METRO
HOSPITALS & HEART INSTITUTE
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
(NABH, NABL & ISO 9001: 2008 Certified)

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/F	OPD/IPD	OPD
Ref.by	Dr. Anurag Tandon	DATE	09.07.18	CT NO	4483
EXAMINATION PERFORMED – CECT WHOLE ABDOMEN					

Contiguous axial sections were obtained from domes of diaphragm through the pelvis after bowel opacification with oral contrast and bolus I.V. nonionic contrast administration.

The study reveals annular thickening (7.0 mm) of ascending colon measuring approx. 7.0 cm in length with pericolonic fat stranding. Fat planes of this lesion are preserved with liver, kidney and duodenum. Few subcentimetric size pericolonic lymph nodes are noted largest measuring approx. 7.0 mm in short axis diameter. No obvious necrosis noted (Adv:- Histopathological correlation for neoplastic etiology). Stomach and remaining visualized gut loops are normal and contrast filled.

Liver is normal in shape, size and attenuation. No intrahepatic venous channels or biliary radicles dilatation noted. No intrahepatic space occupying lesion noted.

GB is well distended with homogeneous luminal contents and smooth wall. Pancreas is normal in contours and attenuation. No peripancreatic collection noted. No pancreatic ductal dilatation noted. Spleen is normal in size, contours and shows homogeneous attenuation.

Both kidneys are normal in shape, size, attenuation and enhancement. No focal lesion seen. No pelvicalyceal system dilatation noted.

No ascites noted.

Thickening (11.0 mm) of anterior wall of urinary bladder is noted (Adv:- Cystoscopy).

Uterus appears normal in attenuation. No utero adnexal mass lesion noted.

Muscle planes, great vessels and bones are normal.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

❖ *This is a professional opinion based on imaging finding and not the diagnosis.* ❖ *Not valid for medico-legal purposes.*
❖ *In case of any discrepancy due to machine error or typing error, please get it rectified immediately.*

we treat....HE CURES

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DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/ F	OPD/IPD	2018002575
Ref.by	Dr. P. Lal	DATE	19.03.18	CT NO	2030
EXAMINATION PERFORMED – CECT WHOLE ABDOMEN					

Contiguous axial sections were obtained from domes of diaphragm through the pelvis after bowel opacification with oral contrast and bolus I.V. nonionic contrast administration.

The study reveals circumferential thickening (8 mm) in ascending colon with surrounding fat stranding measuring approx. 4 cm in length likely inflammatory/ infective in etiology. Few subcentimetric size loco regional lymph nodes seen largest measuring approx. 6.6 mm in short axis diameter. No obvious necrosis noted.

Stomach and remaining visualized gut loops are normal and contrast filled.

Liver is normal in shape, size and attenuation. No intrahepatic venous channels or biliary radicles dilatation noted. No intrahepatic space occupying lesion noted.

GB is well distended with homogeneous luminal contents and smooth wall. Pancreas is normal in contours and attenuation. No peripancreatic collection noted. No pancreatic ductal dilatation noted. Spleen is normal in size, contours and shows homogeneous attenuation.

Both kidneys are normal in shape, size, attenuation and enhancement. No focal lesion seen. No pelvicalyceal system dilatation noted.

No ascites noted.

Urinary bladder is well distended with smooth wall outline.

Uterus appears normal in attenuation. No utero adnexal mass lesion noted.

Left ovary shows simple cyst measuring approx. 1.7 x 1.5 cm.

Right ovary is normal in size, shape and attenuation.

Muscle planes, great vessels, fat planes and bones are normal.

