

Dr. Rakesh Kumar

M.B.B.S., M.D.(Med.), D.C.(Card.), FAPSC
Special Training in Cardiology
Mayo Clinic, Rochester, U.S.A.
Queen Mary Hosp., Hongkong

Sr. Cardiologist & Physician

L.I.C.
N.I.P.C.C.D.
Neera Hospital
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State Bank of India
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ICICI Prudential Life Insurance

Life Member :

Cardiological Society of India
U.P. Chapter of C.S.I.
Indian Medical Association
Indian College of Cardiology
Indian Academy of Echocardiography

Fellow :

Asian Pacific Society of Cardiology

Member Executive Committee (Ex.) :

U.P. Chapter of C.S.I.

MCI-UP Reg. No. 26892

385 - MRS. ASIYA MARIYAM (56 yrs, Female) - 9415400786

Date: 14-Mar-2019

Complaints: FOR CATARACT SURGERY

BP 152 / 92⁺ mmHg Pulse 78 bpm Fasting Blood Sugar (FBS) 125 mg/dL Post Prandial Blood Sugar (PPBS) 197 mg/dL

Sys.Exam: CVS: NORMAL; **General:** LIPID - 229, 43, 150,176; CBC/RFT/ U.ACID/ ECG - NORMAL;

[14-Mar-2019] FBS:125 PPBS:197

Diagnosis: HYPERTENSION, T2DM, DYSLIPEDEmia

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TAB. GEMER DS 2MG	1 — 0 — 0	Daily - 10 Days
2) TAB. LOSAR-H	1 — 0 — 0	Daily - 10 Days
3) CAP. PANTOP DSR	1 — 0 — 0	Daily - 10 Days
4) TAB. ATORSAVE 10MG	0 — 0 — 1	Daily - 10 Days
5) TAB. GEMCAL 500MG	1 — 0 — 0	Daily - 10 Days
6) TAB. TENIVA 20	1 — 0 — 0	Daily - 10 Days
7) TAB. BENITOWA 4MG	0 — 0 — 1	Daily - 10 Days

Tests Prescribed : 2D ECHO DOPPLER 

Next Visit : 25-Mar-2019 - Monday



Dr. Rakesh Kumar
M.B.B.S., MD(Med.), D.C.(Card), FAPSC

26-3-19 (E) <70 Swelling over legs 1 day

P - 78

Add

BP - 140/80

Diabetes +

Tab BYTOR ~~1~~ 5mg

1 — — — x

off. days

She can undergo cataract surgery & L.A.



Dr. Vini Tandon

MD Pathology

Formerly :

Senior Resident, SGPGIMS, Lucknow

Senior Resident, Safdurjung Hospital, New Delhi

Consultant Pathologist, JLN Cancer Hospital, Bhopal

Consultant Pathologist, SRMSIMS, Bareilly

Vini's Pathology Laboratory

3/29-C, Vibhav Khand, Gomti Nagar, Lucknow - 226 010

Phone : 0522-2728960, 8188044078

Name: Asia

Age: 56 yrs Sex: Female

Referred by: Dr. CV Pandey, MS

Lab no: 20190708

Clinical Diagnosis: Growth in tongue

Date: 04-May-19

Specimen: Biopsy from growth in tongue

UNIT - HISTOPATHOLOGY

Gross: Few small grey white soft tissue pieces. All embedded.

Microscopic examination:

Sections show small bits of atypically proliferated polygonal keratinized squamous cells in sheets. The cells are seen forming irregular nests of squamous cells with atypical keratin pearls insinuating deep in the lamina between the skeletal muscle bundles. These cells show anisonucleosis with loss in nuclear orientation. There is associated significant inflammatory infiltrate in the lamina. Other bits show denudation of the surface epithelium with several proliferated congested blood vessels and irregular fibroblasts with mixed inflammatory cells and bacterial colonization at the surface.

Conclusion:

**GROWTH IN TONGUE - ULCERATED SQUAMOUS CELL
CARCINOMA.**

Vini
VINI TANDON

Name : MS. ASIA MARIYAM
Lab No. : 101987577
Ref By Dr. : DR. RML

Age/sex : 56 Year / Female
Reg. Date/Time : 11 May 2019 10:57
Print Date/Time : 11 May 2019 17:49

CEMRI: TONGUE

IMAGING SEQUENCES (CEMR)

AXIAL: T1 & TSE T2 Wis. **SAGITTAL:** T1 Wis. **CORONAL:** T1 & TSE T2 Wis.

