BLK-MAX
Super Speciality Hospital

505 -A

Accredited by:

Patient Name : Mrs. Rameshwari Fauzdar .

Age / Sex : 69 years 11 months 21 days / Female **MAX UHID** :BLKH.742336 **Date** : 30/10/2021 09:42AM

Sponsor : (Cash)-Self Pay

Dr. Sajjan Rajpurohit. Sr.Director & HOD

Allergic to: Fall Risk Screening:

Nutritional Screening: Pain Score (0-10):

VITAL SIGNS (As applicable)

BP (mmHg): Sys / Dias Pulse (/min): Temp (°F):

Resp. Rate (/min): Weight (kg): Height (cm):

Socio-Economic & Psychological History:

Spiritual & Religious Needs: ☐ Yes ☐ No

CHIEF COMPLAINTS & HISTORY:

A Ca Cervix

Post CT/RT - 2019

DFI - 2 years.

10.2021 → Distant Recurrence

Now c/o Pain in (L) side Lower back

INVESTIGATION RESULTS:

℞ CBC/LFT/KFT/PT/INR/AD 77

- Whole Body PET CT scan C contrast

FAMILY HISTORY:

GENERAL EXAMINATION: Nerve Sensation: ☐ Normal ☐ Reduced

Diabetic Foot: ☐ Ulcer ☐ Gangrene ☐ Swelling ☐ Redness

Consciousness Level: Pedal Oedema:

Lymphadenopathy:

SYSTEMIC EXAMINATION:

IMAGING TESTS ADVISED:

USG
- ☐ Whole Abdomen
- ☐ Neck
- ☐ FNAC

X-Ray
- ☐ Chest
- ☐ Left Hand with Wrist PA
- ☐ Others

MRI (Contrast ☐)
- ☐ Head
- ☐ Sella Pituitary

☐ Thyroid Scan

☐ Others

LAB TESTS ADVISED:

☐ CBC

Blood-Sugar
- ☐ F
- ☐ PP
- ☐ Random
- ☐ HbA1c

☐ Urea

Sr.E.
- ☐ Na
- ☐ K

☐ Creatinine

☐ Uric Acid

☐ LKFT

☐ Lipid Profile

☐ HIV I + II

☐ HCV Antibody (AB)

☐ HBsAg

☐ LH/FSH/PRL

Dr. Sajjan Rajpurohit
MBBS, MD, ECMO,
DNB (Medical Oncology)
Director-Medical Oncology
BLK-Max Super Speciality Hospital
Pusa Road, New Delhi-110 005
DMC Regn. No. 34204

Testosterone
- [ ] Total [ ] Free [ ] DHEAS
- [ ] 17 OHP
- [ ] 5 Alpha DHT
- [ ] Beta HCG
- [ ] Serum Insulin Fasting
- [ ] Serum Estradiol
- [ ] Cortsul AM / PM
- [ ] TTG IgAAb
- [ ] Vit B_{12}
- [ ] Vit D 25 (0H)
- [ ] Urine R/M
- [ ] Urine A/B
- [ ] FT3, FT4, TSH Fasting
- [ ] S Insulin

C Peptine
- [ ] Fasting

- [ ] GAD 65 K IgG Antibody
- [ ] ECG
- [ ] Echo
- [ ] Stress Echo

11/11/21

PROVISIONAL DIAGNOSIS:

163
47
1.48

* Dr Shubha: Please take Care

Plan:- use scalp cooling cap

→ Inj Bevacizumab (200mg) Day 1, 8, 15
→ Inj Beretex (100mg) Day 1, 8, 15
→ Inj Carboplatin (120mg) Day 1, 8, 15
→ Inj Danusorel. (120mg) Day 1.

