No Known Allergies	

No family history on file.

Results:

No results found.

No orders to display

Physical Exam:

Vitals:

18/08/24 2130
BP: 109/71
BP Location: Right arm
Patient: Sitting
Position:
Pulse: 87
Resp: 20
Temp: 35.8 °C
TempSrc: Tympanic
SpO2: 99%
Weight: 42 kg

Height: 1.575 m

GCS 15, AAOX4,

Looks well pleasant, no acute distress, speaking full sentences, no tripodding, no drooling

Respiratory Equal Air entry with no wheeze or rhonchi

Exquisite tenderness to palpation over the chest wall over the left anterior chest and minimally over the epigastric area as well

CVS S1, S2, regular, no murmurs, cap refill <3s

Abdo soft non tender

No rashes

Labs Reviewed

ELECTROLYTES - Abnormal

Result	Value
Sodium	134 (*)
Potassium	3.8
Chloride	101
CO2	17 (*)
Anion Gap	16 (*)

BHCG, SERUM QUANTITATIVE - Abnormal

hCG Quant	>1,350 (*)
-----------	------------

CBC WITH AUTO DIFFERENTIAL - Abnormal

Leukocyte	11.9 (*)
Erythrocytes	4.24
Hemoglobin	121
Hematocrit	0.35
MCV	83
MCH	28.5
MCHC	345
Platelets	283
MPV	9.2
Absolute Neutrophils	8.3 (*)
Absolute Lymphocytes	2.9
Absolute Monocytes	0.7
Absolute Eosinophils	0.0
Absolute Basophils	0.1
Relative Neutrophils	0.69
Relative Eosinophils	0.00 (*)
Relative Basophils	0.01
Relative Lymphocytes	0.24
Relative Monocytes	0.06
nRBC	0.0
RDW	13.1

BHCG HIGH QUANTITATION - Abnormal

Quant BHCG	115,742 (*)
------------	-------------

GLUCOSE, RANDOM - Normal

Glucose Random	4.6
----------------	-----

HS TROPONIN - Normal

HS Troponin	2
-------------	---

Narrative:

RULE OUT AMI

*0 h (>3h from chest pain onset): HS cTnl <4
ng/L*

OR

*0 h (anytime from chest pain onset): HS cTnl
<5 ng/L & delta
1 h <4 ng/L*

RULE IN AMI

0 h: HS cTnl >50 ng/L OR delta 1 h >15 ng/L

99th percenile = 18 ng/L

INR - Normal

INR 1.11

Narrative:

New reference ranges updated as of March 30, 2023

D-DIMER - Normal

D-Dimer, Quant (FEU) 339

Narrative:

New reference ranges updated as of March 30, 2023

CBC AND DIFFERENTIAL

Narrative:

The following orders were created for panel order CBC and differential.

Procedure	Abnormality
Status	

-----	-----	-----
CBC auto differential[472006601]	Abnormal	
Final result		

Please view results for these tests on the individual orders.

CREATININE

Creatinine	56
Egfr-Epi	>120

Assess and Plan

1. Nausea and vomiting in pregnancy
 - a. Nausea vomiting
 - b. Recently did stop taking Diclectin 1 week ago
 - c. There was some confusion about the dosage I have given him a different ramp up dose I will also give them ondansetron to be taken only as needed

ED Course

Medications - No data to display

ED Course as of 19/08/24 0451

Mon 19 Aug 2024

- 0450
1. Chest pain
 - d dimer <500
 - retrosternal and anterior reproducible chest pain
 - likely reflux and MSK related
 2. Hyperemesis
 - +FHR, +FM
 - Failed IV antiemetics IV fluids and cannot tolerate any p.o.
 - Discussed with gynecology on-call they are in agreement to transfer to the obstetrics ward in for admission and IV fluids and antiemetics

ED Prescriptions

None

Parts of the above note may have been dictated, but not read. Please allow for errors

Jackie Chou, MD

19/8/2024

00:08

They understood the discharge instructions and were in agreement with the plan. Opportunity to ask questions and seek clarification was provided.

Complete discharge instructions are documented on the AVS and were given to the patient.

