



Sanjay Gandhi Post Graduate Institute of Medical Sciences  
Raebareilly Road, Lucknow - 226 014, India

Department of Pathology

Lab Name: Histopathology

CRNo: 2023198301

Status: IP

Unit: UNIT 2

Department: Surgical Gastroenterology

Name: Gopi Krishan Lal / 79 Y / M

Ward/Bed: 3701 CHBDT 2nd Floor GEN/24

Lab Id: L150111072308051

Specimen: Tissue

Consultant: ASHOK KUMAR

Collected On: 11/07/2023 15:07 PM

Test Name: Q1, Endoscopic/ Needle/ Small Biopsy/Cell Block Test On: left iliac fossa node

**Gross:** 8051/23 Received two unlabelled specimen: 1) Received multiple linear tissue cores longest measuring 1.8 cm. All were embedded. 2) Received multiple linear tissue cores longest measuring 1.2 cm. All were embedded.

**Microscopic:** The sections from both the specimen show fibrocollagenous tissue cores infiltrated by tumor disposed in sheets. The individual tumor cells are large sized with round to irregular nuclei, coarse chromatin, inconspicuous nucleoli and scant to moderate amount of cytoplasm. Frequent mitotic figures are seen with atypical mitosis. Occasional multinucleated giant cells are also noted. On immunohistochemistry, the tumor cells are positive for LCA and CD20 and negative for CK, CK7, CK20, vimentin, CD3, CD30 and ALK. Ki-67 proliferation index is ~80-90%

**Conclusion:** LEFT ILIAC FOSSA LYMPH NODE BIOPSY: DIFFUSE LARGE B CELL LYMPHOMA.

Reported Date: 11/07/2023 09:07 AM

Reported By: Dr. Neha Nigam

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

स्वीकारित

Chief Medical Superintendent  
Maharaja Subodh Dev Autonomous State Medical  
College & Maharishi Prasad  
Hospital Bahujich



Sanjay Gandhi Post Graduate Institute of Medical Sciences  
Raebareilly Road, Lucknow - 226 014, India

Department of Pathology

CRNo: 2023198301      Status: IP      Unit: UNIT-2      Lab Name: Immunohistochemistry  
Name: Gopi Krishan Lal /79 Y/M      Department: Surgical Gastroenterology  
Lab Id: (151011072301601)      Ward/Bed: 3701 CHBDT 2nd Floor GEN/24  
Consultant: ASHOK KUMAR      Specimen: Tissue  
Test Name: 01. Immunohistochemistry      Collected On: 11/07/2023 15:07 PM  
Test On: tru cut needle lopsy of left iliac fossa node


**Microscopic:** Refer to histopath number 8051/23 On immunohistochemistry, the tumor cells are positive for LCA and CD20 and negative for CK, CK7, CK20, vimentin, CD3, CD30 and ALK. On 2nd panel, the tumor cells are positive for Bcl6 and MuM1 and negative for CD10. Ki-67 proliferation index is ~80-90%

**Conclusion:** Findings are suggestive of diffuse large B cell lymphoma, activated germinal centre phenotype

Reported Date: 28/07/2023 15:07 PM

Reported By: SK Rahul Raja

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*Handwritten signature:* प्र. ल. राजा  
  
Chief Medical Superintendent  
Maharaja Sunil Dev Autonomous State Medical  
College & Maharishi Raj  
Hospital Bahadur

## DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

|        |                  |         |                    |      |            |
|--------|------------------|---------|--------------------|------|------------|
| NAME   | MR. GOPI KRISHNA | AGE/SEX | 79Y/M              | DATE | 05.08.2023 |
| REG NO | 60085333         | REF BY  | DR. RAJESH KASHYAP |      |            |

**<sup>18</sup>F-FDG WHOLE BODY PET-CT SCAN**

**HISTORY:** Diagnostic work up biopsy proven case of DLBCL.

**INDICATION:** Staging.

**Comparative study:** - None

**PROTOCOL:**

Whole body PET-CT scan was performed after I.V. administration of **F-18 FDG (6.42mCi)**. Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm). PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated.

