

Translation from Bulgarian

MILITARY MEDICAL
ACADEMY – MPHAT SOFIA

Georgy Sofiisky Blvd., 1606, Sofia, Bulgaria, Tel.:
(+359 2) 922 60 00; Fax : (+359 2) 952 65 36

CLINIC OF GASTROENTEROLOGY AND HEPATOLOGY
DISCHARGE SUMMARY

Of

Chavdar Zapryanov Raychev 53 -y
690510*****

Address: Sofia, Kraiste St, bl. *****

Date of admission: 21/10/22 date of discharge 24/10/22

Ref.No: 888 from 2023

Discharged on clinical path 68.1 ,
ICD 10 C16.0

**FINAL DIAGNOSIS: Blastoma corporis ventriculi. Meta hepatis.
Lymphadenopathia retroperitonealis et mesenterialis**

ANAMNESIS DATA: The anamnesis is based on data provided by the patient and enclosed medical records. First admission in the Clinic of Gastroenterology -Military Medical Academy for diagnostic verification and treatment. Upon check-up with extremely strong pains diffusely in abdominal cavity. He states often getting sweat. Appetite – reduced body weight- reduction by 10 kg for 20 days. Defecation regime – regular, no pathological mixtures of blood and mucin. History of disease – At the end of December provided consultation with GE and directed for Computer Axial Tomography of abdomen. On 20.12.2022 consulted by urologist and diagnosed varicocele of left testicle based on echography. On 21.12.2022 in Hospital Doverie performed CT of abdomen with data for HCC with intra-organ dissemination, in DD plan process in the wall of stomach, retroperitoneal and mesenteric lymphadenopathy.

Medications: Nexium 20 mg 2x1 tb; Paratramol 2x2 tb; No-Spa to 6 tabl/day; Spasmalgon 4-5 tabl/day;

Comorbidities – not reported

Past medical history – Operation due to abscess of lower eyelid of right eye in 2017;

Tonsillectomy; Operation due to hemorrhoidal disease in 1989; Operation due to anal cyst in 1988 (no medical records are presented)

FROM STATUS: 53-year-old patient. In severely damaged general status. No febrile.

Cooperating, adequate, oriented, Skin and visible mucous membranes- pale pink. Peripheral lymph nodes and thyroid gland are not palpated enlarged. Tongue- no sore. Respiratory system :

Bilateral vesicular breathing without additional rales. FR – 12 bpm. Cardiovascular system:

Rhythmic heartbeat, fr. 86 bpm, clear heart sounds, no murmur finding. RR:120/70 mmHg.

Abdomen: At the level of thorax, respiratory motile, soft-elastic abdominal walls, strong palpable pain diffusely in abdominal cavity. Blumberg – negative. Physiological peristalsis.

Liver and spleen – not palpated enlarged. Succ. ren. – bilateral neg. /-/. Limbs- no edemas, preserved peripheral arterial pulsations.

TESTS:

Laboratory: CLINICAL HEMATOLOGY No: 1988 From date: 09.01.2023

Leucocytes (WBC) – 11.41; ESR – automatic tests- 15 ; Erythrocytes (RBC) – 4.02; Hemoglobin (HGB) – 93.0; Hematocrit (HCT) – 29.7; MCV- 73.9; MCH- 23.1; MCHC- 313.0; RDW-CV- 16.3; RDW-SD- 43.6; Thrombocytes (PLT) – 81.0; MPV- 10.5; PDW- 15.5; Granulocytes (Gran) %- 80.4; Lymphocytes (Lym) % - 9.9; Monocytes (Mo) % - 5.4; Eosinophils % - 3.9; Basophils %- 0.4; MID% -; LUC%-; Granulocytes (Gran) # - 9.16; Lymphocytes # - 1.13; Monocytes # - 0.62; Eosinophils # -0.45; Basophils # - 0.05; MID# - ; LUC# -; P-LCR-32.6; Reticulocytes- automatic examination -; Lobular index- ; Myeloperoxidase index-; CHCM-; CH-; HDW-; Reticulocytes (Retic %) -; Reticulocytes (Retic #)- ; NRBC %-; NRBC #-; PCT- ; IG#-; IG%-; IRF-; LFR-; MFR-; HFR-; RET-He-; MPO DEF- ; LPLT-; **Laboratory: CLINICAL BIOCHEMISTRY + CHEMILUMINESCENCE**

ANALYSES Number: 1830 From date: 09.01.2023

Glucose-serum – 5.34; CRP- 58.52; Total protein – serum – 65.9; Albumin in serum – 39.0; Creatinine -serum – 107.0; Urea- serum – 3.3; Total bilirubin – 9.4; Direct bilirubin – 1.7; Triglycerides- 2.64; Cholesterol – 7.83; AST- 78.5; ALT- 39.5; Amylase- serum – 22.0; ALP- 201.0; GGT- 212.0; K- serum – 4.3; Na- serum – 136.0; Pivka -50.0; **Laboratory:**