Jackie Chou, MD

19/08/24 0017

Jackie Chou, MD

19/08/24 0451

Consult Notes

Lamide Bamidele M. Oyewumi at 19/8/2024 4:49

Status: Signed

GYNECOLOGY ER CONSULTATION

Date/Time Seen: 19/08/24 0449

ID: Nehaben Kaswala is a 29 y.o. female referred to Gynecologist on call for assessment

RFA: Severe Nausea vomiting of pregnancy

RFR ER MD: Dr. Jackie Chou

History of Presenting Illness: Known hyperemesis in this pregnancy -was on diclectin and zofran prn but stoppped this 5d ago as found diclectin was causing chest pressure as is her materna PNV

Came into ER yest with history of worsening GERD/ n/v 8 yest and q1-2h in ER, unable to tolerate any po intact

Last saw Dr. Sohn Aug 14th, 2024 and was advise to continue her po diclectin/zofran -

Past Obstetrical History: spont ab x2 - 2023 due to CMV infection

Past Medical History: 2021 recurrent ESBL UTI requiring IV meropenem (followed by Dr. Belhaj)

Past Surgical History:No past surgical history on file.

Pertinent Family History: nil

Medications:

,

Prior to Admission medications

Medication	Sig	Taking?	Discontinued?
doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	19/8/24	
ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.	19/8/24	
aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	13/7/24	
dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	3/7/24	
MULTIVITAMIN ORAL			
ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	13/7/24	

Allergies: NKDA**Physical Examination:****Visit Vitals**

BP	109/71 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	87	
Temp	35.8 °C (Tympanic)	
Resp	20	
Ht	1.575 m	
Wt	42 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	99%	
BMI	16.94 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m ²	
Bed side us by ER MD prior to transfer to L&D: + viable intrauterine pregnancy		

Lab Investigations:**Lab Results**

Component	Value	Date
HGB	121	18/08/2024
Na 134/K 3.8/Hg 122/Plt 283/Cr 56/Nl coags		
Troponin/D-dimer - neg		
Normal ECG		

Imaging Investigations: No results found for this or any previous visit from the past 5 days.**Assessment:** Severe N/V of pregnancy at 13wks+0wks GA

Plan:

1. Admit, daily BW, weights, clear fluid diet to hyperemesis diet
2. IV gravol infusion, Prn maxeran IV , Ranitidine IV
3. Urine R&M C&S
4. Daily FHR auscultation

L. Oyewumi MD PhD FRCSC

ED Provider Notes

Jackie Chou at 19/8/2024 0:08

ED Staff Physician Note**DEMOGRAPHICS**

Nehaben Kaswala

51 Mountland Drive

Scarborough ON M1G 2N7

647-861-6443

1810741742AT

Chief Complaint

Patient presents with

- Chest Pain (Cardiac Features)

Triage Note at 18/8/2024 21:30

As per patient, is 13 weeks pregnant, chest pain and sob onset since this morning, 7 episodes of emesis, no hematemesis, just food contents

No vaginal bleeding or discharge

Administered diclectin, zofran and gravol with no effect

No fever, chills

No cough

G3P0A2

DLMP unknown patient does not recall

Pregnancy test positive July 2, 2024

Currently 8/10 pleuritic, reproducible with palpation, bilateral right and left pectoral region discomfort

On call - 24 hour call at Cent, called in at 2305 Aug 18, 2024

HPI:

Nehaben Kaswala is a 29 y.o. female presenting with n/v

Total 8x vomiting.

No blood

Improved a bit with zofran and gravol

No drugs no alcohol
No trauma no injuries

No PV bleeding
No stool changed

Patient History

The patient's chart and relevant storyboard were reviewed.

Past Medical History:	Medications:										
Past Medical History: 2023: Miscarriage No past surgical history on file.	Current Outpatient Medications <table> <tr> <th>Medication</th><th>Instructions</th></tr> <tr> <td>• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension</td><td>15 mL, oral, Every 6 hours PRN</td></tr> <tr> <td>• dimenhyDRINATE (GRAVOL)</td><td>50 mg, oral, Every 6 hours PRN</td></tr> <tr> <td>• MULTIVITAMIN ORAL</td><td>No dose, route, or frequency recorded.</td></tr> <tr> <td>• ondansetron</td><td>4 mg, oral, Every 8 hours PRN</td></tr> </table> No Known Allergies	Medication	Instructions	• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	15 mL, oral, Every 6 hours PRN	• dimenhyDRINATE (GRAVOL)	50 mg, oral, Every 6 hours PRN	• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.	• ondansetron	4 mg, oral, Every 8 hours PRN
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• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.										
• ondansetron	4 mg, oral, Every 8 hours PRN										

No family history on file.

