PARAS HOSPITALS
Partners In Health

PARAS HOSPITALS
C-1, Sushant Lok, Phase-I, Sector-43
Gurgaon (Haryana)
Tel.: 0124-4585555 Fax : 0124-4585572
Emergency : 0124-4585666
E-mail: info@parashospitals.com

Akanksha. 30y/F

c/o Dr. Vipin Garg. DATE 12/11/2010

Aligarh.

Unmarried

LMP → 18/10/2010.

5 days / 30 days.

- c/o pain at (R) lower abdomen (1st episode in May during period).
- Now continuous pain.
- constipation during period.

PH → Nothing sign.

FH → Father - DM.

@. S/B Dr. Nilam

Adv
- follow up with reports

Nanita
12/11/2010

→ Dr. Nanita
9899142845

Diagnosis: Unmarried female with pain c̄ (R) ovarian Endometrioma.
abdomen

(?/v/u Rapidly increasing size)

Plan: laparoscopic ovarian endometrial cystectomy + ovarian repair.
+ Extensive Adhesiolysis.
+ B/L ureterolysis.
(postmenstrually)

- CBC
- LFT
- RFT
- Coag" profile
- FT3, FT4 | TSH
- Urine routine + culture.
- CXR, ECG
- HIV, HBsAg, Anti HCV.

→ COVID-19 RTPCR < Pt / Attendant

PAC (1st floor)

11/7/2020.
Ut (N) size. 7.6 X 3.4cm.
ET-9mm.
(R) ov. cyst ?cystic cyst.
(8.4 X 5.6cm)

11/7/2020.
Hb – 11.7.
TC → 9600
P/C → 2.34lac.

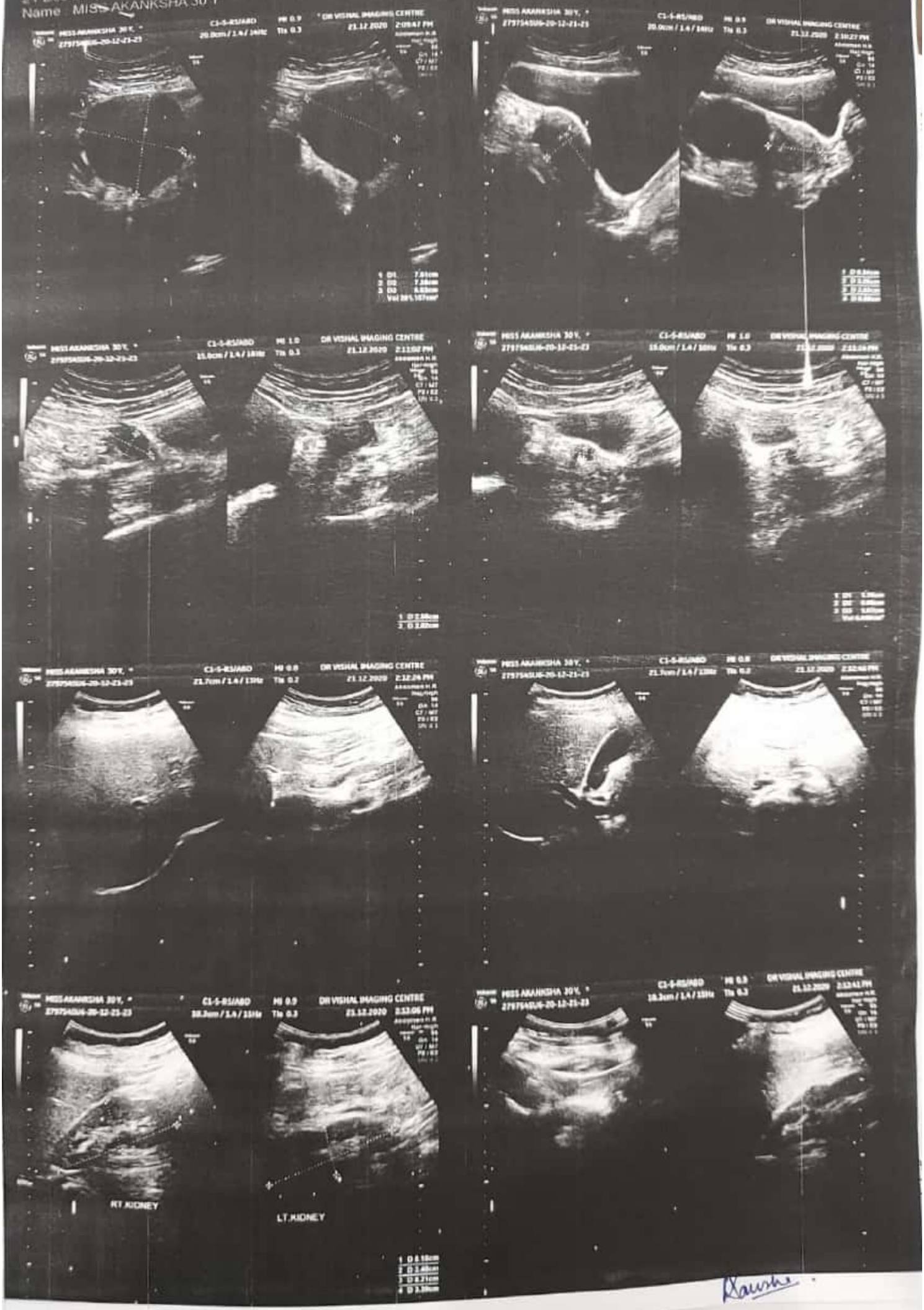
8/11/2020.
ET-4.5mm.
Ut 6.1 X 3.4cm.
9 X 8 X 7.5cm (R) ovarian endometrioma.

