

May 8, 2019

DIVISION MEMORANDUM  
No. 265, s. 2019

**REQUEST FOR VOLUNTARY FINANCIAL ASSISTANCE FOR  
MRS. JENNIFER ANDALES LINOGO, TEACHER 1 OF MEDELLIN NATIONAL HIGH SCHOOL,  
MEDELLIN DISTRICT**

To: Assistant Schools Division Superintendent  
CID and SGOD Chiefs  
CID and SGOD Personnel  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
All Teaching and Non-Teaching Personnel

1. Attached is a letter from MR. MAR ANTHONY A. BATAC, Teacher, Medellin National High School, Medellin District, requesting for voluntary financial assistance for Mrs. Jennifer Andales Linogo, Teacher, Medellin National High School, who has a stage 4 cancer.
2. Relative to the above mentioned circumstance, any voluntary contribution shall be remitted to Ms. Marites Peralta, Division Cashier who will turn over the money to her family through the school principal.
3. Immediate dissemination of this Memorandum is desired.

  
**RHEA MAR A. ANGTUD, Ed. D. CESO VI**  
Schools Division Superintendent 

Luy-a ,Medellin,Cebu  
May 5,2019

RHEA MAR A. ANGTUD ,Ed.D.,CESO VI  
SCHOOLS DIVISION SUPERINTENDENT  
IPHO BULDING SUDLON, LAHUG,CEBU CITY

Dear Maam:

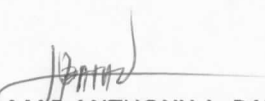
A warm greetings to you and your family!

I am writing this letter request for my co-teacher Mrs. JENNIFER ANDALES LINOGO,TEACHER 1,assigned in Medellin National High School,District of Medellin. May I have honor to request for any financial assistance from our Division due to her physical condition . Two months ago she have undergone a major operation in her stomach closer to her esophagus to stop the unstoppable vomitting but after the major operation her body condition was getting worst. We brought her again and again in the hospital,were infact she has transfered in many hospitals and another operation was conducted by putting a tube in the side of her stomach for the passage of the food but still no sign of development and only to find out that she has a stage 4 cancer.


I as her co-teacher would humbly meek your heart for any financial assistance or any assistance that you can share because she was the breadwinner of the family. Almost everything she saved was spent for her medical treatment and was not enough in which she was unable to pay her medical bills.

Right now she was still in the hospital and still in weak condition where she can't even report to her work station. I and her family is hoping for any positive response from your good office. Thank you and God bless.

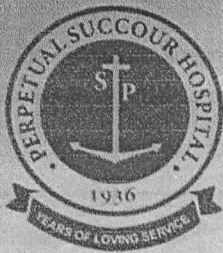
Sincerely yours,



MAR ANTHONY A. BATAc  
MNHS TEACHER 1/COUSIN



HERALDO S. LINOGo  
HUSBAND



**PERPETUAL SUCCOUR HOSPITAL OF CEBU, INC.**  
P.O. Box 790, Cebu Central Post Office  
Cebu City  
6000 Cebu  
Philippines

## Medical Certificate

### TO WHOM IT MAY CONCERN:

This is to certify that JENNIFER ANDALES LINOGO had  
been under treatment/confined at **Perpetual Succour Hospital of Cebu** from  
January 08, 2019 to January 15, 2019 for the following:

#### DIAGNOSIS:

- 1) GASTRIC OUTLET OBSTRUCTION SECONDARY TO GASTRIC MASS ANTRUM AND DUODENAL MASS
- 2) GASTRITIS
- 3) ELECTROLYTE IMBALANCE: HYPOKALEMIA

#### OPERATION:

UPPER GI ENDOSCOPY

#### REMARKS:

Issued this 15th day of January 2019 at Cebu City, Philippines for whatever legal purpose this will serve him/her best.

VICENTE JR. AVANZADO, MD

Attending Physician

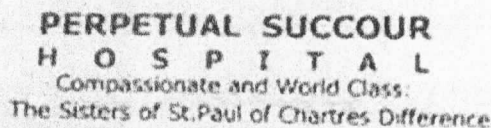
PTR No.: 2078880

Lic. No.: 0142828

*[Signature]*  
Vicente Jr. Avanzado MD  
Internal Medicine  
Lic. No. 0142828  
PTR No.