Results:

No results found.

No orders to display

Physical Exam:

Vitals:

18/08/24 2130
 BP: 109/71
 BP Location: Right arm
 Patient Position: Sitting
 Pulse: 87
 Resp: 20
 Temp: 35.8 °C
 TempSrc: Tympanic
 SpO2: 99%
 Weight: 42 kg
 Height: 1.575 m

GCS 15, AAOX4,

Looks well pleasant, no acute distress, speaking full sentences, no tripodding, no drooling
Respiratory Equal Air entry with no wheeze or rhonchi

Exquisite tenderness to palpation over the chest wall over the left anterior chest and minimally over the epigastric area as well
 CVS S1, S2, regular, no murmurs, cap refill <3s
 Abdo soft non tender
 No rashes

Labs Reviewed

ELECTROLYTES - Abnormal

Result	Value
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Potassium	3.8
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hCG Quant >1,350 (*)

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Relative Monocytes	0.06
nRBC	0.0
RDW	13.1

BHCG HIGH QUANTITATION - Abnormal

Quant BHCG 115,742 (*)

GLUCOSE, RANDOM - Normal

Glucose Random 4.6

HS TROPONIN - Normal

HS Troponin 2

Narrative:

RULE OUT AMI

0 h (>3h from chest pain onset): HS cTnI <4 ng/L

OR

*0 h (anytime from chest pain onset): HS cTnI <5 ng/L & delta
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*Narrative:**New reference ranges updated as of March 30, 2023***D-DIMER - Normal**

D-Dimer, Quant (FEU) 339

*Narrative:**New reference ranges updated as of March 30, 2023***CBC AND DIFFERENTIAL***Narrative:**The following orders were created for panel order CBC and differential.*

Procedure	Abnormality
Status	
-----	-----
CBC auto differential[472006601]	Abnormal
Final result	

*Please view results for these tests on the individual orders.***CREATININE**Creatinine 56
Egfr-Epi >120**Assess and Plan**

1. Nausea and vomiting in pregnancy
 - a. Nausea vomiting
 - b. Recently did stop taking Diclectin 1 week ago
 - c. There was some confusion about the dosage I have given him a different ramp up dose I will also give them ondansetron to be taken only as needed

ED Course

Medications - No data to display

ED Course as of 19/08/24 0451**Mon 19 Aug 2024**

- 0450
1. Chest pain
 - d dimer <500
 - retrosternal and anterior reproducible chest pain
 - likely reflux and MSK related
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 - +FHR, +FM
 - Failed IV antiemetics IV fluids and cannot tolerate any p.o.
 - Discussed with gynecology on-call they are in agreement to transfer to the obstetrics ward in for admission and IV fluids and antiemetics

ED Prescriptions

None

Parts of the above note may have been dictated, but not read. Please allow for errors

Jackie Chou, MD

19/8/2024

00:08

They understood the discharge instructions and were in agreement with the plan. Opportunity to ask questions and seek clarification was provided.

Complete discharge instructions are documented on the AVS and were given to the patient.

Jackie Chou, MD

19/08/24 0017

Jackie Chou, MD

19/08/24 0451

Consults

Lamide Bamidele M. Oyewumi at 19/8/2024 4:49

GYNECOLOGY ER CONSULTATION

Date/Time Seen: 19/08/24 0449

ID: Nehaben Kaswala is a 29 y.o. female referred to Gynecologist on call for assessment

RFA: Severe Nausea vomiting of pregnancy

RFR ER MD: Dr. Jackie Chou

History of Presenting Illness: Known hyperemesis in this pregnancy -was on diclectin and zofran prn but stoppled this 5d ago as found diclectin was causing chest pressure as is her materna PNV

Came into ER yest with history of worsening GERD/ n/v 8 yest and q1-2h in ER, unable to tolerate any po intact

Last saw Dr. Sohn Aug 14th, 2024 and was advise to continue her po diclectin/zofran -

Past Obstetrical History: spont ab x2 - 2023 due to CMV infection

Past Medical History: 2021 recurrent ESBL UTI requiring IV meropenem (followed by Dr. Belhaj)

Past Surgical History:No past surgical history on file.

