

Inter District transfer of Judicial Officer.

PROFORMA-1

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I... Dr. UMESH CHANDRA ... CMO/CMS, Farrukhabad ...

have perused the documents presented before me by **Sri Satyendra Singh Verma** ID No. **UP 1868** Designation **Additional District And Sessions Judge** and place of posting **Farrukhabad** OR on his behalf by Sri... X... Relation with the officer.....X..... Phone No.....X.....

I. I have personally examined **Smt. Deepti Vatsa** who is suffering from the disease/syndrome/disability and in my opinion he/she may require frequent hospitalization for treatment/management.

II. I also verify that **Smt. Deepti Vatsa** suffering from the disease/syndrome/disability/disorder... Atypia with hyperplasia (R) breast ... and the disease(s) find(s) mention at paragraph no... I ... of the Annexure-I enclosed herewith.

III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.

IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely... Agra ...

V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.

VI. This document shall be valid only for... six ... Monthly only.

Signature with seal (C.M.O./C.M.S.)

डा० उमेश चन्द्र

अपर मुख्य चिकित्सा अधिकारी/नोडल अधिकारी
Name: **Dr. UMESH CHANDRA**
फर्रुखीबाद

ID No. **PHRMS.No.-132272** ...

Designation: **ACMO/Nodal Off. C.P.S.**

Telephone No. ...

Mobile No. **9984546020** ...

Dr. Neha Chandra

Gynaecologist

MBBS, DNB (Obstetrics and Gynaecology)



MULTISPECIALITY HOSPITAL

Patient Name	: Mrs. Deepti	Age / Sex	: Female/42 Yrs	UHID	: 81030
Date	: 20/05/2023 12:46PM	Address	: GAUR GRACIOUS MORADABAD	Mobile no	: 9927867733
Sponsor	: SELF PAY	Doctor Name	: Dr.NehaChandra	DEPT.	: OBS AND GYNAECOLOGIST

Drug Allergy :

HISTORY & CHIEF COMPLAINTS

BP : 137/70

Pulse :

Weight : 85kg

Height :

Investigation

Diet Advice

Type :

Calories :

Protein :

KIC of Hypothyroidism

on medication

Since 12yrs

Thyronorm - 60mg

took ATT treatment for 9 months (2022)

ADVICE:

DNIE

Gc-fair

Breast: BIL nodularity felt

no lump palpable axilla free BIL nipples (N)

PIL
Rx for 2 infertility
C.C - Rt side Breast pain with lumps on BIL Breast

Adv

- mammography breasts with WPE lesion

Chandra

- Tab Efer 100mg bd X 1 month

- Refer to Oncologist for biopsy of lesion

FOR APPOINTMENT

Phone No.: 6396852013

6396852220

Chandra



- Acute Cardiac Care
- Critical Care and Trauma
- Pathology
- Radiology
- Blood Bank
- Pharmacy
- Ambulance

USG BIL breasts प्रति हस्ताक्षरित

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For Emergency Contact

639685 3330

This is an important document. please keep it safe and carry it in your next visit

सिद्ध अस्पताल में अगले घंटे में मिलेंगीं सूत्र व अन्ति जांचों की सुविधा। सम्पर्क करें।
Valid for Five days



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International Society for Quality in Health Care

मो 0-6396852017

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OPD

 **siddh**

MULTISPECIALITY HOSPITAL

Pt. Name: Mrs. Deepti

Age: 42 Years.

Sex: Female

UHID: 81030

Ref. By: Dr. Neha Chandra

Date: 20-05-2023

USG (BOTH BREAST)

RIGHT BREAST-

welldefined hypoechoic lesion of size 3.1x1.9cm at 6'o clock in right breast, lesion is wider than taller , with welldefined margins and no architectural distortion, mild internal vascularity seen with few internal echogenic foci ? Calcification. Rest Breast parenchyma have normal echotexture, no focal lesion seen.

