

DR. NIRANJAN NAIK

MS (AIIMS), Onco-Surgery (IRCI, AIIMS), FALS
Da Vinci Xi Certified Robotic Surgeon
Director -Surgical Oncology
Registration No.:
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E-mail: bniranjan.naik@fortishealthcare.com

DR. SUSHIL KUMAR JAIN

MS, DNB (Surg. Oncology)
Fellowship in Robotic Surgery (Vattikuti)
Fellowship in Robotic Surgery (Manipal)
Senior Consultant - Surgical Oncology
Registration No.: DMC - 61984
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DR. HARISH VERMA

MBBS, MS (General Surgery)
Fellowship-Surg. Oncology (Tata Medical Centre)
Associate Consultant - Surgical Oncology
Registration No.: DMC-6055
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For appointment contact:

MS. JYOTSNA CHADHA
Coordinator - Surgical Oncology
Phone: +91 9910500725
Email: jyotsna.chadha1@fortishealthcare.com

Department of Surgical Oncology

Name: Ms. Parabha Saxena
Age/Sex: 45/F UID: 7937612 Date: 04/10/2021

Kidney Ca. RT Breast TMBE
T₁N₀M₀

- Post RT ACS + CP + RT - on follow up (Sept 2017)
- Asymptomatic.
- Last follow up on 13/9/2019.

USG W/A - 20/9/2021 = Borderline fatty liver - Rest NAE

USG ALL Breast \Rightarrow Postoperative 20/9/2021 - BIRADS - II - (N)

CAE - (N) (20/9/2021)

2. No comorbidity

2. VIT A / B₁₂ - \downarrow

OIB \Rightarrow LIR - NAE

BILSILW, PIA - NAE

Pup NAE



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Regd. Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110 025 (India)
Tel: +91-11-4682 5000, Fax: +91-11-4162 8435, CIN: U93000DL2009PLC222166
PAN No. AABCF3718N

P. P.

UID = 7937612

Fortis
SEARCH
GUIDE

04/10/2021

Advi.

- 2 Monthly breast self examination.
- 2 Top. UPRISE D3 60K per week
- 2. CT. scan p
- 2. Review after 6 months with
Whole body PET-CT scan report
- 2 Review pps

Dr. Niranjan Naik
MBBS, MS
Da Vinci XI Certified Robotic Surgeon
Director-Surgical Oncology
Fortis Memorial Research Institute
Sector-44, Gurugram-122002, Haryana
Regn. No. HMC-013184

Fortis MEMORIAL

SEARCH INSTITUTE

GURUGRAM

OUTPATIENT BILL

GST No. : 06AABCF3718N2ZH

UPI Scan & Pay*



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Sector 44 (Opp. HUDA City Centre Metro
Station), Gurugram 122 002, Haryana (India)
Tel : +91 124 496 2200
+91 124 716 2200
Fax : +91 124 496 2222
Emergency: +91 124 421 3333
Ambulance: 105010
Email : fmri@fortishealthcare.com
Website : www.fmri.in

Name : Mrs. Pratibha Saxena
UHID : 7937612
EpisodeNo : 239205/21/1111
Age/Sex : 45 YEAR(S)/Female
Primary Doctor : Dr. Niranjana Naik/Dr. Sushil Kumar Jain.
Contact No. : 9212445509
Payor Name : NA
Ref Doctor : Direct Walk in
Insurance : NA
Patient Address : KL 90 KAVI NAGAR Ghaziabad other Uttar Pradesh India

Bill No : 111121OPCS252041
Bill Type : CASH
Bill Date : 04-Oct-2021 10:29 AM
Print Date : 04-Oct-2021 10:29 AM
Discount Scheme : NA
CIN No. : U93000DL2009PLC22166
Payor Site Name : NA
Old UHID : 1551717
Employer Name : NA
TPA Name :

S.No	Particulars	Accession No	HSN Code	Batch No	Expiry Date	Qty	Service Amount	Contractual Discount	Net Gross Amount
1	CONSULTATION-Dr. Niranjana Naik/Dr. Sushil Kumar Jain. (SURGICAL ONCOLOGY)		999312			1	1500.00	0.00	1500.00
	TOTAL AMOUNT						1500.00	0.00	1500.00
	Less Contractual discount								0.00
	TOTAL TAX AMOUNT							0.00	0.00
	BILL AMOUNT								1500.00
	PAYOR SHARE								0.00
	PATIENT SHARE								1500.00
	TOTAL DISCR. DISCOUNT							0.00	0.00
	PAID BY PATIENT								1500.00
	NET PATIENT PAYABLE								1500.00
	BILL ROUND OFF AMOUNT								0.00

Rupees In Words : Rupees One Thousand Five Hundred only

Payor Details

Name : NA
Address : NA
GSTIN : NA

Prepared By Vinay Krishnan Nair

Cashier Manager

Note :

Receipt Detail

S.No	Receipt No.	Receipt Date	Amount	Balance Amount	Payment Mode
1	1111/DP/2110/292449	04-Oct-2021 10:29 AM	1500.00	0.00	Cash



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PAN No. AABCF3718N

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GURGAON

Dr. B. Niranjana Naik

MS (AIIMS), Onco-Surgery (IRCH, AIIMS)

Sr. Consultant Surgical Oncologist

Ph: 9810203273

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Emergency: +91 124 421 3333

Ambulance: 105010

Email : fmri@fortishealthcare.com

Website : www.fmri.in

Mrs. Butibha Saxena

19/03/2018

42/fe

Fuc of Ca. (R) Breast

T₁N₀M₀ (TNBC)

- Post (R) BCs + CTp + RT - on followup (Sept. 2017)
- Asymptomatic now
- No small swelling (L) inguinal region - today
- STK - NAD. - Subscribed on Homeopathic R

(L) inguinal region - NAD.

Adv USH = wk bark - (V) study
C/A.

R 1 - 2 Cap. ULTRANERON PLUS 10A

1 - 2 Cap. PURTIA 10A

1 - 2 Tab. SPIREX 10A

3mths

2 Review after 3mths to CXR-PA, USH ^{also}

S. Atk. phosphate, supports.

Monthly Breast self examination as explained.