G. Bakshi

Admission Advised: If yes

Surgery Advised: If yes

PRESCRIPTION

Sr. No.	MEDICINE (WRITE IN CAPITAL)	Dose	Morn	Noon	Night	Days
	1					
	2					
	3					
	PET CT					
		Start Rx				
		cycle 1 Day 1				

Dr. Sajjan Rajpurohit
MBBS, MD, ECMO,
DNB (Medical Oncology)
Director-Medical Oncology
BLK Max Super Speciality Hospital
Pusa Road, New Delhi-110 005
DMC Regn. No. 34204

FOLLOW UP DATE

DD / MM / YYYY

Consultant's Signature

DEPARTMENT OF NUCLEAR MEDICINE & PET/CT

Name	:	**RAMESHWARI FAUZDAR**	Date	:	**30/10/2021**
Age/Sex	:	**69 YEARS/FEMALE**	PT No.	:	**BLK/PT/CT/21875/21**
MRD No.	:	**BLKH.742336**	OPD/IPD	:	**OPD**
Referring Doctor	:	**DR. SAJJAN RAJPUROHIT**			

WHOLE BODY PET/CECT SCAN

PROCEDURE: *Whole body PET/CT scan was performed 60 minutes after intravenous injection of 10 mCi of ^{18}F-FDG, in a multidetector 16 slice, time of flight Discovery GE 710 PET/CT scanner from vertex to mid-thigh. A separate sequence with breath hold (deep inspiration) was performed for lung examination. Serial multiplanar sections were obtained after intravenous contrast administration of Visipaque. Images were reconstructed using Vue Point FX and Sharp IR, and slices formatted into transaxial, coronal and sagittal views. A semi-quantitative analysis of FDG uptake was performed by calculating SUV_{max} value corrected for dose administered and lean body mass (g/ml). The patient's blood glucose (as measured by glucometer) was 114mg% at the time of injection and body weight was 47 kg. Water was used as oral contrast.*

CLINICAL DATA: Patient is known case of carcinoma cervix. Cervix biopsy done on 11 November 2019- squamous cell carcinoma. Received CCRT in 2019. Received brachytherapy till January 20. On follow up. Now presented with pain in back. Current PET/CT is done for whole body evaluation.

FINDINGS:

The overall distribution of FDG is within normal physiological limits.

Head & neck:

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

(Note: If there is a strong suspicion for brain metastasis then MRI is suggested for further evaluation as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain.)

Normal physiologic uptake noted in the nasopharynx, oropharynx, hypopharynx and larynx.

Note: Metabolically active lesions noted on ^{18}F-FDG PET/CT study need histopathology correlation for confirmation.

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

There is no significant cervical lymphadenopathy seen with abnormal FDG uptake.

Thorax and mediastinum:

There is no supraclavicular or axillary lymphadenopathy.

Small calcified nodule noted in right upper lobe.

FDG avid multiple pleural based soft tissue nodular lesions noted involving right pleura measuring 0.8 x 2.0 cm SUVmax 3.8 along the anterior costal pleura, 1.0 x 1.1 cm SUVmax 2.9 along right oblique fissure, right middle lobe, soft tissue deposit along right diaphragmatic pleura measuring 1.8 x 2.7 cm SUVmax 3.09.

FDG avid right paravertebral soft tissue lesion measuring 1.9 x 3.0 x 4.7 cm SUVmax 4.3 infiltrating adjacent pleura noted at D6/D7 vertebral level infiltrating right seventh rib, with note made of intraspinal extension at D6/D7 intervertebral foramen level.

Mild right pleural effusion noted.

Small subpleural fibronodular opacity noted in lingular segment of left upper lobe with few tiny cluster nodularities-likely infective.

The trachea and both main bronchi appear normal.

FDG avid right hilar lymph node measuring 1.0 x 1.0 cm SUVmax 4.7, subcarinal lymph node measuring 1.0 x 1.5 cm SUVmax 3.1 noted.

Few small right paratracheal, AP window lymph nodes few with specks of calcification noted.

The heart and mediastinal vascular structures are well opacified with intravenous contrast.

Bilateral breast and axillae appear unremarkable.

