

C/o Mr. G S Dhama



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

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

Wed, Sat

OPR-6

एकक/Unit 2015/010/0014246
विभाग/Dept. (प्रसूति विभाग) Obs and Gynae Dr. NEENA MALHOTRA UHID: 101009506

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
SANTOSH SANTOSH	W/O : SATYADEV	महिला F	63 वर्ष/ Y	12 PANDAV NGR MEERUT, UTTAR PRADESH, INDIA M: 7895821800

रिपोर्ट / Diagnosis

दिनांक/Date	उपचार/Treatment
<p>Registration Time : 08:30 AM-10:30 AM Done By: RAK OPD/162 Room No. 4 obs, Third Floor (तीसरी मंजिल) 27/05/2015 09:59:19 AM * TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-26589999 ** फोन के माध्यम से अपाइंटमेंट नंबर लेने के लिए, डायल : 011-26589999 *** Doctor may not be available, However you may be seen by some of the doctors in the department *** आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।</p>	<p>G/O Postmenopausal Bv x 1 mth Spotting Yellowish vaginal dys x 20 days</p>
<p>15-18754</p>	<p>P4 to + + + + all FTND ACH, LCB - 33g back M.H! Menopausal x 20yrs No 140 PMB P4 : No L₀ HTI F(u):</p>

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

P/A - NAD

P/S: Co replaced by
irregular growth

P/V: Co replaced by
large growth 4x5cm
more on post lip
feels hard, bleeds
on touch
nt mobility restricted

P/R: Parametria involved B/L
Lt > Rt Lt upto lat pelvic wall

A - Co Co - stg III (b)

Co biopsy taken

adv: Refd to TRCH for Radiotherapy

T. Ciprodil T2 BD^{co}
x 5 days

T. Flexon 100 5x^{co}
x 5 days

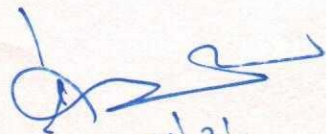
(T. Ultracet SOS)

T. Terid M /
TRAPIC - M BD Nerve
x 3 days
(After that SOS)

Nerve

31/7/17 1/8/18
Review in gyn B ch

wed 2 PM
Rms (6)


31/7/17

MRI

Large mass involving
Co & LUS.
extending to body of

nt & upper vagina
i on mild surrounding
fat stranding.

- focal areas of
loss of fat plane

- Hematocytosis



Om Imaging & Diagnostic Centre Pvt. Ltd.

E. K. Road, Adjacent Meghdoot Cinema, Meerut - 250 002 • Phones : (0121) 2664277 • 2658888 • 94122 25847

Patient Name	Mrs. Santosh	Age/sex	62 Y/F	Date	May 5, 2015
Referred by	Dr. Sunita Panwar, MS				

(Identity of the patient can't be verified).

USG LOWER ABDOMEN (TAS +TVS)

Uterus: is anteverted, normal in size, measuring 91x48x38 mm. Myometrial echotexture is normal. No focal mass seen. **Minimal fluid is seen in endometrial cavity. Cervix is bulky in size and shows ill-defined hypoechoic lesion of size 21x14 mm is seen in posterior lip.**

No adnexal mass / free fluid seen.

Urinary Bladder: is well distended with normal wall thickness. No calculus/ focal mass seen.

Right kidney measures 85x40 mm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Left kidney measures 101x48 mm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

IMPRESSION:

- ❖ **Bulky cervix with ill-defined hypoechoic lesion in posterior lip**
----Neoplastic etiology needs exclusion by cervical biopsy.

Adv: Clinical correlation.

Dr. Meena Bembi
DMRD (Consultant Radiologist)


Dr. Vishal Agarwal
MBBS

Dr. H. Agarwal DMRD	Dr. Meena Bembi DMRD	Dr. A. Pandey DNB, FRCS	Dr. Jaideep Tomar DMRD, DNB	Dr. Shivani Agarwal MD	Dr. Vishal Agarwal MBBS	Dr. Shahzad Ansari DMRD	Dr. Usmani MD	Dr. Gaurav Garg MD
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Reeta



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Pt's Name	Mrs. Santosh	Age / sex	65 Y/F	Date	June 29, 2016
Referred by	Dr. R. Mathew, MD	Slip No	----	Films	----

(Identity of the patient can't be verified).

USG WHOLE ABDOMEN (TAS +TVS)

Clinical history: Follow-up case of CA cervix, patient has received chemo and radiotherapy

Liver: is normal in size (measures 102 mm) with normal parenchymal echogenecity. No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.