**DR. ASTERTERE A. BERNALES**  
Medical Officer III  
License # 65104





NAME: LINOGO, JENNIFER ANDALES  
BIRTHDATE: January 22, 1989 AGE: 29 SEX: F  
BIRTHPLACE: MEDELLIN, CEBU  
ADDRESS: PUROK PEREZ ESTATE, LUY-A, MEDELLIN, CEBU  
PHONE NO.: 0945460042

File copy in medical record

CASE NO.: 508938  
CIVIL STATUS: MARRIED  
CITIZENSHIP: FILIPINO

Name: AVANZADO, VICENTE JR. BENIGA  
Address: RM 421  
Schedule: \_\_\_\_\_  
Phone: 412-2473

Date Admitted: January 08, 2019  
Time: 9:04 am Room No.: ST-01

Date discharged: JAN 20, 1969  
Time: 9:09 AM

Discharge diagnosis:

- ① Gastric Outlet Obstruction 2° to Gastric Muc. Adenoma w/ distal mass
- ② Gastritis
- ③ Electrolyte Imbalance: Hypokalemia

[illegible]

**MEDICATION:** Cefazolin 40mg IM q6h 60  
Keflex 100mg IM q6h 70  
Keflex 4 grams + 20cc saline 40

FUNCTIONAL STATUS:		Drugs	Others
Eyesight	<input checked="" type="checkbox"/> No problem	<input type="checkbox"/> Glasses	<input type="checkbox"/> Blurred
Hearing	<input checked="" type="checkbox"/> No problem	<input type="checkbox"/> Limited	<input type="checkbox"/> Hearing Aid
Speech	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Slurred	<input type="checkbox"/> Aphasic
Continence	<input checked="" type="checkbox"/> No problem	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Foley Catheter
Needs Assistance in	<input checked="" type="checkbox"/> Feeding	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Dressing
Mobility	<input checked="" type="checkbox"/> No problem	<input type="checkbox"/> Ambulates w/ Assistance	<input type="checkbox"/> Chairfast
Others			<input type="checkbox"/> Condom Catheter
			<input type="checkbox"/> Transfer
			<input type="checkbox"/> Bedfast

Diet	<input checked="" type="checkbox"/> Oral	<input type="checkbox"/> Tube	<input type="checkbox"/> TPN
Nutritional Risk	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate
OUTCOME	<input checked="" type="checkbox"/> Recovered	<input type="checkbox"/> Improved	<input type="checkbox"/> Expired
DISPOSITION	<input type="checkbox"/> As Advised	<input type="checkbox"/> Transferred	<input type="checkbox"/> Absconded

JAN 28 2015

Condition related to transfer or change of patient's condition during transfer (Please see attached sheet/s.)

Your patient has / has not been given a copy of this summary (If not, state reason):

Ident Physician-In-charged: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
License No.: \_\_\_\_\_ PTR No.: \_\_\_\_\_

Gorordo Avenue, Lahug, Cebu City 6000 Philippines  
Trunkline: (+6332) 233-8620 • PSH Care Mobile: (+63927) 650-4065 • PSH Care E-mail:  
Website: [www.nchrphs.com](http://www.nchrphs.com)

CEBU DOCTORS' UNIVERSITY HOSPITAL, INC.  
Osmeña Boulevard, Cebu City 6000

DEPARTMENT OF GENERAL DIAGNOSTIC IMAGING  
C.T. SCAN SECTION  
MEDICAL IMAGING REPORT

NAME : LINOGO, JENNIFER A  
HOSP NO : 938607  
Ref. PHYSICIAN :  
EXAMINATION : 3D RECONSTRUCTION  
ADDRESS : MEDELLIN, CEBU PROV.

