November 18, 2021

Dr.
Surgery
, MB

Patient:
PHIN:
Birthdate: November 30. 1963
Phone:
Address:

Dear Dr.

Further to our discussion over the phne last week thank you for seeing
a 57 year old female for expedited Cholecystectomy.
She presented to our ER on Nov 9/21 with acute onset of RUQ abdominal pain and Lipase elevation up to 4000. There wa no jaundice. Her pain became more diffuse over the entire upper abdomen and she improved on analgesia with Morphine and bowel rest . Lipase dropped to 795.
Her abdominal CT and US was positive for mild Pancreatitis,Cholelithiasis and Cholecystitis.
Her clinical status was much improved so she went home on her request.
She was discharged on oral Clavulin and diet .
She however is complaining of recurrent upper abdominal pain, when I called her this morning.
Last Measured BP: September 01, 2021- 116 / 77
Last Weight: September 01, 2021 -67 kg

Problem History:

Diabetes

Active Medications:

ACH-ATORVASTATIN 40 MG TABLET
LANTUS 100 UNIT/ML CARTRIDGE
NASONEX 50 MCG NASAL SPRAY
JANUMET 850 MG-50 MG TABLET
METFORMIN 850 MG TABLET
GABAPENTIN 100 MG CAPSULE
VITAMIN D3 1000 INTL UNITS CAPSULE
VITAMIN B-12 1000MCG TABLET
COVERSYL PLUS 4 MG-1.25 MG TAB
rabeprazole sodium 20 mg Oral Tablet, Delayed Release (Enteric Coated)
MAGNESIUM SALTS 100 MG TABLET
ACETAMINOPHEN 500 MG TABLET

	MB	Phone
Female / 30th November 1963 / 58 years old	1	

November 23rd 2021

Dear Dr.

Patient: **(DOB:** November 30th 1963)

I am pleased to see ı today in the clinic for her acute cholecystitis that required admission to the hospital for a couple of days. She was treated conservatively. Currently, she is doing well. She has fatty liver and the ultrasound showed stones in the gallbladder. She has mild pancreatitis.

Her past medical history includes high cholesterol, diabetes, and high blood pressure. She is on medication for that.

Today, I discussed with her the situation and recommended her to have a surgery to take out the gallbladder since she has stones and cholecystitis and pancreatitis secondary to the gallstones. Today I discussed the cholecystectomy surgery with her and the risks of bile leak, bowel injury, bleeding, infection, conversion to open. I explained the mechanism of the gallbladder and what she should do from now to the date of the procedure. Hopefully, she will not have another attack of pancreatitis or cholecystitis. Consent was obtained. She will be contacted with a date of the procedure.

Sincerely,
DICTATED/NOT READ
Dr.

DD: November 23rd 2021; **DT:** November 25th 2021

Name:
HRN:
DOB: 30/Nov/1963 Sex: F
Healthcare #: Province: MB
PHIN:
Location:
Procedure Date: 03/Feb/2022 Visit ID:

OPERATIVE REPORT

CC: , MD

PROCEDURE DATE:
February 3, 2022

PROCEDURE:
Laparoscopic cholecystectomy for biliary colic secondary to gallbladder stones.

PROCEDURAL NOTE:
The patient was brought to the operating room and placed in the supine position. The patient was intubated under general anesthesia. The abdominal wall was prepped and draped in the usual fashion.

An infraumbilical incision, about 2 cm, was made. The fascia was grasped and the Veress needle was inserted into the abdominal cavity. Carbon dioxide was insufflated up to 15 mmHg.

Then a 5 mm trocar was inserted into the abdominal cavity followed by a 5 mm, 30 degree camera. There was no injury from where the previous trocar was inserted. Another 3 trocars then were inserted into the abdominal cavity, 10 mm subxiphoid, another two 5 mm along the right costal margin. The fundus of the gallbladder was grasped from the lateral retractor and retracted towards the right shoulder. There was omentum adherent to the gallbladder. We took it out with Maryland's and cautery up to the Hartmann's pouch. I did dissect the area; there were more adhesions. I did dissect around them to make sure there was no duct adhesions. I clipped it, two distally and proximally, and divided them and hoped it was not duct. Then I checked the ducts, and the cystic artery was on top of the duct. The triangle view was identified. I did take out the peritoneum from the medial and lateral sides to make sure there was no cystic artery, and the duct was identified as well. Dissection was done with the Maryland's around both of them. I decided to clip both of them together, since they were on top of each other, with the large clip, two distally and one proximally, and then I divided them.

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Department of Pathology

SURGICAL PATHOLOGY REPORT

AP No.:

Patient Name:		MRN:	
DOB/Age:	30-Nov-1963 (Age: 58) Gender: F	Encounter:	
PHIN:		Location:	
Physician:			
Copy To:			

Date Collected:	03-Feb-2022	Date Received:	04-Feb-2022

NATURE OF SPECIMEN:
A: Gallbladder and contents

CLINICAL DATA:
Laparoscopic cholecystectomy

GROSS DESCRIPTION:
Received in formalin, ID matches requisition labelled gallbladder and contents, intact gallbladder 8.5 cm in length x 3.0 cm in diameter. The serosa is smooth pale and focally congested at the cystic duct. The wall is 0.2 cm thick. The lumen contains multiple yellow smooth stone 0.4-3.5 cm. The mucosa is partially warn and partially green roughened and speckled. Lymph node not identified. Not all submitted. A1 two pieces, representative sections gallbladder wall.

DIAGNOSIS:
GALLBLADDER, CHOLECYSTECTOMY:
- CHOLECYSTITIS AND CHOLELITHIASIS.

Electronically Signed 15-Feb-2022

Final Interpretation performed at

A Pathology report should always be interpreted in the context of the clinical presentation and other laboratory findings. If this report seems unclear to you or if the diagnosis does not fit the clinical picture; consider contacting the signing Pathologist.

END OF REPORT
SURGICAL PATHOLOGY REPORT

MB Phone

Female / 30th November 1963 / 58 years old

SURGICAL SERVICES - GENERAL SURGERY CONSULTATION

Referral Source:

Date of Assessment: 2022-03-03

Dear Dr.

Patient: **(DOB:** November 30th 1963)

I was pleased to see today for follow up of her laparoscopic cholecystectomy. Currently she is doing very well. There is no post op complications. Her wounds are nicely healed. I discussed the pathology result with her. She had cholecystitis and stones in the gallbladder. No other pathology was identified. I did reassure her. There are no restrictions in terms of food and activity. If there are any issues I am happy to see her for reassessment.

Sincerely,
DICTATED/NOT READ

DD: March 3rd 2022; **DT:** March 4th 2022