Gall Bladder: is well distended, measuring 64x28 mm. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: is normal in caliber, measures 2.4 mm. No calculus / focal mass seen within.

Portal Vein: is normal in caliber, measures 10.4 mm. No thrombus / collaterals seen.

Pancreas: is normal in size and echotexture. No focal mass seen.

Spleen: is normal in size, measuring 78x34 mm and shows normal echopattern.

Right kidney measures 86x41 mm. **Left kidney** measures 92x51 mm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular bilaterally.

Urinary Bladder: is well distended with normal wall thickness. No calculus/ focal mass seen.

Prevoid urinary volume is 223 cc and postvoid residue is 10 cc, insignificant.

Uterus: is anteverted, normal in size, measuring 67x39x27 mm. Myometrial echotexture is normal.

No focal mass seen. Endometrial thickness is normal, measures 5 mm. **Cervix reveal mildly altered echotexture. However, no evidence of obvious mass lesion is noted.**

Right ovary measures 20x19x15 mm (volume 3.3 cc).

Left ovary measures 25x23x15 mm (volume 4.5 cc).

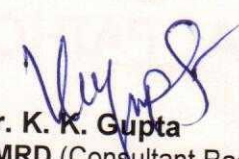
Both ovaries show normal size and echopattern.

IMPRESSION: In follow-up case of CA cervix with post chemo and radiotherapy, present scan reveal:-

Mildly altered echotexture of cervix with no evidence of obvious mass lesion.

Adv: Follow-up suggested.

Please correlate clinically


Dr. K. K. Gupta
DMRD (Consultant Radiologist)

Dr. Usmani MD	Dr. Himani Agarwal DMRD	Dr. Meena Bambi DMRD	Dr. Shivani Agarwal MD	Dr. Anoop Pandey DNB, FRCS	Dr. Annie Agarwal MD	Dr. Ekta Tyagi MBBS, MD	Dr. S. C. Dwivedi MD, DMRE	Dr. K. K. Gupta DMRD
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Ritu



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Pt's Name	Mrs. Santosh	Age	Sex	E2	Y	E	Films
Ref. By	Dr. Sunita Suri, MD	Date		May 5, 2015			---

(Identity of the patient can't be verified)

MRI PELVIS

PROCEDURE: MRI Pelvis has been performed using spine echo images with high-resolution technique in axial and coronal and sagittal planes using T1 & T2 weighted images. Axial, coronal and sagittal STIR images were also taken.

SEQUENTIAL IMAGES REVEAL:

- Uterus measures 75x43x30mm. A large mass of size approx 35x34x55mm (APxTRxCC) is seen circumferentially involving cervix and lower uterine segment. It is extending to body of uterus. The mass appears hyperintense on T2 & STIR images and hypointense on T1WI.
- There is loss of normal T2 hypointense signals of cervical stroma. The mass is extending in upper vagina.
- The mass is abutting the urinary bladder with focal areas of loss of fat planes, however normal T2 hypointense signals of bladder wall are maintained.
- The mass is associated with mild surrounding fat stranding.
- Mild fluid is seen in endometrial cavity with fluid fluid level.
- Ovaries appear atrophic.
- Adenexa are clear.
- Minimal free fluid is seen in cul-de-sac.
- No obvious pelvic lymphadenopathy seen.
- Both kidneys and ureters do not show dilatation.
- Neurovascular bundles are normal.
- Bones are normal.
- Hip joints are normal.
- Gluteal and pelvic musculature is normal.
- Urinary bladder is adequately distended and its low signal wall is maintained.

IMPRESSION: MR imaging features are suggestive of:

- ❖ Large mass involving the cervix and lower uterine segment extending to body of uterus and upper vagina with mild surrounding fat stranding – Neoplastic etiology is likely.
- ❖ Hematometra.

ADV: Histopathological correlation.

Please correlate clinically.

Dr. Jaideep Tomar
DMRD, DNB (Consultant Radiologist)

Dr. Jaideep Tomar DMRD, DNB	Dr. Meena Bembi DMRD	Dr. A. Pandey MD, DNB, FRCR	Dr. Shivani Agarwal MD	Dr. Vishal Agarwal MBBS	Dr. H. Agarwal DMRD	Dr. Usmani MD	Dr. Shahzad DMRD	Dr. Gaurag Garg MD
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Teena



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Name	Mrs. Santosh	Age/Sex	62	Y	F	No. of Films
Ref. By	Dr. Sunita Suri, MD	Date	May 7, 2015			3

(Identity of patient cannot be verified).