OPD/ADM NO: 2166673B  
AGE : 29  
SEX : FEMALE  
ROOM NO. : OPD

File No :  
ACCESSION NO : 113174S  
REQUEST DATE : 01/05/2019  
EXAM DATE : 01/07/2019  
RESULT DATE : 01/08/2019

INTERPRETATION

Multislice CT scan of the WHOLE ABDOMEN (with contrast)

Digital copy of the contrast enhanced multislice CT scan of the whole abdomen performed at Vicente Sotto Memorial Medical Center dated 12/25/2018 was submitted and reviewed for interpretation.

There is a circumferential wall thickening at the distal gastric body and antrum measuring about 1.7 cm in thickness and 6.1 cm in length producing luminal narrowing. NGT noted with its tip proximal to the luminal narrowing. There are small to borderline enlarged perigastric lymph nodes measuring up to about 0.8 cm. There is an ovoid hypodensity / hypoenhancing lesion at the medial aspect of the segment IVb measuring about 1 x 2 cm. There is also a poorly defined hypodense nodule (1 cm) at the segment VII of the liver. The rest of the liver and spleen are homogeneous and isodense with each other with no splenic focal lesions seen. The gallbladder is normal in size with no evidence of lithiasis. There is no evidence of intra or extrahepatic bile duct obstruction. There is a well defined hypodense / cystic nodule at the pancreatic body measuring about 1 x 1.2 cm. The rest of the pancreas is unremarkable. The pancreatic duct is not dilated. The limbs of both adrenal glands are normal in caliber. Both kidneys enhance normally with no enhancing parenchymal masses seen. The ureters and pelvocalyceal systems are normal in caliber. The abdominal aorta and inferior vena cava are intact. The opacified urinary bladder has a smooth outline with no filling defects. The uterus and adnexal regions are unremarkable. Minimal fluid noted within the posterior cul de sac. The intestines are not dilated. The rest of the soft tissues and visualized osseous structures are unremarkable.

IMPRESSION:

1. Circumferential wall thickening at the distal gastric body and antrum measuring about 1.7 cm in thickness and 6.1 cm in length producing luminal narrowing. Consider primary gastric malignancy. Rule out gastritis. Please correlate clinically / endoscopy / biopsy.
2. Small to borderline enlarged (up to 0.8 cm) perigastric lymph nodes
3. Poorly defined hypodense nodule (1 cm) at the segment VII of the liver. Rule out hepatic metastases
4. Ovoid hypodensity/ hypoenhancing lesion at the segment IV. Although this may be related to focal fat infiltration, a metastatic focus cannot be totally ruled out.
5. Well defined hypodense / cystic nodule (1 x 1.2 cm) at the pancreatic body. Follow up study suggested
6. Minimal fluid within the posterior cul de sac

RADTECH ... NO  
X-ray / Radiologic Technologist

CANDICE YUNG, M.D.  
Fellow Philippine College of Radiology

The above mentioned report is subjective medical opinion only based on the objective imaging findings and should be correlated with the clinical, biochemical, microbiological and other parameters before it can be used as a basis for management.





**CHONG HUA HOSPITAL MANDAUE**  
Mantawi International Drive, Subangdaku, Mandaue City 6014, Cebu, Philippines

An Accredited Institution



PhilHealth



**ENDOSCOPY - BRONCHOSCOPY UNIT**

**UPPER GASTROINTESTINAL ENDOSCOPY**



PATIENT NAME

**LINOGO, JENNIFER ANDALES**

ADDRESS

LUY-A Medical Cebu

REQUESTING DOCTOR

PATIENT NO

181000096876

BIRTHDATE

01/22/1989

GENDER

FEMALE

REQUEST NO

OPRRM0076073

DATE & TIME REQUESTED

11/19/2018 07:05 AM

DATE PERFORMED

11/19/2018 07:34 AM

ROOM NO

OPD

INSTRUMENT

Indication/Clinical History

(+) EPIGASTRIC PAIN ASSOCIATED WITH ACID  
REGURGITATION AND VOMITING

Pre-endoscopic Diagnosis

GERD / O GASTRIC OUTLET OBSTRUCTION

Pre-medication

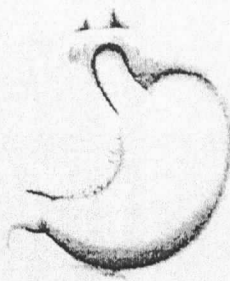
XYLOCAINE (LIDOCAINE) SPRAY 10%

Post-endoscopic Diagnosis

1. ESOPHAGEAL ULCERS  
2. GASTRIC MASS CAUSING GASTRIC OUTLET  
OBSTRUCTION

Findings

1. ESOPHAGEAL ULCERS  
2. GASTRIC MASS CAUSING GASTRIC OUTLET OBSTRUCTION



Esophagus

(+) ERYTHEMA AND ULCERATIONS WITH FRIABILITY -  
GE JUNCTION

Duodenum (1st portion)