Abdomen & pelvis:

Liver is normal in size, shape and CT attenuation pattern. Intrahepatic biliary radicles are not dilated. *Small hypodense cystic lesion measuring 1.1 x 1.2 cm with peripheral speck of calcification noted in segment 8 with no significant FDG uptake*

Gall bladder is normally distended with no evidence of intraluminal radio-opaque calculi.

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No focal lesion with abnormal FDG uptake is seen in the liver, spleen, pancreas, adrenals and kidneys.

Non-FDG avid small hypodense cyst noted in both kidneys.

Stomach, small and large bowels appear normal in caliber and fold pattern.

No significant abdomino-pelvic lymphadenopathy with increased FDG uptake is seen.

Urinary bladder is normal in size, shape and distension.

There is no evidence of free fluid in the peritoneum.

Uterus appears retroverted. ***No focal FDG avid lesion noted in cervix.***

Musculoskeletal:

FDG avid soft tissue lesion measuring 3.0 x 2.1 cm noted in left gluteal region abutting left iliac blade with no evidence of obvious bony erosion SUVmax 6.2

No other focal abnormal FDG uptake is seen in visualized bones.

Wedge compression of L5 vertebral body with no significant FDG uptake noted. Degenerative changes noted in spine.

Marrow uptake is within normal limits.

IMPRESSION:

In a known case of carcinoma cervix (post CCRT , brachytherapy); PET/CT scan findings reveal no scan evidence of metabolically active residual/recurrent disease in cervix.

However note is made of metabolically active multiple right pleural based soft tissue deposits, right paravertebral soft tissue lesion with D6/D7 intervertebral foramen extension, mediastinal lymph nodes, left gluteal muscle deposit-likely metastatic (suggested HPE correlation).

Dr. Saurabh Arora
Associate Consultant

Dr. Alka Kumar
Director & Head

Verified by- Dr. Saurabh Arora.

Note: Metabolically active lesions noted on ^{18}F-FDG PET/CT study need histopathology correlation for confirmation.

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DISCHARGE SUMMARY

Name: Mrs. Rameshwari Fauzdar **Age:** 68 y/F **MRD No:** 742336
Diagnosis: Carcinoma Cervix, FIGO stage IIB, post EBRT

Sixty eight years old hypertensive female is a known case of carcinoma cervix. She presented with the chief complaint of discharge per vaginum since 3 months. CECT abdomen on 10/11/19 revealed possibility of a mitotic pathology involving the cervix with haziness of adjoining fat, small bilateral pelvic nodes, bulky uterus, and prominent bilateral extrarenal pelvis. CEMRI pelvis on 13/11/19 revealed circumferential heterogeneously enhancing lesion involving the cervix with effacement of the anterior and posterior vaginal fornices. Cervical biopsy on 11/11/19 revealed squamous cell carcinoma, LVI seen. She received external beam Radiotherapy to pelvic region to a total dose of 50 Gy in 25 fractions from 20/11/19 to 20/12/19 with 6 MV photons on Tomotherapy by IGRT technique, along with 4 cycles of concurrent chemotherapy Cisplatin. She was taken for brachytherapy.

Treatment
She was taken for brachytherapy. Planning CT scan was done She received 4 fractions of brachytherapy (ICRT) by HDR brachytherapy machine, of 7 Gy each to CTV on 27/12/19, 04/01/20, 11/01/20 and 18/01/20. She was advised all precautions to be taken. She tolerated the treatment well.

Advice on discharge
Skin care as advised
Medication as advised
To review after 6. weeks

18/1/'20.

