

PATIENT NAME	RADHIKA THANGAVEL	REFERRED FROM	Self
AGE	38 YEARS	ATTENDING DOCTOR	Dr. ASHIK SAINU
SEX	FEMALE	ADMISSION DATE	29/11/2020
ARH NO:	446760	DISCHARGE DATE	02/12/2020
Floor No: 4 th Floor	IP No.: 52919		

FINAL DIAGNOSES:

- Acute colonic obstruction.
- Neoplasm sigmoid colon.
- Preoperative CT imaging staging T3 N2b Mx.
- Colonic metal stenting performed.

Plan: Left hemicolectomy.

COMPLAINTS / REASON FOR ADMISSION:

This 38-year-old female patient was referred to us from Badr Al Samaa Hospital in Muscat with a history of lower abdominal pain and discomfort with inability to pass gas and motion since 3 days duration. She was evaluated in the Emergency Room and underwent CT of the abdomen and pelvis, which revealed a circumferential wall thickening of sigmoid colon measuring 11 mm, extending 5 cm in length, with proximal dilatation with fecal overloading of the right-sided colonic loops, suspicious of neoplasm of the colon, T3 N2b Mx. She was referred to us for further evaluation and potential management.

PAST MEDICAL HISTORY:

No other significant past medical history.

ALLERGY HISTORY:

Nil.

FAMILY HISTORY:

No significant family history.

EXAMINATION FINDINGS:

On examination: Patient is conscious, oriented. Pain +++. Pallor present. No icterus, lymph node enlargement or clubbing.

Respiratory: Bilateral crepitations heard. Cardiovascular: Normal.

Abdomen: Left iliac fossa tenderness present. Mass palpable. Loaded colon palpable on the right side as well as the epigastric region. No organomegaly. No free fluid.

Per Rectum: NAD.

CNS: Normal.

INVESTIGATIONS:

Investigation reports attached.

COURSE IN HOSPITAL AND PROCEDURE DONE:

This 38-year-old young lady, who was referred to us for management of her acute colonic obstruction secondary to sigmoid neoplasm, was admitted. The images were reviewed. After a multidisciplinary team meeting, the potential treatment options were explained to the patient as well as her husband. The potential underlying diagnosis was explained. Gentle sigmoidoscopy was performed and multiple biopsies were taken from the sigmoid lesion extending 18 to 23 cm from the anal verge. The lesion was not traversable even with a pediatric gastroscope. The necessity to relieve the obstruction before a definitive surgery was also explained. The treatment options of laparoscopic colostomy or metal stent insertion was explained to the patient. They prefer to do the definitive treatment from their home country and chose to undergo the metal stent insertion clearly understanding the chances of perforation, bleeding and inability to deploy the stent optimally to relieve the obstruction.

She was taken up for a colonic metal stent insertion. A therapeutic gastroscope was positioned at the lesion. Guidewire was passed across into the dilated proximal bowel loops with an ERCP cannula. After fluoroscopic confirmation of the guidewire positioning, an Evolution uncovered colonic stent 10 cm in length and 25 mm in width was passed through the guidewire across the stricture. The position was checked again, and the stent was deployed under endoscopic vision with 2 cm distal and 2 cm proximal to the stricture. The procedure was uneventful. The stent position was checked the next day with CT scan for any potential leak/pneumoperitoneum. There was no evidence of any procedural complications. Her obstruction was relieved, and she passed flatus and stools. There was no elevation in WBC count or drop in her hemoglobin. At the time of discharge, she has been advised to travel to her home country and undergo definitive evaluation as well as a left hemicolectomy after which the staging would be complete and the requirement for a chemo can be determined after that. She is advised to report back to the hospital if abdominal distention/bleeding occurs before her travel.

DISCHARGE MEDICATIONS AND ADVICE:

Movicol sachets 1 at bedtime x 7 days.
Tab. Nexium 40 mg 1 twice daily x 7 days.
Tab. Ciprofloxacin 500 mg 1 twice daily x 5 days.
Tab. Metronidazole 400 mg 1 twice daily x 5 days.

FOLLOWUP ADVICE:

- To follow up with Colorectal Team at the treating hospital for further evaluation and definitive management of her underlying condition.
- Biopsies can be sent to her once the histopathology is reported.

In case of any emergency, please contact 98294369.