R

ANNNAIK



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PAN No. AABCF3718N

DR. NIRANJAN NAIK

MS (AIIMS), Onco-Surgery (IRCH, AIIMS), FALS
Director-Department of Breast & Gastro-Intestinal (GI) Onco-Surgery
Registration No:
DMC-10521/HMC - HN 13184
Phone: +91 9810203273
E-mail:
bniranjan.naik@fortishealthcare.com

Name: Mrs. PRATIBHA SAXENA

Age/Sex: 42 / fe UID: 1551777 Date: 14/9/18

ful of Ca. (R) Breast T₁N₀M₀ (TNBC)

- Post (R) BCS + CT_p + RT on Followup.
since Sept 2017.

- Asymptomatic now.

USG WA ⇒ 11/2/18 - (N) study.

USG BL Breast ⇒ Lesion at (R) site ^{BCS}
7/9/18 (L) breast - (N).

SAP ⇒ 108 (30-120)
9/9/18

O/E - (R) BCS site - NAD Post RT change

(L) Breast/Axilla - (N)

BIL SCLN, PIA - NAD

Pmp - NAD

DR. BHAJAN SURYA

MBBS
Junior Resident
DMC Registration No. 11336
Phone: +91 9650939650
E-mail: bhajan.surya@fortishealthcare.com

For appointment contact:-

MR. GOVIND BISHT
Coordinator - Department of Breast & Gastro-Intestinal (GI) Onco-Surgery
Phone: +91 9910500725
Email: govind.bisht@fortishealthcare.com

Adv

⇒ Monthly breast self examination.

X → Cap. ULTRANEURON PLUS 100 /

1-X = Cap. PARTIA 100 / 3mths

1-X = Cap. SPIREX PLUS 100

⇒ Review after



3mths to S. Alk. phosphatase

Handwritten signature

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Tel: +91-11-2682 5000, Fax: +91-11 4161 8435, CIN: U93000DL2009PLC222166
PAN No. AA BCF3718N

Handwritten signature

10/12/18

Asymptomatic. Kelo Migraine
Occ. h/o headache +
No fresh complaints
S-Alk. phosphate = 97 u/L (30-120)

ORTIS
RESEARCH
GI

O/E - L/R - NED

Adv

- = Monthly breast self examination.
- = Ct. same Rx
- = Ct. shoulder exercises
- = Coconut oil LA R/A & 3mths
- = Review after 3mths & wholebody PET-CT scan (RBS, liver, creat)

20/3/19

Doing well.
No fresh complaints

[Signature]
ANNATE

- WBPET CT scan 19/3/19 - NED

O/E - L/R - NED

Adv

- = Cap. SPAREX PLUS (BA & 6mths)
- = Ct. shoulder exercises / coconut oil LA.
- = Regular exercises
- = Review after 6mths & Chest xray - PA views
CSG whole abd, S-Alk. phosphate
- = Review 3m

[Signature]
ANNATE

Fortis MEMORIAL RESEARCH INSTITUTE GURUGRAM



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Website : www.fmri.in

GSTIN : 06AABCF3718N2ZH (HR)

BILL CUM RECEIPT

UID : 001551717 Bill No. : 1111/19/O/Cs/0138470
Name : MRS PRATIBHA SAXENA Bill Date. : 13/09/2019 10:21AM
Sex : Female OPD No. : OP GN001950125
Age : 43 Years Ref. Doc. : Dr. B. Niranjana Naik
Mobile No : +919212445509

S.No.	Particulars	Unit	Price	Amount
1	CONSULTATION CONSULTATION [HSN = 999311] Dr. B. Niranjana Naik - SURGICAL ONCOLOGY) 13/09/2019 10:20AM)	1	1500.00	1500.00
Total				1500.00

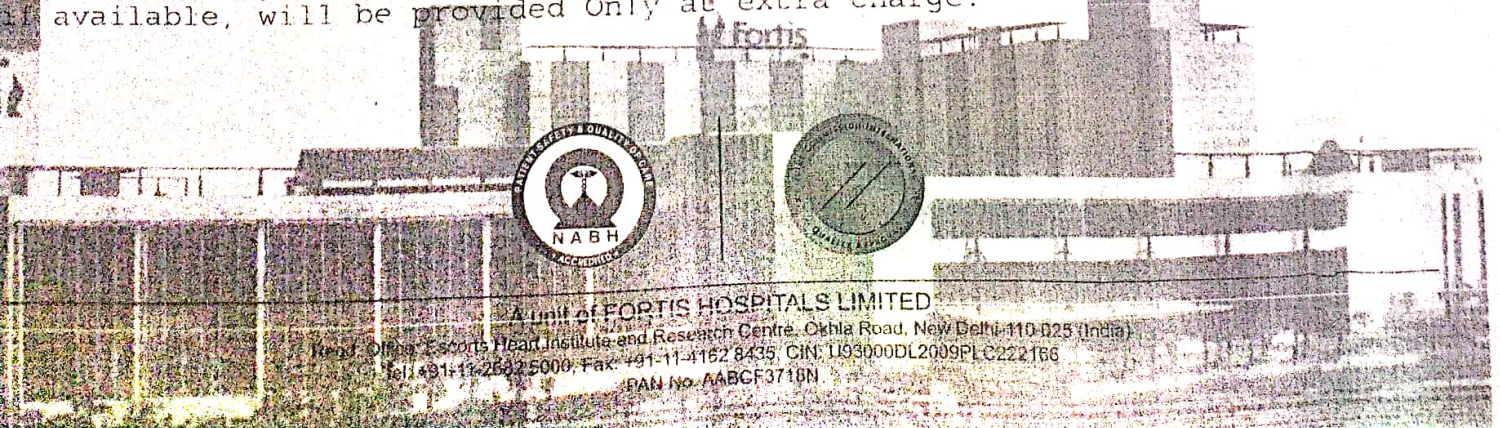
(Received a sum of Rupees One Thousand Five Hundred only)

Sr No	Mode	Particulars/Date	Amount
1	Cash	13/09/2019	1500.00
Total			1500.00

Manager Signature

User Signature
(Subhajit Dey)

*Please collect the reports and films within 3 months from the date of study. Hospital management will not be responsible for the same. Records will be destroyed after the stipulated period. The duplicate records, if available, will be provided Only at extra charge.



