



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

O.P. Ticket

HOSPITAL  
Department  
HOSPITAL PREMISES

OPR-I

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_  
नाम \_\_\_\_\_

DR. B.R.A. IICHA, AIIMS, NEW DELHI  
IRCH No. 269423 Re. Date: 15/02/2022  
Clinic: Radiotherapy Evaluation Clinic No. 2022/01/3847  
Deptt. RADIATION ONCOLOGY  
General  
नाम वीरमती देवी  
Name VEERMATI DEVI  
W/O- TEJPAL SINGH Sex/Age F/63Y  
Phone No. 9412237929 Room 5: (Shift Morning)  
Address 329 JUDGES' COMPOUND KALKA SAM BUL., NDSHAHIF



क्र./O.P.D. Regn. No. \_\_\_\_\_  
जन्म तिथि/Date of Birth \_\_\_\_\_  
वयु/age \_\_\_\_\_

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

15/2/22

$\Delta$  Co ex Stage II B, Sq. cell Ca

? Thyroid nodule (FNA sent to be evaluated)

Adv:

Definitive Chemo Radiation along with weekly cisplatin 40mg/m<sup>2</sup>

TD 50.4 Gy/28 # / 5 1/2 weeks

ICRT - 3 session weekly for 1 month

Follow up after 1 month  
2 monthly x 6 months

Admission Pul-ward  
Rambha Pandey

Rambha Pandey  
Rambha Pandey

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility

डॉ. रम्भा पाण्डेय/Dr. RAMBHA PANDEY  
अतिरिक्त प्राध्यापक/Additional Professor  
विभाग, रोटरी कैंसर अस्पताल, अ.ना.आ.सं. (AIIMS)  
डा. बी. आर. अम्बेडकर संस्थान, नई दिल्ली-110029  
हॉस्पिटल आउटस्टेशन पेशियंट/Outstation patient



**DR. B.R.A INSTITUTE ROTARY CANCER HOSPITAL  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi 110029**

Printed on 15 Feb 2022 14:21:39 PM

**Dept No: 269423**

Receipt No: ACCOUNTS-9/44955/202122 [Original]IRCH Receipts  
Received From: MRS VEERMATI DEVI ,Age :63 Yrs 0 Mons 0 Days  
Payment By: Debit Card

IRCH No :0 UHID :105808746  
DATED: 15/02/2022  
Billing Type : General

On ACCOUNT OF

SI No.	Service Name	Quantity	Rate	Net Amount
1	ADVANCE - LONG ADMISSION FOR PRIVATE A WITH DIET	10	3200.00	32000.00

Payment Mode : Debit Card      Card Holder's Name : amarjeet , Approval No : 635727  
RS.: 32000.0  
Rupees Thirty Two Thousand Only

MR.SUKESH KUMAR CHAUHAN  
Printed on 15 Feb 2022 14:21:39 PM

**Patient Name** : VEERMATI DEVI  
**Age / Sex** : 64 Y / F  
**Referred By** : AIIMS  
**Patient ID** : UYSF.0000056946  
**Centre** : YUSUF SARAI

**Lab No.** : YSF2202101747  
**Registration On** : 12-02-2022  
**Collection Date** :  
**Received Date** :  
**Approved Date** : 14/Feb/2022 11:40AM

## PET-CT SCAN

### CLINICAL HISTORY:

Patient is being referred as diagnosed case of carcinoma cervix - squamous cell carcinoma.

### INDICATION:

PET-CECT scan is being done for disease status evaluation.

WHOLE BODY PET-CT scan (head to mid-thigh) was done after I.V. injection of ~ 8.8 mCi of 18F-FDG, using a GE Discovery STE PET-CT (BGO crystal) PET-CT SCANNER. CT based attenuation correction was done. Images were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. Serum glucose at the time of injection was 149 mg/dl. SUV values are in lean body mass.