Dr Shikha Halder MD
Senior Consultant
Radiation Oncology
shikhahalder@yahoo.co.in

Dr S Hukku MD
Senior Consultant &
Head Radiation Oncology
hukkus@yahoo.co.in

DEPARTMENT OF ONCOLOGY

DISCHARGE SUMMARY

IP NO	39804	REGISTRATION NO	BLKH.742336
PATIENT NAME	Mrs. RAMESHWARI FAUZDAR .	AGE/SEX	69 Year(s) /Female
ADMISSION DATE	11-11-2021 10:37 AM	DISCHARGE DATE	11-11-2021 03:49 PM
COMPANY NAME	CASH		
BED NO.	5505 A		
PRIMARY CONSULTANT	Dr. Sajjan Rajpurohit. (Medical Oncology)		

DIAGNOSIS: Recurrence Carcinoma Cervix
20.11.2019-20.12.2019: Completed CCRT
18.01.2020: Completed 4# of Brachytherapy
DFI 2 years
30.10.2021: PET-CT--> recurrence disease
11.11.2021: Chemotherapy with Inj. Bevacizumab + Inj. Bevetex + Inj. Carboplatin on day-1,8,15 + Inj. Denusurel on day-1 q3 weekly

Co-morbidities: Hypertension.

History of present illness: Mrs. Rameshwari Fauzdar, 69 years old female is a diagnosed case of Recurrence Metastatic Carcinoma Cervix.

INVESTIGATION:

CECT Whole Abdomen (10.11.2019): possibility of a mitotic pathology involving the cervix with haziness of adjoining fat, small bilateral pelvic nodes, bulky uterus, and prominent bilateral extrarenal pelvis

CEMRI pelvis (13.11.2019): circumferential heterogeneously enhancing lesion involving the cervix with effacement of the anterior and posterior vaginal fornices.

Cervical Biopsy (11.11.2019): squamous cell carcinoma, LVI seen

She completed EBRT to pelvic region to a total dose of 50Gy in 25# from 20.11.2019 to 20.12.2019, along with 4 cycles of concurrent chemotherapy Cisplatin.

She received 4 # of Brachytherapy (ICRT), of 7Gy each to CTV on 27.12.2019 to 18.01.2020.

MRI Whole Spine screening (27.10.2021): marginal anterior and posterior osteophytes are seen, prominent uncovertebral joints are noted, disc dessication noted at multiple levels, diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression seen at C4-C5, C5-C6 and C6-C7 levels., disc desiccation is noted at multiple levels. Mild facetal joint arthropathy of ligamentum flavum thickeninng is noted

MRI LS spine (27.10.2021): wedge compression fracture of L5 vertebral body is seen. The vertebral body shows no hyperintensity on STIR images. Mild retropulsion of bony fragment is seen along the posterior aspect causing mild thecal sac indentation; however no canal narrowing is seen. These findings are s/o old collapse, a soft tissue lesion measuring approx 3 x 2.5cm is noted lateral to the left iliac bone - ? metastatic, diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression is noted at L4-L5 and L5-S1 levels, ligamentum flavum and facetal joint hypertrophy is seen at multiple levels with lateral recess stenosis

PET-CT Whole Body (30.10.2021): no scan evidence of metabolically active residual/recurrent disease in cervix. However note is made of metabolically active multiple right pleural based soft tissue deposits, right paravertebral soft tissue lesion with D6/D7 intervertebral foramen extension, mediastinal lymph nodes, left gluteal muscle deposit-likely metastatic(suggested HPE correlation).

In view of recurrence metastatic disease she is planned for Bevacizumab, Bevetex, Carboplatin, Denosurel based chemotherapy. Advanced nature of disease, palliative intent of treatment, prognosis, benefit and side effects explained in detail to the patient and attendant Inform consent taken for the same on11.11.2021.

CHEMOTHERAPY PROTOCOL:

INJ. BEVACIZUMAB (200MG) ON DAY-1,8,15
INJ. BEVETEX (100MG) ON DAY-1,8,15
INJ. CARBOPLATIN (AUC-2) 120MG ON DAY-1,8,15
INJ. DENUSUREL 120MG S/C ON DAY-1

Q3 Weekly for 3 cycles followed by assessment.