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PAN No. AABCF3718N

BILL CUM RECEIPT

UID : 001551717 Bill No. : 1111/18/O/Cs/0286082
Name : MRS PRATIBHA SAXENA Bill Date. : 20/03/2019 09:18AM
Sex : Female OPD No. : OP GN001779008
Age : 43 Years Ref. Doc. : Dr. B. Niranjana Naik
Mobile No : +919212445509

S.No.	Particulars	Unit	Price	Amount
1	CONSULTATION CONSULTATION [HSN = 999311] Dr. B. Niranjana Naik - Breast and GI-Oncology Surgery) 20/03/2019 09:20AM)	1	1500.00	1500.00
Total				: 1500.00
Amount Paid				: 1500.00

(Received a sum of Rupees One Thousand Five Hundred only)

Payment Details		Particulars/Date	Amount
Sr No	Mode		
1	Cash	20/03/2019	1500.00
Total			1500.00

Manager Signature

Subhajit Dey
User Signature
(Subhajit Dey)

Instructions

1 CONSULTATION [HSN = 999311]

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PAN No. AABCF3718N

GSTIN : 06AABCF3718N2ZH (HR)

BILL CUM RECEIPT

UID : 001551717
Name : MRS PRATIBHA SAXENA
Sex : Female
Age : 43 Years
Mobile No : +919212445509


Bill No. : 1111/18/O/Cs/0203778
Bill Date. : 10/12/2018 09:52AM
OPD No. : OP GN001683141
Ref. Doc. : Dr. B. Niranjana Naik

S.No.	Particulars	Unit	Price	Amount
1	CONSULTATION CONSULTATION [HSN = 999311] Dr. B. Niranjana Naik - Breast and GI-Oncology Surgery) 10/12/2018 10:00AM)	1	1500.00	1500.00

Total : 1500.00
Amount Paid : 1500.00

(Received a sum of Rupees One Thousand Five Hundred only)

Payment Details		Particulars/Date	Amount
Sr No	Mode		
1	Cash	10/12/2018	1500.00
Total			1500.00


User Signature
(Neha Sharma)

Manager Signature

Instructions

1 CONSULTATION [HSN = 999311]

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PAN No. AABCF3718N

BILL CUM RECEIPT
(DUPLICATE)

UID : 001551717 Bill No. : 1111/18/O/Cs/0131142
Name : MRS PRATIBHA SAXENA Bill Date. : 14/09/2018 09:54AM
Sex : Female OPD No. : OP GN001599417
Age : 42 Years Ref. Doc. : Dr. B. Niranjana Naik
Mobile No : +919212445509

S.No.	Particulars	Unit	Price	Amount
1	CONSULTATION CONSULTATION [HSN = 999311] Dr. B. Niranjana Naik - Breast and GI-Oncology Surgery) 14/09/2018 10:00AM)	1	1500.00	1500.00

Total : 1500.00
Amount Paid : 1500.00

(Received a sum of Rupees One Thousand Five Hundred only)

Payment Details			
Sr No	Mode	Particulars/Date	Amount
1	Cash	14/09/2018	1500.00
Total			1500.00

Manager Signature

User Signature
(DEVBRAT KUMAR)

Instructions

1 CONSULTATION [HSN = 999311]

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PAN No. AABCF3718N

GSTIN : 06AABCF3718N2ZH (HR)

BILL CUM RECEIPT

UID : 001551717 Bill No. : 1111/17/O/Cs/0317016
Name : MRS PRATIBHA SAXENA Bill Date. : 19/03/2018 11:05AM
Sex : Female OPD No. : OP GN001430588
Age : 42 Years Ref. Doc. : EXTERNAL DOCTOR
Mobile No : +919212445509

S.No.	Particulars	Unit	Price	Amount
1	OTHERS REGISTRATION CHARGES [HSN = 999311]	1	100.00	100.00
Total				100.00
Amount Paid				100.00

(Received a sum of Rupees One Hundred only).

Payment Details		Particulars/Date	Amount
Sr No	Mode		
1	Cash	19/03/2018	100.00
Total			100.00

Manager Signature

Instructions

1 REGISTRATION CHARGES [HSN = 999311]

User Signature
(Vinay Krishnan N)

*Please collect the reports and films within 3 months from the date of study. Hospital management will not be responsible for the same. Records will be destroyed after the stipulated period. The duplicate records, if available, will be provided Only at extra charge.



BILL CUM RECEIPT

UID : 001551717
Name : MRS PRATIBHA SAXENA
Sex : Female
Age : 42 Years
Mobile No : +919212445509

Bill No. : 1111/18/O/Cs/0054258
Bill Date. : 12/06/2018 10:01AM
OPD No. : OP GN001509549
Ref. Doc. : Dr. B. Niranjan Naik

7AM

S.No.	Particulars	Unit	Price	Discount	Amount
1	CONSULTATION CONSULTATION [HSN = 999311] Dr. B. Niranjan Naik - Breast and GI-Oncology Surgery) 12/06/2018 09:40AM) (A)	1	1500.00	150.00	1350.00
Total :					1350.00
Amount Paid :					1350.00

-FDG.
(CT),
lung.
dose
: 125

(Received a sum of Rupees One Thousand Three Hundred Fifty only)

Sr No	Mode	Particulars/Date	Amount
1	Online Payment Received	12/06/2018	1350.00
Total			1350.00

apy

Comments: BAVXYRJS LI

Manager Signature

Instructions

1 CONSULTATION [HSN = 999311]

User Signature
(Vinay Krishnan N

*Please collect the reports and films within 3 months from the date of study. Hospital management will not be responsible for the same. Records will be destroyed after the stipulated period. The duplicate records, if available, will be provided only at extra charge.