The fasting Blood Sugar level at the time of injection was 141mg/dl.  
 Serum creatinine (05.08.2023): 1.04mg/dl.

**Extent of the scan:** - From vertex to mid-thigh.

*All dimensions mentioned in the report are in the format of transaxial x anterior-posterior x cranio-caudal unless specified otherwise.*

**PET-CT FINDINGS:**

**Brain:**

Cerebral parenchyma appears normal with physiological FDG uptake in the cerebral cortex. Subcortical structures, cerebellum & brainstem appear normal with physiological bio-distribution of FDG. Ventricular system & basal cisterns appear normal. Extra-axial spaces are normal. No SOL. No evidence of midline shift noted.

*Note: All brain metastases may not be apparent on a PET/CT scan and an MRI can be performed when clinically indicated.*

**Head & Neck:**

Orbits, paranasal sinuses, mastoid air cells & skull base appear normal.  
 Nasopharynx, oral cavity, hypopharynx and larynx appear normal. Physiological FDG uptake is seen in tonsils and vocal cords.  
 Thyroid gland appears normal in size & attenuation.

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**Dr. Rajesh Kashyap**  
 Medical Superintendent  
 Autonomous State Medical  
 College, Lucknow

**Dr. Ram Murti Smarak Functional Imaging & Medical Centre**  
 2/3, Vishwas Khand, Gomti Nagar, Lucknow-226010 Ph: 0522-2308987-88, 4071774 Mob: 945870415  
 Email: srams@vsnl.com Website: srams.ac.in/time Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday)  
 Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography, Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

**Helpline: (M.) 9458701800, Ambulance Services Available**

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT



|        |                  |         |                    |      |            |
|--------|------------------|---------|--------------------|------|------------|
| NAME   | MR. GOPI KRISHNA | AGE/SEX | 79Y/M              | DATE | 05.08.2023 |
| REG NO | 60085333         | REF BY  | DR. RAJESH KASHYAP |      |            |

Parotid & submandibular salivary glands show normal contrast enhancement and physiological FDG uptake. Vascular structures of neck appear normal. No significant cervical or supraclavicular lymph noted.

Thorax:

FDG avid APW (SUVmax: 4.3, ~1.5x1.2cm), subcarinal, bilateral hilar lymph nodes noted.

Bilateral lung fields are clear with no mass, nodule, opacity or abnormal FDG uptake. No pleural effusion or thickening. Large airways appear normal. Heart appears normal in size. Physiological FDG uptake is noted in the myocardium. No pericardial effusion or thickening. Oesophagus shows no abnormal wall thickening or abnormal FDG uptake. Great vessels appear normal.

Abdomen & Pelvis:

Homogeneous FDG avidity (SUVmax: 30.1) appreciated in enlarged left testis (~10.1x5.7cm). Right testicle is not separately visualised.

FDG avid enlarged left external iliac (SUVmax: 57.2, ~3.5x3.0cm) lymph node noted.

Homogeneously increased FDG uptake noted in normal sized spleen. Spleen ~11.1cm.

Note made of hyperattenuating non obstructing subcentimetric calculi in bilateral renal pelves.

Liver is normal in size (~14.8cm), contour and shows normal homogeneous enhancement with physiological bio-distribution of FDG. No evidence of any focal or diffuse parenchymal lesion or abnormal focal FDG uptake. No evidence of intrahepatic biliary dilatation.

Gall bladder is regular in contour. No evidence of calculi. CBD appears normal. *(CT is not a modality of choice for gall bladder and biliary calculi, USG is advised for the same)*

Pancreas is normal in size, contour and contrast enhancement. No evidence of calcification or atrophy. Peripancreatic fat planes appear well maintained. No focal lesions or abnormal FDG uptake. MPD is normal.

Bilateral adrenal glands appear normal.

Small and bowel loops appear normal. No evidence of focal or diffuse (mucosal / mural) wall thickening. Rectum and perirectal fat planes are normal. Physiological FDG uptake is seen in the bowel loops. Omentum & mesentery appear normal. No ascites noted.