MRI PELVIS (Only Contrast)

- Please read this report in continuation with dated 05.05.2015 non-contrast MRI.
- Plain MRI done on 05.05.2015, revealed large mass involving the cervix and lower uterine segment extending to body of uterus and upper vagina with mild surrounding fat stranding.
- After IV Gd contrast administration the mass revealed mildly inhomogeneous enhancement. Enhancing parametrial fat stranding is noted.
- No evidence of pelvic lymphadenopathy is noted.

Please correlate clinically.

Dr. Jaideep Tomar
DMRD, DNB (Consultant Radiologist)

Dr. Jaideep Tomar DMRD, DNB	Dr. Meena Bembi DMRD	Dr. A. Pandey MD, DNB, FRCR	Dr. Shivani Agarwal MD	Dr. Vishal Agarwal MBBS	Dr. H. Agarwal DMRD	Dr. Usmani MD	Dr. Shahzad DMRD	Dr. Gaurag Garg MD
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Teena



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Pt's Name	Mrs. Santosh Devi	Age/Sex	63	Y	F
Ref. By	Dr. Swarupd Mitra	Date	July 23, 2015		

(Identity of the patient can't be verified)

CEMIR PELVIS

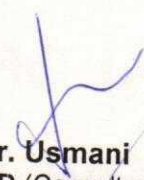
Clinical history: Known case of Ca cervix with post radiotherapy status.

SEQUENCES EMPLOYED:

T1 weighted	:	axial and coronal.
T2 weighted	:	axial and coronal.
Fat suppressed T2W	:	axial and coronal.
Post contrast T1W	:	axial and coronal

SEQUENTIAL IMAGES REVEAL:

- **Uterus** is normal in size. There is large heterogeneous mass lesion involving the uterine cervix. It measures approx 2.4x3x3.3 cm (APXTRXCC). The mass is isointense on T1WI and heterogeneously hyperintense on T2WI. It extends into the contiguous lower uterine body with no evidence of collection in endometrial cavity. There is also suspicion of invasion of upper most part of vagina in the region of fornices. There is no extension of mass into the lower 2/3rd of vagina. Mild stranding is seen in the parametrium on both sides. These features raise concern for parametrial extension of the tumor however there is no involvement of pelvic side walls. Post contrast study show mild heterogeneous contrast enhancement of lesion.
- The mass focally abuts the posterior wall of urinary bladder with focal loss of intervening fat planes, however normal T2 hypointense signals of bladder wall are maintained. The distal most ureters are not involved, however these are not dilated and there is no hydronephrosis on either side.
- The mass focally abuts the rectum with maintained intervening fat planes.
- No significant pelvic lymphadenopathy is noted.
- No ascites is seen.
- **Urinary bladder** is distended and appears normal.
- **Both kidneys** and ureters do not show dilatation.
- Visualized bones are unremarkable. In particular no suspicious focal lesion is seen.


Dr. Usmani
MD (Consultant Radiologist)

Dr. H. Agarwal DMRD	Dr. Meena Bembli DMRD	Dr. A. Pandey DNB, FRCS	Dr. Jaideep Tomar DMRD, DNB	Dr. Shivani Agarwal MD	Dr. Annie Agarwal MD	Dr. Usmani MD	Dr. S. C. Dwivedi MD, DMRE	Dr. K.K. Gupta DMRD
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B.S. Tomar
Contd. on page 2.



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::2::

IMPRESSION: In a known case of Ca cervix, recent MRI findings are suggestive of:

Large (4.2x3.8x4.4 cm) lobulated heterogeneous mass lesion involving the uterine cervix, extends into the contiguous lower uterine body with no evidence of collection in endometrial cavity with suspicion invasion of upper most part of vagina in the region of fornices with no extension of mass into the lower 2/3rd of vagina with mild stranding in the parametrium on both sides with features raise concern for parametrial extension of the tumor however there is no involvement of pelvic side walls & mass focally abuts the posterior wall of urinary bladder with focal loss of intervening fat planes and fat planes between the anterior wall of rectum & cervical mass are well-preserved as described above.

--- Suggestive of Residual Cervical mass.

As compared to previous MRI dated 5 May 2015, size of mass lesion & hematometra is reduced.

Please correlate clinically.

