HISTOPATHOLOGY REPORT

Patient Name	: MRS. VEERBALA	Age/Sex	: 68 Yrs F
Ref. By	: DR.BRIG.A.K.TYAGI	CR.NO	: 17950/UHID23HO
Sample Col. Date	: 13/06/23	Credit Bill	: 71781/OBOPD23HO
Sample Rec. Date	: 13/06/23	OPD/IPD	: OPD
Report Date	: 15/06/23	Report Status	: Completed

Case Summary:

Biopsy No	**: SN – 604 - 23**
Specimen	**: Trucut biopsy from left breast lump**
Impression	**: Invasive ductal carcinoma (NST)**
Advice	**: IHC for ER, PR, Her2/neu, Ki67 and CK5/6**

Macroscopic diagnosis:

Received three gray-white needle core biopsy in 10% buffered formalin, smallest measuring 0.3 cm in length, longest 1.5 cm in length. All processed.

Microscopic findings:

Sections show presence of an invasive ductal carcinoma (NST) with surrounding stromal fibrosis and sparse inflammation.

Report prepared by
Geeta Bisht

DR. (BRIG.) AJAY MALIK
HOD &SENIOR CONSULTANT
LAB DIRECTOR, PATH & ONCOPATH

Only for Professional Opinion, Not for Medico-Legal Purpose.

NOTE: 'Kindly collect the report/slides/blocks of histo-surgical specimen between 9:00 AM - 5:00 PM. Slides/blocks can be issued only on the advice of the referring consultant **after a minimum duration of 48 hours.** Gross specimen will be retained only for a period of 2 months after the date of reporting.'

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Name	Mrs. Veerbala			68Y / Female	Lab. No.	40009/OPDPB23HO
Ref-by	Dr. ADARSH KUMAR				UHID	18605/UHID23HO
Manual					Bill Date	16-Jun-2023
IP/OP					Rep.Date	16-Jun-2023

PATIENT ID:23/06/2269
WHOLE BODY (18F-FDG) PET-CECT SCAN

CLINICAL HISTORY: Patient is a suspected case of carcinoma left breast.

INDICATION: PET-CECT scan is being done for further evaluation.

ACQUISITION PROTOCOL:

Scanner: GE Discovery™ IQ Gen 2 PET-CT	**Radio-isotope:** ^{18}F – FDG; 60 minutes uptake period
Study Mode: PET-3D with Ultra-HD (OSEM / QClear Image Reconstruction) mode & CT - Auto mA mode	**Extent of Study:** Brain and Skull base to mid-thigh
Semiquantitative analysis of FDG uptake: SUV value corrected for dose administered and patient lean body mass (gm/ml* SUV lbm)	**Special acquisition:** HRCT Chest (With Breathholding instructions)
Blood glucose level: 154 mg/dl	**Intervention:** None
Serum creatinine level: 0.9 mg/dl	**Contrast:** I/V Contrast (Non - ionic) and oral plain water (Negative Contrast)
Height: 148 cm	**Weight: 43** Kg

OBSERVATIONS: Study Image Quality: Satisfactory. The overall biodistribution of FDG is within normal physiological limits.

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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:

Note is made of left tonsilolith.

Non FDG avid subcentimeter sized bilateral supraclavicular lymph nodes are noted- likely nonspecific.

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

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

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

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

Mediastinum:

Mildly FDG avid heterogeneously enhancing ill-defined soft tissue density lesion is noted in left breast upper quadrants (measuring ~ 1.5 x 4.1 cm SUV max – 2.2). Surrounding fat stranding is noted. Fat planes with overlying skin and underling muscles are preserved.

Non FDG avid left axillary level I (largest measuring ~ 0.8 x 0.9 cm) lymph nodes are noted.

Right axilla show evidence of few non FDG avid lymph nodes with largely preserved fatty hilum – likely benign, non-specific.

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

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

Few calcified and non-calcified mediastinal and bilateral hilar lymph nodes are noted with no significant FDG uptake– likely benign non-specific inflammatory / granulomatous.

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

Abdomen & Pelvis:

The liver is normal in size, shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion with abnormal contrast enhancement and / or increased FDG uptake is seen involving hepatic parenchyma.

The gall bladder is well distended with no evidence of an intraluminal radio-opaque calculus noted *(USG is the modality of choice to evaluate for cholelithiasis / choledocholithiasis).*

The spleen is normal in size and demonstrates physiological FDG uptake.

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

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

Bilateral kidneys appear normal in size, shape, attenuation and physiological cortical FDG uptake. No evidence of calculus or hydronephrosis is noted.

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

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

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No free peritoneal fluid is seen.

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

Few calcified and non-calcified hypodense atheromatous plaques are seen involving thoraco-abdominal aorta and its branches with no obvious luminal stenosis.

Musculo-skeletal System:

Degenerative changes are seen along visualized cervico-dorso-lumbar vertebrae.

Tiny sclerotic foci with no abnormal FDG uptake are seen involving left ischium – likely benign, possibly bone islands.

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

OPINION: PET-CECT SCAN REVEALS:

- **Mildly metabolically active heterogeneously enhancing ill-defined soft tissue density lesion in left breast upper quadrants, as described – likely neoplastic. Clinical and HPE correlation is advised.**
- **No other abnormal hypermetabolic focus noted in rest of the visualized body.**

Please correlate clinically.

