



### HISTORY

Name of the Informant & Relation with Patient : <u>Self</u>			
Known Allergies : <u>Not known</u>			
Past Histories :	N	Y	Duration
Hypertension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cardiac Ailment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	
H/O any other ailment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H/O any past surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Personal History of smoking, alcohol consumption etc.

Chief Complaints : (with duration)

#### Details

56 M c/o altered bowel habits 5-6 months  
back. → on investigation blood in stool noticed.  
No c/o altered bladder habits  
No c/o Abdominal pain / vomiting / Malena.  
No c/o loss Appetite / loss of wt.  
Pt took Rx for 10 days for altered bowel habit  
but no improvement → colonoscopy was done.  
flc polypsoid growth extending from anorectal junction  
to recto sigmoid junction sb ca rectum  
↓  
Pt took CT (capecitabine tabs - 6 tabs / day for 25 days)  
RT (25 cycles ; 5000 cgy ) Last RT on 17th sept

Now pt admitted for sp Management

Junior Medical Staff Name : Dr. Durga

Signature [Signature]

Date 21/10/19 / Time

COMBINED HISTORY AND  
PHYSICAL EXAMINATION

Dr. NAGARAJAN GANESH



HH 1726572 ADM 1430705

HARLALKA

SUNIL

56 Y M 11S2

Dr. NAGARAJAN GANESH

Note : In case of TPA patients, please refer to the Pre Authorisation form



# PHYSICAL EXAMINATION

Pain Score

No pain 0 1 2 3 4 5 6 7 8 9 10 Maximum pain

Wt. \_\_\_\_ Kg.

Ht. \_\_\_\_ Cm.

TEMP

PULSE/Min.

BP

mm/Hg

## GEN. EXAMINATION

MRI [Post CT RT] 30/10/19.

AC: fair

Eccentric mass like thickening

vitals stable

in low rectum seen previously

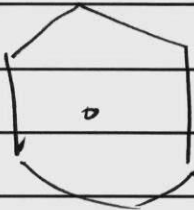
Able to

Shows significant regression &amp;

## LOCAL EXAMINATION

reduced contrast enhancement

PLAN



slow response to Rx

Perirectal fat stranding could

represent post-RT changes

Soft, Nontender

Fat planes lost b/w prostate

No guarding / rigidity

&amp; rectum show stranding

BS (+)

## SYSTEMIC EXAMINATION

CNS

CNS

RS

NAD

## PROVISIONAL / DIFFERENTIAL DIAGNOSIS

Ca rectum

## PLAN OF CARE : (Preventive, Curative, Promotive & Rehabilitative)

Anterior Resection Sur APR

Consultant Name : Dr Ganesh Nagrayan

Signature

Date / Time

Junior Medical Staff : Name Dr Durga

Signature

Date / Time

21/11/19