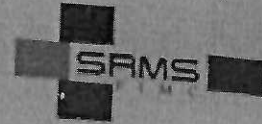
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*Handwritten signature and stamp*

**i Ram Murti Smarak Functional Imaging & Medical Centre**

Vishwas Khanda, 2, Near Flyover, Gomti Nagar, Lucknow-226010 Ph: 0522-2308987-88, 4071774 Mob: 9458704154  
 Website: sams.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/Holidays)  
 Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography  
 X Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT



|        |                  |         |                    |      |            |
|--------|------------------|---------|--------------------|------|------------|
| NAME   | MR. GOPI KRISHNA | AGE/SEX | 79Y/M              | DATE | 05.08.2023 |
| REG NO | 60085333         | REF BY  | DR. RAJESH KASHYAP |      |            |

Urinary bladder is well distended with physiological urinary FDG activity. Wall thickness is normal. Prostate is normal in size and attenuation. No abnormal focal lesion or FDG uptake.

Skin & Musculo-skeletal:

*Generalised osteopenia noted.*

The axial & visualized portion of appendicular skeleton appear normal with no evidence of any lytic / blastic lesion or abnormal focal FDG uptake.

IMPRESSION:

FDG PET-CT study reveals:

- Metabolically active lymphoproliferation on either side of diaphragm with involvement of left testis and spleen.
- Subcentimetric bilateral renal calculi.
- No other metabolically active lesion appreciated in rest of the body.

*Advice: - Clinical-pathological-biochemical correlation is advised.*

Dr. ASHUTOSH PARASHAR

MBS, DNB (Nuclear Medicine)

PDCC (Co-relative Imaging)

Ex. Senior Resident (SGPGI)

Consultant Nuclear Medicine & PET-CT

Disclaimer:

*All tumours may show FDG uptake. In the absence of metabolically active disease reported in the scan, if there are other evidences to suggest presence of disease, further complementary investigations might be undertaken. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary. Please report accordingly. This report is not valid for medico-legal purpose. For any typing related errors kindly report us within 15 days with original report of examination and supporting documents as proof.*

प्रति लक्ष्य शक्ति

22/2/2024

Medical Superintendent  
Autonomous State Medical  
College, Varanasi

Shri Ram Murti Smarak Functional Imaging & Medical Centre

CP 2/3, Vishwanath Road, Gomi Nagar, Lucknow-226010 Ph: 0522-2308987-88, 4071774 Mob: 9458704154  
 E-mail: srmsfnl@srms.ac.in Website: srms.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/ Holidays)  
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 Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

Helpline: (M.) 9458701800, Ambulance Services Available

Rae Bareilly Road, Lucknow - 226 014, India

Discharge Summary

CRNO: 2023198301  
 Unit: UNIT 1  
 Admission No: ADM-202333902  
 Patient Type: Priority  
 Correspond. Address: Gola Bazar  
 Khalilabad

Name: Gopi Krishan Lal 79/Y/M  
 Ward/Bed: 2002 Hematology B27A097 GEN / 25  
 Admitted on: 08-08-2023 15:44  
 Consultant: Rajesh Kashyap  
 Distt. State: Uttar Pradesh Pin No. 221175 Phone No. 991

Department: Hematology  
 Discharged on: Aug 14, 2023 11:11  
 Discharge Type:

DIBCL GCBTYP //STAGE II//LOW INTERMEDIATE RISK -RIP1 2// RCVP 1ST CYCLE 10/8/23  
CURRENT ADMISSION- RCVP 1ST CYCLE

LEFT ILIAC FOSSA LYMPH NODE BIOPSY: DIFFUSE LARGE B CELL LYMPHOMA. IT WAS DONE IN PATHOLOGY AT SGPGI. REVIEW BLOCK SUBMITTED AT MORPHO LAB. REPORT AWAITED.

On immunohistochemistry, the tumor cells are positive for LCA and CD20 and negative for CK, CK7, CK20, vimentin, CD and ALK. On 2nd panel, the tumor cells are positive for Bcl6 and MuM1 and negative for CD10, Ki-67 proliferation index.