DR. ASHIK SAINU
Sr. CONSULTANT GASTROENTEROLOGIST





NAME	: RADHIKA THANGAVEL	AGE	: 38 Y(06/05/1982)
GENDER	: Female	PATIENT ID	: 446760
COMPANY	: CASH CUSTOMER (Credit)	DATE	: 02/12/2020 09:37 AM
CONSULTANT	: DR. ASHIK SAINU	BILL NO	: NS0177473
BILL DATE	: 01/12/2020		
TEST NAME	: CT ABDOMEN & PELVIS		

REMARKS :

CT ABDOMEN AND PELVIS PLAIN

TECHNIQUE:

Non-enhanced 5-mm axial images of abdomen and pelvis were obtained followed by 2.5 mm axial reconstruction. Rectal contrast was administered.

FINDINGS:

Known case of ca sigmoid colon post sigmoid colon stenting.

- ✓ There is marked circumferential sigmoid colon thickening with luminal narrowing. Sigmoid colon stent is noted in place across the stricture.
- ✓ The stent is patent despite the severe narrowing and the rectal contrast has passed proximal to sigmoid colon.
- ✓ There are multiple large metastatic nodes in the sigmoid mesocolon and pre-sacral space.
- ✓ There left side colon is madly thickened. No bowel obstruction is seen.
- ✓ The liver is grossly normal. No focal lesions identified.
- ✓ Normal spleen, pancreas and both kidneys.
- ✓ Mild free fluid is noted in the pelvis and RIF.
- ✓ No enlarged abdominal para-aortic lymphadenopathy.
- ✓ No suspicious bony lesion seen.

CONCLUSION:

Known case of ca sigmoid colon post sigmoid colonic stenting.

Marked circumferential sigmoid colon thickening with luminal narrowing.

Sigmoid colon stent in place across the stricture and is patent despite the severe narrowing. No bowel obstruction

Multiple large metastatic nodes in the sigmoid mesocolon and pre-sacral space.

Mahmood Nasser Al-Hajeri, MD, FRCR
Senior Consultant Radiologist



File No: 0446760
Name: RADHIKA THANGAVEL

Address:

Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812409
Sample Date: 29/11/2020 Time: 19:32
Report Date: 29/11/2020 Time: 21:21
Chs. No: NS0177360 Chs. Date: 29/11/2020
Ref. By: ASHIK SAINU
Report Status: Final



INVESTIGATION	RESULT	REFERENCE RANGE
GeneXpert SARS-CoV-2 PCR	NEGATIVE	NEGATIVE

Method : Rapid, real-time RT-PCR for qualitative detection of nucleic acid from the SARS-CoV-2.

Specimen: Nasopharyngeal, oropharyngeal, nasal or mid-turbinate swab and nasal wash/aspirate.

Clinical Background:

An outbreak of respiratory illness of unknown etiology in Wuhan City, Hubei Province, China was initially reported to the World Health Organization (WHO) on December 31, 2019. The Chinese authorities identified a novel coronavirus (2019-nCoV) as the causative agent for this illness, which is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the disease as COVID-19. Signs and symptoms of COVID-19 may appear two to 14 days after exposure. Common signs and symptoms can include fever, cough or tiredness. The Xpert Xpress SARS-CoV-2 test is a molecular in vitro diagnostic test that aids in the detection and diagnosis of SARS-CoV-2 and is based on widely used nucleic acid amplification technology. Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical



DR.PRANJAL N CHHAJLANI
Specialist Pathologist

Lab Technologist

30/11/2020 1:50:44 AM

Page: 1 of 2

File No: 0446760

Name: RADHIKA THANGAVEL

Address:

Gender: F Age: 38 Y Nationality: Indian

GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812409

Sample Date: 29/11/2020

Report Date: 29/11/2020

Chs. No: NS0177360

Ref. By: ASHIK SAINU

Report Status: Final



Time: 19:32

Time: 21:21

Chs. Date: 29/11/2020

INVESTIGATION

RESULT

REFERENCE RANGE

observations, patient history, and epidemiological information.