Adv – Colonoscopy for further evaluation.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

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Fax : 0120-2442555

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Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

Fortis HOSPITAL Noida

International Oncology
Cancer Therapy Centres
HOPE • COMPASSION • EMPATHY

Cancer Therapy Centres
(A unit of International Oncology Services Pvt. Ltd.)
Fortis Hospital, B - 22, Sector - 62,
Noida 201 301, Uttar Pradesh (India)
Cancer Helpline No. **+91 99909 11444**

DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Ms. Amita Chaudhary	**Patient Id: FHL5.664189**	**Age/Sex:44/F**
	Ref. By. Dr. Anurag Tandon	**Date:12/07/2018**

WHOLE BODY PET-CECT SCAN

Whole body PET-CECT scan was performed after injection of about 10 mCi of F-18 FDG on multidetector PET-CT scanner from vertex to mid thigh. Serial multiplanar sections were obtained after intravenous contrast injection. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient lean body mass.

Patient is a suspected case of carcinoma descending colon. PET-CT scan is being done for further evaluation.

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

No focal abnormal increased FDG concentration seen in bilateral cerebral or cerebellar hemispheres.

Note: If there is strong suspicion for brain metastasis then MRI is suggested for further evaluation, as smaller lesion may not be detected on FDG PET CT.

The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid. No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or hypopharynx.

There is no significant cervical lymphadenopathy.

The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal.

Bilateral breast/ axillae appear unremarkable.

There is no significant mediastinal/ hilar lymphadenopathy is noted.

Non FDG avid subpleural fibro calcific lesion noted in apical and posterior segment of right upper lobe - likely benign. Non FDG avid tiny calcific foci noted in right lower lobe.

There is no evidence of pleural effusion/ infiltrates noted.

Liver is enlarged in size with a span of 15.5cm and normal in shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the liver parenchyma.

The gall bladder is well distended with no evidence of an intraluminal radio-opaque calculus noted (USG is the modality of choice to evaluate for cholelithiasis / choledocholithiasis).

The spleen is normal in size and demonstrates physiological FDG uptake.

The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.

Both adrenal glands demonstrate near normal size, homogeneous enhancement on CT and no abnormal FDG uptake.

Bilateral kidneys appear normal in size, shape and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted.

Continued.....1

Continued.....2

Fortis HOSPITAL Noida
International Oncology
Cancer Therapy Centres
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Cancer Therapy Centres
(A unit of International Oncology Services Pvt. Ltd.)
Fortis Hospital, B - 22, Sector - 62,
Noida 201 301, Uttar Pradesh (India)
Cancer Helpline No. +91 99909 11444

DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Ms. Amita Chaudhary	**Patient Id: FHL5.664189**	**Age/Sex:44/F**
	Ref. By. Dr. Anurag Tandon	**Date:12/07/2018**

FDG avid thickening noted in ascending colon measuring 53 mm in length and thickness 19mm (SUVmax~14.0) with pericolonic fat stranding. Fat planes are preserved with liver, kidney and duodenum.

The stomach and small bowel loops appear normal in calibre and fold pattern. No focal lesion / abnormal FDG uptake is seen in relation to them.

Non FDG avid few subcentimetric sized lymph nodes are seen in pericolonic region.

No free peritoneal fluid is seen.

Non FDG avid thickening noted in anterior wall of urinary bladder – likely cystitis.

The uterus and bilateral adnexae appear unremarkable with no abnormal FDG uptake.

Mild degenerative changes noted in visualized spine. No lytic/ sclerotic lesions in the whole body bone surveyed.

IMPRESSION:

PET-CT SCAN REVEALS

- **Metabolically active thickening in ascending colon) with pericolonic fat stranding as described – likely neoplastic.**
- **Metabolically inactive subcentimetric sized pericolonic lymph nodes.**
- **No other abnormal FDG avid lesion seen in rest of the body region surveyed.**

Advise clinical and histopathological correlation.

