



# Sir Ganga Ram Hospital

SGRH/OPD-W/F-087

Accumulating trust for over fifty years  
Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-110060  
Tel: (011) 25750000, 42254000. Fax: +91 11 25861002 Website : www.sgrh.com

21

## OUT PATIENT DEPARTMENT

Please

JHANVI,  
10Y Female

16/10/2023 09:53 OP13039334  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room: G2  
Dr. Nishant Wadhwa

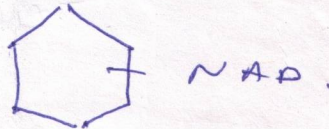
Registration No. 2358221 Rs. 20

K/C/O. SRNS (FSGS) now in remission.

C/O

- Pain abdomen periumbilical region. - on and off
- No h/o weight loss.
- No h/o fever, TB in family.

O/E



Amylase/Lipase - mildly elevated

USG Abdomen -> No e/o pancreatitis, cholecystitis / cholelithiasis.

No h/o CAM intake

Advice

-> Repeat USG Abdomen -> Pancreatitis, cholecystitis.

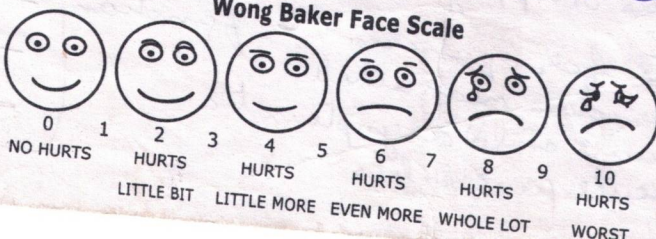
-> MRCP -> to look for e/o Pancreatitis; Ductal anomalies -> 2cc,

-> Laxopeg (17gm) 1 sachet Quisum - in 1 glass of water

BD oo to continue.

**Pain Score :**

**Wong Baker Face Scale**



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ult -

- send

- LFT

JHANVI  
11Y Female



07/12/2023 09:47 OP13188600  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room : G2  
Dr. Nishant Wadhwa

Registration No: 2358221 Rs. 0

Please do not write in the margin

WT 30.4P

K/C/O SRMS (FSGS) Now in remission. Chronic Enteropathy

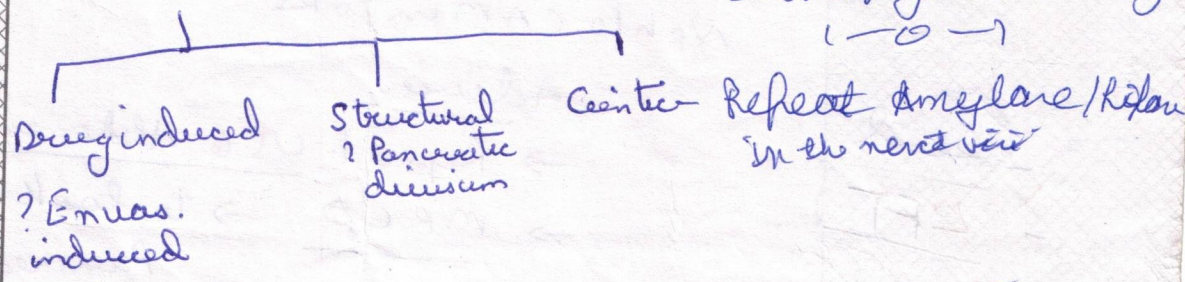
- No fresh complaints.
- was referred in view of raised amylase/lipase
- Passed stool - 2 terminal USCe - Abdomen
- ↳ no evidence of pancreatitis/cholecystitis

Adv.

- Continue medication for FSGS
- ~~Low~~ High fibre diet
- Plenty of fluids 2L/day
- Lactofeg Sachets 1-0-1

MRCP - Not done

CT scan - s/o slightly bulky pancreas.  
Amylase/Lipase → ↑ ed.  
Possible causes:



As Eruas has association with ↑ amylase/lipase advice → stop eruas and shift to another drug. If amylase/lipase don't reduce even after Eruas stoppage, then plan Exome sequencing.

- Tests for pancreatic function to be done meanwhile.
- Otherwise child asymptomatic for acute pancreatitis
- Stool for fat
- fecal elastase
- HbA1c

American



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## OUT PATIENT DEPARTMENT

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JHANVI,  
11Y

Female

14/03/2024 09:29 OP13484514  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room : G2  
Dr. Nishant Wadhwa  
Dr. Arjun Maria

Registration No: 2358221 Rs. 20

K1010 SRNS (FSGs) Post Tacrolimus  
with persistently elevated Amylase/Lipase  
+ H/O Chronic Constipation

11/3/24  
29. KP

11/3/24  
MCCT whole abdomen.

- Few foci of calcification in liver.
- slightly leak pancreas with surrounding inflammatory changes.

12/10/23 5/13/24

Amylase 315 U/L 236

Lipase 217 350

Adv.

- Continue medication for SRNS as per Pediatric Nephrologist

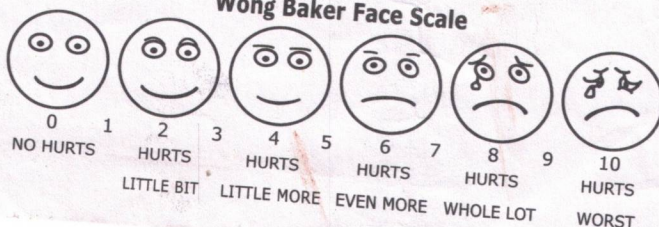
- Lancopeg sachet 17g  
I P O B N

28/3/24

F/U SRNS with elevated amylase/lipase.  
reason enuac.