To do
→ CA125 | CEA | CA19.9 | ~~LD~~ AFP |
→ MRI pelvis
→ AMH.
– βHCG (tumor marker)
→ LDH.

Nanik
12/11/2020.

[signature]

21 Dec 2020
Name : MISS AKANKSHA 30 Y



Vishal Imaging Centre

REPORT

Mrs. Manisha	AGE/SEX: 30Y/F
Ref. By Dr Daljeet Kaur	DATE: 8 November 2020

Uterus *Normal in size(6.1x3.4x2.9cms), shape & echogenicity*
No uterine mass lesion
Cervix appears normal
Left ovary is normal in size (2.5x2cms) shape & echotexture
Thick (5.0mm) walled cystic lesion (9x8x7.5cms=280ml) in right adnexal region adherent to the uterine fundus with tiny internal echoes & thin internal septation ? Chocolate cyst right ovary

- *No evidence of ascitis or pleural effusion/lymphadenopathy*

IMPRESSION:-

- ***Normal sized uterus & left ovary***
- ***Chocolate cyst right ovary***
- ***Endometrial thickness= 4.5mm.***
- ***Endometrial canal is clear***

Please correlate clinically

Dr Vishal Saraswat
Diplomate National Board (Radiodiagnosis)
RMC 91830219[illegible]

Kindly Note

- *Ultrasound is not the modality of choice to rule out subtle bowel lesions.*
- *Please intimate us for any typing mistakes and send the report for correction within * days.*
- *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and [illegible] Further investigation & clinical correlation is required to enable the clinician to reach [illegible]*

The report and films are not valid for medico - legal purpose.
CT facility is available

Jain's Diagnostic Centre

Fully Automated, Bar Coded, Bidirectional Interfacing, Reference Pathology Lab.
Near St. Fidelis School (Junior Wing), Ramghat Road, ALIGARH-202001
Website : www.jaindiagnosticcentre.com, E-mail : jainjdc@yahoo.co.in

- **Dr. S.K. JAIN** M.D. (Path.) D.C.H.
  Senior Consultant Pathologist
- **Dr. (Mrs.) Anshu JAIN** M.D. (Path.) MIAP
  Consultant Cyto & Histopathologist
  Ex-Affiliations - Molecular Pathology, Apollo Hospital, New Delhi.
  - Asst. Professor, J.N. Medical College, A.M.U.