GENEXPERT SARS COVID - HALLIBURTON



Lab Technologist

DR.PRANJAL N CHHAJLANI
Specialist Pathologist

30/11/2020 1 50 44 AM

Page : 2 of 2

File No: 0446760
Name: RADHIKA THANGAVEL

Report No: 0813103
Sample Date: 01/12/2020 Time: 18:37
Report Date: 01/12/2020 Time: 21:06
Chs. No: NS0177557 Chs. Date: 01/12/2020
Ref. By: ASHIK SAINU



Address:
Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

INVESTIGATION	RESULT	REFERENCE RANGE
---------------	--------	-----------------

GeneXpert SARS-CoV-2 PCR
Method : Rapid, real-time RT-PCR for qualitative
detection of nucleic acid from the SARS-CoV-2.

NEGATIVE

NEGATIVE

Specimen: Nasopharyngeal, oropharyngeal, nasal or
mid-turbinate swab and nasal wash/aspirate.

Clinical Background:

An outbreak of respiratory illness of unknown etiology in Wuhan City, Hubei Province, China was initially reported to the World Health Organization (WHO) on December 31, 2019. The Chinese authorities identified a novel coronavirus (2019-nCoV) as the causative agent for this illness, which is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the disease as COVID-19. Signs and symptoms of COVID-19 may appear two to 14 days after exposure. Common signs and symptoms can include fever, cough or tiredness. The Xpert Xpress SARS-CoV-2 test is a molecular in vitro diagnostic test that aids in the detection and diagnosis of SARS-CoV-2 and is based on widely used nucleic acid amplification technology. Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.



Lab Technologist

DR.PRANJAL N CHHAJLANI
Specialist Pathologist

02/12/2020 6 28 54 AM

Page

1 of 1

File No: 0446760
Name: RADHIKA THANGAVEL

Report No: 0812640

Sample Date:

Report Date: 30/11/2020

Chs. No: NS0177424

Ref. By: ASHIK SAINU

Report Status: Final



Time:

Time: 14:47

Chs. Date: 30/11/2020

Address:
Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

INVESTIGATION

RESULT

Blood Group ABO & Rh Typing

'AB' Positive

METHOD : GEL METHOD



Lab Technologist

DR.PRANJAL N CHHAJLANI
Specialist Pathologist

30/11/2020 4 04 15 PM

Page : 1 of 1

File No: 0446760
Name: RADHIKA THANGAVEL

Address:
Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812814
Sample Date: 01/12/2020 Time: 4:46
Report Date: 01/12/2020 Time: 06:33
Chs. No: NS0177472 Chs. Date: 01/12/2020
Ref. By: ASHIK SAINU

INVESTIGATION	RESULT	REFERENCE RANGE
HAEMOGRAM		
HB	9.6 g/dl	0-3 Days : 14.5-22.5 4-14 Days : 12.5-20.5 15-30 Days : 10-18 1 month -2 yrs : 9.5-13.5 2 - 18 yrs : 11.5-16.0 Adult male: 13.0 - 17.5 Adult female: 12.0 - 14.5
MCV	81 fl	Infant : 85-126 Adults : 80 -100
MCH	25.7 pg	26.5 - 33.5
MCHC	31.9 g/dl	31.5 - 35
RDW	13.5 %	10 - 20
RBC	3.73 10 ¹² /L	4.0 - 6.5
HCT	30.1 %	0-9days : 42-67 10-30days : 31-63 1 month-12 years : 29-49 12 - 18 years:33-51 Adult :37-51
PLATELETS COUNT	172 10 ³ /ul	150 - 400
WBC COUNT	6.3 10 ⁹ /l	0-3 days : 9 -35 4-30 days : 5.0 - 21 1 month-2 years : 6 -17.5 2 - 18 years : 4.5 - 15.5 Adult : 4 - 11
NEUTROPHILS	75 %	40 - 75
EOSINOPHILS	04 %	1 - 6
LYMPHOCYTES	15 %	20 - 45
MONOCYTES	06 %	2 - 10
BASOPHILS	00 %	0 - 1

Lab Technologist



DR.PRANJAL N CHHAJLANI
Specialist Pathologist

01/12/2020 8:15:37 AM

Page: 1 of 1

File No: 0446760
Name: RADHIKA THANGAVEL

Address:
Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812815
Sample Date: 01/12/2020 Time: 4:46
Report Date: 01/12/2020 Time: 06:58
Chs. No: NS0177472 Chs. Date: 01/12/2020
Ref. By: ASHIK SAINU



INVESTIGATION	RESULT	REFERENCE RANGE
ESR / ERYTHROCYTE SEDIMENTATION RATE	06 mm/hr	Male : 0 - 15 Female: 0 - 20
CRP / C-REACTIVE PROTEIN	11.42 mg/L	<6 Negative >6 Positive