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PAN No. AABCF3718N

Lab No. : FARIDABAD/03-03-2021/FBD210347068
Patient Name : PRATIBHA SAXENA Patient Id : UHID.0001525116
Age / Sex : 47 Y / F Received Date :
Ref Dr. : Dr.NIRANJAN NAYAK Approved Date : 06/Mar/2021 10:27AM
Collection Date :

F18-FDG WHOLE BODY PET WITH CONTRAST CT SCAN

Whole body PET/CT scan was done following intravenous administration of 10.0 mCi F^{18} -FDG. Imaging was performed on PET scanner with Multidetector Computerised Tomography (MDCT), scanning from head to mid-thigh. A separate sequence with breath hold was performed for lung. A semiquantitative analysis of FDG uptake was performed by calculating SUV corrected for dose administered and patient lean body mass. The blood sugar at the time of tracer injection was 125 mg/dl.

CLINICAL HISTORY: Patient is a follow-up case of Ca right breast, post surgery, chemotherapy and radiotherapy (completed in 2017). PET-CECT scan is being done for follow-up evaluation.

OBSERVATIONS:

The overall biodistribution of FDG is within normal physiological limits.

Brain:

No focal abnormally 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.*

Head & Neck:

No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx, hypopharynx or larynx.

Few non-FDG avid subcentimetric bilateral cervical level IB, II and IV lymph nodes noted – likely non-specific.

The thyroid gland shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.

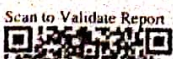
No significant bilateral supraclavicular lymphadenopathy with increased FDG uptake is seen.

Thorax:

Post-operative changes are seen in the lower outer quadrant of right breast with mild overlying skin thickening. No obvious FDG avid focal lesion is noted anywhere in the right breast parenchyma.

No FDG avid right axillary lymph nodes seen.

Left breast shows normal fibro-glandular parenchyma with no definite evidence of any focal lesion with abnormal FDG uptake.



Lab No. : FARIDABAD/03-03-2021/FBD210347068
Patient Name : PRATIBHA SAXENA Patient Id : UHID.0001525116
Age / Sex : 47 Y / F Received Date :
Ref Dr. : Dr.NIRANJAN NAYAK
Collection Date : Approved Date : 06/Mar/2021 10:27AM

Few subcentimetric non-FDG avid left axillary lymph nodes with preserved fatty hilum are seen – likely non-specific.

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

Bilateral pulmonary parenchyma do not show any obvious focal lesion with abnormal FDG uptake. There is no evidence of pleural effusion / thickening on either side.

No significant mediastinal / hilar lymphadenopathy with increased FDG uptake is noted.

Abdomen & Pelvis:

The liver is normal in size and shape with diffuse fatty changes. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion with abnormal FDG accumulation seen in the hepatic 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.

Bilateral kidneys appear normal in size, shape, attenuation and physiological cortical FDG uptake.

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

The stomach and bowel loops appear normal in calibre and fold pattern with no abnormal FDG uptake.

Few non-FDG avid subcentimetric left paraaortic, aortocaval and mesenteric lymph nodes are seen – likely non-specific.

No free peritoneal fluid is seen.

Urinary bladder is normal in shape, size and distention. Bladder mucosa appears unremarkable.

No abnormally increased FDG uptake is noted in relation to the uterus or bilateral adnexal regions.

Musculo-skeletal System:

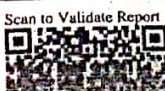
Degenerative changes are seen in the vertebral column.

No focal FDG avid lytic / sclerotic lesion is seen in the visualized axial and appendicular skeleton.

OPINION:

9 089 089 089 houseofdiagnostics.com info@houseofdiagnostics.com

Page 2 of 3



Lab No. : FARIDABAD/03-03-2021/FBD210347068
Patient Name : PRATIBHA SAXENA Patient Id : UHID.0001525116
Age / Sex : 47 Y / F Received Date :
Ref Dr. : Dr.NIRANJAN NAYAK Approved Date : 06/Mar/2021 10:27AM
Collection Date :

PET-CECT SCAN REVEALS

- No evidence of metabolically active disease noted anywhere in the visualized body.
- As compared to previous PET-CT scan done on 14.03.2020, there is resolution of bilateral pulmonary fibronodular densities, with no significant change seen in rest of the scan findings.

Clinical correlation is advised.

(Disclaimer): The science of diagnostic imaging is based on the interpretation of various shadows produced by both the normal and abnormal tissues and is neither complete nor accurate. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective etiology like Tuberculosis. For interpretation by Registered Medical Practitioner only. Not for medico legal cases.

***** End Of Report *****

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.



Dr. Ashmi Agarwal
Consultant - Nuclear Medicine
M.B.B.S., D.N.B. (Nuclear Medicine)
DMC Reg. No.: 82973



Conditions Of Reporting

- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed.
- In case of any discrepancy due to typing error, kindly get it rectified immediately.
- Neither HOD or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- Test results are not valid for medico legal purposes.
- In case of any issues or suggestions about your test results, please email us on quality@houseofdiagnostics.com
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests. Our liability is limited to the amount of investigations booked with us.

DOC#COR20200707

Facilities Available

Radiology

- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology

- Biochemistry
- Immunoassay
- Hematology
- Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine

- **India's First** Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan • Rest MUGA

Cardiology Investigations

- ECG (Electrocardiogram)
- Echocardiography
- TMT
- Stress Echocardiography
- Stress Thallium

Neurology Investigations

- EEG - ElectroEncephaloGram
- EMG - ElectroMyoGraphy
- NCV - Nerve Conduction Velocity
- VEP - Visual Evoked Response
- SSEP

Dental Imaging

- CBCT - Cone Beam CT Scan
- OPG - OrthoPantomoGram

Other Tests

- PFT

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DHARAMSHILA HOSPITAL

YOUR PARTNER IN **CANCER** CARE SINCE 1994

KINDLY FIX UP APPOINTMENT

OPD BOOK

(TO BE RETAINED BY THE PATIENT)

Panel..... Pvt (15050000018809).....
 CR No. F 93119.....
 (CR No. is a very important Identification for Hospital Records. Kindly remember.)
 Opinion No..... File No. 77151..... UID No.....
 Name. Ms. Pratibha Saxena Age. 42 Sex. F
 Father/Husband/Guardian's Name. Mr. Shashikant
 Address. K1-90, Kaur Nagar,
 Gaziabad, U.P. - 201001
 Tel. Office..... Residence. 9212445555
 Consultant's Name. Dr. B. Malik
 Date of Registration. 22/2/17 Date of Opinion.....
 Diagnosis. Ca. (R) Breast T₁N₀M₀ (TNM)