Dr. Usmani
MD (Consultant Radiologist)

Dr. H. Agarwal DMRD	Dr. Meena Bemb DMRD	Dr. A. Pandey DNB, FRCS	Dr. Jaideep Tomar DMRD, DNB	Dr. Shivani Agarwal MD	Dr. Annie Agarwal MD	Dr. Usmani MD	Dr. S. C. Dwivedi MD, DMRE	Dr. K.K. Gupta DMRD
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B.S. Tomar



RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

IMAGING SCIENCES:
X-RAY/US/CT/PET/MRI/NM

Sector - 5, Rohini, Delhi- 110085
Tel. : 47022222 (30 lines), 27051011-15
Fax : 91-11-27051037

MRI DEPARTMENT (REPORT)

OrderNo	: DIRRGCI2096593	Order Date	: 24-Jul-2015 05:00PM
CR. No.	: 186889	Age/Sex	: 63 YR(S)/F
Name	: SANTOSH DEVI	Study Date	: 25-Jul-2015 11:51AM
Referred By	:	Status	: OPD

MRI REVIEW REPORT: Outside MRI done on 23/7/15 reviewed on 25/7/15.

Case of Ca cervix. Post RT/CT till 18/7/15.

Findings:

Available images reveal:

Uterine cervix shows altered signal intensity lesion involving both anterior and posterior lip. The lesion is reaching till vaginal fornices and upper third of vagina inferiorly and till lower half of uterine body superiorly. Minimal bilateral parametrial fat stranding is seen, not reaching till pelvis side walls.

Rest of the cervix shows T2 hypointense signal likely post RT changes.

Uterus is anteverted and shows normal zonal anatomy. Endometrium shows normal thickness. Thin endometrial collection is noted.

Urinary bladder shows normal morphology & normal hypointense signal of bladder wall in T2W images. Perivesical & perirectal fat planes are maintained.
Rectum appears free.
Pelvic floor & presacral space are unremarkable.

Regional lymphnodes: No significantly enlarged lymphnodes are seen.
No fluid is seen in the POD.
Major pelvic vessels show normal flow void.

As compared with previous outside MRI dated 07/05/2015, , significant partial regression in cervical mass is seen.

Impression:

Residual uterine cervical lesion with extension and involvement as described.

This Report has been Approved by : DR. Divya on 25-Jul-2015 11:51AM
This Report has been Validated by : DR. Dibyamohan Hazarika on 28-Jul-2015 12:04PM
This is an Electronically Generated Report and Needs No Signature.
Any Alternations will make the Report Void.

Entered By : DR. Dibyamohan Hazarika

Printed By : MR. RAJNEESH



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name: **Santosh**
F/H Name: Satyadev
Age/Sex: 63 Y/Female
Clinic/Dept: Obstetrics &
/Unit: Gynaecology/Unit 1
Reg Date: 27-05-2015

Acc. No: **1518754**
Hosp. Reg. No.: **101009506**
UHID No.: ---
Consultant Incharge: Dr. Neena Malhotra
Reporting Date: 01-06-2015

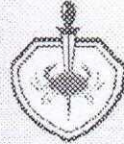
Histopathology Report

Report Findings:

Non-keratinizing squamous cell carcinoma, biopsy, cervix.

Reporting Incharge: Dr. Deepali Jain

Reporting SR: Dr. Aruna Nambirajan
Verify By: Dr. Jahnvi M



Rajiv Gandhi Cancer Institute and Research Centre

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DISCHARGE SUMMARY

*This is an important document, Please bring it for
future reference/follow-up*

CR. NO.: 186889
NAME: SANTOSH, DEVI
AGE: 63 YEARS
GENDER: FEMALE
ROOM NO: 108A-SPV

IP NO: 15/IP202167
DATE OF ADMISSION: Aug 5, 2015
DATE OF DISCHARGE: Aug 6, 2015
RT NO: 881/15
CONSULTANT: Dr SWARUPA MITRA, CONSULTANT-
RADIATION ONCOLOGY

DIAGNOSIS: CARCINOMA CERVIX IIB (POST EBRT/CCT) ✓

BRIEF CASE SUMMARY:

Mrs. SANTOSH, DEVI 63 years old normotensive, nondiabetic, lady presented to RGCI on 02/06/15 with complaints of post menopausal bleeding per vagina of one month duration. She was evaluated at AIIMS.