Lab Technologist

DR. PRANJAL N CHHAJLANI
Specialist Pathologist

01/12/2020 8:16:09 AM

Page : 1 of 1

File No: 0446760

Name: RADHIKA THANGAVEL

Address:

Gender: F Age: 38 Y Nationality: Indian

GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812294

Sample Date: 29/11/2020

Report Date: 29/11/2020

Bill No: 1167320

Ref. By: ASHIK SAINU



Time: 13:42

Time: 14:59

Bill Date: 29/11/2020

INVESTIGATION

RESULT

REFERENCE RANGE

GI BIOHAZARD SCREENING

HIV (Human Immunodeficiency Viruses)

0.233 (Non-Reactive) COI

Non-Reactive (0 - 1.0)
Reactive (>1.0)

METHOD: Electrochemiluminescence

immunoassay(ECLIA)

Specimen: SERUM

HCV / HEPATITIS C VIRUS ANTIBODY

0.033 (Non-Reactive) COI

Non-Reactive (0 - 1.0)
Reactive (>1.0)

METHOD: ELECTROCHEMILUMINESCENCE ASSAY
(ECLA)

Specimen: SERUM



Lab Technologist

DR.PRANJAL N CHHAJLANI
Specialist Pathologist

29/11/2020 5 23 40 PM

Page: 1 of 1

File No: 0446760
Name: RADHIKA THANGAVEL

Report No: 0812336
Sample Date: 29/11/2020 Time: 17:48
Report Date: 29/11/2020 Time: 18:11
Chs. No: NS0177337 Chs. Date: 29/11/2020
Ref. By: ASHIK SAINU

Address:
Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

INVESTIGATION	RESULT	REFERENCE RANGE
HAEMOGRAM		
HB	10.1 g/dl	0-3 Days : 14.5-22.5 4-14 Days : 12.5-20.5 15-30 Days : 10-18 1 month -2 yrs : 9.5-13.5 2 - 18 yrs : 11.5-16.0 Adult male: 13.0 - 17.5 Adult female: 12.0 - 14.5
MCV	80 fl	Infant : 85-126 Adults : 80 -100
MCH	25.6 pg	26.5 - 33.5
MCHC	32.1 g/dl	31.5 - 35
RDW	13.4 %	10 - 20
RBC	3.94 $10^{12}/L$	4.0 - 6.5
HCT	31.5 %	0-9days : 42-67 10-30days : 31-63 1 month-12 years : 29-49 12 - 18 years:33-51 Adult :37-51
PLATELETS COUNT	185 $10^3/ul$	150 - 400
WBC COUNT	5.9 $10^9/l$	0-3 days : 9 -35 4-30 days : 5.0 - 21 1 month-2 years : 6 -17.5 2 - 18 years : 4.5 - 15.5 Adult : 4 - 11
NEUTROPHILS	77 %	40 - 75
EOSINOPHILS	01 %	1 - 6
LYMPHOCYTES	16 %	20 - 45
MONOCYTES	06 %	2 - 10
BASOPHILS	00 %	0 - 1
ELECTROLYTES		
Sodium	139.00 mmol/l	135 - 147

Lab Technologist



DR.PRANJAL N CHHAJLANI
Specialist Pathologist

29/11/2020 8:10 53 PM

Page : 1 of 2

File No: 0446760
Name: RADHIKA THANGAVEL

Address:

Gender: F Age: 38 Y Nationality: Indian
GSM No.: 96893102094 ID Card No.: 88121515

Report No: 0812336
Sample Date: 29/11/2020 Time: 17:48
Report Date: 29/11/2020 Time: 18:11
Chs. No: NS0177337 Chs. Date: 29/11/2020
Ref. By: ASHIK SAINU



INVESTIGATION	RESULT	REFERENCE RANGE
Potassium	3.85 mmol/l	3.5 - 5.1
Chloride	107.90 mmol/l	95 - 115
PROTHOMBIN TIME PLUS INR	PT: 12.8 Seconds	Normal value: 11.0 - 18.0 sec Control: 11.6 Sec
	INR: 0.95	INR 0.82 - 1.2 Comments: Treatment of venous thrombosis, pulmonary embolism, valvular heart disease: 2.0-3.0 Treatment of arterial thromboembolism, mechanical heart valves, recurrent systemic embolism: 3.0 - 4.5

Lab Technologist

DR. PRANJAL N CHHAJLANI
Specialist Pathologist

29/11/2020 8:10:53 PM

Page : 2 of 2



PATIENT NAME	RADHIKA THANGAVEL	ATTENDING DOCTOR	DR. ASHIK SAINU
ARH NO:	446760	PROCEDURE DATE	30/11/2020
AGE	38 YEARS	GENDER	FEMALE

COLONIC METAL STENT INSERTION

Indication: Acute large bowel obstruction.