Please Bring this Book with You

अस्पताल आते समय इस किताब को साथ लाएं।

DHARAMSHILA HOSPITAL AND RESEARCH CENTRE

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DHARAMSHILA HOSPITAL AND RESEARCH CENTRE
OPD PRESCRIPTION

DHARAMSI

Date:	Patient Name:	Age / Sex:
CR. No.:	Weight: (Kg)	
Investigations	Diagnosis:	
Treatment:		
13/11/17 Chemopost isolated.		
Adv		
= Whole body PET-CT scan after 3 months		
- Chemopost removed after 3 months if PET-CT (+)		
= CAP. ULTRANEURON PLUS 10A		
= CAP. PURTIA 10A / 3 months		
= Tab. SPIREX 100A		
= Review 30F		
R		
annamath		

Date:	P
CR. No.:	
Investigations	C
5 Nov 2017	T
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ENTRE

DHARAMSHILA HOSPITAL AND RESEARCH CENTRE
OPD PRESCRIPTION

Age / Sex:
Weight: (Kg)

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 3/3/2017
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Date:	Patient Name:	Age / Sex:
CR. No.:		Weight: (Kg)
Investigations	Diagnosis:	
	Treatment:	
	5 DEC 2017	
	Whole body PET-CT = 14/12/17 - NED	
	CIB - AdH RT change to Rest NAD	
	Adv	
	2 Chemopart removed for in emergency CT	
	2 Take informed consent	
	2 Arrange for 3-0 chemotherapy	
	* 2 Cap. ULTRABEAM 1200mg	
	* 2 Cap. DURTIA 100mg	
	* 2 T. SARIEX 100mg	
	- it should be exercise.	
	2. Review after 3 months / 6m.	
	2 Monthly breast self examination.	
	1- 2 Tab. LEVETIRACETAM 500mg (12/12/17)	
	1- 2 Tab. CHEMOMANAE 120/100 x 3 days, Ann. write.	
	AD	

RESEARCH CENTRE
ION

Age / Sex:

Weight: (Kg)

(3) (A)

~~28/8/17~~ TLC / DL on 28/8/17
out on 28/8/17

27

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Gazole

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C 1 tes Plo 501
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~~Amunts~~

no fruits of vegetables

Amunts
ne . 010323)

DHARAMSHILA HOSPITAL AND RESEARCH CENTRE
OPD PRESCRIPTION

Date:	Patient Name:	Age / Sex:
CR. No.:		Weight: (Kg)
Investigations	Diagnosis:	
<p>01 SEP 2017 treatment: Dr. Kavita Sharma - (1) (A)</p>		
<p>- adv CBC - 3/9/17</p>		
<p>- next visit on 8/9/17</p>		
<p style="text-align: right;">Kavita (DMC 31107)</p>		
<p>2/9/17 inj</p>		
<p>inj COLISTIM 300mg/c - 1. stat</p>		
<p>- CBC - 6/9/17 TLC DLC</p>		
<p style="text-align: right;">Kavita DMC 31107</p>		

**DHARAMSHILA HOSPITAL AND RESEARCH CENTRE
OPD PRESCRIPTION**

Date:	Patient Name:	Age / Sex:
CR. No.:		Weight: (Kg)
Investigations	Diagnosis: For MRM	
	Treatment: M combi dnl	
	w/ H/O CAD / w/ DM II / C/O CVA / Asst his / Sympt w/ H/O thyroid or hair disease Effluent tolerance ~ 6 mls. multib. by p/m pulse 88/wr BP - 110/20 Chw N/A HA N/A ECG - Borderline Interventricular 23/2/17 conduction delay other wise normal ECG CXR PA w/m 23/2/17 KFT - ⊕ LFT - ⊕ TFT - ⊕ B/Urea ⊕ R ⊕ Pt is Low Carb. risk & MRM	

24/2/17
 24/2/17
 24/2/17

g)

22
 22/2/17

**Laboratory Investigation Report**

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D /F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Lab ID	: 1813082100089-1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

Clinical Biochemistry**Wellwise and Covid IgG Antibody Test profile****Inorganic Phosphorus, Serum***

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Phosphorus(inorg)	3	mg/dl	2.7-4.5
<small>MOLYBDATE UV</small>			

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxication, healing fractures, renal failure, hyperparathyroidism, PTH resistance (Pseudohypoparathyroidism) and diabetes mellitus with ketosis.
Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction, primary hyperthyroidism and PTH producing tumors.



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Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D /F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Lab ID	: 1813082100089-1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

Patient Name : Mrs. P.
Age/Gender :
Max ID/Mobile :
Lab ID :
Ref Doc :

Clinical Biochemistry
Wellwise and Covid IgG Antibody Test profile

Glycosylated Haemoglobin (HbA1C), EDTA Routine*

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.7	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	38.78		mmol/mol < 39.0
Average Glucose Value For the Last 3 Months	116.89	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.47	mmol/L	

Interpretation The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	HbA1C(IFCC mmol/mol)	Suggested Diagnosis
≥ 6.5	≥ 48	Diabetic
5.7 - 6.4	39 - 47	Pre- Diabetic
< 5.7	< 39	Non - Diabetic

HbA1C provides a useful index of average glycaemia over the preceding 6-8 weeks. It is suggested that HbA1c is measured every 6 months in stable patients, every 3 months in patients with unstable metabolic control and every month in pregnancy. Increased Glycated hemoglobin is a reflection of Hyperglycemia.

