

भारतीय न्यायिक

दस
रुपये

TEN
RUPEES

₹.10

Rs.10

INDIA

INDIA NON JUDICIAL

उत्तर प्रदेश UTTAR PRADESH

शपथ-पत्र

87AE 148756

यह कि मैं, प्रीति सिंह, अपर जिला एवं सत्र न्यायाधीश, त्वरित न्यायालय द्वितीय, बागपत शपथपूर्वक कथन करती हूँ कि:-

- मेरे पति श्री विकारा वर्मा TRAI, नई दिल्ली में वरिष्ठ अनुसंधान अधिकारी के पद पर कार्यरत हैं जिनका पहचान पत्र व वेतन रिलिफ संलग्न किये हैं।
- मेरी माता जी श्रीमती उर्मिला चौधरी पत्नी स्व० हीरेन्द्र पाल सिंह कैंसर रोग से पीड़ित हैं जिनका इलाज एम्रा, नई दिल्ली में चल रहा है उनके विकित्सीय प्रपत्र संलग्न किये हैं।

उपरोक्त कथन मेरी जानकारी के अनुसार सही हैं, प्रार्थिनी सत्यापित करती है।

दिनांक:-14.02.2024

भवदीया,

Prati 14/2/24

(श्रीमती प्रीति सिंह)

अपर जिला एवं सत्र न्यायाधीश,
त्वरित न्यायालय सं०-02,
बागपत।

SEAL NO. 24

Certified that Mr.

S/o Mr.

R/o

Identified by Mr.

sworn the Contents of this affidavit

Before me on-14/2/24 Fee/Rs.-35

only per deponent.

SURENDR KUMAR
Advocate, NOTARY, Bagpat

प्रेषक, मुख्य चिकित्सा अधिकारी
बागपत

सेवा में,
श्रीमती प्रीति सिंह
अपर जिला एवं सत्र न्यायाधीश,
त्वरित न्यायालय सं०-०२
जनपद बागपत

पत्रांक: मु०चि०अ० / चिकित्सीय प्रपत्र / सत्यापन / 2023-24 / 11520

दिनांक: 14.02.2024

विषय: चिकित्सीय प्रपत्रों के सत्यापन के सम्बन्ध में।

महोदय,

उपरोक्त विषयक आपके पत्र दिनांक 14.02.2024 के द्वारा श्रीमती उर्मिला चौधरी पत्नी स्व० श्री हीरेन्द्र पाल सिंह के कैंसर रोग के प्रपत्र सत्यापन करने हेतु प्रेषित किये गये हैं। श्रीमती उर्मिला चौधरी पत्नी स्व० श्री हीरेन्द्र पाल सिंह के कैंसर रोग के प्रपत्रों का परीक्षण अधोहस्ताक्षरी अधीन कार्यरत चिकित्सा अधिकारी से कराने पर आपकी माताजी को कैंसर ग्रस्त होना पाया गया।

अतः श्रीमती उर्मिला चौधरी पत्नी स्व० श्री हीरेन्द्र पाल सिंह के कैंसर रोग के प्रपत्र प्रतिहस्ताक्षरित कर आवश्यक कार्यवाही हेतु प्रेषित है।

भवदीय


मुख्य चिकित्सा अधिकारी
मुख्य चिकित्सा अधिकारी
बागपत



Summer Roster 9958021955
 डा. बी. आर. अम्बेडकर संस्थ
 Dr. B.R. Ambedkar Institute
 अ.भा.आ.सं. अस्पताल/A
 बहिरंग रोगी विभाग/Out
 अस्पताल के अन्दर धूम्रपान मना है।/SMOKING

DR. BHAWANI 5190
 10/10/23

एकक/Unit Dr 512
 विभाग/Dept. MO

IRCH No. 2

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 IRCH No. 210134
 Reg. Date-12/02/2018
 Clinic Adult Medical Oncology Clinic
 Clinic No. 25615/2018
 Deptt. MEDICAL ONCOLOGY
 General
 नाम
 Name URMILA CHAUDHARY
 W/O- HIRENDRA PAL SINGH
 Sex/Age F /68Y
 Phone No. 9720701555
 Room 1 (Shift Morning)
 Address HOUSE NO 8, RUPALEENCLAVE, PH2, DHOLPUR HOUSE
 AGRA - UTTAR PRADESH Pin-282001, INDIA