Pertinent Family History: nil

Medications:

Prior to Admission medications

Medication	Sig	Taking?	Discontinued?
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ondansetron 4 mg tablet	day. Take 1 tablet (4 mg total) 19/8/24 by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.
aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth 13/7/24 every 6 (six) hours as needed for heartburn.
dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg 3/7/24 total) by mouth every 6 (six) hours as needed for nausea or vomiting.
MULTIVITAMIN ORAL ondansetron 4 mg tablet	Take 1 tablet (4 mg total) 13/7/24 by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.

Allergies: NKDA

Physical Examination:

Visit Vitals

BP	109/71 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	87	
Temp	35.8 °C (Tympanic)	
Resp	20	
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Wt	42 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	99%	
BMI	16.94 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m ²	
Bed side us by ER MD prior to transfer to L&D: + viable intrauterine pregnancy		

Lab Investigations:

Lab Results

Component	Value	Date
HGB	121	18/08/2024
Na 134/K 3.8/Hg 122/Plt 283/Cr 56/NI coags		
Troponin/D-dimer - neg		
Normal ECG		

Imaging Investigations: No results found for this or any previous visit from the past 5 days.

Assessment: Severe N/V of pregnancy at 13wks+0wks GA

Plan:

1. Admit, daily BW, weights, clear fluid diet to hyperemesis diet
2. IV gravol infusion, Prn maxeran IV , Ranitidine IV
3. Urine R&M C&S
4. Daily FHR auscultation

L. Oyewumi MD PhD FRCSC

Discharge Instructions

Jackie Chou at 19/8/2024 0:22

As discussed with you congratulations you are pregnant, you have nausea and vomiting during pregnancy which is very common the first line would be to use Diclectin start off 1 tablet in the morning for 2 days followed by 1 tablet twice a day for 2 days followed by 2 tablets in the morning 1 in the evening for 2 days and then ramp up to 2 tablets twice a day ongoing

Should you continue to have nausea or vomiting if absolutely necessary please use ondansetron provided

Please stay hydrated sit upright for 30 to 45 \minutes after eating or drinking anything as citrus drinks seems to cause her symptoms to get worse this is almost certainly gastritis or inflammation of the stomach and esophagus causing her symptoms which is also common in pregnancy

Otherwise I wish you well

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Ellesmere Family Health Group

106-2100 Ellesmere Road, Scarborough, , M1H 3B7

Tel: 416-690-3450/353; Fax: 1-888-630-9203

Certificate of Health Status

2024-08-03

Doctor: **Etaleb, Osama**

License: 92641

MSP ID: 025388

To Whom this may concern:

RE: KASWALA, NEHABEN

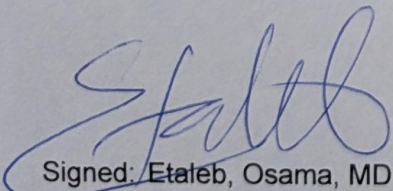
DOB: 09/07/1995 (d/m/y)

Dear Sir / Madam,

It is hereby confirmed that Nehaben Kaswala was seen at this clinic today, regarding Follow-up on the complication of pregnancy

due to her medical condition as she is unable to physically attend to school

I would recommend continuing her classes online from home for the rest of the course



Signed: Etaleb, Osama, MD

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Sandra Yichen Rao at 12/7/2024 22:01

Status: Signed

History of presenting illness

G3P2 LMP Feb 23, 2025 7w3 days
History of ESBL
Patient was seen on July 2 with a positive urine culture for ESBL E. coli with Citrobacter koseri. She was sent home with meropenem IV and subsequently had doses done through CCAC
She has infectious diseases follow up next week as well as EPAC

She is coming in with worsening vomiting over the last few days with some small amount of hematemesis. Unable to tolerate PO. Taking gravol but making her drowsy
No diarrhea no melena or brbpr
She does not think she is passing much gas
Having bm q2days

No vaginal bleeding

Past medical history.

Past Medical History:

Diagnosis	Date
• Miscarriage	2023

Allergy.

No Known Allergies

Medications

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?	Authorizing Provider
dimenhyDRINATE (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	3/7/24	2/8/24		Zeyu Li, MD
MULTIVITAMIN ORAL					External Provider, MD

Physical exam

Vitals: Blood pressure 102/68, pulse 88, temperature 36 °C, temperature source Tympanic, resp.

rate 20, SpO2 98%.