Dr. M U Siddiqui
Consultant and Head

- *This report is for diagnostic use only and not for medicolegal purposes*
- *Kindly bring all previous s reports and PET CT CD for follow up PET CT scans*
- ALL TEST HAVE TECHNICAL LIMITATIONS .CORRELATION OF CLINICAL FEATURES AND OTHER INVESTIGATIONS ARE MANDATORY TO ARRIVE AT CLINICAL DIAGNOSIS. THIS REPORT IS PROFESSIONAL OPINION AND NOT DIAGNOSIS

Note: The report is based upon the glycolytic activity in the tumor cells. FDG concentration may not be seen in lesions with low metabolic / glycolytic activity and low tumor density.

Department of Gastrointestinal Surgery

All India Institute of Medical Sciences, New Delhi

D I S C H A R G E S U M M A R Y

Name Mrs. amita chaudhary **Age** 45 **Sex** Female **C. R. No.** 942986 **GIS No** 502/2018

Permanent Address NRI city, Judge camp, noida UTTAR PRADESH
Ph. 9318446463 **Fax**
Email 103862659

Temporary Address
Ph. **Fax**

D.O.A. 21-07-2018
D.O.O. * 31-07-2018,
D.O.D. 05-08-2018

58 kg
150 cm
25.7 kg/m2

Diagnosis :* Carcinoma colon,

Previous admission : No

Advice :
care of wound as advised
diet as advised
tab crocin 500 mg 1 sos for pain fever
tab pantocid 40 mg 1 OD x 10 days
Tab emset 4 mg 1 sos vomit
review after 10 days in GIS opd on MON/WED/FRI
repor to emergency in case of fever/vomitng/poor oral intake

Tab alhacet 1 sos tom

History :

H/o easy fatiguability and palpitation and occassional chest pain for which she was evaluated and found to be TMT +ve and 2 D echo was normal. She was found to have anemia and stool occult blood was positive. And she was also found to be naving HBsAg+ve and was started on Tenofovir. No h/o abdominal pain. No vomiting/constipation. No GI bleed. No LOA/LOW. No fever. H/o jaundice in 2006 releieved sponataneously. h/o b/l galactorrhoea- evaluated and found to have hyperprolactinemia and pituitary microadenoma for which she is taking cabergoline. Received 2 units blood transfusion prior to admission. Known diabetic. H/o 2 LSCS in the past.

Examination :

conscious oriented
pallor+
no jaundice/LNE/oedema
PR_ 86/'BP 138/72 mm Hg
P/A soft. No mass. Lower midline scar present- healthy
chest clear
DRE- NAD

Counselled for 1500 cal ≈ 60 g prot oral diet
Anjali Dietician
20/8/18

Operative Procedure and Findings :

* (31-07-2018) RIGHT HEMICOLECTOMY,

circumferential constricting growth just proximal to hepatic flexure of colon. Multiple small lymphnodes along mesocolon. Liver normal. No ascites. No e/o dissemination

Hospital Course :

e Op optimised and taken up for surgery

st O started on oral liquids on POD 3 increased to normal diet by POD 6 which she tolerated. On discharge vitals stbale, wound clean, tolerating normal diet

20/8/18
= Doing well wound healthy
= POD 16 ICU - 11. remove clip
= Binder application
= Medical oncology opd on clinic

Kitchen Anjali (Dietician)

Sofoxcin inj

Investigations :

Blood Group :

Blood												
Date	Hb (gm/dl)	TLC (per mm3)	DLC (P,L,E,M,B)	Platelets (per mm3)	Retics (%)	ESR (cm/hr)	PT Patient/Control	Sugar (mg/dl)	Urea (mg/dl)	S Calcium (mg/dl)	Na (mEq/L)	K (mEq/L)
23-07-2018	7.1	7600		264000					18		143.0	4.3
01-08-2018	9.5	8700		260000			1.4		19		139.0	4.5

Blood												Weight
Date	S Creat (mg/dl)	Bil (Tot) (mg/dl)	Bil(Cong) (mg/dl)	S Alk Phos (IU/dl)	SGOT (U/dl)	SGPT (U/dl)	Protein (gm/dl)	Albumin (gm/dl)	Amylase (U/dl)	HBs Ag	IgG anti HCV	(Kg)
23-07-2018	0.9											
01-08-2018	1.0	0.7		216.0	8	16	6.5	3.8				59