Retromammary zone and retroareolar tissue visualized normally.

Visualized pectoralis muscle have normal echotexture.

LEFT BREAST-

Breast parenchyma have normal echotexture, no focal lesion seen.

Retromammary zone and retroareolar tissue visualized normally.

Visualized pectoralis muscle have normal echotexture.

BILATERAL AXILLA-

Visualized normally, no lymphadenopathy seen.

IMPRESSION:

- *welldefined hypoechoic lesion at 6'o clock in right breast, lesion shows mild internal vascularity with few internal echogenic foci ? Calcification-*
(BIRADS 4)

• *Adv: mammography correlation for calcification and HPE.*

Radiologist *Deepali*
DR. DEEPALI GOYAL
MBBS.MD

This report is an opinion and requires correlation with other investigations and clinical details of the patient and is not intended for any medicolegal purposes.

-----end of report-----



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DR. S. S. DODA MD, FICRI
Founder, Director & Chief Radiologist



Name	Mrs. DEEPTI	Date	05/Jun/2023 02:15PM
Age/Sex	42 YRS/FEMALE	Reg No	012306050174
UID No	1008806	Reported On	05/Jun/2023 05:03PM
Referred By	Dr. NEHA CHANDRA		

MAMMOGRAPHY

BILATERAL X-RAY MAMMOGRAPHY

CLINICAL PROFILE: Lump right breast.

STUDY PROTOCOL: Bilateral mammograms have been obtained using 2D a low radiation dose technique and compression using a 83 micron Full Field Digital (FFD) system, in the cranio-caudal and medio-lateral oblique projections. Film markers are in the lateral and axillary portions of the breasts.

FINDINGS;

Both the breasts display heterogeneous background parenchyma which may obscure small masses (category C).

RIGHT BREAST:

A well circumscribed iso to hyperdense lesion is seen in the middle 1/3rd. No architectural distortion is seen in the views taken.

Correlative ultrasound revealed a well circumscribed hypoechoic lesion, parallel in orientation at 6 O' clock axis, measuring 30x15 mm. On color/power Doppler, mild vascularity was noted in and around it.

No grouped micro-calcification is present.

The skin, subcutaneous tissues and nipple are normal.

The visualized portion of the axilla shows a few nodes with intact fatty hila.

LEFT BREAST:

No mammographically demonstrable discrete mass lesion/ architectural distortion is seen in the views taken.

Correlative USG revealed display heterogeneous parenchymal echotexture without any obvious focal lesion..

No grouped micro-calcification is present.

The skin, subcutaneous tissues and nipple are normal.

The visualized portion of the axilla shows a few nodes with intact fatty hila.

IMPRESSION: PROBABLY BENIGN RIGHT BREAST LESION.

GUIDED FNAC HAS BEEN DONE FOR FURTHER EVALUATION.

BIRAD'S - III

PLEASE BRING THE FILMS ALONG WITH THE REPORT ON YOUR NEXT VISIT

BIRAD'S GRADING:

CATEGORY 0	Incomplete. Needs additional imaging evaluation and / or prior films for comparison
CATEGORY 1	Negative (Normal)
CATEGORY 2	Benign
CATEGORY 3	Probably benign (<2% risk of malignancy) Initial short - Internal follow-up suggested (6 monthly)
CATEGORY 4	Suspicious Abnormality
4 A	Finding needing Intervention (low suspicious of malignancy)
4 B	Close radiological & pathologic correlation (Intermediate suspicious of malignancy)
4 C	Moderate concern for malignancy
CATEGORY 5	Highly suggestive of malignancy > 95%
CATEGORY 6	Known Biopsy - Proven malignancy.

NOTE: Dense breast parenchyma may obscure an underlying lesion. A negative report does not entirely exclude the possibility of malignancy. 10-15% of cancers are not identified by mammography. False positive report may average 6-10%.