MRI Pelvis (05/05/15) showed a large mass of size 3.5 x 3.4 x 5.5 cm circumferentially involving cervix and lower uterine segment. It was extending to body of uterus. The mass was abutting the urinary bladder with focal areas of loss of fat planes. The mass was associated with mild surrounding fat stranding.

Chest X-ray (05/05/15) was normal.

MRI upper abdomen (05/05/15) showed hepatomegaly.

Cervix Biopsy (01/06/15) showed non keratinizing squamous cell carcinoma.

She came to RGCI for further management.

She was referred to us for External Beam Radiotherapy.

She received external beam radiotherapy by IGRT VMAT to pelvis to a dose of 50.4Gy/28# to 95% PTV from 12/06/15 to 18/07/15 on 6 MV Lianc along with 5 cycles of concurrent weekly chemotherapy with Inj. Cisplatin 50mg IV, last on 15/07/15.

MRI pelvis (23/07/15) showed significant partial regression in cervical mass.

She underwent 1st session of ICRT on 30/07/15 and received a dose of 7.4Gy to 90% HRCTV by Ir192 microselectron.

Purpose of admission is for 2nd session of ICRT.

SUMMARY OF CARE:

✓ Second session of ICRT was deferred because of poor general condition, extreme weakness, low oral intake and patient is advised supportive care which she would like to take at home.

ADVICE ON DISCHARGE:

Plenty of fluids orally.

Tab Ultracet thrice a day for 5 days

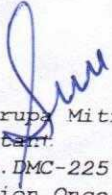
Cap Becosule once a day for 5 days

Tab Ciplox 500mg twice a day for 5 days

REVISIT SCHEDULE:

Review in RT OPD on 10/08/15 for ICRT on 11/08/15.

In case of emergency (fever, loose motion, vomiting, pain, bleeding from any site and any untoward symptoms) Report immediately in casualty or call in 011-47022222-Extn No. 2011/2400



Dr Swarupa Mitra
Consultant
Reg.No.DMC-22574
Radiation Oncology - Unit A

Dr Manoj Kumar Sharma
Consultant
Reg.No.DMC-19726
Radiation Oncology - Unit A

T. Ceflum 500mg 1x2 - 5d
allergic to ciplox



शरीरमाद्यं खलुधर्मसाधनम्

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

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

OPR-6

एकक / Unit

विभाग / Dept.

नाम / Name

निदान / Diagnosis

दिनांक / Date

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

IRCH No. 216673

Reg. Date-01/08/2018

Clinic Gynae-B Clinic

Clinic No. 12296/2018

Deptt. GYNAECOLOGY-B
General



Name SANTOSH

UHID-101009506

W/O- SATYADEV

Sex/Age F/66Y

Phone No. 7895821800

Room 6 (Shift Afternoon)

Address 12 PANDAV NGR MEERUT, UTTAR PRADESH, INDIA

Regn. No.

जन्म तिथि / Date of Birth

उपचार / Treatment

G Cans ~~ITB~~ → Revised CRT in RGC I



Recurrence in per - vaginal way
↳ medicated

CSB SR Gyn-onc. / Dr. S. Sin.

PS] Induction in ⊕ lateral wall
PV]
PR - bleeding ⊕

Adv

o To review in Gyn OPD - ~~10~~ - Mon R No 3 - II Mon R.N. The

If biopsy proves recurrence → systemic Rx

Jalpa
Jr n

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

Dr. AMIT JAIN

CLINICAL ONCOLOGIST

M.D., D.N.B., (Tata Memorial Hospital (TMH), Mumbai)

Radiation & Chemotherapy Specialist

E-mail : dramit2001@gmail.com

Mob: +91 9410816252

Mrs. Santosh

67y / F

20/3/19

2015 -

Diagnosed
Ca cervix

↓
CT-RT

2018 -

Developed
regional recurrence

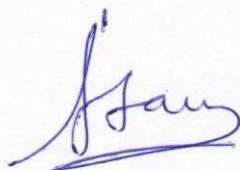
↓
on Ayurvedic Rx

Adv :

PET-CT Scan

- Plz keep a
fiducial
marker

also



Smt Santosh
65 F
18-6-19

Dr. Anil Elhence
MS MCh DNB MNAMS
MBA (Healthcare)
UROLOGIST

Depression
- On P14 Catheter
In AUR
Following RT for Ca Gx
with local Recurrence

PLAN
Verdict trial
at 10 days
1/2
Periodic Abkation
[Signature]