Post Contrast : T1 sagittal, axial & coronal

There is evidence of small ill-defined enhancing soft tissue lesion involving right lateral border of oral tongue. Lesion is located in the mid 1/3rd and just encroaching onto the posterior 1/3^d of tongue, however base of tongue is spared. The lesion is not reaching upto the midline. Inferiorly, it is just reaching the sublingual space with mild abutment of mylohyoid muscle. The lesion is infiltrating adjacent intrinsic muscles of tongue, however genioglossus appears uninvolved. It is displaying heterogeneously hyperintense signal on T2 W images and hypointense signal on T1 W images.

Retromolar region and nasopharynx are normally visualized.

Prevertebral muscles are normal in morphology and thickness.

Epiglottis and ary-epiglottic folds are normally visualized. Bilateral valleculae and pyriform sinuses are symmetrical and showing normal MR morphology.

Carotid sheath contents are normally visualized bilaterally. Few small bilateral submandibular lymphnodes (< 1cm) are seen.

IMPRESSION:

- **Small ill-defined enhancing soft tissue lesion involving right lateral border of mid 1/3rd of tongue as described - ? neoplastic etiology. Histopathological correlation is advisable.**

Clinical correlation is necessary.


DR. NEHA YADU
MD

Dr. Deepak Sarin

MBBS (AIIMS), MS (AIIMS), DNB
 Fellow Head & Neck surgery, University of Miami, USA
 Director - Head & Neck Oncology Surgery
 deepak.sarin@medanta.org
 Mobile: +91 98101 36656

Patient Name: Mrs. Asia Maryam
 UHID: mm01467843

Age: 54 yr
 Sex: F

90 Non-healing ulcer @ lat. Tongue x 2 months
 Gradually increasing

Clinical History:

Comorbidity

- HTN
- T₂DM
- Asthma

O/E : 3x2cm ulcero-infiltrative lesion in
 mid 1/3rd of @ lat. Tongue
 Osm @ (+), IID ~ 3cm
 Induration ~ 5-10mm, well short of midline
 NO palpable LNs

Bx @ Tongue : Sq. cell Ca.

Physical Examination:

CEMRI Face & Neck (11/5/19) : Lesion in mid 1/3rd
 of @ Tongue, going posteriorly
 Not reaching midline
 BOT free
 No significant LNs

Pt. counselled in detail about need for surgery.
 various Reconstruction options discussed.

Primary closure

↓
 - Limited Tongue mvt
 & change of voice

microvascular free
 flap

↓
 improved tongue
 mvt & better voice

but longer surgery



Department of Laboratory Medicine - HISTOPATHOLOGY

Head and neck Oncology specimen- HPE with IHC/Special Stains if needed

Biopsy Number: B/6956/19

Result: DR SK

Histopathology Report

CLINICAL DIAGNOSIS: Carcinoma Right Lateral Border of Tongue

FROZEN SPECIMEN (FR/429/19): 1. Dorsal Tongue Mucosal Margin

2. Ventral Tongue Mucosal Margin Anterior

3. Floor of Mouth Mucosal Margin Posterior

4. Right Partial Glossectomy Suture Anterior (to assess deep margin)

FROZEN GROSS:

1. Dorsal Tongue Mucosal Margin: Received single linear margin measuring 55 mm. All processed in FRa,

2. Ventral Tongue Mucosal Margin Anterior: Received single linear soft margin measuring 14 mm. All processed in FRb,

3. Floor of Mouth Mucosal Margin Posterior: Received single linear margin measuring 35 mm. All processed in FRc,

4. Right Partial Glossectomy Suture Anterior (to assess deep margin):

Total Specimen measures: 55 x 45 x 30 mm.

There is an ulcerated areas on the mucosal surface right side measuring 26 x 20 x 11 mm; this region is firm grey white.

Distance from margins:

Anterior : 10 mm

Posterior: 15 mm

Ventral tongue mucosal cut margin medially nearest point 10 mm

Dorsal tongue mucosal cut margin medially nearest point 12 mm

Deep margin: 06 mm

F1 & d2 : Tumor with deep margin

Tissue saved

FROZEN SECTION REPORT (FR/429/19):

Deep margin is 6 mm away.