### FINDINGS:

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.**

**FDG avid (SUV max 3.31) nodular lesion measuring ~ 11 x 10 mm seen in relation to left lobe.** Right lobe of thyroid gland is sharply demarcated and shows normal attenuation pattern.

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

#### **Thorax & Mediastinum:**

Both breasts show no FDG avid lesion.

No significant axillary lymph nodes are seen.

The **trachea** and both main **bronchi** appear normal.

*FDG avid subcentimeter sized lymph nodes seen in paratracheal, subcarinal and either hilar region (SUV max 3.47) - likely inflammatory.*

*Calcified nodule measuring ~ 4 mm is seen in right lower lobe superior segment region and is pleural based. Few nodular infiltrates seen along left lower lobe - likely inflammatory. Patchy areas of ground glassing seen in relation to left upper lobe.*

Bilateral pulmonary parenchyma otherwise shows no abnormal FDG avid soft tissue nodule.

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

#### **Abdomen & Pelvis:**



Scan to Validate Report

Page 1 of 3



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*Motion artifacts seen obscuring locoregional anatomical details.*

The **liver** is normal in size, shape and shows fatty changes. The intra hepatic biliary radicals are not dilated. No focal lesion (single phase study)/ abnormal FDG accumulation seen in the hepatic parenchyma.

The **gall bladder** is partially distended with no evidence of intraluminal radio-opaque calculus, abnormal wall thickening or abnormal FDG uptake. (USG is the modality of choice for calculi detection).

The **spleen** is normal in size and shows no abnormal FDG uptake.

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

Both **adrenal glands** demonstrate near normal size 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 abnormal FDG uptake.

*Few subcentimetric non FDG avid bilateral external, internal iliac and inguinal lymph nodes seen.*

No free peritoneal fluid is seen.

**Urinary bladder** is partially distended.

**FDG avid (SUV max 7.97) heterogeneously enhancing soft tissue density mass lesion measuring ~ 47 x 40 mm seen in relation to the cervix. Lesion superiorly is seen extending along the lower and mid uterine region. It is seen closely abutting the rectal posteriorly and the urinary bladder anteriorly. However no obvious gross infiltration is appreciated.**

*The uterus is bulky for age, anteverted with hypodensity ? fluid along the fundus region. Either adnexa also appear bulky and hypodense however show no abnormal increased FDG uptake, cystic hypodensity measuring 39 x 38 mm seen along right adnexal region - likely benign ovarian cyst.*

#### **Musculo-skeletal System:**

*Degenerative changes are seen in spine.*

*Increased FDG uptake seen along either shoulder joint region – degenerative inflammatory changes*

*Left pubic bone appears expanded with cortical irregularity noted, however no obvious abnormal increased FDG uptake is appreciated.*

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

#### **OPINION:PET-CT SCAN REVEALS :**

- **Metabolically active mass lesion seen in relation to the cervix - likely malignant etiology. Biopsy and histopathological correlation is suggested.**

- **Metabolically active nodular lesion seen in relation to left lobe of thyroid gland. USG and FNAC correlation is suggested (Note: approx. 30 % of FDG avid thyroid nodules are neoplastic in nature).**



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**- No definite evidence of abnormal metabolic activity noted elsewhere in the region of body surveyed with rest of the scan findings as described above.**

(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. In case of any clinical/ other discrepancy, please contact within seven days. Hard copy is attached for review. FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective etiology like Tuberculosis. Few of the malignant tumors like HCC, RCC, well differentiated NET, mucinous & signet cell variety can be low grade / metabolically inactive. 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. Jiten Kapoor**  
 Consultant - Nuclear Medicine  
 MBBS, DRM, DNB (Nuclear Medicine)  
 DMC Reg. No.: 39404



## 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](mailto: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



राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

कस्तूरबा महिला राजकीय चिकित्सालय

बुलन्दशहर

बाह्य रोगी टिकट

(केवल पन्द्रह दिनों के लिए मान्य)



पंजीकरण संख्या..... 3421 ..... दिनांक.....

रोगी का नाम..... आयु..... वर्ष..... लिंग.....