Active vomiting

Abdomen soft non tender to palpation

No CVA tenderness

Assessment and Plan

Recurrent vomiting ?hyperemesis. At this point abdomen benign I dont think high likelihood

Routine labs

IV zofran

Total time in attendance 40 min 2200-0200

ED Course as of 13/07/24 0158

Sat 13 Jul 2024

0105 Still quite nauseous

Will add gravol IV

0152 Patient tolerated PO well.

Substantial improvement with maalox

Will dc with rx for maalox and zofran

RT ED if worse

Sandra Yichen Rao, MD

13/07/24 0158

ED Provider Notes

Sandra Yichen Rao at 12/7/2024 22:01

History of presenting illness

G3P2 LMP Feb 23, 2025 7w3 days

History of ESBL

Patient was seen on July 2 with a positive urine culture for ESBL E. coli with Citrobacter koseri. She was sent home with meropenem IV and subsequently had doses done through CCAC

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No vaginal bleeding

Past medical history.

Past Medical History:

Diagnosis

- Miscarriage

Date

2023

Allergy.

No Known Allergies

Medications

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?	Authorizing Provider
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Vitals: Blood pressure 102/68, pulse 88, temperature 36 °C, temperature source Tympanic, resp. rate 20, SpO2 98%.

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Will dc with rx for maalox and zofran
RT ED if worse

Sandra Yichen Rao, MD
13/07/24 0158

Discharge Instructions

Sandra Yichen Rao at 13/7/2024 1:55

Return to ER if:

- worsening abdominal pain despite pain medications
- black, tarry stool or rectal bleeding
- vomiting and not able to tolerate oral intake
- new or persistent fever
- any episodes of fainting, new chest pain, or new shortness of breath

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Lana Grigoriou at 2/8/2023 18:51

Status: Signed

28-year-old female with lower abdominal pain and bleeding since this morning.

Patient's last menstrual period was June 30. She had a miscarriage in April. Her first normal period since then was in June. She says her pain feels like period cramps. She is having light bleeding. She vomited twice. No fever.

Patient was followed up in early pregnancy clinic in May. Her beta was trending downward. She did not have a confirmatory ultrasound.

On examination the patient was well. She is in no distress. Abdomen soft nontender.

20-year-old female with vaginal bleeding and abdominal pain. Her beta is 31. She may have retained products of conception versus early pregnancy versus threatened miscarriage.

ED Course as of 02/08/23 2357

Wed 02 Aug 2023

1930 Approach by husband patient had more bleeding
and passed tissue
2130 Us shows no IUP
Likely miscarriage given BHCG
2356 Pt will follow up with GP to have BHCG and US
repeated

Lana Grigoriou, MD
02/08/23 2357

ED Provider Notes

Lana Grigoriou at 2/8/2023 18:51

28-year-old female with lower abdominal pain and bleeding since this morning.

Patient's last menstrual period was June 30. She had a miscarriage in April. Her first normal period since then was in June. She says her pain feels like period cramps. She is having light bleeding. She vomited twice. No fever.

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and passed tissue
2130 Us shows no IUP
Likely miscarriage given BHCG
2356 Pt will follow up with GP to have BHCG and US
repeated

Lana Grigoriou, MD
02/08/23 2357

Discharge Instructions

Lana Grigoriou at 2/8/2023 21:32

Have US and BHCG repeated in one week
Return to ER if increasing bleeding >1 pad per hour
Follow up GP for fertility work up

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

Visit Notes

Asha Kurup at 3/5/2023 10:10

Status: Signed

27 year old primip. LMP 12/03/23.

Came to ER on 29/04 because of abdominal pain and heavy bleeding PV and tissue removed from cervix in ER.

Today, BHCG 40 (it was 184 on 29/04)

Now, no bleeding PV or pain.

Impression: Complete abortion.

Advised PNV and Vitamin D3.

Plan: Discharge from EPAC

Progress Notes

Asha Kurup at 3/5/2023 10:10

27 year old primip. LMP 12/03/23.

Came to ER on 29/04 because of abdominal pain and heavy bleeding PV and tissue removed from cervix in ER.

Today, BHCG 40 (it was 184 on 29/04)

Now, no bleeding PV or pain.

Impression: Complete abortion.

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Patient Instructions

Nurse Kirsi M at 3/5/2023 10:19

Discharged from EPAC clinic.