UHID-103539130

| | | |
|----------|---|-----------------|
| नाम/Name | पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of | उपचार/Treatment |
| Urmila | 65 F | 103539130 |

निदान/Diagnosis m RP LMS (omental nodule)

24/8/23

| दिनांक/Date | उपचार/Treatment |
|-------------|--|
| | <u>Adv</u> |
| | ① Tab Pazopanib <u>400 mg OD</u> |
| | ② ORS <u>SOS</u> |
| | ③ Cap loperamide <u>2mg sos</u> |
| | ④ Surgical oncology <u>1/w</u> - Resectability of ^{med} Abdominal deposit |
| | f/u CBC/LFT/KFT. - <u>14/9/23</u> |

11 NOV 2023
 58

M

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

14/9/17
Hb ~ 15.1

TLC - 5310

PLC - 192000

S. bilirubin - 0.33 mg/dl

S. Albumin - 3.06

16

CT - T. PALTOPANIO 400mg / 600mg P.O. b

25.1g

25.1g

to An An 11/11/2023 @ COL. N. S. J
WBC etc (An (risk))

Issue file
MRD - 11/11/23

Sanjiv
Dr. Santhosh Kumar K.M.
Senior Resident
Dept. of Medical Oncology
B.R.A.I.R.C.H.
ANMS, New Delhi-110029
Phone: 011-26194111, 26194112, 26194113



डा. बी. आर. अम्बेडकर संस्था
Dr. B.R. Ambedkar Institute
अ.भा.आ.सं. अस्पताल/A.
बहिरंग रोगी विभाग/Out P.
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PI

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 210134

Reg. Date-12/02/2018

Clinic Adult Medical Oncology Clinic

Clinic No. 25615/2018

Deptt. MEDICAL ONCOLOGY

General



UHID-103539130

नाम

Name URMILA CHAUDHARY

W/O- HIRENDRA PAL SINGH

Sex/Age F/68Y

Phone No. 9720701555

Room 1 (Shift Morning)

Address HOUSE NO 8, RUPALEENCLAVE, PH2, DHOLPUR HOUSE

AGRA, UTTAR PRADESH, Pin 282001, INDIA

Sex

Age

R

63

एकक/Unit _____

विभाग/Dept. _____

IRCH No. _____

| नाम/Name | पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of | Sex | Age | जन्म तिथि/Date of Birth |
|----------|---|-----|-----|-------------------------|
| Urmila | | R | 63 | |

निदान/Diagnosis mets RP - LMS (omental nodule) ← SCAN RPLN + RP Man

दिनांक/Date

उपचार/Treatment

file NA
11/11/23

marginal PD. on imaging.
Gr2 GE.

Advice

Tab. pazopanib 600mg OD (empty stomach)

Tab. Rantac 150mg BD 0-0-0

Syp. Mucaine gel 2sp TDS 1-0-0.

if loose stools, <4 - ORS 200ml / stool
>4 - C. Immodium 2mg SOS.

T. Buscopan 1 tab SOS (if pain abdomen) 0-0-0

if HFS (rashes) → Hafooz cream e/a *

→ Diclofenac gel e/a . 1:1 ✓

→ if intolerance → ↓ Dose to 400mg OD

F/U on 2/12/23 → CBC/RFI/UP

→ PET-CT (W/B)

Sanjivani

Dr. SANTOSH KUMAR K.H.
Senior Resident
Dept. of Medical Oncology
Dr. B.R.A.I.R.C.H.

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

2/11/23

T. PAZOPANIB 600 mg Day

30/12/23

CBC, NG LF

TS4

2.5.3

7/31 Jan

CBC NG LF

TS4 + 18 FDG-PET - CT
husbants

02/02/24 Adv.

- ↓ T. Pazopanib 400 mg OD (̄ fatty meal)
- Submit PET-CD (Nov'23 v/s Jan'24)
- F/U on 8/2/24.