Name	**Ms. AKANSHA BANSAL**	**30 Yrs Female**	**Date**	**13/11/2020**
Patient ID	**102029608**		**Refd By**	**DR ALKA KUKRANI**

Test Name	Value	Unit	Biological Ref. Range

REFERENCE RANGE :

Men : < 8.1 ng/ml
Non-Pregnant Women : < 8.1 ng/ml

INTERPRETATION :-
AFP is a major fetal serum protein and is also one of the major carcinoembryonic proteins.
In the fetus, AFP is synthesized mainly by the yolk sac and the fetal hepatocytes.
Elevated AFP can be found in patients with primary hepatoma and yolk sac derived germ cell tumors.
AFP is the most useful serum marker for the diagnosis and management of Hepatocellular Carcinoma. However, AFP is also transiently elevated in many liver diseases and during pregnancy.
Tests for both AFP and bHCG are helpful in reducing the clinical staging errors in patients with some testicular tumors and aid in the diffiential diagnosis of various germ cell tumor.

Pregnant Women
Maternal serum AFP values from pregnancy are follows :-

GESTATIONAL WEEKS	15	16	17	18	19	20
MEDIAN ng/ml	31.3	36.3	42.0	48.7	56.5	65.4
2.5 > MEDIAN ng/ml	97	117	133	151	194	206

Interpretation
Due to asymmetric distribution of AFP levels, these values are usually expressed as the median and multiples of the median for each gestational week.
An increased risk of open neural tube defect must be considered for AFP values :-
* ABOVE 2.5 x Median for maternal serum.
* ABOVE 3.0 x Median for amniotic fluid.

CEA (Carcino- embryonic antigen)	0.8	ngm/ml	0.0 - 4.7

Contd...3

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Name	**Ms. AKANSHA BANSAL**	**30 Yrs Female**	**Date**	**13/11/2020**
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Test Name	Value	Unit	Biological Ref. Range

Reference Range

Comments
CEA is a cell surface glycoprotein that is useful to monitor patients with persistent, recurrent or for metastatic colon cancer. Serum CEA levels are also useful in monitoring the treatment of metastatic breast cancer. CEA elevations have also been reported in beningn disorders like alcoholic cirrhosis, hepatitis, ulcerative colitis, Crohn's disease and occasionally in healthy smokers. Individuals who smoke may have higher baseline levels than non smokers.
CEA is neither organ specific nor tumor specific, hence CEA levels should not be used for the detection of early cancers.

CA 19.9	27.6	U/mL	0.0 - 37.0

Note : Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.

CA 125	**109.9**	U/ml	0.0 - 35.0

COMMENTS :
CA-125 is reliable tumor marker for already diagnosed ovarian carcinomas.
Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements, will enable the treating doctor to predict outcome of the therapy. It also helps in early discovery of recurrences, relapses and metastases, where it will play the role of `second look laporatomy.
In general, tumor marker levels are directly related to the tumour mass and the stage of the cancer, however it is the rate of change of the tumor marker level which is more important
rather than its absolute value. A 50 % change can be considered clinically significant.
As with other tumor markers. Ca-125 should not be used alone, but in conjunction with other clinical criteria. Combined use of Ca-125 and Ca-72.4 increases sensitivity, specificity and predictability of tumor markers in ovarian cancers, it must

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All test have technical limitation. clinico-pathological correlation is must in case of disperity.Test may be repeated immediately.

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Name	**Ms. AKANSHA BANSAL**	**30 Yrs Female**	**Date**	**13/11/2020**
Patient ID	**102029608**		**Refd By**	**DR ALKA KUKRANI**

Test Name	Value	Unit	Biological Ref. Range

be emphasised that Ca-125may also be elevated in pancreatic cancers, adenocarcinomas of other organs, certain non-malignant conditions like endometriosis, liver cirrhosis, pancreatitis and colitis, and physiological states such as pregnancy and menstruation. Therefore, this parameter should never be used as a screening test for diagnosing ovarian cancers, but only as an aid in follow-up studies.

BIOCHEMISTRY

Test Method : Dry Slide Chemistry (By Vitros 250 Johnson & Johnson)

LDH	159.0	U/L	140.0 - 280.0

*** End of Report ***

Dr. S. K. Jain
M.D. Pathology
Senior Consultant Pathologist

Dr. (Mrs) Anshu Jain
M.D.(Path.), MIAP
Consultant Pathologist

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TEST REPORT

5420315014729 7

Ms. AKANSHA

PID NO: P542000175820
Age: 30.0 Year(s) Sex: Female

Reference:
Sample Collected At:
Arthroscopy And Joint Clinis
Near Saint Fiedalis School Ramgaht Road Aligarh UP - 202001
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 5420315014729 7
Registered On:
15/11/2020 03:45 PM
Collected On:
13/11/2020 5:00PM
Reported On:
15/11/2020 05:32 PM

Investigation	Observed Value	Unit	Biological Reference Interval
AMH, Mullerian Inhibiting Substance (Serum,CLIA)	3.92	ng/mL	0.9-9.5

Interpretation :
AMH is a dimeric glycoprotein hormone belonging to the TGF-ß family, produced by Sertoli cells by ovarian follicular granulosa cells upto antral stage in females.