[Faint circular stamp in background]
- Lab Synapses 4y 6y
- Lab Tjral 250 on
[Signature]

• 13, CITI CENTRE, BACHCHA PARK, MEERUT
MONDAY TO FRIDAY : 10 AM - 6 PM SATURDAY : 10 AM - 2 PM
• DHANVANTRI HOSPITAL, 1, SAKET, MEERUT
APPOINTMENT Consultation 9897244139 EMERGENCY Hospital 4001264
Admission 2648151, 2648152 WhatsApp 9837031323

Registration No. UP 29211

SANTOSH
P 1410718
Sex: F Birth date: -

VALENTIS CANCER HOSPITAL

1 / 1



SANTOSH
VALENTIS CANCER HOSPITAL MEERUT
F P 1410718
Ex: Jul 25 2018

Axial WB PET<->WB CECT
Ex: 50% 4868 / 50% 4868
Se: 14 / 5
I: 389.6
Im: 107
DFOV34.1cm

A 170
VALENTIS CANCER HOSPITAL MEERUT
SANTOSH
F P 1410718
Ex: Jul 25 2018

Axial WB PET<->WB CECT
Ex: 50% 4868 / 50% 4868
Se: 14 / 5
I: 880.6
Im: 259
DFOV38.2cm

I 1049

SANTOSH
VALENTIS CANCER HOSPITAL MEERUT
F P 1410718
Ex: Jul 25 2018

Axial WB PET<->WB CECT
Ex: 50% 4868 / 50% 4868
Se: 14 / 5
I: 896.7
Im: 264
DFOV38.2cm

P 170
VALENTIS CANCER HOSPITAL MEERUT
SANTOSH
F P 1410718
Ex: Jul 25 2018

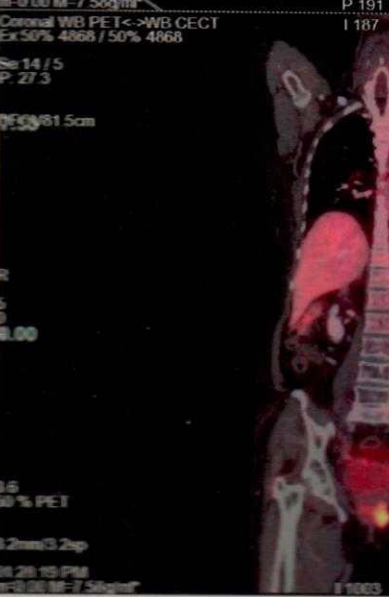


P 191

SANTOSH
VALENTIS CANCER HOSPITAL MEERUT
F P 1410718
Ex: Jul 25 2018

Sagittal WB PET<->WB CECT
Ex: 50% 4868 / 50% 4868
Se: 14 / 5
L: 41.9
DFOV97.6cm

P 191
VALENTIS CANCER HOSPITAL MEERUT
SANTOSH
F P 1410718
Ex: Jul 25 2018



I 1003

SANTOSH
VALENTIS CANCER HOSPITAL MEERUT
F P 1410718
Ex: Jul 25 2018

V=4.84
m=0.00 M=7.58g/ml

I 1010
VALENTIS CANCER HOSPITAL MEERUT
SANTOSH
F P 1410718
Ex: Jul 25 2018



L: A

3.6
50% PET

3.2mm/3.2sp

01:28:19 PM

V=5.67



Neuro-Homoeopathic Clinic

Dr. Anil Kumar

BHMS, MBBS, MD

PHYSICIAN

(Reg. No. 9856 MCI)

Tel. : 0121-2640495

09219897417

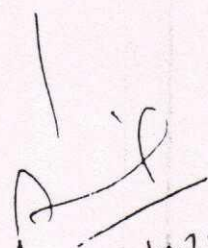
09412202717

09457456456

To whom it may concern.

Certified that Mrs. Santosh Kumari (S/o. Chri
(late) Satyog Dev. S/o. Muzaffar Nayan) is under my care
- for follow-up care of previously treated cancer
(X), from 9/5/18.

She needs regular visits to my
Clinic at certain interval of time for
assessment of the patient and
revised of the prescriptions.