Radiology / Endoscopy :

Radiology/Biopsy	Date	Number	Details
CT Scan	09-07-2018		thickening in ascending colon. Pericolic fat stranding+. Fibrotic changes in chest. Liver normal
	22-05-2018		
Upper GI Endoscopy	09-07-2018		normal study
Colonoscopy	09-07-2018		circumferential ulcerated polypoidal growth just beyond hepatic flexure of colon
PET	12-07-2018		metabolically active thickening in ascending colon

Biopsy / Histopathology :

Biopsy/Histopathology	Date	Number	Details
Biopsy	14-07-2018	1828639	slide review aiims: moderately differentiated adenocarcinoma

Signature

CEA

– MSI – IHC –

1

10.9.18.

1

29.8.18

Department Of Pathology
All India Institute Of Medical Sciences
Delhi
Tel:+91-11-26588500/26588700;Fax:+91-11-26588500/26588700

Patient Name:	**Mrs. Amita Chaudhary**	Acc. No:	**1831738**
F/H Name:	Vineet	Hosp. Reg. No.:	**103862659**
Age/Sex:	45 Y/Female	UHID No.:	---
Clinic/Dept/Bed:	Private Word/406	Consultant Incharge:	Dr. N/A
Reg Date:	31-07-2018	Reporting Date:	17-08-2018

Histopathology Report

Report Findings:

Received two specimen

1. Received specimen of right hemicolectomy comprising of large bowel measuring 20cm in length and 2 cm in diameter; Part of ileum measuring 6cm in length, 1.8cm in diameter. and appendix measuring 5cm in length, 1 cm in diameter, An ulceroinfiltrative tumor is identified involving the colonic mucosa circumferentially upto 6 cm length of colon. Depth of infiltration is 1.2cm.

Tumor appears to be infiltrating into the muscularis layer and reaching upto subserosa, however circumferential resection margin /serosa is free of tumor.

Tumor lies 15cm away from the distal resected end and 12 cm away from the proximal resection margin.

Cut surface of appendix is unremarkable.

Twelve lymphnodes identified (0.3cm to 0.5cm).

Multiple sections examined from tumor shows histomorphological features of a moderately differentiated adenocarcinoma with focal solid sheet like growth pattern.

Tumor is infiltrating transmurally through the wall and reaching upto subserosal fat, however, the circumferential resection margin is free of tumor (closest distance is 2mm).

Lymphovascular emboli are noted.

Perineural invasion is not seen.

Ileal and colonic resection ends are free of tumor.

Appendix is histologically unremarkable.

Eleven lymphnodes identified microscopically, all are free of tumor (0/11).

2. Lymphnode tissue yielded eight nodes (0.5 to 0.6cm) all free of tumor 0/8).

Diagnosis moderately differentiated adenocarcinoma, right hemicolectomy.

Pathological stage; PT3 N0.

(AJCC).

Stage group; IIA.

Reporting Incharge: Dr. Adarsh Barwad

Reporting SR: Dr. Pooja Sharma

Verify By: Dr. Abhishek Satapathy

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्यं खलु धर्मसाधनम्

LIVER CLINIC
SAT. MORNING

OPR-6

एकक/Unit _____

विभाग/Dept. _____ ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
Amrita chaudhry		F/45		103862659

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
21 JUL 2018 R-Gyan Sw	Anemia ↓ evaluation on evaluation found to have CRC- Growth in Ascending colon moderately differentiated planned for Surgery Incidentally detected HBsAg +ve DNA Not done HBeAg - Neg Started on Tenofovir 300 mg OD Advice - Continue tenofovir 300 mg OD - R/u c Report