During reproductive age, follicular AMH production begins during the primary stage, peaks in preantral stage & has influence on follicular sensitivity to FSH which is important in selection for follicular dominance. AMH levels thus represent the pool or number of primordial follicles but not the quality of oocytes.AMH doesnot vary significantly during menstrual cycle & hence can be measured independently of day of cycle.

- Polycystic ovarian syndrome can elevate AMH 2 to 5 fold higher than age-specific reference ranges & predict anovulatory, irregular cycles.Ovarian tumours like Granulosa cell tumour are often associated with higher AMH.
- Obese women are often associated with diminished ovarian reserve & can have 65% lower mean AMH levels than non-obese women.
- A combination of Age, Ultrasound markers -ovarian volume and Antral follicle count, AMH level & FSH level are useful for optimal assessment of ovarian reserve.Studies in various fertility clinics are ongoing to establish optimal AMH concentrations for predicting response to invitro fertilization, however, given below is suggested interpretative reference-

AMH levels (ng/ml)	Suggested patient Categorization for fertility based on AMH for age group (20 to 45 yrs)	Anticipated Antral Follicle Counts	Anticipated FSH levels (day 3)	Anticipated Response to IVF/COH cycle
Below 0.3	Very Low	Below 4	Above 20	Negligible/poor
0.3 to 2.19	Low	4-10	Usually 16-20	Reduced
2.19 to 4	Satisfactory	11-25	Within reference range or Between 11-15	Safe/Normal
Above 4	Optimal	Upto 30 & Above	Within reference range, often between 10-15 or above 15	Possibly Excessive

Conversion of AMH levels from ng/ml to pmol/L can be performed by using equation- 1 ng/ml = 7.14 pmol/L.

References-

- The Correlations of Anti-Mullerian Hormone, Follicle-Stimulating Hormone and Antral Follicle Count in Different Age Groups of Infertile Women. Royan Institute International Journal of Fertility and Sterility Vol 8, No 4, Jan-Mar 2015, Pages: 393-398
- Age-specific serum antimullerian hormone levels in women with and without polycystic ovary syndrome. Fertility and Sterility Vol. 102, No. 1, July 2014
- Anti-Mullerian Hormone: A New Marker of Ovarian Function. J Obstet Gynaecol India. 2014 Apr; 64(2): 130–133.
- AMH- ovarian reserve marker.Fertil steril. 2005; 83(4): 979-87. Human Reprod. 2007 Mar; 22(3).
- Grinspon & Ray: AMH & Sertoli cell function in paediatrics. Horm Res Paediatr 73: 81-92, 2010.

-- End of Report --

Look for '●' mark for the authenticity of this report.
Results relate only to the sample as received. Refer to conditions of reporting overleaf.

Dr. Geeta Chopra .
M.D (Pathology)

**** The parameter marked with an * are not accredited by NABL.***
† This test was outsourced to Metropolis Healthcare Ltd. Delhi

Certificate No. : MC-2676

METROPOLIS The Pathology Specialist

INNER HEALTH REVEALED

PARAS HOSPITALS
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Akansha 16/11/2020

30y/F

USG S/o 9cm endometrioma

(13/11/2020) CA125 → 109.

~~option eg~~ C/D/W Dr Tripathi

Plan - Laparoscopic Endometriotic cystectomy

Pt wants to opt for medical m/m
wants surgery in next cycle.

Adv
- T visanne 1 tab OD × 1 month continue (at night)
(Day 2 onwards) of periods.

✱ Periods might stop on T. Visanne or may be spotting might be there.

•

- T. Shelcal XT 1 tab OD —— ×1 month.

- F/up × 1 month. for further plan

Akansha.

Namita
16/11/2020