(Encl. 02 Films) /SA

*** End Of Report ***

DR. SHALINI JAIN
DNB(Resi) RADIODIAGNOSIS
DMC Reg. No. 40493

Page 1 of 2

Disclaimer: 1. This report is a professional opinion and clinical correlation is essential for final diagnosis. This report is not valid for medico legal purposes. In case of any alarming / unexpected results or typographical error please contact immediately for necessary remedial action.
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DR. S. S. DODA MD, FRCR
Director & Chief Radiologist



Name	Mrs. DEEPTI	Date	05/Jun/2023 02:15PM
Age/Sex	42 YRS/FEMALE	Collection Date	05/Jun/2023 04:14PM
UID/Barcode	1008806 /10953430	Receive Date	06/Jun/2023 12:32PM
Lab No	012306050174	Reported On	06/Jun/2023 12:47PM

CYTOLOGY

USG GUIDED - FNAC

NG/23/161

NOTE: Right Breast Lump.

ASPIRATE: Blood Mixed Material.

MICROSCOPY: USG guided FNAC done from right breast lump yielded blood diluted material. Smears prepared from the aspirated material are cellular & show bimodal population of ductal epithelial cells and myoepithelial cells arranged in large & small cohesive clusters, aggregates, branching elongated pattern and spread singly. Few of these clusters are hyperplastic and show cribriform pattern at places. Also seen are numerous large sheets, clusters & dissociated apocrine cells having abundant granular pale cytoplasm with nuclei showing moderate anisonucleosis, nuclear overlapping, nuclear karyomegaly, inconspicuous nucleoli & focal metaplastic atypia. Few of these cells show binucleation & multinucleation with enlarged nuclei having bland nuclear chromatin and mildly irregular nuclear membrane. Background shows lipoproteineaceous material admixed with RBC's, scant inflammatory cells and bare nuclei. No necrosis / granuloma / multinucleated giant cells seen. No parasite seen.

IMPRESSION: FEATURES ARE SUGGESTIVE OF PROLIFERATIVE BREAST DISEASE WITH EXTENSIVE APOCRINE CHANGE & EPITHELIAL HYPERPLASIA WITH MILD ATYPIA- RIGHT BREAST.
(IAC Yokohama Sytem for Reporting Breast Cytolopathology Category III- ATYPICAL)

Ananya

DR. ANANYA DODA, MD
HOD LABS &
ASSOCIATE DIRECTOR
DMC Reg. No. 010486

DR. GUNPREET ANAND, MD
CONSULTANT
PATHOLOGIST
DMC Reg. No. 51790

DR. SANJANA KUMARI, MD
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Mrs. Deepthi 42yrs / F R/o Agra

13/6/23

Lump in (RL) breast X 1 month

USA Breast - 3.1 x 1.9 cm at 6'o clock in RL breast
20/5/23 well defined margins.

Mammography - BI RADS III, well circumscribed iso to
5/6/23 hyperechoic lesion seen in midch 1/3 rd

O/E G. c good / Pulser mild / hydratic fair

Nose F FNAC - mid d typha

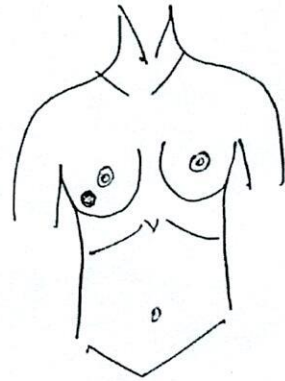
RL breast - Nodular feel

a well circumscribed firm to hard
growth ± smooth.