UGIE - (N)
USGabd - Normal

DiffT - 15/23
ALP - 122
Alb - 4.1

plan
Fibroscan
HBV DNA (Quantity)

GI SURGERY OPD
IInd Floor
MON - WED - SAT
01:30 PM to 03:30 PM

New Patient
Dept Reg. 2018/018/0001789
General/सा 10
G.I. Surgery/Unit-I कमरा/Room: 6 G.I. Surgery
Name:AMITA CHAUDHARY Days : Mon,Wed,Fri
नाम:अमिटा चौधरी
W/O VIJNEET CHAUDHARY 45Y महिला/F
पति :विजनीत चौधरय
Ph.8826212865
UHID : 103862659 Date.11/07/2018

OPR-6

एकक/Unit
विभाग/Dept.
Regn. No.
नाम/Name
पता/Address

निदान/Diagnosis: CARCINOMA ASCENDING COLON (HEPATIC FLEXURE).

दिनांक/Date

उपचार/Treatment

Dm (-)
HTN (-)
CAD (-)
TB (-)
HBSAg (+)

Chief complaints:
Breathless
easy fatiguability
LOA
Low (3kg)
} x 5 months

patient complains of Breathlessness & easy fatiguability since 5 months for which she was evaluated at local hospital, where was found to have low Haemoglobin (8g) so she underwent work up

O/E - P/A - Soft
PR - normal.

CECT (9/7/18) PVT - Annular thickening in the ascending colon measuring approx 8mm. Fat planes preserved with liver, kidney and duodenum.
Few Subcentimetric pericolonic lymph node (largest 7mm)

18/7/18
To the I/c Hosp. admn.
Pl. provide a pvt room for this pt for early surgery.
NR Barik.

Colonoscopy – (9/7/18) PV7

Ascending colon → circumferential elevated polypoidal growth just beyond the hepatic flexure

Rest – (N).

Histopathology (1825639) – Moderately differentiated adenocarcinoma

MRI Brain (26/5/18) → pituitary micro adenoma.
PV7.

PET Scan (12/7/18) PV7) → metabolically active thickening in ascending colon.
Rest – (N). Adv

- DRRC
- Liver clinic consultation for Hepatitis B.
- Neurosurgery ex for pituitary
- Review on wednesday.

Inv:
Hb - 7.7
Urea - 16
Creatine - 0.6

21/07/18
SUNDAY/SATURDAY
8.30 A.M. TO 10.30 AM
LIVER CLINIC
NEXT APPOINTMENT
DATE.....9.30 Am

18 JUL 2018

DIRE (9/7/2018, 12/7/2018) : Annular thickening in ascending colon growth (+). pericolic fat stranding (+). Resectable.
chest → fibrotic changes in (L) chest.

Dr Vikash SR GI

Plan:- 1) CEA
2) Surgery → R.No:-5.

Dr Pradeep SR GI

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं. अस्पताल/ A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग/Out Patient Department

OPR-6

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

एकक/Unit Dr. A.S

विभाग/Dept.

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

IRCH No. 218197 Reg.Date-10/09/2018

Clinic Adult Medical Oncology Clinic Clinic No. 27537/2018

Deptt. MEDICAL ONCOLOGY
General

Name AMITA CHAUDHARY UHID-103862659

W/O- VINEET CHAUDHARY Sex/Age F /45Y

Phone No. 8826212865 Room 6 (Shift Morning)

Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA

No. ADMOC-

नाम/Name

जन्म तिथि/Date of Birth

6-140
2-19

निदान/Diagnosis

दिनांक/ Date

10.9.18

Ca Rt Colon pT3 No (IIA) mod. diff adeno CA

P/Rt hemicolectomy 31.7.18

PS-1

HBsAg +ve on Tenofovir

MSI-H

LVI +

Plan adjuvant chemotherapy CAPOX x 6m

may truncate @ 3m (i/v/o Idea trial)

ado BSA - 1.53 2m (Ht - 150 / Wt - 58 kg)