Kindly correlate with clinical findings

*** End Of Report ***



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Laboratory Investigation Report

Patient Name : Mrs. Pratima Saxena
 Age/Gender : 50 Y 0 M 0 D / F
 Max ID/Mobile : ML01384629/7669754421
 Lab ID : 1813082100089-1
 Ref Doctor : SELF

Centre : 2058 - Max Lab Pandav Nagar Ghaziabad
 OP/IP No : /
 Collection Date/Time : 30/Aug/2021 02:02PM
 Receiving Date : 30/Aug/2021
 Reporting Date : 30/Aug/2021

Clinical Biochemistry Wellwise and Covid IgG Antibody Test profile

Anita Khanna

Dr. Anita Khanna MD (Path.)
 Principal Consultant & Head (Lab Medicine)

Medicine

Dr. Mohini Bhargava, MD
 Principal consultant (Biochemistry)



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Laboratory Investigation Report

MAX Lab
 Patient Name : Mrs. Pratima Saxena
 Age/Gender : 50 Y 0 M 0 D / F
 Max ID/Mobile : MLD1384629/7669754421
 Lab ID : 1B13082100089-1
 Ref Doctor : SELF

Centre : 2058 - Max Lab Pandav Nagar Ghaziabad
 OP/IP No : /
 Collection Date/Time : 30/Aug/2021 02:02PM
 Receiving Date : 30/Aug/2021
 Reporting Date : 30/Aug/2021

Hematology
Wellwise and Covid IgG Antibody Test profile

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Haemoglobin	12.3		
Packed Cell, Volume <small>Calculated</small>	39.3	g/dl	12.0 - 15.0
Total Leucocyte Count (TLC)	5.81	%	36-46
<small>Electrical Impedance</small>		10~9/L	4.0-10.0
RBC Count <small>Electrical Impedance</small>	3.93		
MCV <small>Electrical Impedance</small>	100.0	10~12/L	3.8-4.8
MCH <small>Calculated</small>	31.3	fL	83-101
MCHC <small>Calculated</small>	31.3	pg	27-32
Platelet Count <small>Electrical Impedance</small>	156	g/dl	31.5-34.5
MPV <small>Calculated</small>	12.5	10~9/L	150-410
RDW <small>Calculated</small>	14.6	fl	7.8-11.2
		%	11.5-14.5

Differential Cell Count
VCS / Light Microscopy

Neutrophils	58.1	%	40-80
Lymphocytes	28.4	%	20-40
Monocytes	7.9	%	2-10
Eosinophils	5.3	%	1-6
Basophils	0.3	%	0-2

Absolute Leukocyte Count
Calculated from TLC & DLC

Absolute Neutrophil Count	3.38	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.6	10~9/L	1.0-3.0



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Laboratory Investigation Report

Patient Name	Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D /F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
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Hematology
Wellwise and Covid IgG Antibody Test profile

Absolute Monocyte Count 0.46
 Absolute Eosinophil Count 0.31
 Absolute Basophil Count 0.02
 ESR (Westergren) 30

Peripheral Smear Examination

RBC: - Normocytic Normochromic
 WBC: - Counts within normal limits
 Platelet: - Adequate

10~9/L 0.2-1.0
 10~9/L 0.02-0.5
 10~9/L 0.02-0.1
 mm/hr <=10

nd

is

Kindly correlate with clinical findings

*** End Of Report ***

Meenal Mehta
 Dr. Meenal Mehta MD (Path)
 Consultant (Hematopathology & Cytopathology)



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Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D /F	OP/IP No	: /
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Immunoassay

Wellwise and Covid IgG Antibody Test profile

Vitamin B12, Serum*

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Vitamin B12 CLIA	<50.0	pg/mL	120 - 914

Interpretation

Note:- Vitamin B12 (Cobalamin)

Vitamin B12 is tested for patients with GIT disease, Neurological disease, psychiatric disturbances, malnutrition, alcohol abuse.

Increased in chronic renal failure, severe CHF.

Decreased in megaloblastic anemia.

Advise: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.



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Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y O M O D /F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
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Clinical Biochemistry

Wellwise and Covid IgG Antibody Test profile

Blood Sugar Fasting, Fluoride Plasma

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	100.7	mg/dl	74-109

Lipid Profile, Serum

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Cholesterol Enzymatic	186.7	mg/dl	0-200
HDL Cholesterol Homogeneous enzymatic	65.0	mg/dl	40-60
LDL Cholesterol Homogeneous enzymatic	103.8	mg/dl	0-100
Triglyceride Enzymatic	87.8	mg/dl	0-200
VLDL Cholesterol Calculated	17.6	..	< 30
Total Cholesterol/HDL Ratio	2.9		0.0-4.9
Non-HDL Cholesterol Calculated	121.70	mg/dL	< 130
HDL/LDL Calculated	0.63	Ratio	0.3 - 0.4

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL	LDL-C	Optimal: < 100 mg/dL
	Borderline High: 200-239 mg/dL		Near Optimal/ Above Optimal: 100-129 mg/dL
	High ≥ 240 mg/dL		Borderline High: 130-159 mg/dL
			High: 160-189 mg/dL
			Very High: ≥ 190 mg/dL



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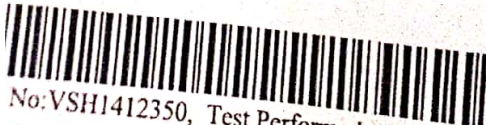

Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D / F	OP/IP No	: /
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 Patient Name : Mrs. Pratima Saxena
 Age/Gender : 50 Y 0 M 0 D / F
 Max ID/Mobile : ML01384629/7669754421
 Lab ID : 1813082100089~1
 Ref Doctor : SELF

Clinical Biochemistry
Wellwise and Covid IgG Antibody Test profile

HDL-C	Low HDL: < 40 mg/dL	Triglyceride	Normal: <150 mg/dL
	High HDL: ≥ 60 mg/dL		Borderline High: 150-199 mg/dL
			High: 200-499 mg/dL
			Very High: ≥ 500 mg/dL



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Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y O M O D /F	OPAP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
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Clinical Biochemistry Wellwise and Covid IgG Antibody Test profile