Stomach

(+) SIGNIFICANT AMOUNT OF FOOD  
PARTICLES/MATERIALE-FUNDUS AND CORPUS;  
(+) INFILTRATING, FRIABLE MASS LOCATED AT ANTRUM  
CAUSING OBSTRUCTION; (+) STENOTIC PYLORIC  
OPENING PRETRUDING ENTRANCE TO DUODENUM

Duodenum (2nd portion)

Approximate Amount of Blood Loss (in cc or ml)

Complication

Specimen Obtained ☒ No ☐ Yes

☐ (specify)

☐ Sent to Laboratory for (specify)

☐ Safekeeping

Recommendations

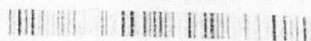
UBT DONE FOR H. PYLORI IDENTIFICATION  
FOR SURGERY

**CHONG HUA HOSPITAL MANDAUE**

Mandau International Drive, Subangdaku, Mandaue City 6016, Cebu, Philippines

GASTROINTESTINAL UNIT

UPPER GASTROINTESTINAL ENDOSCOPY



INQUIRY: JENNIFER ANDALIS

PATIENT'S  
NAME: JENNIFER ANDALIS

REQUESTED BY  
JENNIFER ANDALIS

DATE  
11/19/2018

AGE  
30

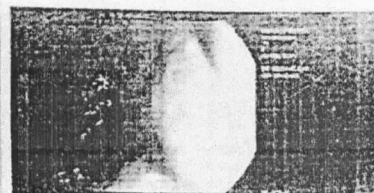
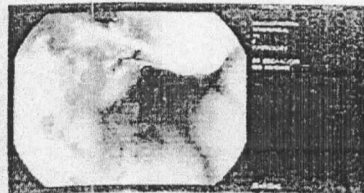
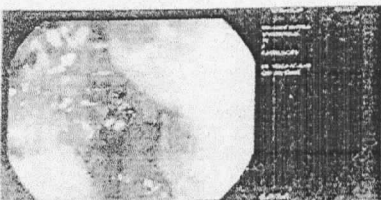
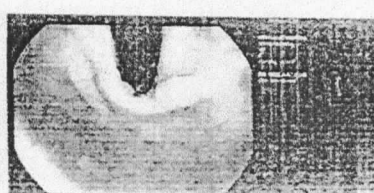
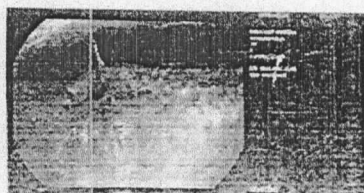
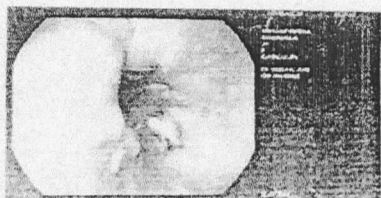
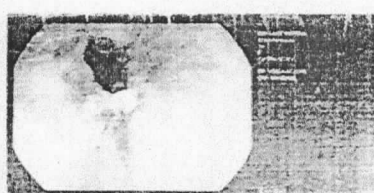
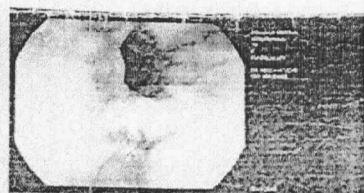
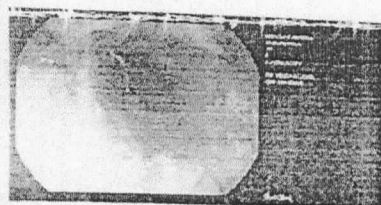
SEX  
F

TIME  
11:00 AM

CLINICAL HISTORY  
Gastritis

PHYSICIAN'S NAME  
DR. MELDA P. ACUSAR

DATE  
11/19/2018



ROSSELLE Y. MARIGOMEN R.N.