RL axilla
no nodes

Slipping below jug LOQ.
Nipple axilla (N)

Lt breast - mild nodular
nodump feel
Nipple axilla (N)



PLA SUGL / divr Splm nor palpah

Adv -

1 USA guided Core biopsy.

2 PT / INR / CBC.

Prof Santanu Chaudhuri
MD(TMH), DNB, PGDHA,
MPHIL CPC CIO, CGPA
Chairman Pushpanjali Cancer Care
Institute, Agra
Reg. No. 71814

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Pankaj Slanng
Dr. Shiv Mohndru
9105999976

Dr. Karan
8971471693

20/6/23

USA guided — S/O Fibroadenoma
biopsy
13/6/23

Actv

(Surgical on w)
To review with Dr. Surendra Singh
for Surgery



Prof Santanu Chaudhuri
MD(TMH), DNB, PGDHA,
MPHIL, CPC, CIO, CGPA
Chairman Pushpanjali Cancer Care
Institute, Agra
Reg. No. 71814

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12/01/23

Nurse. Dept. NATE '4/23

Atypia + Hyperplasia

(P) Breast
lesion

mammo + Breast
(moradaba)

USG - Mammos
(Boda)

BI RACTII

Atypia +
Hyperplasia
CSF

No significant
family history

FNA

Repeat Bx

① wide excision

Panagi

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Case of ... + ...

⊙ +

R

⊙ CBC / UFT / VFT
* Thyroid profile
Loop relation profile
TNP / Hb / Hct

⊙ ECG

⊙ PAC review

⊙

Admit at 8:00 AM

⊙ NPO after
midnight

⊙ T. Almax 0.5 mg #1

⊙ T. Pantop 40 mg PR.

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DISCHARGE SUMMARY

PATIENT NAME	: DEEPTI VATSA	DATE OF ADMISSION	: 21/6/2023
AGE/SEX	: 42/FEMALE	DATE OF DISCHARGE	: 21/6/2023
DOCTOR NAME	: DR.SURENDRA SINGH	ROOM/BEDNO.	: SUITE/III/301
CATEGORY	: HOSPITAL	IP ADDRESS	: IP2304413

DIAGNOSES:

Right breast lesion (? Atypia with hyperplasia)

OPERATIVE PROCEDURE:

SURGERY: WIDE EXCISION OF LUMP RIGHT BREAST \downarrow LEVEL 1 OPBS
 \downarrow GA

BRIEF SUMMARY:

Mrs. Deepti, 42 year old r/o Agra presented with complaints of lesion in right breast since last 6 months, for which patient evaluated with USG, mammography and Cytology, following which she presented for surgical management.

HOSPITAL COURSE:

Patient presented with above complaints in our hospital. She underwent surgery on 21 June. 2023. Post-operatively she was shifted to ward, started on liquid diet and gradually increased to soft diet. She was kept on antibiotics, pain medication and PPI. Now she is being discharged in stable condition.

OPERATIVE NOTES:

INCISION: 4-5 CM inframammary crease incision

- Superior skin flap raised in mastectomy plane beyond the growth.
- Wide excision of lump done taking adequate margins all around.
- Specimen marked with suture.
- Clips applied in lumpectomy cavity.
- Hemostatis achieved
- level I OPBS done.
- Incision closed in layers

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INVESTIGATION:

USG (20.05.2023):

Welldefined hypoechoic lesion at 6'o clock in right breast, lesion shows mild internal vascularity with few internal echogenic foci? Calcification- (BIRADS 4).

CYTOLOGY (06.06.2023):

Features are suggestive of proliferative breast disease with extensive Apocrine change & epithelial hyperplasia with mild Atypia-Right Breast.

MAMMOGRAPHY (05.06.2023):

Probably benign right breast lesion. BIRAD'S- III

HISTOPATHOLOGY (13.06.2023):

Overall Features are suggestive of a Fibroadenoma.

CONDITION AT DISCHARGE

Patient taking soft diet orally and wound healthy, actively mobile, pain adequately controlled on oral medication and is being discharged in a stable condition.