All the margins are free of tumor..

CLINICAL DIAGNOSIS: Carcinoma Right Lateral Border of Tongue

SPECIMEN:

1. Right Partial Glossectomy Remains of Frozen

2. Right Level IA Lymph Nodes

3. Right Perifacial Lymph Nodes

4. Right Level IB Lymph Nodes

5. Right Level IIA Lymph Nodes

6. Right Level IIB Lymph Nodes

7. Right Level III Lymph Nodes

8. Right Level IV Lymph Nodes

GROSS:

Printed By Jatish Rao on 08 Jun 2019 12:48 PM

24X7 hot-line: +91(124)414 1414

Emergency: 1068

Medanta, The medicity: Sector 38, Gurgaon, Harayana, 122001, India.

This is a computer generated report. Signature is not required.

Email: info@medanta.org

www.medanta.org

Medanta, The mediclinic: E-18 Defence colony, New Delhi, 110024, India.

Luco Carcinoma (R) Tongue,

underwent (R) Partial Glossectomy +
(R) SND (I-IV) on 27/5/19

Postop HPE : 2.6 x 2.0 x 1.3 cm well diff. SCC.

DOI : 13 mm

Closest margin : Deep : 6 mm

No LVI/PNI

0/54 LNs involved

PT3 No.

O/E : Healing well
Neck Flat

- Oral intake inadequate at
tnt
- Pt. not willing for RT
removal

Adv

- ~~Mouth opening~~
- Increase oral intake
- Oral hygiene
- Shoulder exercises
- S/R.
- F/U 2-3 wks


DR. KARAN



JCI certificate
(CN 1683)



Certificate No
H-2011-0073



Certificate No
MC-2346

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 M.B.B.S., M.D.(Med.), D.C.(Card), FAPSC
Special Training in Cardiology
 Mayo Clinic Rochester, U.S.A.
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 Asian Pacific Society of Cardiology

Member Executive Committee (Ex.)
 U.P. Chapter of C.S.I.

MCI-UP- Reg. No. 26382

985 : Mrs.ASIYA MARIYAM (56 yrs, Female) - 9415400786

Date: 10-Jun-2019

Complaints: OPERATED FOR CA TONGUE 27.5.19 AT MEDANTA, IS ON INSULIN R - 10/ 12/ 8/ 8 AND LANTUS 20, FBS IS HIGH

Diagnosis: HYPERTENSION, T2DM, DYSLIPEDEMIA

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TAB. LOSAR-H	1 - 0 - 0	Daily - 15 Days
2) CAP. PANTOP DSR	1 - 0 - 0	Daily - 15 Days
3) TAB. ATORSAVE 10MG	0 - 0 - 1	Daily - 15 Days
4) TAB. GEMCAL 500MG	1 - 0 - 0	Daily - 15 Days
5) TAB. TENIVA 20	0 - 0 - 1	Daily - 15 Days
6) TAB. BENITOWA 4MG	0 - 0 - 1	Daily - 15 Days
7) TAB. ZORYL 0.5MG	1 - 1 - 1	Daily - 15 Days
8) INJ. LANTUS INSULIN	0 - 0 - 20	Daily - 15 Days
9) INJ. APIDRA INJECTION	8 - 10 - 6 - 6	Daily - 15 Days

Next Visit : 25-Jun-2019 - Tuesday

8-10-10 (26.6.19)



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7-9-19

No appetite for food
 Nausea

O/E

Add

No hepatomegaly

PANTOCID DSR 1 - - - 1

Add

BAYER'S TONIC

UDILIV 300 mg 1 - - - X

LFT GOT 68
 GPT 38

USG - No I Fatty Liver

Fees Valid for 5 days

Dr. Deepak Sarin

MBBS (AIIMS), MS (AIIMS), DNB
Fellow Head & Neck surgery, University of Miami, USA
Director - Head & Neck Oncology Surgery
deepak.sarin@medanta.org
Mobile: +91 98101 36656

Patient Name: *Miss Asie Maryam*
UHID:

Age: *54*
Sex: *F.*
1/7/19

Slp Pa + @ ND + 1° closure - 27/5/19. —

well healed.