Conclusion

Findings are suggestive of diffuse large B cell lymphoma, activated germinal centre phenotype

ECHO- F/S/O HOCM

PETCTSCAN- TESTICULAR MASS SUV MAX 35. ILIAC NODE SUVMAX 54

COURSE AT HOSPITAL- THE PATIENT WAS ADMITTED FOR 1ST CYCLE OF RCVP IT MTX WAS DONE ON 11/8. NOW DI IN STABLE CONDITION.

PLAN RVCP AND IT MTX EVERY 21 DAYS. RADIOTHERAPY CONSULT GIVEN.

ADVICE AT DISCHARGE

TAB ACIVIR 400MG RD

TAB SEPTRAN DS BD M/W/F

TAB A-Z OD

TAB SHELICAL 500MG BD

TAB FOLVITE 5MG OD

TAB CLOGEN 10MG TDS TO CHEW AND SPIT

HEXIDINE MW TDS

DRISE 60X SCABET ONCE A month

F/U IN HEMATOLOGY OPD ON 30.08.23 WITH CBC

Handwritten signature in Hindi: श्री एकराज

Chief Medical Superintendent  
 Maharaja Suhel Dev Autonomous State Medical  
 College & Maharishi Balark  
 Hospital Bahraich

20/8/2024

BED HAS NOT BEEN VACATED FROM SYSTEM

8) T. Aciviv 400 mg BD

9) T. Septoran DS(1) BD on [m]wlp

10) T. Clogen 10 mg TDS

11) T. Shelval 500 mg BD

12) T. Folvite 5 mg OD

13) T. A-Z (1) OD

14) ~~AMW~~ TDS

To review i CBL on 31/02/23

*[Signature]*

~~यदि एकादि~~

Chien Medical Superintendent  
Maharaja Suhel Dev Autonomous State Medical  
College & Maharishi Batak  
Hospital Bahraich

Hospital Stay

Operations performed

Complications

Status on discharges

Final Diagnosis (List problems)

Advise at discharge

Current CBC not done.

Dne for # 2 R-CVP on 31/08/23.

BSA 1.5 m<sup>2</sup>

Adv: 1)

Premed = 1

- Inj. Avil (1 amp) iv
- Inj. febrimil (1 amp) iv
- Inj. Hydrocort (100 mg) iv
- Inj. Emset 8 . mg iv

↓

• Inj. Rituximab (100 mg) +  
 100 ml NS iv over  
 1 hr

↓ w/f reath

Rituximab (500 mg) +  
 500 ml NS iv  
 over 4 hr

on 31/8/23

→ (CRESTOVA)

~~CVP for ...~~

Laboratory Investigations

22/2/2024  
 Chief Medical Superintendent  
 Maharaja Suhel Dev Autonomous State Medical  
 College & Mahendranagar Bikaner  
 Hospital Bikaner

HB

2)

IT - mTx

Blood Sugar

Urea

Creat

15 LFT

Other:

wg

CXR:

on 31/8/23

ECG:



Inj Emscet 8 mg IV

Inj Avil (1 amp) IV

↓

4) Inj VCR (2 mg) + 10 ml NS  
slow IV push through  
side port of running  
saline drip via patent IV  
Cannula.

5) Inj Cyclophosphamide (1200 mg)  
+ 250 ml NS IV over

6) Inj Mesna 600mg IV 2 hr  
after CPM bolus before +  
T. Wysolone (60 mg) PO

x 5 days  
from (09/01/09/13)

7) Pan 40 mg OD x 5d

Special Investigations including x-ray & Pathology

PHYSICIAN

(Signature)

22/2/2024  
Chief Medical Superintendent  
Maharaja Suhel Dev Autonomous State Medical  
College & Maharshi P. P. Hospital

Follow

# 2 R-CP

| Date                            | Weight |   |
|---------------------------------|--------|---|
| 31/8/23                         |        | 8.5   44.00   25.8k                     |
|                                 |        | Rp.                                     |
|                                 |        | Kindly give chemo as charted on 30/8/23 |
| ju <sup>ci</sup> CBC on 20/9/23 |        |   |

# 3 R-CP.

20/9/23

9.3 | 55.00 | 18.3k  
N 25 L 58.