ADVICE ON DISCHARGE:

MEDICINE	DOSAGE	DAYS
TAB. CEFTUM 500 MG	TWICE DAILY	5
TAB PANTOP 40 MG .	ONCE DAILY	5
SYP. A TO Z	TSF TWICE DAILY	7
SYP.LOOZ	20ML AT BED TIME	

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Cancer Care Institute

Dr. Surendra Singh

Surgical Oncologist
Pushpanjali Cancer Care Institute
MBBS, MS (General Surgery)
DrNB (Surgical Oncology)
Laparoscopic / Robotic Oncosurgeon
Formerly at: Safdarjung Hospital, Delhi
Max Hospital, Saket, Delhi
Rajiv Gandhi Cancer Institute, Rohini, Delhi

GIVEN MEDICINE IN CASE OF PAIN

MEDICINE	DOSAGE	DAYS
TAB. DOLO 650 MG	THREE TIMES DAILY	3 (THEN SOS)
TAB. TRAMADOL 50 MG	SOS, IN CASE PAIN PERSISTS	
TAB. ULTRACET	SOS	

FOLLOW UP ADVICE:

❖ **BREAST SUPPORT AS ADVISED**

To Review After 3 Days on Saturday (24/6/2023)
In case of emergency contact at 0562- 4024000, 7505400400

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Dr. Surendra Singh
(Surgical oncology)
Mob no. 8763134990

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T. Fe daily
- 0 - 0 -
X 1 month

○ T. Ferricifex
- 0 -
X 1 month

○ Cap A to Z.

○ Pro - full
protein powder

○ Review with
Biopsy report.

○ Avoid Travelling
&
Bed. Rest X 1 week

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7.7.23

Mrs. Deepa Vats ; 42y of ♀

A/c of lump @ breast

Mo → pain & discomfort @ Breast (U/L)

→ weakness & lethargy [R & L]

Biopsy :- Awaited.

O/E = mild swelling in lateral part of @ breast

No obvious collection within

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[Signature]

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Adv:

~~○~~ ~~○~~ T. CBC. Ultrasound of o
x 5 Jay

○ Collects ~~Wakeup~~

○ T. Bill-N
of o x 5 Jay

Send for
Reviews to
Gore bioprost of

○ T. Calcium 7 day
of o

Rest support
continuous

○ Rest for 2 weeks

○ Review after
7 days with
biopsy report.

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24.7.23

Mrs. Deepa Vats ; 42y/A

H/O → Complex Fibroadenoma
R Breast.

PO → weakness (intermittent);
localised pain &
mild swelling
at operative site.

D/E =

No rd nodes / cysts.
mild tenderness.
no obvious collection -
was healthy.

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R to Cont. Breast
support of 1 inch

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① CSL after
7 week:

① T. Fe daily
of 10 x 100

② Cholecalciferol
1000 IU
once/week x 6 weeks

③ T. sulphur 500mg
of 1 with

④ Rest for 3-4 weeks
till physically
active fully
Avoid travelling



h.
24/12/23

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30/8/23.

Mrs. Deepika Vats, Thyroid

F/U/O → complex fibroadenoma Breast

O → Tingling & numbness at op. site.
O/E = wound healthy

R
○

Review after 1 month

○

Cica-care silicone gel sheet.
(LA) continuous application.

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Max Hospital, Saket, Delhi
Rajiv Gandhi Cancer Institute, Rohini, Delhi

14/10/23

Mrs - Susha Vats ; Thyroid

operated case of complex fibroadenoma breast.

yo → small swelling / lump
apparent to operated site

O/E = a small 1x1 cm
lump in (P) breast
in LSR, skin &
chest wall, fix.
mobile.

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[Signature]

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Review
Report

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14.11.23.

Mrs. Deepa Vats

F/U/d/o (R) Complex
Fibroadenoma

Now, 40 → small swelling
away from operative
site, painful

o/E = 1x1 cm
lump? Cystic
at 5 o'clock
position of
breast; lump
exam.

Rp

○

Capsule Codesoft - EPO
H &

○

Cap. Evisor. HA.

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○ Guom...
R/L Breast

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