21/11/18
DR. ANIL KUMAR
M.B.B.S., M.D., BHMS.
PHYSICIAN

Meerut Clinic : Chippi Tank, Pawan Sut Complex, Near Chaurasia Nursing Home,
Opp. R.G. Inter College, Meerut.
Ghaziabad : Chamber-2, Trishul Tower, Opp. Pacific Mall, Kaushambi, Ghaziabad (U.P.)
Gurgaon Clinic : C-34, 3rd Floor, Palam Vyapar Kendra, Palam Vihar, Gurugram (Haryana)
Email : mbbsmdhomeopath@gmail.com Web : www.homeopathicanaturalis.com

डा. राजेन्द्र प्रसाद गोस्वामी

रजि. (28573 एखनऊ) आयुर्वेदाचार्य

डा. गौरव गोस्वामी

बी.ए.एम.एस.

रजि. (001600 यू.ए.)

जो शम्



आयुर्वेद विशेषज्ञ।

कैंसर, पक्षाघात (Paralysis) Sciatica

गठिया, घुँघुँगा, उखवा, घातलेगा,

हृदयरोग आदि के विशेषज्ञ।



मिल रोड, स्टेट बैंक ऑफ इंडिया के सामने, डोईवाला, देहरादून (उत्तराखण्ड) मो. 9411189869, 9758587886, 7983633658

नाम : Smt. SANTOSH

दिनांक : 29-12-2019

आयु : 65 लिंग F/M/B/L वजन 44kg

जांच : under my treatment the disease of ovarian carcinoma

Certified. Heral Smt Santosh is under my treatment the disease of carcinoma she is under my treatment from last 4 months and continue for long period.

R. Prasad
29-12-2019
AT 3 P.M.

रजि. (28573 एखनऊ)

आयुर्वेदाचार्य

बी.ए.एम.एस.
रजि. नं. यू.ए. 001600



Meenakshi C.T. & M.R.I. Diagnostic Centre

Opp. Corporation Bank, Najibabad Road, Bijnor-246701 (U.P.)
Ph. 01342-266666, 9837748528, 9639639222, 8477896666, 9627991111

24 Hrs. Facility : M.R.I. (1.5 Tesla), C.T. Scan 40 Slice, Digital X-Ray, O.P.G., H.S.G., I.V.P.

NAME: SMT SANTOSH	AGE / SEX: 67Y/F
REFERRED BY: SELF	DATE: 12-11-2020

MRI PELVIS WITH CONTRAST

MR Imaging of pelvis was done with required sequences.

FINDINGS

The study shows homogeneously enhancing soft tissue intensity lesion measuring approximately 6.6 x 5.1 x 3.9 cm in size abutting neck of urinary bladder with periurethral extension with further involvement of anterior wall of vagina and bilateral labia majora (left > right) showing patchy diffusion restriction.

Uterus appears atrophic in size and shows ill defined peripherally enhancing T2W hyperintense cystic lesion along posterior aspect of lower cervix measuring 0.7 x 0.8 x 0.9 cm in size. No diffusion restriction seen. Bilateral parametria appears unremarkable.

Bilateral ovaries appear normal. Bilateral adnexa appear normal.

Visualized bowel loops appear grossly normal with no apparent evidence of any focal lesion.

Urinary bladder is partially distended and shows foley's bulb in situ with diffusely increased wall thickness measuring 8-9 mm in size.

IMPRESSION: CEMRI PELVIS IMAGING FINDINGS ARE SUGGESTIVE OF:-

- HOMOGENEOUSLY ENHANCING SOFT TISSUE INTENSITY LESION ABUTTING NECK OF URINARY BLADDER WITH PERIURETHERAL EXTENSION WITH FURTHER INVOLVEMENT OF ANTERIOR WALL OF VAGINA AND BILATERAL LABIA MAJORA (LEFT > RIGHT) AS DESCRIBED - LIKELY METASTATIC.
- ILL DEFINED PERIPHERALLY ENHANCING CYSTIC LESION ALONG POSTERIOR ASPECT OF LOWER CERVIX WITH UNREMARKABLE BILATERAL PARAMETRIA - LIKELY POST TREATMENT CHANGES. SUGGEST: TISSUE DIAGNOSIS CORRELATION.

ON COMPARATIVE EVALUATION WITH PREVIOUS REPORT STUDY DATED- 23.07.2015:

- THERE IS SIGNIFICANT INTERVAL REDUCTION IN THE SIZE OF CERVICAL LESION WITH PERIURETHERAL AND LABIA MAJORA LESION BEING NEW FINDINGS.

PLEASE CORRELATE CLINICALLY.

DR. ASHISH MAHAJAN
CONSULTANT RADIOLOGIST
DNB RADIODIAGNOSIS

Note : Impression is a professional opinion and not a diagnosis. All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.