Asymptomatic.

Adv: 1) Kindly give chemo

as charted on 30/8/23  
21/9/23 and 22/9/23

Rest LST.

Flu on 12/10/23 CBC

Asa

~~RECEIVED~~

R

22/9/2024  
Medical Superintendent  
Maulana Azad Memorial State Medical  
College & Mahatma Jyoti Bapu  
Hospital

Up

| Date     | Weight | 4th R CVP   |
|----------|--------|---|
| 12/10/23 |        | Hb - 9.6<br>TLC - 6200<br>N 35 L 56<br>Plt. - 1.8L<br>Creat - 0.83mg/dl |

Interim PET CT  
 - Significant decrease  
 in size & metabolic  
 activity of left testis  
 & left external iliac  
 LN (DS 3)

Patient symptomatically  
 better

Adv

Kindly ~~also~~ give chemo  
 as charted on 30/8/23  
 on 12/10 & 13/10  
 T Pregabalin 75mg ODHS  
 Rest oral drugs to  
 cont.

IT Methotrexate 15mg  
 R/w CBC on ~~3/11/23~~  
 1/11/23

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Chief Medical Superintendent  
 Manoj Sahel Dev Autonomous State Medical  
 College & Maharashtra  
 Hospital Baramulla

27/10/2024

Up

Date Weight

GR RCV

22/11/23

Hb - 10.7

TLC - 3700

NG8 L34 E12

Pct - 1.7L

Abn

Kindly administer chemotherapy as charted on 30/8 on 22/11 & 23/11

VSG KUBP

- IT MTX

PSA

- Rest CST

R/w CBC on 13/12/23

~~Dr. E. K. Kulkarni~~

22/11/2024  
Chief Medical Superintendent  
Manojra Suha De Autonomous State Medical  
College & Maharashtra  
Hospital, Bhatnagar

Shah



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Department of Hematology

Lab Name: Morphology

CRNo: 2023198301

Status: OP

Unit: UNIT-1

Department: Hematology

Name: Gopi Krishan Lal /79 Y / M

Lab Id: L270129122336581

Specimen: Biopsy Tissue

Consultant: Sanjeev

Collected On: 29/12/2023 12:12 PM

Test Name: Lymphoma Diagnostic Panel

Test On: Biopsy Tissue

Microscopic: LN 171/23

Site: Left Iliac fossa lymph node

Received single paraffin block , labeled as 8051/23, re-embedded and relabeled as LN 171/23.

Microscopic examination: H&E stained section displays two biopsy core bits and shows infiltration by medium to large atypical cells with scant to moderate amount of cytoplasm, irregular nuclear membrane, hyperchromatic large nucleus and inconspicuous nucleoli in some. Mitosis is seen. On IHC, these large atypical cells are Positive for CD20, CD10 (focally), PAX-5, BCL-2. However Negative for CD5, CD30, BCL-6, Mum-1, Ki 67- 70%.

Conclusion: Features are suggestive of HIGH-GRADE NHL-S/O DLBCL favoring GCB type (Hans Algorithm).

Reported Date: 29/12/2023 12:12 PM

Reported By : Dr. Khaliqur Rahman

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प्रतिवेदन

(Signature)

22/12/2023  
Chandesh Kumar Chaurasia  
Medical Superintendent  
Maharaja Suhel Dev Autonomous State Medical  
College & Maharshi Balant  
Hospital Bahraich



DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name : GOPI KRISHAN LAL  
 MRNO : 2023198301  
 Gender : Male  
 Age : 79 Years  
 Procedure : 18 FDG PET-CT WHOLE BODY IMAGING

Ref.physician : SOUVIK  
 Study Date Time : 23/12/2023 10:00  
 Accession No. : PT11975  
 Order Date : 12/10/2023

**18F-FDG WHOLE BODY PET-CT STUDY**

**History:** c/o fever on and off, loss of appetite, weight loss for 4 months. HPE left iliac lymph node (31/7/23)- DLBCL. PET CT (5/8/23)- metabolically active lympho proliferation on either side of diaphragm with involvement of left testis and spleen. Received 4 cycles of chemotherapy (last dose 13.10.23). PET CT (10.10.23)- CMR (DS III). Received 2 more cycles of CT- RCVP (last dose 22.11.23). Currently asymptomatic.