PRESENT ADMISSION (11.11.2021):
During this admission, patient was haemodynamically stable, CBC, LFT, KFT within normal limits

She was administered Day 1 of 1st cycle of **Bevetex, Carboplatin and Bevacizumab based** chemotherapy **with cool cap** on 11.11.2021. She tolerated the treatment well, she is being discharged in stable condition

TREATMENT GIVEN

CYCLE 1 DAY 1 (11.11.2021)

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Ht. 163 cm Wt. 47 kg BSA. 1.48 m2

Inj Aprecap 150 mg in 250 ml NS IV over 30 minutes
Inj Palzen 0.25mg IV stat
Inj. Dexona 8mg + Inj. Perinorm 10mg + Inj. Pan 40mg + Inj. Avil 1 amp. in 100ml NS IV over 1 hour
Inj. Bevacizumab 200 mg in 250 ml NS IV over 1 hour
Inj 100ml NS IV flush
Inj Bevetex 100 mg in 20 ml D 5% i/v over 30 mts
Injection Normal saline 100 ml Intravenous flush
Inj. Carboplatin(AUC 2) 120 mg in 250 ml NS over 1 hour
Inj. NS 100 ml IV flush
Inj Denusirel 120 mg s/c stat

ADVISE ON DISCHARGE:
Capsule Pan-D 1 capsule orally before breakfast
Tablet Ultracet 1 tablet orally thrice daily in case of pain(maximum upto four times a day, if required for severe pain)
Tablet Emeset 8mg 1 tablet orally twice daily for 3 days then as and when required in case of vomiting/nausea (max. 3 tab. In a day)
Syrup Cremaffin plus 15ml orally at bed time as and when required in case of constipation(max. 30ml)
Gossitis mouth wash to rinse orally four times daily
Plenty of fluids orally
To continue medications for High Blood pressure, Diabetes Mellitus and other accompanying disease as advised by your cardiologist, physician.

In case of loose motion:
Electral Powder Plenty x3 Days
Cap Immodium 1 stat (not to be taken empty stomach)

In case of fever inform doctor.

FOLLOW UP PLAN:

NEXT DATE OF ADMISSION : 18.11.2021 in Medical oncology OPD/Daycare
INVESTIGATIONS : Complete Blood Counts, Liver Function Test, Kidney Function Test (to be done a day prior)
SPECIFY : For cycle 1 day 8 of chemotherapy.

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SPECIAL INSTRUCTIONS:

If you experience any of the following, don't panic and report to emergency room at BL Kapur hospital at the earliest possible

1. Fever
2. Loose stools/motions
3. Bleeding from any site or passing black stools like coal tar.
4. Chest pain, breathing difficulty, pain in abdomen
5. Reduced urine output.
6. Severe weakness /Severe mouth ulcers
7. Rash over skin, swelling over body
8. Any other problem for which you think urgent attention is required

Dr. Sajjan Rajpurohit (Director & HOD Medical Oncology)
Dr. Chandragouda D. (Associate Director Medical Oncology)
Dr. Aditya Sarin (Associate Consultant Medical Oncology)- 9315125514
Dr. K.C Malik (Sr. Medical Officer) - 9810577959
Dr. Vibha (for clinical query/Emergency) - 8130686370

Mr. Deepak (for appointment) - 7669400035

For Day Care Queries and Appointments:
Contact no -8130698127 (call for chemotherapy appointments)

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DR. MADHU
MRI PATH LAB.

DR. MADHU MRI PATH LAB.

HELP LINE NO.: 011-4759 0000, 2741 9460, 92051 99071, 98110 84727

Reg.Date/Time : 27/10/2021/13:27:59

Patient ID	:	10215402	**Sample Collected On**	:	
Patient Name	:	Mrs. RAMESHWARI	**Sample Received On**	:	
Age / Sex	:	71 Yrs Female	**Reported On**	:	27/10/2021 18:41:27
Ref. By	:	DR PARUL KHURANA	**Sample Type**	:	

MRI WHOLE SPINE SCREENING

Screening MR whole spine was performed using spin echo and fast spin echo pulse sequences ECHO-SPEED GRADIENT MAGNETOM SKYRA 3T MR SYSTEM. Serial T1 and T2 weighted images were obtained in the sagittal planes.