HEMOSTASIS: Number: 1075 From date: 09.01.2023 Prothrombin time- %- 74.0; APTT- 25.2; FIB- 2.14; Prothrombin time- INR-1.21; Prothrombin time- sec- 16.1;

Laboratory: URINE LIQUOR PUNCTATE No: 652 from Date: 09.01.2023 Urobilinogen- urine -test-stripe – Normal; Leucocytes-visual field- 1.0; Bilirubin- urine-test-stripe- Neg; Leucocytes -/μL- ; Ketones-urine-test-stripe-+; Groups leucocytes-0.0 ; Blood- urine-test-stripe- Neg; Protein-urine-test-stripe-2+; Erythrocytes- Visual field – 5.0; Erythrocytes-μ/L- ; Nitrites- urine-test-stripe- Neg; Leucocytes – urine-test-stripe-Neg; Glucose – urine-test-stripe – Neg; Specific gravity – urine-test-stripe -1.020; pH- urine-test-stripe – 6.5; Non-lysed erythrocytes – ; Lysed erythrocytes – ; Creatinine- urine-test-stripe- ; Albumin – urine- test-stripe- ; P/C-; A/C-; Epithelial cells – ; Squamous epithelial cells- 0.0; Non-squamous epithelial cells –0.0 ; Transitional epithelial cells – ; Round tubular epithelial- cells- ; Other epithelial cells - ; Cylinders – 1.0; Hyaline cylinders –1.0 ; Pathological cylinders – ; Crystals –3.0 ; Bacteria – ; Bacteria -/μL –0.0 ; Mucus –+ ; Spermatozoids – -; Yeast -0.0;

Laboratory: Hepatitis No: 134 From date: 10.01.2023 HbsAg (Australian antigen) – negative; anti-HCV total- negative; anti-HCV – negative;

Laboratory: CLINICAL HEMATOLOGY No: 2323 From date: 10.01.2023

Leucocytes (WBC) – 11.61; Erythrocytes (RBC) – 3.88; Hemoglobin (HGB) – 95.0; Hematocrit (HCT) – 0.3; MCV- 77.3; MCH- 24.5; MCHC- 317.0; RDW-CV- 16.1; RDW-SD- 46.0; Thrombocytes (PLT) – 92.0; MPV----; PDW----; Granulocytes (Gran) %- 89.8; Lymphocytes (Lym) % - 6.7; Monocytes (Mo) % - 2.9; Eosinophils % - 0.3; Basophils %- 0.3; MID% -; LUC%-; Granulocytes (Gran) # - 10.43; Lymphocytes # - 0.78; Monocytes # - 0.34; Eosinophils # -0.03; Basophils # - 0.03; MID# - ; LUC# -; P-LCR-----; Reticulocytes- automatic examination -; Lobular index- ; Myeloperoxidase index-; CHCM-; CH-; HDW-; Reticulocytes (Retic %) -; Reticulocytes (Retic #)- ; NRBC %-; NRBC #-; PCT- ; IG#-0.03; IG%-0.3 ; IRF-; LFR-; MFR-; HFR-; RET-He-; MPO DEF-; LPLT-; **Laboratory: CLINICAL HEMATOLOGY No: 2387 From date: 11.01.2023**

Leucocytes (WBC) – 11.61; Erythrocytes (RBC) – 3.81; Hemoglobin (HGB) – 89.0; Hematocrit (HCT) – 29.6; MCV- 77.7; MCH- 23.2; MCHC- 301.0; RDW-CV- 16.5; RDW-SD- 46.1; Thrombocytes (PLT) – 75.0; MPV-12.1; PDW-18.3; Granulocytes (Gran) %- 83.0; Lymphocytes (Lym) % - 6.5; Monocytes (Mo) % - 6.8; Eosinophils % - 3.3; Basophils %- 0.4; MID% -; LUC%-; Granulocytes (Gran) # - 9.63; Lymphocytes # - 0.76; Monocytes # - 0.79; Eosinophils # -0.38; Basophils # - 0.05; MID# -; LUC# -; P-LCR-42.4; Reticulocytes- automatic examination -; Lobular index-; Myeloperoxidase index-; CHCM-; CH-; HDW-; Reticulocytes (Retic %) -; Reticulocytes (Retic #)-; NRBC %-; NRBC #-; PCT-; IG#-; IG%-; IRF-; LFR-; MFR-; HFR-; RET-He-; MPO DEF-; LPLT-; **Laboratory: CLINICAL**
HEMATOLOGY No: 2720 From date: 12.01.2023