**Indication:** Disease status

**Procedure:** Whole body images (vertex to mid thigh) were acquired in 3-D mode 60 min after intravenous injection of 370MBq of <sup>18</sup>F-FDG using a dedicated LSO PET-CT scanner. Reconstruction of the acquired data was performed to obtain fused PET-CT images in transaxial, coronal and sagittal views. I.V contrast was not given.

**Fasting blood glucose level:** 99 mg/dl

**PET-CT Findings:**

**Brain-**

The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

(Due to high physiological uptake of FDG in brain parenchyma, small lesions may be missed, MRI is better modality for brain evaluation).

**Head and Neck:**

*Non FDG avid few subcentimetric bilateral cervical level II lymph nodes are noted.*

Normal physiologic FDG distribution is seen in rest of the neck region. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

**Thorax:**

**FDG avid (SUVmax – 3.9) subcarinal, AP window, bilateral hilar lymph nodes are noted (largest MSAD~1.5 cm; AP window)- decrease in avidity.**

*Other Non FDG avid few subcentimetric upper and lower paratracheal and precarinal lymph nodes are noted.*

*Non FDG avid fibroplastic changes are noted in bilateral lung parenchyma.*

*(Signature)*  
 Dr. [Name] Consultant  
 Nuclear Medicine  
 Manoj Subh, Der Autonomous State Medical  
 College & Maharishi Bhatk  
 Hospital, Patna



Sanjay Gandhi Post Graduate Institute of Medical Sciences

## DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name : GOPI KRISHAN LAL  
MRNO : 2023198301  
Gender : Male  
Age : 79 Years  
Procedure : 18 FDG PET-CT WHOLE BODY IMAGING  
Ref.physician : SOUVIK  
Study Date Time : 23/12/2023 10:00  
Accession No. : PT11975  
Order Date : 12/10/2023

Physiologic FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Large airways, pleura, heart, great vessels and esophagus appear normal on CT.

### Abdomen-Pelvis:

*Non FDG avid hypodense cysts (~3 in number) are noted in both lobes of liver (largest measuring ~ 1.3 x 1.3 cm; segment IVa)- largely unchanged*

*Non FDG avid variable sized preaortic, paraaortic, aortocaval bilateral common iliac, left external iliac lymph nodes are noted (largest measuring~ left external iliac 1.5 x 1.4 cm in size) Subcentimetric sized calculi are noted in bilateral renal pelvis.*

**Left testis is enlarged in size with focal area of FDG avidity (SUVmax – 3.3) - Decrease in avidity.**

Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract, kidneys and urinary bladder. Biliary ducts, spleen, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted.

### Skeletal System:

*Age related skeletal changes are noted in multiple dorso-lumbar vertebrae.*

Physiologic FDG distribution is seen in the rest of visualized axial and appendicular skeleton.

**Impression: In a case whole body 18F-FDG PET/CT findings are:**

- Enlarged left testis with focal area of hypermetabolism- DS IV
- Metabolically active mediastinal lymph nodes-? significance- DS X.

As compared to previous PET/CT dated 10.10.23, stable disease.

Confirmed by  
Dr. Manish Ora  
Faculty

*Dr. Manish Ora*  
Chief Medical Superintendent  
Maulana Subhal Dev Autonomous State Medical  
College & Maharashtra Bahalik  
Hospital Bahalik

| Date | Clinical Details & Advice   | Date of Next Appointment |
|------|---|--------------------------|
|      | <p>Cl/w. pt. carcinoma</p> <hr/> <p>after review of E. History<br/> looks like lymphoma in testicular form<br/> &amp; constitutional symptoms</p> <p>Adv,<br/> ① Report of G. scan<br/> regarding liver lesion<br/> ② review of slides<br/> &amp; review &amp; report</p> |                          |
|      | <p>① T. 20 to 60 mg<br/> ses</p> <p>② Apr. - Apr. next<br/> 10th Feb</p> <p>1/2 hr before food</p>  |                          |