↓

Inj emset 8mg
Inj dexa 8mg | 100 ml NS | 30 min
Inj Rantac 50mg
↓
- Inj oxaliplatin 200mg | 1 0 D5 | 2 hr (000)
- Tab Capecitabine 1500 mg BD (D1 - D14) 3 tabs morng / 3 tabs evening (000)
ℂ water within half hour after meals

- Post Chemo
0|0|0 Tab emset 8 mg tds x 5 day [खाली पेट]
·|· - Tab Rantac 150 mg BD x 5d
·|· - Tab dexa 8 mg BD x 3d (खाने के बाद)

F/U ℂ CBC / LFT / RFT on. 24.9.18

यदि दस्त:
- WHO-ORS - 3l/day
- Cap. Immodium - 2 cap stat then → 2 cap after → New Emergency.

(Fm 24/11)
19/11 - C4 CAPOX
- F/u 10/12/18 ℂ CBC/BC

- Genetic testing for Lynch Fy - CORE
9654 248623

24/9 Adv no toxicity
D+3.

10/10/18 → CBC/urea/creat.

10/10/18: OPD
Adv no toxicity
· go for C#2 CAPOX as overleaf.
· OPD - 31/10/18 - CBC/urea/creat.

31/10/18
3/11/18
C#3 CAPOX as written overleaf
F/U - 29/11/18 ℂ CBC/KFT

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.सं. अस्पताल/ A.I.I.M.S. HOSPITAL

OPR-6

शरीरमाद्यं खलुधर्मसाधनम्

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 218197
Clinic Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
Reg.Date-10/09/2018
Clinic No. 27537/2018
Name AMITA CHAUDHARY
W/O- VINEET CHAUDHARY
Phone No. 8826212865
Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA
UHID-103862659
Sex/Age F/45Y
Room 6 (Shift Morning)

एकक/Unit
विभाग/Dept.
नाम/Name
Regn. No.
जन्म तिथि/Date of Birth

निदान/Diagnosis: Ca Colon, Adj.

दिनांक/ Date	उपचार/ Treatment
	10.12.18 C5 - 15.12.18 CBC WNL
	- Inj. Emeset 8mg + Inj. Decadron 8mg.
	- Inj. Oxaliplatin 150mg IV
	- Tab. Capecitabine 500mg 2-3 x 14 days
	- Cap. Imodium 2 stat. 1 SOS
	- Other supportive treatment as before
2 weeks	- Review 3 weeks
18/1/19	CT CAP - CAP
	CBC + Biochem + CEA
	10.12.18

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

18.2.19 G. may be given — Genetic counseling

Pl. refer as above — Test for BRCA-6

18.2.19

2. 27.3.19

27/3/19

→ CEA., USG Abdo/Pelvis — Review after 3 months on 26/6

→ Annual CA125
Transvaginal USG } To screen for endometrial/ovarian tumor

27/6/19 → Gyne Review

→ Fx. 3rd ; CEA, CBC

→ Colonoscopy → (9B)

18/9/19

18/09/2019

(1) FU 30/12/2019 : USG/S.CEA/Urine routine

(2)

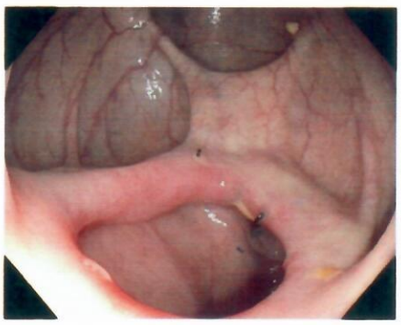
KH
Dr Harini

METRO HOSPITALS & HEART INSTITUTE

4th Floor, L-94,Sector-11, Noida-201301

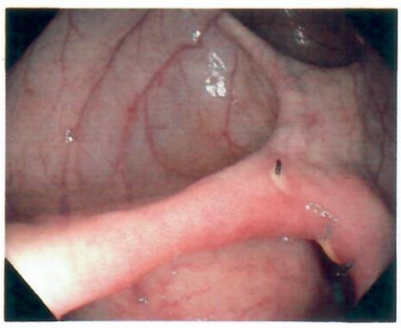
METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