F/U 02/03/24

CBC/RFT/LFT

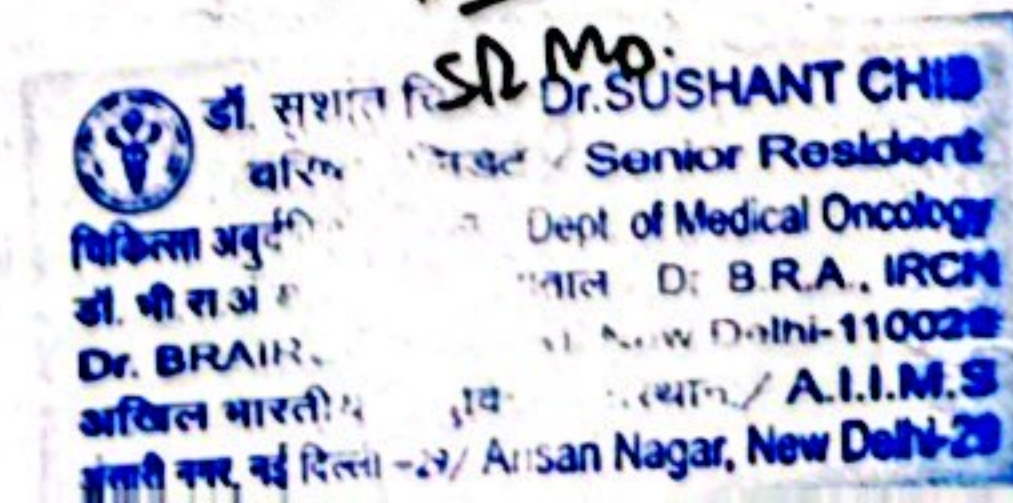
CONTINUE PAZOPANIB 400mg OD.

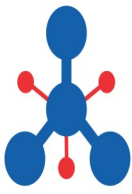
husbants

Prabhat



SR/MO
Dr. PRABHAT GAUTAM ROY
Senior Resident (DM)
Medical Oncology
AllIMS, New Delhi





| | | | | |
|----------------|-----------------------|---------------------|---|---------------------|
| Accession No. | 16236148 | Registration Date | : | 01/02/2024 08:44:30 |
| Patient ID | 7007110379 | Sex / Age | : | Female 69 Yrs |
| Patient Name : | Mrs. URMILA CHAUDHARY | Report Released on | : | 01/02/2024 11:40:50 |
| Client Name : | | Aadhar/ Passport No | : | |
| Ref. By | : | AIIMS NEW DELHI | | |

DIGITAL WHOLE BODY PET CT

Clinical History: Case of recurrent retroperitoneal leiomyosarcoma. Post operative (14.09.2022). On oral chemotherapy. Previous PET/CT scan dated 10.11.2023 is available for comparison. PET/CT study for current disease status evaluation.

Procedure: 6.0 mCi of ¹⁸F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). NCCT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight *SUVmax bw*. Serum Creatinine and blood glucose was 1.15mg/dL and 98mg/dL respectively.

Observations:

Brain: -

Normal physiological radiotracer distribution noted in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain. (NOTE: If there is a strong suspicion for brain metastases / lesion, then MRI is suggested for further evaluation, as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck: -

Mild mucosal thickening is seen in right maxillary sinus.

Symmetrical FDG uptake is seen involving bilateral tonsillar fossa region with few bilateral upper cervical lymphnodes – Likely infective / inflammatory.

Nasopharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

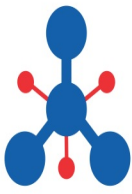
Non FDG avid subcentimeter sized left supraclavicular lymphnodes are seen (no longer FDG avid, previously SUV max: 12.6).

Thorax: -

Subpleural fibrotic changes are seen in right lung apex. Subpleural atelectatic bands are noted in right lung middle lobe and medial basal segment of right lung lower lobe. Tiny nodularity is seen in right lung middle lobe. (largely unchanged). No significant FDG avid pulmonary nodules are seen.