Leucocytes (WBC) – 10.13; Erythrocytes (RBC) – 4.08; Hemoglobin (HGB) – 98.0; Hematocrit (HCT) – 30.4; MCV- 74.5; MCH- 24.0; MCHC- 322.0; RDW-CV- 16.5; RDW-SD- 44.4; Thrombocytes (PLT) – 54.0; MPV-----; PDW-----; Granulocytes (Gran) %- 80.6; Lymphocytes (Lym) % - 8.0; Monocytes (Mo) % - 6.0; Eosinophils % - 4.9; Basophils %- 0.5; MID% -; LUC%-; Granulocytes (Gran) # - 8.16; Lymphocytes # - 0.81; Monocytes # - 0.61; Eosinophils # -0.5; Basophils # - 0.05; MID# -; LUC# -; P-LCR-----; Reticulocytes- automatic examination -; Lobular index-; Myeloperoxidase index-; CHCM-; CH-; HDW-; Reticulocytes (Retic %) -; Reticulocytes (Retic #)-; NRBC %-; NRBC #-; PCT-; IG#-; IG%-; IRF-; LFR-; MFR-; HFR-; RET-He-; MPO DEF-; LPLT-;

INSTRUMENTAL EXAMINATIONS:

Ultrasound Tomography of abdominal organs No: 129 09.01.2023

Liver – presence of multiple bilobar located hypoechogenic rounded lesions with character of metastases, the largest with d. 75 mm in VI-th segment. Not dilated intrahepatic bile ducts and d. choledochus. Gallbladder – not thickened wall, no presence of calculi in the lumen. Pancreas, spleen, left kidney – normal echography image. Right kidney – parenchymal cyst with d.25 mm. No data for urinary stasis. No data for free fluid in abdomen and minor pelvis. Presence of multiple enlarged packets of lymph nodes peripancreatic, around the portal vein, in the area of stomach. Thickened wall of stomach.

ECG- sinus rhythm

Video-gastroduodenoscopy 36 10.01.2023

Esophagus – passable, normal.

Stomach – presence of tumor formation in the area of corpus, occupying anterior and posterior wall, lesser and greater curvature, contact sanguining by touch with device, circularly narrowing the lumen. Antrum and gastroesophageal junction – normal. Pylorus – the device passes through it, no characteristics. Bulbus duodeni and postbulbar – normal.

(**Assoc.prof. Aleksandar Katsarov**)

CONSULTATIONS:

Dr. Zhivka Petkova Georgieva (Clinical allergology) : Diagnosis :[Z88.8]In personal anamnesis is entered an allergy against other medications agent, medicines and biological substances. Anesthesia is forthcoming. Satisfied general status. Skin allergic test – negative Methylprednisolone 60 mg i.m; Allergosan – 1 amp i.m; Loratidin – 1tabl/day; Famotidine – 2 x 1 tabl;

Assoc.prof. Ivelin Takorov, Dr. Stefan Simeonovski (Clinic of Abdominal Surgery I): 53-year-old patient with clinical, FGS and imaging-diagnostic data for advanced tumor formation of stomach (obs. carcinoma) with a presence of system dissemination (hepatic meta) and lymphadenomegaly. Currently, in slightly damaged general status. Cooperating, adequate, no

febrile. Bilateral vesicular breathing. Stable hemodynamic. abdomen – soft walls, respiratory motile, poorly painful in epigastric area, no data for peritoneal irritation. Data for hepatomegaly. Succussio renalis – neg. (-) bilateral. Limbs- normal. The patient's case is not indicated for operative treatment at this stage. With recommendation for systemic therapy.

APPLIED TREATMENT: Serum artificialis 500ml x 1. Ringer 500ml x1. Probitor 2x1fl. Ciprinol 2x400ml. Lydol 2x1/2amp.

On 10.01.2023 applied hemotransfusions of 1 sac Ery concentrate A1(+) pos. 273ml No 18312/290000090697, which was tolerated well by the patient, no reaction.

On 11.01.2023 applied hemotransfusions of 1 sac Ery concentrate A1(+) pos. 262ml No 18548/290000090759, which was tolerated well by the patient, no reaction.

STATUS UPON DISCHARGE: In good general status

OUTCOME OF DISEASE: With recovery.

RECOMMENDATIONS: For Hygienic diet regime, defined outpatient therapy with Paratramol to 6 tabl/day (receipt is given) and for G.P.

Follow-ups: Patient is entitled to two follow-ups in 233 office of Consultation- admission sector of Military Medical Academy, within one month after discharge.