The study reveals:

-

MRI Screening cervical spine reveals:

Normal cervical lordosis.

Marginal anterior and posterior osteophytes are seen.

Vertebral bodies are otherwise normal in height, alignment and signal intensity.

Prominent uncovertebral joints are noted.

Disc desiccation noted at multiple levels.

Diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression seen at C4-C5, C5-C6 and C6-C7 levels.

Cranio-vertebral junction is normal.

Cervical spinal cord appears normal.

Pre and paravertebral soft tissues appear normal.

MRI Screening Dorsal spine:

Vertebral bodies are normal in height, morphology, signal intensity and alignment. Posterior elements are unremarkable.

-

Disc desiccation is noted at multiple levels.

Deepak

DR. MADHU AGARWAL
MD Radiology
Consultant Radiologist

DR. DIVYA GOEL
MBBS, MD (Radiodiagnosis)
Consultant Radiologist

DR. DEEPAK TOMAR
MBBS, MD (Radiodiagnosis)
Consultant Radiologist

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F19-A, Vijay Nagar, Near GTB Nagar Metro Gate No.4, Opp. Tata Power, Delhi-110009

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Ref. By	:	**DR PARUL KHURANA**	**Sample Type**	:	

No significant disc bulge / herniation is noted.

Mild facetal joint arthropathy or ligamentum flavum thickening is noted.

Bony central spinal canal dimensions are adequate with no evidence of primary canal stenosis.

Please correlate clinically.

Disclaimer - this is screening study and detailed study is advised if clinically indicated.

*** End of Report ***

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Patient Name	:	**Mrs. RAMESHWARI**	**Sample Received On**	:	
Age / Sex	:	**71 Yrs Female**	**Reported On**	:	**27/10/2021 18:41:03**
Ref. By	:	**DR PARUL KHURANA**	**Sample Type**	:	

MRI LS SPINE

MR imaging of the lumbosacral spine was acquired on echo-speed gradient magnetom skyra 3T MR system using multiplanar T1, T2 and STIR sequences.

The study reveals:

Normal lumbar lordotic curvature is seen.

Grade I spondylolisthesis with spondylolysis noted at L4 over L5 level.

Wedge compression fracture of L5 vertebral body is seen. The vertebral body shows no hyperintensity on STIR images. Mild retropulsion of bony fragment is seen along the posterior aspect causing mild thecal sac indentation; however no canal narrowing is seen. These findings are s/o old collapse.

A soft tissue lesion measuring approx. 3 x 2.5 cm is noted lateral to the left iliac bone.

Marginal anterior and posterior osteophytes are seen.

Disc desiccation noted at multiple levels.

Diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression is noted at L4-L5 & L5-S1 levels.

Ligamentum flavum and facetal joint hypertrophy is seen at multiple levels with lateral recess stenosis.

No evidence of primary bony canal stenosis is seen. Lower cord and conus medullaris are normal. No significant intra-spinal mass/ collection are seen.

IMPRESSION: MRI LS spine reveals:
Wedge compression fracture of L5 vertebral body is seen. The vertebral body shows no

Deepak

DR. MADHU AGARWAL	DR. DIVYA GOEL	DR. DEEPAK TOMAR
MD Radiology	MBBS, MD (Radiodiagnosis)	MBBS, MD (Radiodiagnosis)
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hyperintensity on STIR images. Mild retropulsion of bony fragment is seen along the posterior aspect causing mild thecal sac indentation; however no canal narrowing is seen. These findings are s/o old collapse.

A soft tissue lesion measuring approx. 3 x 2.5 cm is noted lateral to the left iliac bone - ? Metastatic.

Diffuse disc bulge causing thecal sac compression and bilateral neural foraminal compression is noted at L4-L5 & L5-S1 levels.

Ligamentum flavum and facetal joint hypertrophy is seen at multiple levels with lateral recess stenosis.

Suggested: Clinical and lab correlation.

*** End of Report ***

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