Few faintly FDG avid and non-subcentimeter to centimeter sized avid prevascular, right lower paratracheal, precarinal, subcarinal and bilateral hilar lymphnodes are seen with some of these showing focal calcifications – Likely infective / inflammatory.

Non FDG avid irregular subcentimeter sized nodularity is seen in lower outer quadrant of right breast (largely



| | | | | |
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| Patient Name : | Mrs. URMILA CHAUDHARY | Report Released on | : | 01/02/2024 11:40:50 |
| Client Name : | | Aadhar/ Passport No | : | |
| Ref. By | : | AIIMS NEW DELHI | | |

unchanged, likely benign). Bilateral breasts otherwise appear largely unremarkable.

Non FDG avid subcentimeter to centimeter sized bilateral axillary lymphnodes, most with preserved fatty hilum are seen (largely unchanged).

Abdomen and Pelvis: -

Liver parenchyma is normal in attenuation values. No significant focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated.

Gallbladder is not visualized (Post cholecystectomy status).

Pancreas, spleen, adrenals glands and bilateral kidneys appear unremarkable.

Post exploratory laparotomy changes noted in abdomen and pelvis. Post operative change are noted in anterior abdominal wall.

FDG avid (SUV max: 6.1, previous SUVmax: 7.9) soft tissue density nodular lesion measuring ~ 1.9 x 1.2 cm is noted in the intermuscular plane in anterior abdominal wall on the right side in lumbar region (mildly decreased in avidity).

FDG avid (SUV max: 10.2, previous SUVmax: 9.1) irregular area of soft tissue attenuation roughly measuring ~ 4.2 x 2.8 cm, previously ~ 3.5 x 2.6 cm in size is seen abutting the anterior aspect of right psoas muscles and appears inseparable from adjacent bowel loops (mildly increased in extent and avidity).

Few non FDG avid subcentimeter sized paraaortic, aortocaval and mesenteric lymphnodes are seen (appear largely unchanged).

Mild diffuse FDG uptake is seen along few bowel loops – ? Physiological / inflammatory. The stomach and rest of the bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Uterus is not visualized – post hysterectomy status.

Non FDG avid subcentimeter to centimeter sized bilateral inguinal lymphnodes, most with preserved fatty hilum are seen – Likely infective / inflammatory.

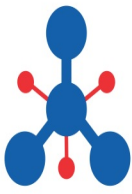
Musculoskeletal: -

Degenerative changes are seen in the spine.

Diffuse FDG avid degenerative changes with extra osseous intramuscular calcifications noted around right shoulder joint (largely unchanged).

Increased FDG uptake is also noted around left shoulder joint - Likely inflammatory.

Focal area of faint FDG uptake (SUV max: 3.0) with subtle lucency in corresponding CT image is seen in L1 vertebral body.



| | | | |
|----------------|-----------------------|---------------------|-----------------------|
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| Ref. By | : AIIMS NEW DELHI | | |

Anterolisthesis of L4 over L5 vertebra is noted.

No abnormal FDG uptake noted in rest of the axial and visualized appendicular skeleton.

OPINION: PET-CT study reveals: -

Post operative changes in abdomen with metabolically active nodular lesion in the intermuscular plane in anterior abdominal wall on the right side and another irregular area of soft tissue attenuation abutting the anterior aspect of right psoas muscles, as described above – Likely residual disease.

Focal area of faint metabolism with subtle lucency in corresponding CT image in L1 vertebral body – ? Metastasis / ? Significance. (Advised MRI correlation)

Metabolically inactive left supraclavicular lymphnodes.

Mildly FDG avid and non-avid mediastinal lymphnodes – Likely infective / inflammatory.

No other significant abnormal hypermetabolic lesion in rest of the body surveyed.

As compared to previous PET/CT scan dated 10.11.2023:-

Left supraclavicular lymphnodes are no longer FDG avid.

Soft tissue density nodular lesion in the intermuscular plane in anterior abdominal wall on the right side has mildly decreased in avidity.

Irregular area of soft tissue attenuation abutting the anterior aspect of right psoas muscles has mildly increased in extent and avidity.

Focal area of faint metabolism with subtle lucency in corresponding CT image in L1 vertebral body is appreciated in present scan.

