PROJECT HEALTH

Where healing begins

Preliminary Quotation

Date: **September 10, 2025**

To whom it may concern:

We are pleased to provide a Preliminary quotation for **POOVANI ARMOOGUM**, who is considering medical treatment at **Fortis Memorial Research Institute, Gurugram, India**, under the care of **Dr. Naval Mehndiratta & Dr. Saurabh Bansal: Director: Rheumatology & Director: Neurology**. Project Health Ltd is responsible for facilitating all necessary arrangements in both Mauritius and India, should the patient choose to proceed.

Based on the reports shared, patient has SLE + Celebral Vasculitis. She has already been on oral medicines + rituximab injection. She will need evaluation: Blood Tests, Auto immune markers, MRI brain perfusion + vessel wall imaging, DSA (if needed).

The medical advice of the doctor and the treatment plan will include the following:

- Cost of evaluation: **USD 1500-2000** approx.
- Cost of Therapy: **USD 10000-12000** approx. (Stay in hospital: 4-5 days)

Additional costs:

- Accommodation: **USD 900** approx. (for 3-4 weeks) in guest house.
- Sim Card: **USD 10** approx. (per sim)
- Ticket Cost: **USD 1800** approx. (1 Patient + 1 Attendant)

Medical escort costs:

- Doctor's Fees: **USD 1090** approx.
- Doctor's Tickets: **USD 900** approx.
- Ticket nursing officer: **USD 900** approx.
- Fees for nursing officer: **USD 655** approx.
- Oxygen (2 Cylinders): **USD 330** approx.
- Medical Equipment: **USD 110** approx.
- Ambulance in Mauritius: **USD 250** approx.
- Ambulance in India: **USD 100** approx.
- Stretcher: **USD 870** approx.
- Ambulift: **USD 320** approx.

Total estimated cost for treatment is USD 22,235 (MUR 1,022,810) approx.

Note: In case Patient will need medical escort to travel back to Mauritius following her treatment, an additional amount of **USD 4800-6500** approx. is to be expected.

*The estimates might vary based on availability of seats for ticket and evaluation in India.

For any further information, please contact us on 5948 8525.

With care and support,

PROJECT HEALTH LTD
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For & on behalf of Project Health Ltd

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9 July 2025

Medical Report Miss Pouvani Armoogum

Miss Poovani Armoogum, 26 years old, ID A231298180025A, was admitted at Dr. A. G. Jeetoo Hospital from 23 March 2025 to 06 June 2025 for left hemiparesis.

The patient is a known case of refractory systemic lupus erythematosus with peripheral vasculitis for which she had received several lines of treatment including steroids, mycophenolate mofetil, hydroxychloroquine and lately rituximab (November 2024). Compliance to treatment was poor.

She presented sub-acute onset of confusional state, left hemiparesis and livedoid lesions in her hands and feet without skin ulcerations for which she was admitted to Dr. A. G. Jeetoo Hospital. CT scan brain showed multiple areas of cerebral infarcts with cerebral oedema confirmed by a brain MRI scan. Blood tests showed a raised ESR together with ANA and anti-Ds DNA. The thrombophilia screen revealed a low protein S level (less than 30%). Anticardiolipin, lupus anticoagulant were negative.

She was started on pulse steroid therapy for 5 days, had 1 course of intravenous immunoglobulin (0.4 g/kg/day for 5 days), 2 times 500 mg of cyclophosphamide injection. She was also put on curative anticoagulation (lovenox followed by warfarin). INR was maintained at around 3. Subsequently steroids was progressively tapered to 30 mg of prednisone and mycophenolate mofetil was resumed at 2 g daily.

Neurological improvement was slow but the patient was still hemi paretic (3/5 left side) and aphasic upon discharge. Due to a persistent inability to swallow a PEG tube was inserted for feeding.

She had several courses of antibiotics including meropenem and linezolid for hospital acquired infections (UTI, pneumonia). She was also treated for a shingles infection with 7 days of acyclovir. She developed a grade 2 sacral sore managed with local dressing.

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In summary, patient had several SLE flare up with possible association with an APL negative Sneddon Syndrome and Protein S deficiency. Aggressive immunosuppressive treatment together with curative anticoagulation was partially effective. The patient remains hemi paretic and bedridden.

Discharge medications were as follows:

Prednisone 30 mg daily

Hydroxychloroquine 400 mg daily

Cellcept 1 g twice daily

OrocalD3 once daily

Omeprazole 20 mg daily

Warfarin 1 mg daily

Atorvastatin 40 mg daily

Sunscreen

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Dr. A. G. Jeetoo Hospital