Scope Used: GIF-190 Therapeutic Gastroscope.

Stent Used: Evolution 10 cm uncovered colonic stent.

Sedation: TIVA with Propofol.

Complications: No immediate postoperative complications.

PROCEDURE DETAILS:

After explaining the indications and the potential complications and the necessary consenting process, scope was passed into the distal sigmoid; lower part of the neoplastic stricture was noted. Guidewire was passed across the stricture into the proximal bowel with an ERCP cannula. The wire position was confirmed with fluoroscopy. Through the scope, Evolution 10-cm stent was passed across the stricture. After checking the position under fluoroscopy, the stent was deployed slowly with 2 cm distal and 2 cm proximal to the neoplastic stricture. The stent position was confirmed to be satisfactory after full deployment. Gush of air and stool noted suggesting relief of obstruction.

IMPRESSION:

- Left colonic neoplastic stricture.
- Metal stenting performed with a 10-cm Evolution uncovered stent.
- No immediate post-endoscopy complications noted.

Plan: Definitive left hemicolectomy at her home country.

Performed By:

Dr. Ashik Sainu, MD, DM, MRCP

Sr. Consultant Gastroenterologist and Hepatologist





ASTER AL RAFFAH HOSPITAL

MUSCAT

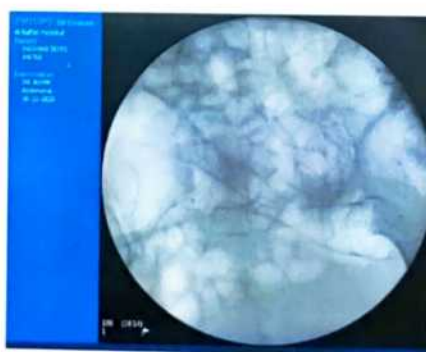
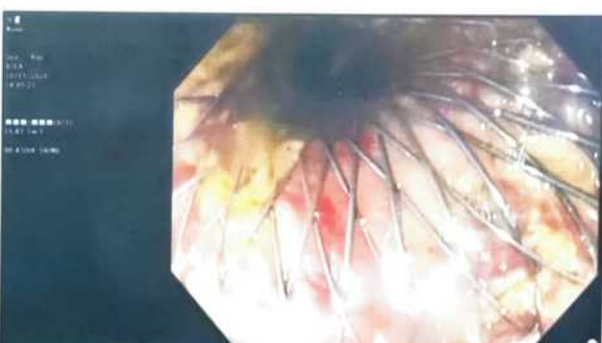
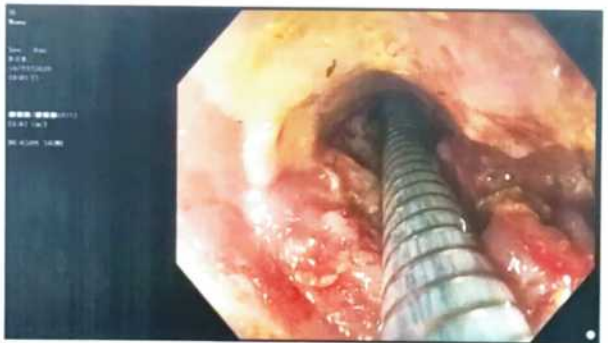
DEPARTMENT OF ENDOSCOPY

Pa 446760 Reg Dt 29/11/2020
Pa RADHIKA THANGAVEL
Ag Female Nationality INDIA
38 Y Ip No 52919 29/11/2020
ASHIK SAINU

Visit Date : 29/11/2020

Referred by :

Consulted by : Dr.ASHIK SAINU



Visit Summary:

DR. ASHIK SAINU
MD, DM (GASTRO), MRCP (UK)
MRCP (GASTRO)
Sr. Consultant Gastroenterologist
MOH LIC NO. 6781
Dr. ASHIK SAINU RAFFAH HOSPITAL