Clinical History:

Adv

- continue to current care

- (N) diet.

Physical Examination:

- NO exudate

- neck / shoulder / type exudate

consider postop xrt

ORABITE

B Sarin

Accredited by



Medanta - The Medicity

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DEPARTMENT OF

RADIATION ONCOLOGY

DR MANOJ SHARMA
MBBS, MD (Radiation Oncology)
Senior Consultant

DR DEEPIKA CHAUHAN
MBBS, DMRT
DNB (Radiation Oncology)
Consultant

Patient Name: MRS. Asia Mariyam 56Y Age: UHID NO:

Date: 2/7/19 Pulse: BP: Height: Weight:

K/C/O Ca Tongue
Bx (Rt. lat. tongue) - Squamous cell
Ca

MRI F&N - Lesion in mid 1/3rd tongue, going
posteriorly, not reaching midline, BOT free
No significant lymphadenopathy

U/W partial glossectomy + Rt. NA + closure
on 27/5/19

postop HPR - 2.6 x 2.0 x 1.1 cm Well diff. SCC
All margins free.
DOI = 1.3 cm
All L.N - free

For an appointment call : +91 8130192248 (Radiation) / +91 9650060945 (Medical / Surgical / Haematology)

Corporate Office : 49, Community Centre, 2nd Floor Friends Colony, New Delhi - 110025

E-mail contact@iosplcancer.com • Website www.cancertherapycentres.com

SUMMARY OF RADIATION TREATMENT

Name	Asia Mariyam	UHID- 3215148
Age/Sex	54 years/ Female	RT NO.: 19RT0199
Diagnosis	Carcinoma Tongue, right lateral border (post op) pT3N0M0	
Brief History & Examination	<p>Mrs. Asia Mariyam 54 yrs/female, diabetic, hypertensive is a diagnosed case of Carcinoma Tongue, right lateral border.</p> <p>She was initially evaluated outside for complaint of non - healing ulcer on right lateral tongue for 2 months, gradually progressing in size.</p> <p>CEMRI Tongue (11/05/2019) reported small ill-defined enhancing soft tissue lesion involving right lateral border of mid 1/3rd of tongue - ? neoplastic etiology.</p> <p>Biopsy tongue lesion showed squamous cell carcinoma.</p> <p>She underwent Partial glossectomy + Right selective neck dissection (I-IV) on 27/05/2019. Post op HPE: 2.6X2.0X1.1cm all margins free No LVSI, No PNI. all lymph nodes free 0/54. Well differentiated Squamous cell carcinoma, G-1, WPOI-2-3, pT3 N0.</p> <p>Then she came to FHN for further evaluation and management. After complete workup and case discussion in MSC patient was planned for adjuvant radiation therapy.</p>	
Radiation Therapy Details	<p>After informed consent and counselling, CT simulation was done in treatment planning position with appropriate immobilization. She received radiotherapy to post op tumor bed with adequate margin and B/L neck by IGRT technique to a dose of 60Gy/ 30# to PTV, using 6 MV Photon From 08/07/2019 to 17/08/2019. Her treatment verification was done using Cone Beam CT & KV portal at planned intervals. She was monitored weekly and as and when required during radiation therapy. She tolerated the treatment well.</p>	
Remarks	Patient tolerated treatment well. Advised to follow instructions as on radiotherapy record booklet.	

Dr. Manoj Kumar Sharma
Sr. Consultant

Deepika
Dr. Deepika Chauhan
Consultant

Dr. Deepika Chauhan
MBBS, DMRT, DNB
Consultant- Radiation Oncology
International Oncology Center
Fortis Hospital- Noida
Pho No - 29258 (DMC)

Dr. Neha Sehgal
Senior Resident

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Dr. Mohd. Suhaib

M.B.B.S., M.D.

Formerly at SGPGIMS, Lucknow

Associate Consultant
Radiation Oncology

17.9.20

Mr. Mehraj

SGY/P

- Hypothyroidism, DM-II w +1Lr

KCO Ca Tongue

Post Sx pT₃N₀ → Post RT
" Oct-19

Ex → No growth palpable
No cervical nod
Scar mark healthy

90% Pain & Swelling in Rt
check region.