पंचगव्य आरोग्य केन्द्र

क्रमांक... 2 22/9/21 दिनांक
निरोधी जीवन का प्राकृतिक मार्ग
॥ हमारा लक्ष्य : गऊओं से बियोगी भारत ॥

20/11/21

नाम श्री शंभुतोष पता बिजनेस उम्र 65 F.M.L

NOTE खावाण महिने मे दुध गही पिनाई

P.C.A. Cancer, Carcinoma Cell
metastasis Carcinoma cell. Left
latter mid cell of Uterine

- Pancham Amk L
- Keer Amk L
- * - Shami Gramam Amk L
- Tulshi Amk L
- Bhuni
- Masamk
- Gokhuru Amk L
- Kabajmukh
- Gresh Amk
- C.C. Cur.
- असह्याय

Amul D
Panchagavya Gamy Gant

From
22/09

खावापि गही होजा

1/8/21

मुख्य अधिकारी
गऊओं के सभी गव्य
वैदिक अनाज, फल, सब्जी और मसाले

विश्वकर्मा कॉलोनी, नजदीक रेलवे स्टेशन,
अटली मण्डी, जिला महेन्द्रगढ़ (हरि.) 123021
Email: deepaksharma9747@gmail.com

डॉ. व

M. 946726

गव्य आरोग्य केन्द्र और गौ-नशीले लोगों के लिए



दिनांक 20/11/21

दिनांक

दिनांक

दिनांक

दिनांक

पंचगव्य आरोग्य केन्द्र

निरोगी जीवन का प्राकृतिक मार्ग

॥ हमारा लक्ष्य : गऊमाँ से निरोगी भारत ॥

क्रमांक

नाम

Sandesh

पता

Bimor

उम्र

65y F

विशेषज्ञता :-

कैंसर

लकवा

हृदय रोग

भगंदरा

शुगर

थायरॉइड

HIV

डेंगू

गांठ रोग

एलर्जी

स्त्री रोग

जोड़ों के रोग

Dr.

— Pun in Ankle

— Kach Ankle

— Tulsi Ankle

— Bhuni

— Mashni

— Gokh Ankle

— Ashok Ankle

— Kach Ankle

— Cresta Ankle

— C. C. Ankle

— Anit Ankle

— Pomey Ankle

मुख्य औषधियाँ

गऊमाँ के सभी गव्य

जैविक अनाज, फल, सब्जी और मसाले

विश्वकर्मा कॉलोनी, नजदीक रेलवे स्टेशन,
अटेली मण्डी, जिला महेन्द्रगढ़ (हरि.) 123021
Email : deepaksharma9747@gmail.com

डॉ. दीपक शर्मा

एम.डी. पंचगव्य

M. 9467285195, 9729595590

केवल शाकाहारियों और गैर-नशीले लोगों के लिए

नोट :- किसी भी अवस्था में दवा वापिस नहीं होगी। हस्ताक्षर



कैंसर क्योर क्लीनिक

॥ ॐ भगवान धन्वन्तरि नमः ॥



डा. राजेन्द्र प्रसाद गोस्वामी

रजि. (28573 लखनऊ)

रजि. UK-5111 (आयुर्वेदाचार्य)

डा. गौरव गोस्वामी

बी ए. एम. एस

रजि (001600 यू.ए.)



आयुर्वेद विशेषज्ञ :

कैंसर, पक्षाघात (Paralysis) Sciatica

गठिया, चर्मरोग, लकवा, धातरोग

ल्यूकोरिया व असाध्य रोगों के विशेषज्ञ

मिल रोड, स्टेट बैंक ऑफ इंडिया के सामने, डोईवाला, देहरादून (उत्तराखंड) मो० 9411489869, 975858788, 7983633658

नाम : MRS SANTOSH

दिनांक .. 30-10-21 ..

आयु : : 68 लिंग .. F वजन

जाँच : under Ay. Treatment due to medical Report

Certified that Patient MRS SANTOSH under Ayurvedic Treatment
the DISEASE of urinary Bleeds & cyst. she is under my
Treat. from Last 2 years. SHE will TAKE
Regular medicine and she will come my clinic.
after 2 months again.

B. S. G.
30-10-21

रजि. नं. (28573 लखनऊ) आयुर्वेदाचार्य
डा. गौरव गोस्वामी
बी. ए. एम. एस.
रजि. नं. यू. ए. 001600



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