पिता/पति का नाम श्री..... कस्तूरबा ..... 62

पता .....

रोग .....

उपचार .....

90 Puri Akhara  
B.M on + off  
x B.M on + off

MSH  
20-1-22

Small Anchoi  
collection seen in  
endometrial canal  
No. hemo pyometra  
Post canal canal + tumor  
mid cervical  
amples in  
right ovary

Ref to  
high medical  
center

1. समय से रहे लिस से बड़े
  2. गर्भ में लड़का-लड़की का पता करना गैर कानूनी है।
- सूत्रक : भगवत आफसेट प्रेस, फोन : 9412228734

★ खुले में शौच ना करें  
हमेशा शौचालय का प्रयोग करें  
"स्वच्छता अपनाई - बीमारी भगाये"

# Meenakshi C.T. Scan Centre

Honest Bhawan, Opp. Muslim Inter College, Raja Babu Road, Bulandshahr - 203001 (U.P.)  
Ph. 05732-235055, 9690118555, 9045720007, 9219456999, 9319939100 (PRO)

Facility available : M.R.I. (1.5 Tesla), 92 Slice Siemens C.T. Scan, Digital X-Ray, O.P.O., B.M.D. Scan, Ultrasound & Colour Doppler

Patient Name	VEERMATI		
Patient ID	22.0222221.3.12.2.1107.5.2.40.39336	Age	63Yr
Referral Dr		Sex	Female
Study Date	10 Feb 2022	Report Date	10 Feb 2022

## CEMRI PELVIS

### STUDY PROTOCOL:

MULTIPLANAR IMAGING OF THE PELVIS WAS PERFORMED TO OBTAIN REQUIRED SEQUENCES.

### FINDINGS:

The study shows enhancing soft tissue intensity lesion measuring 4.8 x 2.9 x 3.2 cm in size arising from anterior & posterior lips of cervix with its resultant expansion and cervical canal narrowing. There is non enhancing mild obstructive hematometra/pyometra is seen. There is associated involvement of posterior vaginal fornix. Abnormal soft tissue intensity lesion is also seen extending into mid & lower uterine body. The lesion is involving Left parametrium with loss of peripheral cervical T2 weighted hyperintensity. The fat planes with urinary bladder anteriorly and rectum posteriorly are maintained. No evidence of any significant mass effect seen over bilateral ureters. The lesion shows patchy diffusion restriction.

Homogeneously enhancing Discrete upto centimeter sized lymphnodes are seen in bilateral external & internal iliac regions.

Right ovary shows peripherally enhancing multilocular cystic lesion measuring 4.3 x 3.3 x 4.8 cm in size with thin imperceptible walls. No evidence of intralésional calcification / solid nodular lesion seen.

Uterus otherwise appears normal in size, shape and signal intensity. Endometrium appears normal

Left ovary appear normal.

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

Urinary bladder is partially distended.

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.





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Ph. 05732-235055, 9690118555, 9045720007, 9219456999, 9319939100 (PRG)

Facility available : M.R.I. (1.5 Tesla), 92 Slice Siemens C.T. Scan, Digital X-Ray, O.P.G., B.M.D. Scan, Ultrasound & Colour Doppler

Patient Name	VEERMATI		
Patient ID	22.0222221.3.12.2.1107.5.2.40.39336	Age	63Yr
Referral Dr		Sex	Female
Study Date	10 Feb 2022	Report Date	10 Feb 2022

**IMPRESSION:** MRI pelvis imaging findings are suggestive of:-

- ENHANCING SOFT TISSUE INTENSITY LESION ARISING FROM CERVIX WITH ITS RESULTANT EXPANSION WITH ASSOCIATED INVOLVEMENT OF POSTERIOR VAGINAL FORNIX, MID AND LOWER UTERINE BODY AS DESCRIBED-LIKELY MITOTIC CERVICAL LESION. SUGGEST: TISSUE DIAGNOSIS CORRELATION
- HOMOGENEOUSLY ENHANCING DISCRETE UPTO CENTIMETER SIZED BILATERAL HEMIPELVIC LYMPHNODES.
- PERIPHERALLY ENHANCING MULTILOCULAR RIGHT OVARIAN CYSTIC LESION WITHOUT ANY INTRALESIONAL CALCIFICATION / SOLID NODULAR COMPONENT - LIKELY RIGHT OVARIAN SEROUS CYSTADENOMA. SUGGEST: CA 125 CORRELATION, IF CLINICALLY INDICATED