Q

- Hb Clavam 625 mg TDS x 7 days
- Hb Dolacine 300 mg \leq x 5 days
- Hb Davelac \leq x 7 days
- Hb Chymonal forte TDS x 2 days

THIS PATIENT WAS SEEN BY DOCTOR WITH PRE

Apollomedics Super Speciality Hospitals

A venture of Medics International Lifesciences Limited

KBC-31, Sector-B, LDA Colony, Kanpur Road, Lucknow - 226012, UP, India

Helpline No: 1800 419 1066 t +91 522 67 88 888 e drmohd_s@apollohospitals.com w lucknow.apollohospitals.com

CIN No. U85191UP2011PLC043154

हमारे यहाँ उपलब्ध समस्त ब्रांड व दवायें सभी डॉक्टरों द्वारा स्वीकृत एवं विश्वसनीय कंपनी की हैं। अतः कोई दवा/ब्रांड उपलब्ध न होने की स्थिति में किसी अन्य कंपनी की दवा ली जा सकती है।

हमारे यहाँ रक्त जाँच हेतु होम सैपल कलेक्शन की सुविधा भी उपलब्ध है।

DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Ms. Asia Mariyam	Patient Id: 3215148	Age/Sex: 55/ F
	Ref. By. Dr. Manoj Sharma	Date: 24/10/2019

WHOLE BODY PET-CECT SCAN

Whole body PET-CECT scan was performed after injection of about 10 mCi of F-18 FDG on multidetector PET-CT scanner from vertex to mid thigh. Serial multiplanar sections were obtained after intravenous contrast injection. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient lean body mass.

Patient is a case of Carcinoma left central border of tongue. S/p Right partial glossectomy (27/05/2019) and Radiotherapy (08/07/2019 to 17/08/2019). PET-CT scan is being done for evaluation.

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

No focal abnormal 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.

The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid. No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or hypopharynx.

No enhancing thickening/ FDG uptake in left lateral border of tongue.

There is no significant cervical lymphadenopathy.

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

Bilateral breast/ axillae appear unremarkable.

There is no significant mediastinal/ hilar lymphadenopathy is noted.

Left lung field is clear with no focal pulmonary parenchymal lesion seen.

Non-FDG avid cystic density in right upper lobe of lung.

There is no evidence of pleural effusion/ infiltrates noted.

The liver is normal in size, shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. *Non FDG avid hypodense lesion with specks of calcification in left lobe segment II of liver measuring approx. 14 x 14 mm -- Likely haemangioma.*

Hyperdensity noted in the lumen of gall bladder - Likely cholelithiasis

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 FDG uptake. No evidence of calculus or hydronephrosis is noted.

Calculus measuring 4 mm seen in right kidney.

Continued 11

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E-mail contact@iosplcancer.com • Website www.cancertherapycentres.com

Cancer Therapy Centres: Delhi • Noida • Mumbai • Jodhpur • Aurangabad

Pt Name → Mrs. Anu Mathur
 Age/Sex → 55y/F
 UHID → HH01467843
 Date → 4/11/19

Dr. Deepak Sarin

T - 36°C
 P - 78b/m
 R - 20b/m
 BP - 110/70 mmHg
 SpO₂ - 98%
 Ht - 163cm
 Wt - 58.9kg

Sp: C₁ + C₂ + C₃ + 1° closure S1/3
 P13N0

Sp: RT. Joints mid. .
 body/20# - comp. 17/8/19

Per 10/19 - NEG.

Obs. For changes in DC & neck.
 No suspicious areas

adv

- 1) GE Review
- 2) Neck Review
- 3) gain wt. 1-2kg / month
- 4) Review & Results

[Signature]

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	ASIA MORIYAN	AGE/SEX	56/F	DATE	07.12.2020
UHID	MILL.0000103268	REF BY	DR. MOHD SUHAIB		

PET-CECT WHOLE BODY

Clinical Details: K/C/O squamous cell carcinoma right central border of tongue, underwent right partial glossectomy + right selective neck dissection done on 27.05.2019, post 30# radiotherapy (last on 17.08.2019), Last PET CT (dated- 24.10.2019) suggestive of no evidence of metabolically active malignant disease, cholecystectomy done 18.01.2020.