KFT Profile with Calcium,Uric Acid, Serum

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Urea <small>Urease GLDH</small>	28.4	mg/dl	5-50
Creatinine <small>Jaffe Kinetic</small>	0.8	mg/dL	0.5-0.9
eGFR <small>MDRD</small>	75.93	ml/min/1.73 m ²	2.4-5.7
Uric Acid <small>Enzymatic Colorimetric</small>	4.5	mg/dl	8.6-10.2
Calcium (Total) <small>O-CPC</small>	8.4	mmol/l	135-148
Sodium <small>ISE Indirect</small>	140.0	mmol/l	3.5 - 5.3
Potassium <small>ISE Indirect</small>	3.6	mmol/l	101-111
Chloride <small>ISE Indirect</small>	101.3	mmol/l	22-32
Bicarbonate <small>PEPC</small>	18.7		

Interpretation Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / r /1.73 m². MDRD equation is used for adult population only.
 <60ml / min / 1.73 m² - Chronic Kidney Disease
 <15 ml / min /1.73 m² - Kidney failure



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Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Gha:
Age/Gender	: 50 Y O M O D / F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Lab ID	: 1813082100089~1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

Clinical Biochemistry Wellwise and Covid IgG Antibody Test profile

Liver Function Test Profile, Serum

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Int
Total Protein	7.30	g/dL	6.6-8.7
Biuret			
Albumin	4.2	g/dl	3.5-5.2
BCG			
Globulin	3.1	g/dl	2.3 - 3.5
Calculated			
A.G. ratio	1.4		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.7	mg/dl	0.2-1.2
Diazo			
Bilirubin (Direct)	0.4	mg/dl	0-0.3
Diazo			
Bilirubin (Indirect)	0.30	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	23	U/L	0-32
IFCC without pyridoxal phosphate			
SGPT- Alanine Transaminase (ALT)	16	U/L	0-33
IFCC without pyridoxal phosphate			
Alkaline Phosphatase	102	U/L	35-104
INFP			
GGTP (Gamma GT), Serum	13.0	U/L	5-36
ENZYMATIC COLORIMETRIC ASSAY			

Kindly correlate with clinical findings

*** End Of Report ***



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MC-2004



Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y O M O D /F	OP/IP No	: /
Max ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Lab ID	: 1813082100089-1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

Clinical Biochemistry

Wellwise and Covid IgG Antibody Test profile

Anita Khanna

Dr. Anita Khanna MD (Path.)
Principal Consultant & Head (Lab Medicine)

Mohini

Dr. Mohini Bhargava, MD
Principal consultant (Biochemistry)



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MC-2004

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Laboratory Investigation Report

Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Gender	: 50 Y 0 M 0 D / F	OP/IP No	: /
ID/Mobile	: ML01384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Ref ID	: 1813082100089-1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

Clinical Pathology Wellwise and Covid IgG Antibody Test profile

Urine Routine And Microscopy

Date: 30/Aug/2021
02:02PM

Unit Bio Ref Interval

Macroscopy

Photoelectric colorimeter

Colour	Pale Yellow	..	Pale Yellow
PH	7.0		5-9
Specific Gravity	1.010		1.015 - 1.030
Protein	Neg		Nil
Glucose.	Neg		Nil
Ketones	Neg		Nil
Blood	Neg		Nil
Bilirubin	Neg		Normal
Urobilinogen	Normal		
Nitrite	Neg		

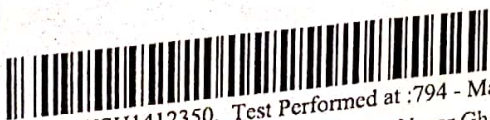
Microscopy

Streaming Image technology

Red Blood Cells (RBC)	0	/HPF	Nil
White Blood Cells	1	/HPF	0.0-5.0
Squamous Epithelial Cells	2	/LPF	Nil
Cast	Nil	..	Nil
Crystals	Nil		

Kindly correlate with clinical findings

*** End Of Report ***



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Conditions of Reporting: The results are valid only if the specimen is received at the lab with the requisit and that the specimen belongs to the patient name as indicated on the test requisit form. The results are valid only if the specimen is received at the lab within the specified time period. The results are valid only if the specimen is received at the lab within the specified time period. The results are valid only if the specimen is received at the lab within the specified time period. The results are valid only if the specimen is received at the lab within the specified time period.

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Laboratory Investigation Report

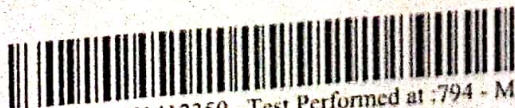
Patient Name	Mrs. Pratima Saxena	Centre	2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	50 Y O M O D / F	OP/P No	/
Max ID/Mobile	ML01384629/7669754421	Collection Date/Time	30/Aug/2021 02:02PM
Lab ID	1813082100089-1	Receiving Date	30/Aug/2021
Ref Doctor	SELF	Reporting Date	30/Aug/2021

Clinical Pathology

Wellwise and Covid IgG Antibody Test profile

Meenal Mehta

Dr. Meenal Mehta MD (Path)
Consultant (Hematopathology & Cytopathology)



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Laboratory Investigation Report

Patient Name	: Mrs. Pratima Saxena	Centre	: 2058 - Max Lab Pandav Nagar Ghaziabad
Age/Gender	: 50 Y 0 M 0 D / F	OP/IP No	: /
Max ID/Mobile	: MLO1384629/7669754421	Collection Date/Time	: 30/Aug/2021 02:02PM
Lab ID	: 1813082100089~1	Receiving Date	: 30/Aug/2021
Ref Doctor	: SELF	Reporting Date	: 30/Aug/2021

**Immunoassay
Wellwise and Covid IgG Antibody Test profile**

Thyroid Profile*, Serum

Date	30/Aug/2021 02:02PM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) <small>CLIA</small>	2.93	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) <small>CLIA</small>	0.74	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone <small>CLIA</small>	3.39	µIU/mL	0.34 - 5.6

Comment

Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.6 - 4.2	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		0.89 - 1.53	0.58 - 1.64	0.58 - 1.64	0.7 - 2.0	0.5 - 1.6	0.5 - 1.6
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

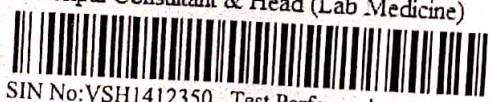
*** End Of Report ***

Anita Khanna

Dr. Anita Khanna MD (Path.)
Principal Consultant & Head (Lab Medicine)