प्रतिष्ठान

22/2/2024  
Chief Medical Superintendent  
Maharaja Suhel Dev Autonomous State Medical  
College & Maharshi Balark  
Hospital Bahraich



FOLLOW UP BOOKLET

CR No. 2023198301

RT - No 118/2024

Date of Registration : 15/01/2024

Renewal valid till : 13/03/2024

Name : Gopi Krishan Lal

Age 79 Gender M

S/o. D/o. W/o : Late Bhagawan Das

Full Address : Gola Bazar West  
Gola Bazar Khalilabad  
Sant Kabir Nagar

Phone No. : 0381 959701

Referred by : Haematology

Hospital : SPPGI

Final Diagnosis : Testicular NHL

~~Final Diagnosis~~

Chief Medical Officer  
Maharaja Subhel Dev Autonomous State  
College & Maharishi Bhatia  
Hospital Bahraich

SPECIAL NOTES

Department of Radiotherapy  
Regional Cancer Centre  
Sanjay Gandhi Post Graduate Institute  
of Medical Sciences

Raibareli Road, Lucknow - 226 014

Follow-Up Booklet

Name : Gopi Krishan Lal

Age 79 Gender M

CR No 2023198301

RT - No. 118 / 2024

Date of Registration : 15/01/2024

Renewal Valid till : 13/03/2024

Consultant Dr. Shagun Misra

OPD DAYS

Monday / Tuesday / Wednesday / Thursday / Friday

*Handwritten signature*



22/2/2024  
Medical Superintendent  
Ch. ... Subodh Day Autonomous State Medical  
College & Maharishi Bhatk  
Hospital Behrora

# FOLLOW UP BOOKLET

| Date    | Treatment Prescribed            |
|---------|---------------------------------|
| 15/1/24 | CD/No Dr. Shagun Misra<br>Moans |
|         | ① CBC/ECF/KEFT                  |
|         | ② Photocopies of reports        |
|         | N/V 22/1/2024                   |

Medical Officer  
 Maharaja Suhel Dev Autonomous State Medical College & Maharishi Bhatnagar Hospital Bahraich

# FOLLOW UP BOOKLET

N. Block

| Date    | Treatment Prescribed  |
|---------|---|
| 22/1/24 | 2400/- 23-245566534<br>Treatment Intend: Palliative/Radical (3DCRT/MRT)<br>Preference of Unit: LAM/LA2/LA3/No Pref.<br>Planning unit: RTP CT Simulator<br>On demand date (if any) |
|         | RTP date: 2/2/24<br>RTP CT Simulator (LAV/LA2/LA3)  |
|         | 16/2/24 or on call 24/24  |
|         | CD/No Dr. Shagun Misra<br>RTP/RT dates.   |
|         | Scan area: ① Brain (vertex)   |
|         | ② Pelvic (BLT Tests)  |
|         | Position - frog leg position.   |
|         | Plans: PCI - 12.6 Gy/7#   |
|         | BLT tests - 30 Gy/10#   |
|         | - 40s Non-contrast  |



SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW

REQUISITION FORM FOR CONSULTATION

Gopi Krishan Lal 69/M  
2023/98301

Ward No. OPD

Bed No.

Department Hematology

Consultation required from

Radiotherapy

Urgent

Routine

Diagnosis/Specific problem:

DLBCL cell type + DR RCVF  
Kindly consider for Radiotherapy of testicular mass

Consultation/Opinion required in respect of:

Request

Opinion only

Opinion + Follow up

Transfer

Date 13/8/23

Time 4 P.M.

Signature R

Designation SRD

Name Dr. Kishor

Report/Opinion of the consultant \*

Date

Time

Signature

Designation

Name

Handwritten signature in Hindi: श्री केशव शर्मा

\* Use reverse side if required.

G-2

22/7/2023  
Chief Medical Superintendent  
Maharaja Subodh Dev Autonomous State Medical  
College & Mahatma Jyoti  
Hospital