*Please correlate clinically.*



Dr. Ashish Mahajan  
Radiologist

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.



LPL - RANA HOSPITAL

Name : Mrs. VEERMATI	Collected: 05/02/2022 16:16:00
Lab No. : 317094178 Age : 62 Years Gender: Female	Received: 06/02/2022 16:34:04
A/c Status : P Ref by : Dr.SANJAY RANA	Reported: 09/02/2022 17:05:26
	Report Status: Final

**SURGICAL PATHOLOGY REPORT @ \*\***

**SPECIMEN** : Cervix biopsy

**CLINICAL HISTORY** : --

**GROSS** : Received few pinkish soft tissue bits together measuring 0.6 x 0.4 x 0.1 cm

**MICROSCOPY & IMPRESSION** : **Cervix biopsy: Squamous Cell Carcinoma keratinizing (Grade 1).**

**ADVISED** : Clinical correlation

**HISTOPATH NO** : [ LPL/B/54961/22 : Entire tissue ]

*Meha*  
 DMC-20402  
 Dr. Neha Garg  
 DNB (Pathology)  
 Consultant Pathologist - NRL

*Rajiv*  
 DMC-141  
 Dr. Rajiv Tangri  
 MD, Pathology  
 Technical Director -  
 Histopathology and  
 Cytopathology - NRL

Note: Case reported by Dr. Neha Garg

\*\* Test conducted under NABL scope MC-2113, LPL-NATIONAL REFERENCE LAB at NEW DELHI

Note: 1. Slides/Blocks can be issued only on advice of the referring consultant after a minimum of 48 hours.  
 2. Gross specimens will be retained only for a period of 1 month after the date of reporting.  
 3. Contact histopathology department for any clarification.





DR B.R.A INSTITUTE ROTARY CANCER HOSPITAL  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 ANSARI NAGAR, NEW DELHI 110029  
 FACE SHEET

UHD No. 105808746



518

INCH NO: 694215 DATE: 15/02/2022  
 INDOOR REG NO: 694215 DEPARTMENT: Radiotherapy WARD: Radiotherapy REG: 694215

NAME: MRS VERMA DEVI AGE: 65 SEX: F RESIDENCE: 199/1/1

PERMANENT ADDRESS: LOCAL ADDRESS:

TELEPHONE NO: 9412237920 MOBILE NO: 9412237929

EDUCATION: OCCUPATION: Other RELIGION: Unknown MARITAL STATUS: Other DIET:

ADMISSION TYPE: Private Admissions DATE OF ADMISSION: 15/02/22  
 ADMISSION CHARGES: 32000 RECEIPT NO: ACCOUNTS 9 44955/202222  
 Billing Type: General

INDOOR REG.NO	INDOOR ADMISSION DATE	SIGNATURE OF CONSULTANT/RESIDENT	DISCHARGE DATE & TIME
694215-22	15/02/2022	Dr. Rambha Pandey	

RESULT: DISCHARGE STATUS: CASE OF DEATH: AUTOPSY:

NAME OF SENIOR RESIDENT (ON BLOCK LETTER): SIGNATURE OF CONSULTANT:  
 (SIGN. OF S.R. RESIDENT)

FACE SHEET PREPARED BY: Arun Iyoh  
 USER ID: ARUN IYOH  
 NAME: Dr. B. R. A. Institute - Rotary Cancer Hospital  
 Received On: 15/02/2022 02:19:33 PM

15/02/2022 11:23 AM