Indication: Surveillance

TECHNIQUE: Whole body PET-CT scan (Vertex to mid-thigh) was performed after I.V. administration of F-18 FDG (7.98 mCi). Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm). PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated. The fasting blood sugar level at the time of injection was 144 mg/dl.

PET-CT Scan findings:

Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

No obvious abnormality detected. Further evaluation may be done with MRI if clinically indicated.

Head and Neck:

- Post right partial glossectomy + right selective neck dissection status is noted, Few non FDG avid hyperdense surgical clips are noted in right parapharyngeal, right submandibular and submental regions.
- Few non FDG avid subcentimetric sized bilateral level II, Va cervical lymph nodes are noted - Benign.

Nasopharynx is normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal.

Breast & Axilla:

- Bilateral breasts and axilla appears unremarkable.

Chest:

- Non FDG avid fibrobronchiectatic changes are noted in posterior segment of upper lobe of right lung.

Pt Name - Mrs. Asha Maryam
 Age/Gender - 55 / F
 UHID - MM07467843
 Date - 19/12/2020

T - 36.4°C
 P - 76 bpm
 R - 20 bpm
 BP - 130/70 mmHg
 SpO₂ - 97%
 Ht - 163 cm
 Wt - 59.6 Kg

Dr. Deepak Saxena

Clinically - NEW
 poor xrt reactions (+)

sensitivity (+)

Adv

• Review ~~x~~ Interim

• Ends review



Medanta - Mediclinic

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Shanti Mukand Hospital - SMH
(A Unit of Shri Mukandilal Memorial Foundation For Heart & Medical Care)
2, Institutional Area, Vikas Marg Extn.,
Karkardooma, Delhi - 110092
Tel. No.: +91 11 43006000
Website: www.shantimukand.com

MRS. Asia

13/3/21

KClO Ca Tongue
PT3 NOMO

→ C/o pain
in the oral cavity.

Adv.
→ C. Darotag. 1-1-1
→ Inj Augmentin duo
625 mg
1-0-1 X 5 days

→ T. Razo Δ
1-0-0 X 5 days

→ T. Disperzome
1-0-1 X 10 days

→ T. ZOCAN AT
50 mg X 10 days
0-1-0



A testimony to SMH commitment towards
medical excellence & quality of care



This certificate signifies that the mandatory quality protocols which includes injection safety, infusion safety, infection prevention, healthcare worker safety & bio medical waste management & disinfection and sterilization management are followed actively by Shanti Mukand Hospital.

Dr. Rakesh Kumar

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 Mayo Clinic Rochester, U.S.A.
 Queen Mary Hosp., Hongkong

Sr. Cardiologist & Physician

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 Association of Physician of India

Fellow :

Asian Pacific Society of Cardiology

Member Executive Committee

Lucknow Chapter of A.P.I.

Member Executive Committee (Ex.)

U.P. Chapter of C.S.I.

MCI-UP Reg. No. 26382

Manglam**Clinic & Heart Centre**

C-3, Mandir Marg, Mahanagar Extension, Lucknow

Phone : 0522-2320138, Mobile : 9415343506

E-mail : rakum 90@hotmail.com

Timings :

Morn. : 9.30 to 12.30

Date

985 : Mrs.ASIYA MARIYAM (59y, Female) - 9415400786

Date: 08-Apr-2022

BP 136 / 76 mmHg Fasting Blood Sugar (FBS) 156 mg/dL Post Prandial Blood Sugar (PPBS) 263 mg/dL

Sys.Exam: General: UA - 7.6; TSH - 7.44; HbA1C - 9.79; VIT D - 15;

[08-Apr-2022] FBS:156 PPBS:263

Diagnosis: HYPERTENSION, T2DM, DYSLIPEDEMIA

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) CAP. PANTOP DSR	1 — 0 — 0	Daily - 1 Month
2) TAB. GEMCAL 500MG	1 — 0 — 0	Daily - 1 Month
3) TAB. BENITOWA 4MG	0 — 0 — 1	Daily - 1 Month
4) TAB. FUBOX 80MG	1 — 0 — 0	Daily - 1 Month
5) TAB. THYRONORM 62.5MCG	1 — 0 — 0	Daily - 1 Month
6) TAB. JALRA M 50/500MG	1 — 0 — 1	Daily - 1 Month
7) TAB. ZORYL 1	1 — 0 — 1	Daily - 1 Month
8) TAB. TONACT 10	0 — 0 — 1	Daily - 1 Month

Tests Prescribed : BLOOD SUGAR F & PP, ON 23.4.22

Next Visit : 09-May-2022 - Monday



Dr. Rakesh Kumar
 M.B.B.S., MD(Med.), D.C.(Card), FAPSC

Fees Valid for 5 days

Specialization in : • Critical Care Cardiology • Stress Testing • 2D Echocardiography • Holter Analysis • Blood Sugar & E.C.G. Facility Available.



DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	Mrs. ASIA MARIYAM	AGE/SEX	58/F	DATE	10.08.2022
REG NO	22/004249	REF BY	Dr. MOHD SUHAIB		

PET-CECT WHOLE BODY

Clinical Details: K/C/O squamous cell carcinoma right border of tongue, underwent right partial glossectomy + right selective neck dissection done on 27.5-2019, post 30# radiotherapy (last on 17.8-2019), Last PET (dated -07-12-2020) suggestive of no evidence of metabolically active malignant disease, cholecystectomy done 18-01-2020.

Indication: Follow up.

TECHNIQUE:

Whole body PET-CT scan (Vertex to mid-thigh) was performed on uMI550 digital PET/CT after I.V. administration of F-18 FDG (4.12 mCi). Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm). PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated. The fasting blood sugar level at the time of injection was 143 mg/dl.

PET-CT Scan findings:

Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

No obvious abnormality detected. Further evaluation may be done with MRI if clinically indicated.

Head and Neck:

- *Post-surgical changes of right partial glossectomy + right selective neck dissection surgical clip are noted in situ. No focal abnormal FDG uptake/lesion is noted at the surgical site.*

Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. No size significant lymph node is noted. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal. There is no focal abnormal FDG uptake in the neck on PET.

Breasts:

Bilateral breast appears unremarkable.

Chest:

- *Non FDG avid fibrobronchiectatic changes are noted in posterior segment of upper lobe of right lung.*

No focal lung mass or nodule is seen. Trachea mainstem bronchi appear normal. Mediastinal vasculature appears normal. Pleural and pericardiac spaces appear normal. No significant or FDG avid adenopathy is seen in the mediastinum or axillae. There is no focal abnormal FDG uptake noted in the chest.



24-1-23

Dr Mohd. Suhaib
Sr. Consultant – Radiation Oncology
MBBS, MD Radiation Oncology
Ex. SR SGP GIMS, Lucknow
Formerly at Apollo, Lucknow

Mrs. Asiya Chariyam SBT/F

T₂DM + Hypothyroidism on fit
Foc of Cca Tongue

Post-op → Post RT

(till 17-8-2019)

c/o → - Back pain

- Joint pain

Ref. to Rheumatology

9-11-23

c/o → Pain in Rt RMT region.

Ex^h → No Growth/ulcer

No Cervical node

Complaints: WEAKNESS, SEVER BODY PAIN IN LIMBS & BACK

BP 170 / 98 mmHg

Sys. Exam: General: VIT D - 18.4;

[08-Apr-2022] FBS:156 PPBS:263

Diagnosis: HYPERTENSION, T2DM, DYSLIPEDEMIA

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TAB. GEMCAL 500MG	1-0-1	Daily - 1 Month
2) TAB. BENITOWA 4MG	1-0-1	Daily - 1 Month 19.12.23
3) TAB. THYRONORM 75	1-0-0	Daily - 1 Month
4) TAB. GLYCOMET SR 500MG	1-0-0	Daily - 1 Month
5) TAB. ZORYL 1	1-0-1	Daily - 1 Month
6) TAB. VOGLISTAR MD 0.3MG	1-0-1	Daily - 1 Month
7) TAB. TAYO 60K	1-0-0	Weekly Twice - 1 Month

Next Visit : 21-Aug-2023 - Monday

Dr. Rakesh Kumar
M.B.B.S., MD(Med.), D.C.(Card), FAPSC

4-10-23

BP - 176/102

Ext. R. Khan

Rx

① LOSAR A 1-0-1

② Inj SLOMEDROL 100 BD x 3d.
125

③ Cont. other med. as such.