Patient ID	: 60660	**Visit Date**	: 06-Sep-19
Patient Name	: MRS. AMITA CHAUDHARY	**Referred by**	: COLON. NO. : 36218
Age/Gender	: 44Yrs, Female	**Consulted by**	: Dr Anurag Tandon(M.D, D.M)



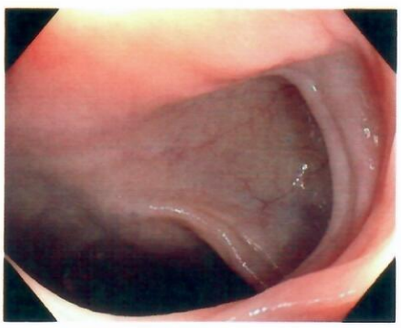
COLONOSCOPY REPORT

POST RIGHT HEMICOLLECTOMY STATUS.

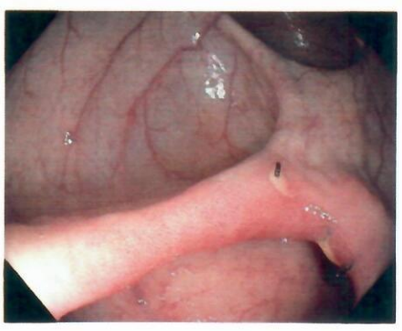


NORMAL MUCOSA SEEN IN THE RECTUM,
SIGMOID, DESCENDING AND TRANSVERSE COLON.

MILD HYPEREMIA AND SUPERFICIAL ULCERS
PRESENT AT THE ANASTOMOTIC SITE.



Impression : **SUPERFICIAL ANASTOMOTIC SITE ULCERS.**
BIOPSY TAKEN.



Dr Anurag Tandon(M.D, D.M)
SENIOR CONSULTANT GASTROENTEROLOGY

gene CŌRE™ Predict

Patient Name	: Amita Chaudhary	Physician Name	: AIIMS
Date of Birth	: 09/02/1973	Hospital Name	: AIIMS
Gender	: Female	Report ID	: 19006139
Test Ordered Date	: 18/01/2019	Specimen	: Saliva
Report Date	: 15/02/2019	History	: Moderately differentiated adenocarcinoma, right hemicolectomy

Patient Test Result Details

Result : Positive Clinically Significant Mutations Identified

GENE	MSH6
CHROMOSOME	chr2
POSITION	48026257
REFERENCE	AGAGAT
ALT	A
AMINO ACID CHANGE	p.Asp380AlafsTer6
CONSEQUENCE	frameshift_variant
CLINVAR ASSERTION	Pathogenic
CLINVAR URL	https://www.ncbi.nlm.nih.gov/clinvar/variation/89175/

Landrum MJ, et al. Nucleic Acids Research. 2014;42:D980-D985.

Patient Test Result Summary

Your testing shows that you have a pathogenic mutation in the *MSH6* gene. Deleterious MSH6 mutations in women are associated with Hereditary Nonpolyposis Colorectal Cancer (HNPCC), also referred to as Lynch syndrome. In addition to colon cancer, you may also be subjected to an increased risk of developing endometrial, ovarian, stomach, and possibly other types of cancer.

Your first degree relatives have 50% chance of having the same mutation that you carry. This information may be helpful to your doctor for personalizing a management plan for you and your family's improved care.

No known or potential disease-causing mutations were detected in any other genes tested.

Dr. Aparna Dhar – 9650066103

Dr. Avshesh Mishra, Ph. D., Molecular Scientist

Dr. Shivani Sharma, Pathologist
Reg. No. 1906

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