Mohini

Dr. Mohini Bhargava, MD
Principal consultant (Biochemistry)



SIN No: VSH1412350, Test Performed at : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
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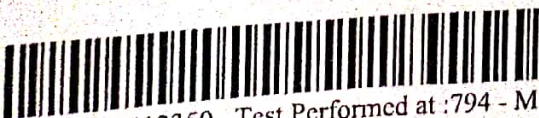
Laboratory Investigation Report

name : Mrs. Pratima Saxena
age : 50 Y O M O D /F
Mobile : ML01384629/7669754421
Sector : 1813082100089~1
Doctor : SELF

Centre : 2058 - Max Lab Pandav Nagar Ghaziabad
OP/IP No : /
Collection Date/Time : 30/Aug/2021 02:02PM
Receiving Date : 30/Aug/2021
Reporting Date : 30/Aug/2021

Immunoassay

Wellwise and Covid IgG Antibody Test profile



Lab Serial No.	: 101903001898	Category	: GENERAL
Patient Name	: Mrs. PRATIBHA SAXENA	Reg. Date	: 16-Mar-19 03:37 PM
Age/Sex	: 44 YRS / F	Sample.coll.Date	:
Referred By	: Dr. NIRANJAN NAYAK	Report Date	: 19-Mar-2019 12:06PM
TestName	: 18 F FDG PET/CT WHOLE BODY		
Center	: NCR MRI & Diagnostics Pvt. Ltd. , Faridabad 122001		

WHOLE BODY PET-CECT SCAN

CLINICAL HISTORY:

Patient is a follow up case of carcinoma right breast. Post surgery (lumpectomy), chemo and radiotherapy status (2017).

INDICATION:

PET-CECT scan is being done for surveillance. Previous PET-CT scan done on 14 December 2017 is available for comparison and interval change assessment.

ACQUISITION PROTOCOL:

Scanner: GE Discovery STE PET-CT (BGO crystal)

Radio-isotope: ^{18}F - FDG - 10.0 mCi / 60 minutes uptake period

Study Mode: PET-3D with Ultra-HD (OSEM Image Reconstruction) mode & CT - Auto mA mode

Extent of Study: Brain and Skull base to mid thigh

Special acquisition: HRCT Chest (With Breathholding instructions)

Intervention: None

Contrast: I/V Contrast (Non - ionic) and oral Negative Contrast

Semiquantitative analysis of FDG uptake: SUV value corrected for dose administered and patient lean body mass (gm/ml* SUV lbm)

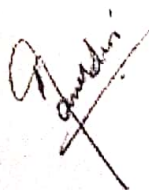
Blood glucose level: 144 mg/dl

Serum creatinine level: 1.2 mg/dl

Height: 5 ft 1 in

Weight: 70 Kg

FINDINGS:



Dr. Aashish Gambhir

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DMC Reg. No. 10734
Mobile No.: 8929031545

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Lab Serial No.	: 101903001898	Category	: GENERAL
Patient Name	: Mrs. PRATIBHA SAXENA	Reg. Date	: 16-Mar-19 03:37 PM
Age/Sex	: 44 YRS / F	Sample.coll.Date	:
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The overall biodistribution of FDG is within normal physiological limits.

Physiological FDG uptake is seen in areas of brown fat distribution along bilateral cervical and supraclavicular regions.

Brain:

No focal abnormally 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.

Head & Neck:

No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx, hypopharynx or larynx.

The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.

Bilateral carotid arteries and jugular veins are well opacified and appear normal.

No significant bilateral cervical or supraclavicular lymphadenopathy with increased FDG uptake is seen.

Bilateral Hemithorax:

Post-operative changes are seen along lower outer quadrant of right breast.

Bilateral breasts show predominant fatty parenchyma with glandular component showing physiological enhancement pattern and no definite evidence of any focal lesion with abnormal FDG uptake.

Bilateral axillae appear unremarkable.

No significant bilateral internal mammary lymphadenopathy with abnormal FDG uptake is seen.

Mediastinum:

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

No significant mediastinal / hilar lymphadenopathy with increased FDG uptake is noted.



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Lab Serial No.	: 101903001898	Category	: GENERAL
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Few non-FDG avid fibro-parenchymal lesions with associated mild traction bronchiectatic changes are seen along right lung upper and middle lobes - likely post RT benign fibrotic sequelae.

Bilateral pulmonary parenchyma do not show any obvious focal lesion with abnormal FDG uptake.

There is no evidence of pleural effusion / thickening on either side.

Abdomen & Pelvis:

The liver is normal in size and shape with **diffuse hypoattenuation of hepatic parenchyma suggestive of fatty change**. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the hepatic 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 physiological cortical FDG uptake. No evidence of calculus or hydronephrosis is noted bilaterally.

The stomach, small bowel and large bowel loops appear normal in calibre and fold pattern with no evidence of focal lesion / abnormal FDG uptake.

There is no evidence of significant abdomino-pelvic lymphadenopathy with abnormal FDG uptake.

No free peritoneal fluid is seen.

Urinary bladder is normal in shape, size and distention. Bladder mucosa appears unremarkable.

No abnormally increased FDG uptake is noted in relation to the uterus or bilateral adnexal regions.

Musculo-skeletal System:

No obvious focal lytic / sclerotic lesion with abnormal FDG uptake is seen in the visualized axial and appendicular skeleton.

OPINION:



Dr. Aashish Gambhir

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Report

Lab Serial No.	: 101903001898	Category	: GENERAL
Patient Name	: Mrs. PRATIBHA SAXENA	Reg. Date	: 16-Mar-19 03:37 PM
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PET-CECT SCAN DOES NOT REVEAL ANY DEFINITE EVIDENCE OF ABNORMAL HYPERMETABOLIC FOCUS / LESION IN THE REGIONS OF BODY SURVEYED.

AS COMPARED TO PREVIOUS PET-CT SCAN DONE ON 14 DECEMBER 2017, NO SIGNIFICANT INTERVAL CHANGE / OBVIOUS NEW LESION - SUGGESTING DISEASE REMISSION.

Please correlate clinically.

Best Regards

***** End Of Report *****

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.



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