SHEENA BEA B. SINGSON R.N.  
Endoscopy Nurse

MELDA P. ACUSAR, M.D.

Endoscopist

DATE/TIME: 11/19/2018 08:01 AM



CEBU DOCTORS' UNIVERSITY HOSPITAL  
Osmeña Blvd., Capitol Site, Cebu City  
Tel. # (032)255-5555 Fax # 254-3002



PATIENT'S DISCHARGE SUMMARY/MEDICAL ABSTRACT

PIN: 938607

FORM RC-02-9-13

NAME: LINOGO, JENNIFER ANDALES

DATE OF BIRTH: January 22, 1989

ROOM NO: MS 11

ATTENDING PHYSICIAN: DR. GIANPAOLO CABANAG

DR. ALEXI TAN

DR. DACAL

DATE:

ADMISSION DATE: January 24, 2019

DISCHARGE DATE: February 17, 2019

ADDRESS: PEREZ ESTATE LUY-A, MEDELLIN

FINAL DIAGNOSIS:

1. GASTRIC CANCER SIGNET RING, ADENOCARCINOMA PYLORUS STAGE IV
2. GASTRIC OUTLET OBSTRUCTION SECONDARY TO #1

PROCEDURES/OPERATIONS:

1. EXPLORE LAPAROTOMY, LOOP GASTROJEJUNOSTOMY
2. OMENTECTOMY

DATE: February 2, 2019

DATE: February 2, 2019

DRUG ALLERGY STATUS:

PHYSICAL EXAMINATION:

Vital Signs: BP: mmHg HR: bpm  
RR: cpm Temp: deg C

General Appearance: alert, awake, not in respiratory distress

Skin: warm, good turgor

HEENT: anicteric sclerae, pink palpebral conjunctivae

Neck: (-) LAD

C/L: equal chest expansion, clear breath sounds

CVS: distinct heart sounds

ABD: normoactive bowel sounds, (+) 5x5 cm epigastric mass upon palpation

GUT: (-) KPS

EXT: SPP, CRT < 2secs

LABORATORY TEST:

Dia A, UA, Alkaline Phosphatase, total, direct and indirect bilirubin

IMAGING STUDIES:

CXR PA, ECG 12L,

CHIEF COMPLAINT: Vomiting

HISTORY OF PRESENT ILLNESS:

Eight months PTA, onset of epigastric pain sought consult and upon assessment, a mass was palpated at the epigastric area. Four months PTA, pain persisted now accompanied by notable weight loss and early satiety. Patient was then advised surgical removal but refused. Around 4 weeks PTA, sudden onset of general weakness with persistence of weight loss, anorexia, early satiety and epigastric pain. Sought consult and underwent upper GI endoscopy. Patient was then referred to this institution for further management.

COURSE IN THE WARF.S:

Patient was admitted under the service Dr. G. Cabanag co-managed with Dr. Alexi Tan and Dr. Dacal. On admission history and P.E was done and was managed initially as a case of Gastric outlet obstruction sec to gastric mass. Initial laboratories were ordered and were correlated clinically. Venoclysis was started with D5LR at 30 gtts/min. Once condition had stabilized patient was then transferred to the wards where vitals were monitored and due medications were given. Patient thereafter underwent explore laparotomy loop gastrojejunostomy w/ omentectomy. Patient was monitored for persistence of symptoms other subjective complains post operatively. On subsequent hospital days patient's condition improved. Patient's vital signs, intake and output were continuously monitored. Medications given. At present hospital day, patient remained in stable condition with no other complains. Patient was then advised discharge. Discharge instructions and take home medications given.