HOME LEAVE:

DESCRIPTION OF ENCLOSED WITHIN DISCHARGE SUMMARY EXAMINATIONS AND OTHER FORMAL DOCUMENTS: Given 2 Discharge summaries, receipt, a duplicate of histological result, decision of Oncology board

Treating physician: Assoc.prof. Zdravko Dunkov, Dr. K. Velinov /signed

Head of clinic: Prof. Katsarov, signed/ round seal of hospital

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Fax : (+359 2) 952 65 36

RESULT FROM HISTOPATHOLOGICAL EXAMINATION

N: B23-1070

Patient

Name: Chavdar Zapryanov Raychev	ID: 6905106262	Ref.No: 888/ 2023
Department: CLINIC OF GASTROENTEROLOGY		

Tumor

Macroscopic Multiple grey-white-off, soft pieces to 3/1mm.
B23-1070 1/0

Microscopic Stomach mucosa with small foci of intestinal metaplasia and floor of ulcer lesion with massive infiltration from low differentiated adenocarcinoma, presented of solid tumor clusters, of large, with moderate nuclear polymorphism, tumor cells with eosinophilic cytoplasm; detritus mater. Based on IHC is stated unspecific expression in tumor cells for INSM1, and negative reaction for Chromogranin A and Synaptophysin (rejected neuroendocrine differentiation). The proliferative marker Ki 67 does express in about 80% from tumor cells. Performed IHC for Her2 oncoprotein, in which was stated lacking expression HER2- (0)- negative reaction.

Diagnosis

Stomach – Low differentiated adenocarcinoma.

Blocks: 1

Date: 17.01.2023 09:24

Dr. R.G.Hristoskova:.....

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Result of: Chavdar Zapryanov Raychev

RESULT FROM IMAGING EXAMINATION

NAME: Chavdar Zapryanov Raychev PIN: 6905106262	PHYSICIAN: Dr. Antoni Stoyanov
OF DEPARTMENT:	Ref.N:
	SPEC: Imaging diagnostics

Contract: Unite Health Insurance Fund Doverie

Examination	Requested physician
CT of abdomen	Name: Self-directed

CT of abdominal organs – native and with contrast enhancement of images

Bilateral in basal pulmonary segments- preserved architectonic of vascular and bronchial tree. Diaphragmatic domes- left diaphragmatic dome is thickened in its medial part, including diaphragmatic pedicle, too. Small pleural effusion left – possible reactive

Liver- liver with increased craniocaudal size. In the area of sixth segment is scanned a heterodense structure with irregular form and dimensions about 7 -8 cm. In the structure of the formation are noted tendrils and hypodense zones- possibly necrotic areas.

Presence of diffusely scattered solitary hypodense zones with dimensions to 33 mm with characteristic of secondary lesions. Gallbladder is compressed from the primary formation.

Presence of lymph nodes in porta hepatis with dimensions about 20-25 mm. Packets of retroperitoneal lymph nodes with dimensions to 6 – 7 cm, as well as mesenteric lymph nodes to 18 – 20 mm. Lymph nodes in the area of lesser curvature of stomach with dimensions to 31 mm. The wall of stomach in the area of cardia is thickened irregularly, inhomogeneous.

Intra-and extrahepatic bile ducts are not dilated.

Gallbladder – compressed without calculi

Spleen – preserved dimensions and form. Homogeneous structure of parenchyma. Lienal vessels dislocated from lymph nodes

Pancreas – the visible part is homogeneous without zones of pathological capture of contrast agent. Multiple peripancreatic lymph nodes

Adrenal glands with increased dimensions – left over 4 cm, homogeneously contrasting..

Right kidney – preserved dimensions. One renal artery without data for occlusion. Preserved perfusion of parenchyma. Not dilated pyelocalyx system. X-ray positive calculi are not scanned. The parenchymal cyst in lower pole 35 mm

Left kidney – preserved dimensions Normal topography. One renal artery without data for occlusion. Preserved perfusion of parenchyma. Not enlarged cavitary system. X-ray positive calculi are not scanned. Cortical cyst with size 26 ,,

CONCLUSION: The changes in liver are probably due to primary HCC with intra-organ dissemination. In DD plan process in the wall of stomach. Retroperitoneal and mesenteric lymphadenopathy

Date: 21/12/22

rectangular seal of Dr. Antoni Stoyanov/signed

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I, the undersigned, Stanka Shopova, verify the fidelity of the translation done by me from Bulgarian into English language of the enclosed documents- discharge summary from 24.10.22, histology from 17.01.23, CT of abdominal organs from 21/12/22. The translation consists of 7 (seven) pages. Translator: Stanka Manoleva Shopova,