Rest of the scan findings appear largely unchanged.

Clinical correlation / further evaluation is advised.

This report is not valid for medico-legal purpose.

In case of any discrepancy due to machine error or typing error, please get it rectified.

Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.

*** End of Report ***

Dr. Shefali Kalra
DRM, DNB (TMH)
Consultant Nuclear Medicine

Dr Shobhana Raju
MD DNB DM FANMB
MNAMS
Consultant Nuclear Medicine

Dr. Nikunj Jain
DRM, DNB, FEBNM,
FANMB, DIp. CBNC.
Sr. Consultant & Director
Molecular Imaging

WB PET HYPER DPR<->WB CT_1.5mm Axial114

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Axial2

URMILA CHAUDHARY

I: 913.2
Im:168
DFOV28.4cm

Ex:Feb 01 2024 I: 941.3
Im:173
DFOV28.4cm

Ex:Nov 10 2023

R
1
7
2

L R
1 1
6 6
9 6

L
1
7
5

2.85
50 % PET

2.85
50 % PET

2.8mm/2.85sp

2.8mm/2.85sp

m=0.00 M=18.24g/ml P 170
WB PET HYPER DPR<->WB CT_1.5mm Axial127

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Axial7

URMILA CHAUDHARY

I: 990.2
Im:195
DFOV28.4cm

Ex:Feb 01 2024 I: 1012.5
Im:198
DFOV28.4cm

Ex:Nov 10 2023

R
1
6
8

L R
1 1
7 7
3 1

L
1
7
0

2.85
50 % PET

2.85
50 % PET

2.8mm/2.85sp

2.8mm/2.85sp

m=0.00 M=18.24g/ml P 158
WB PET HYPER DPR<->WB CT_1.5mm Sagittal

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Sagittal

URMILA CHAUDHARY

R: 14.1
DFOV62.8cm

Ex:Feb 01 2024 R: 1.6
DFOV62.8cm

Ex:Nov 10 2023

A
3
8
6

P A
3 4
6 0
7 1

P
3
5
3

3.1
50 % PET

3.1
50 % PET

2.8mm/2.85sp

2.8mm/2.85sp

m=0.00 M=18.24g/ml I 1108

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Sagittal

URMILA CHAUDHARY

WB PET HYPER DPR 3D
DFOV89.4cm
HD MIP No cut

1436

URMILA CHAUDHARY WB PET HYPER DPR 3D
Ex:Feb 01 2024 DFOV89.4cm
HD MIP No cut

1462

URMILA CHAUDHARY
Ex:Nov 10 2023

R
5
3
6

L R
5 5
3 3
6 6

L
5
3
6

No VOI

No VOI

m=0.00 M=10.00g/ml

11329

V=8.71 m=0.00 M=10.00g/ml

11356

V=2.83

WB PET HYPER DPR<->WB CT_1.5mm Axial 66

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Axial

URMILA CHAUDHARY

I: 682.4
Im:87

DFOV21.7cm

Ex:Feb 01 2024 I: 701.9
Im:89

DFOV21.7cm

Ex:Nov 10 2023

R
1
2
0

L R
1 1
4 2
0 0

L
1
4
0

2.85

2.85

2.8mm/2.85sp

2.8mm/2.85sp

m=0.00 M=13.41g/ml

P 150

WB PET HYPER DPR<->WB CT_1.5mm Axial 122

V=1.09 m=0.00 M=17.20g/ml

P 150

URMILA CHAUDHARY WB PET HYPER DPR<->WB CECT_1.5mm Axial 3

V=2.16

URMILA CHAUDHARY

I: 978.8
Im:191

DFOV24.5cm

Ex:Feb 01 2024 I: 1004.0
Im:195

DFOV26.8cm

Ex:Nov 10 2023

R
1
5
1

L R
1 1
4 6
3 6

L
1
5
6

2.85
50 % PET

Page No: 6 of 5

2.85
50 % PET

2.8mm/2.85sp

2.8mm/2.85sp

m=0.00 M=18.24g/ml

P 123

V=5.79 m=0.00 M=17.20g/ml

P 120

V=2.15