### Pain Score :

#### Wong Baker Face Scale



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JHANVI,  
11Y

Female



01/04/2024 09:13 OP13540366

PAEDIATRIC GASTRO AND LIVER TRANSPLANT

Mon, Thu 9.00 am - 10:00 am

Room: G2

Dr. Nishant Wadhwa

Dr. Arjun Maria

Registration No: 2358221 Rs. 0

- F/U SRNS with elevated amylase / lipase

- Imaging CT → s/o mildly bulky pancreas

- Tests for chronicity pending -

- Fecal elastase → low

- stool for fat pending.

- hbA1C → 6.1%

wt 29.8kg [-1.56z]

wt 144cm [-0.822 score]

Imp - Chronic pancreatitis with endocrine & Exocrine deficiency.

Cause → ? Drug induced ? Genetic.

Advice

- C. Creon, 25000IU thrice a day, with fat. ~~o o o~~

- C. Evion 400mg 1 cap OD.

- T. Antacid 1 tab OD.

- Lansoprazole 17gm 1-1

[ - MRCP  
- whole exome sequencing ] - 9810130295 medgenome.  
- Lipid profile.

Amavis



## OUT PATIENT DEPARTMENT

Please write in the margin

JHANVI,  
11Y

Female



18/04/2024 08:47 OP13596694  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room : G2  
Dr. Nishant Wadhwa  
Dr. Arjun Maria

Registration No: 2358221 Rs. 20

WT 20 kg

FUIC/O SRMS with elevated amylase/ lip.

MRCP → Pancreas Divisum

Fecal elastase → low.

Stool for fat → (+)

AbAIC → 6.1

Chronic Pancreatitis = endocrine & exocrine deficiencies.

~~Adv.~~

Adv.

14/4/24

Amylase → 271

Lipase → 169

TCAs → 275

- C-Creon 25,000 70

! - 1 - 1. C fol

- C-Creon 400mg 1 PO OD

- Tab. Ondansetron 1 PO OD

- Lactase (Lactogen) 1g

1 - 1

MRCP - Pancreatic  
divisum

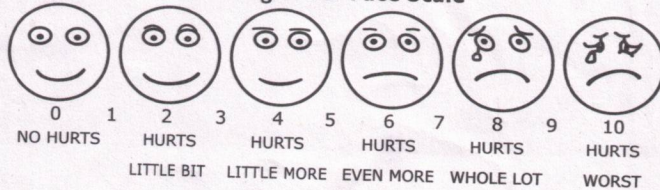
- Pancreatic duct - (R)  
diameter

- No evidence of  
chronicity in report.

Amazilia

### Pain Score :

#### Wong Baker Face Scale



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JHANVI,  
11Y Female  
03/06/2024 09:08 OP13753443  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room : G2  
Dr. Nishant Wadhwa  
Dr. Arjun Maria

Registration No: 2358221 Rs. 0  
Please do not write in the margin

Fludg Chronic pancreatitis

(Exocrine deficiency)

Cause → ? Idiopathic ? Genetic →  
exome sequencing pending  
? Drug induced.

Wt 32.6kg

on Ceeon

Planned for. subtotal C for SRMS)

Advice

- Whole exome sequencing for Chronic Pancreatitis
- C-Ceeon 25000 to TDS  
~~10000~~  
with meals
- T. Antacid 1 P O D.
- C. Eucion 400mg 1 Cap O D.
- Repeat Amylase / Lipase after 15 days.

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Dr. Sanku  
Byjueria  
027

DMS-Office  
Impactgure  
ma Dargant



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## OUT PATIENT DEPARTMENT

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JHANVI, Female  
11Y



11/07/2024 08:51 OP13881759  
PAEDIATRIC GASTRO AND LIVER TRANSPLANT  
Mon, Thu 9.00 am - 10:00 am  
Room : G2  
Dr. Nishant Wadhwa  
Dr. Arjun Maria

Registration No: 2358221 Rs. 20

wt 33.7kg

Flu of SANS with e/chronic pancreatitis → exocrine and endocrine insufficiency with pancreatic disease and no e/o calcification, MPD dilation or MRCP

Current status .

- mildly elevated amylase
- lipase - (R)
- weight gain present
- No pain .

Advice

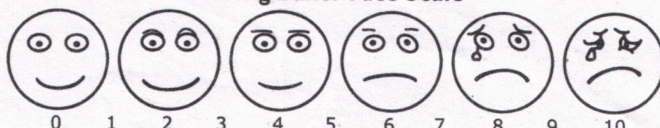
- whole enzyme replacement **1027**
- C. Creon 25000 IU TDS with meals.
- T. Antacid 1 P O O D.
- C. Emen 400 mg 1 Cap O D.

Amavis

Test → **fasting blood sugar**

### Pain Score :

#### Wong Baker Face Scale



0 NO HURTS 1 HURTS 2 LITTLE BIT 3 HURTS 4 LITTLE MORE 5 HURTS 6 EVEN MORE 7 HURTS 8 WHOLE LOT 9 HURTS 10 WORST

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