TRUE COPY

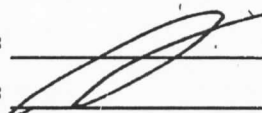
DATE: 4/5/19  
MEDICAL RECORDS DEPT



MEDICATION ON DISCHARGE (PRINT LEGIBLY):

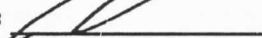
	GENERIC (Brand Name) / STRENGTH	DOSE and DIRECTIONS	Duration of treatment	
			Course (Days)	Quantity
1.	CIPROFLOXACIN 500MG TABLET	1 TAB 2X A DAY	3	
2.	TDL + PCM (DOLCET)	1 TAB EVERY 8 HOURS FOR PAIN	-	
3.	-	-	-	
4.	-	-	-	
5.	-	-	-	
6.	-	-	-	
7.	-	-	-	
8.	-	-	-	
9.	-	-	-	
10.	-	-	-	
11.	-	-	-	
12.	-	-	-	
13.	-	-	-	
14.	-	-	-	
15.	-	-	-	
16.	-	-	-	
17.	-	-	-	
18.	-	-	-	
19.	-	-	-	
20.	-	-	-	

POST-GRAD INTERN'S NAME (TRODAT): PGI Kho, R

SIGNATURE: 

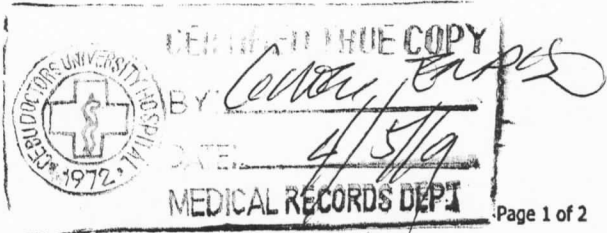
DATE: February 17, 2019

ATTENDING/RESIDENT DR. GIANPAOLO CABANAG

SIGNATURE: 

DATE: February 17, 2019

PHYSICIAN'S NAME (TRODAT):





CEBU DOCTORS' UNIVERSITY HOSPITAL  
Osmeña Blvd., Capitol Site, Cebu City  
Tel. # (032)255-5555 Fax # 254-3002



## PATIENT'S DISCHARGE NOTES

PIN: 938607

FORM RC-01-9-1.

NAME: LINOGO, JENNIFER ANDALES

DATE OF BIRTH: January 22, 1989

ROOM NO: MS 11

ATTENDING PHYSICIAN: DR. GIANPAOLO CABANAG

DR. ALEXI TAN

DR. DACAL

ADMISSION DATE: January 24, 2019

DISCHARGE DATE: February 17, 2019

TRANSFERRED TO:

ADDRESS: PEREZ ESTATE LUY-A, MEDELLIN

### FOLLOW-UP ARRANGEMENTS:

#### PRIMARY/SECONDARY DIAGNOSIS:

1. GASTRIC CANCER SIGNET RING, ADENOCARCINOMA PYLORUS STAGE IV
2. GASTRIC OUTLET OBSTRUCTION SECONDARY TO #1

#### PROCEDURES/OPERATIONS:

1. EXPLORE LAPAROTOMY, LOOP GASTROJEJUNOSTOMY
2. OMENTECTOMY

DATE: February 2, 2019

DATE: February 2, 2019

DRUG ALLERGY STATUS:

CLINICAL APPOINTMENT DATE:

AFTER 1 WEEK

AFTER 1 WEEK

REMARKS:

FOLLOW UP WITH SURGERY OPD AFTER 1 WEEK

FOLLOW UP WITH IM OPD

DIET: DAT

### MEDICATION ON DISCHARGE:

GENERIC (Brand Name) / STRENGTH	DOSE and DIRECTIONS	Duration of treatment:	
		Course (Days)	Quantity
1. CIPROFLOXACIN 500MG TABLET	1 TAB 2X A DAY	3	
2. TDL + PCM (DOLCET)	1 TAB EVERY 8 HOURS FOR PAIN		
3.			
4.			
5.			
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18.			
19.			
20.			

PHYSICIAN'S NAME (TRODAT):

DR. GIANPAOLO CABANAG

SIGNATURE:

DATE: February 17, 2019

CHARGE NURSE'S NAME (TRODAT):

SIGNATURE:

DATE: February 17, 2019