Best regards

hitesh

Dr. Hitesh Aggarwal
MBBS, DRM (Nuclear Medicine)
Consultant & Head
Department of Nuclear Medicine & PET/CT
(DMC / R / 11613)
Mob. No – 9818620044

This report is for diagnostic use only and NOT valid for medico-legal purpose. In case of any discrepancy due to machine error or typing error, please get it rectified immediately. **Typed By Medical Transcriptionist on Duty**

Dr. Hitesh Aggarwal
MBBS / DRM (Nuclear Medicine)
Consultant & Head
Department of Nuclear Medicine & PET-CT
(DMC / R / 11613)

KOSMOS®
Superspeciality Hospital

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E-mail : kosmoshospital@gmail.com
Website : www.kosmoshospital.com

DISCHARGE SUMMARY

Patient Name	:	Veer Bala	**Age / Sex**	:	68 / Female
Address	:	Judges Residence Modal Town Gzb Ghaziabad			
UHID No.	:	61763	**IPD No.**	:	18669/23
Admission Date	:	03/12/2023 10:48:49 AM	**Discharge Date**	:	03/12/2023
Room No.	:	101 B	**Category / TPA**	:	General
Doctor Incharge	:	Dr. Suresh Kumar	**Department**	:	General Surgery
Discharge Reason	:		**Next Follow up date**	:	**24/Dec/2023**

DIAGNOSIS :-

POST OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA).
T2/3, NO MO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE..
KNOWN CASE OF T2 DM / HTN...

CHIEF COMPLAINTS & REASON FOR ADMISSION :-

PATIENT IS A POST-OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA) T2/3, NO MO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE. NOW PATIENT IS BEING ADMITTED FOR SEVENTH CYCLE OF CHEMOTHERAPY. POST CHEMOTHERAPY HAIR FALL (+), LOSS OF APPETITE, NAUSEA (+), NO FEVER, NO THROMBOCYTOPENIA, NO LEUCOPENIA. PATIENT TOLERATED WELL SEVENTH CYCLE OF CHEMOTHERAPY AND POST CHEMOTHERAPY SIDE EFFECTS WITHOUT ADMISSION IN THE HOSPITAL.

CLINICAL HISTORY :-

KNOWN CASE OF T2 DM / HTN ON TREATMENT

HISTORY OF LEFT MRM ON 21/06/2023

ON EXAMINATION :-

At Admission :

Conscious Oriented
PR: 107/min, BP: 110/60 mmHg, RR: 20/min, Temp: 98°F
Chest - B/L AE EQUAL VBS (+)
Abdomen - SOFT BS (+)
CVS - S-1 S-2 AUDIBLE
SPO2-98% ON RA, RBS-196MG/DL

LOCAL EXAMINATION :

Superspeciality Hospital KOSMOS Anand Vihar Delhi

DISCHARGE SUMMARY

TREATMENT GIVEN IN THE HOSPITAL :

I/V FLUIDS
INJ. MVI
INJ. DECADERON
INJ. EMESET
INJ, APRECAP (D1)
INJ. EFFCORLIN (D1)
INJ. PACLITAXEL (D1)

HOSPITAL COURSE / COMPLICATIONS / SEQUENCE OF COMPLICATIONS :-

PATIENT IS A POST-OPERATIVE CASE OF LEFT BREAST CARCINOMA (INVASIVE DUCTAL CARCINOMA) T2/3, NO MO, ER-POSITIVE, PR-POSITIVE, HER2NEU -NEGATIVE. NOW PATIENT IS BEING ADMITTED FOR SEVENTH CYCLE OF CHEMOTHERAPY. POST CHEMOTHERAPY HAIR FALL (+), LOSS OF APPETITE, NAUSEA (+), NO FEVER, NO THROMBOCYTOPENIA, NO LEUCOPENIA. PATIENT TOLERATED WELL SEVENTH CYCLE OF CHEMOTHERAPY AND POST CHEMOTHERAPY SIDE EFFECTS WITHOUT ADMISSION IN THE HOSPITAL. AFTER CLINICAL ASSESSMENT AND INITIAL TREATMENT IN EMERGENCY PATIENT ADMITTED UNDER CARE OF DR. SURESH KUMAR NAIN & DR. ANIL FOR 7TH CYCLE OF CHEMOTHERAPY. PATIENT WAS GIVEN INJ. DECADERON 16MG I/V STAT IN 100ML NS OVER 1/2 AND HOUR & INJ. EMESET 8MG I/V STAT IN 100ML NS OVER 1/2 AN HOUR BEFORE STARTING FIFTH CYCLE OF CHEMOTHERAPY. SHE RECEIVED 7TH CYCLE OF CHEMOTHERAPY ON D1 WITH INJ, APRECAP150MG IN 100ML NS OVER ½ AN HOUR, INJ. AVIL 1AMP I/V BOLUS STAT SLOW, INJ. EFFCORLIN 100MG I/V SLOW BOLUS STAT, INJ. PACLITAXEL 225MG IN 500ML NS OVER 3-4 HOURS, INJ. MVI 1AMP. WITH 500ML NS I/V OVER 2-3 HOURS WAS GIVEN ON D1. SHE TOLERATED THE CHEMOTHERAPY WELL. ALSO BLOOD SUGAR CHARTING WAS DONE AND MANAGED ACCORDINGLY. GRADUALLY PATIENT`S GENERAL CONDITION HAS IMPROVED AND NOW PATIENT IS BEING DISCHARGED TODAY IN SATISFACTORY CONDITION TO BE FOLLOWED UP THROUGH OPD.

INVESTIGATION :-

CONDITION AT DISCHARGE :-

SATISFACTORY

MEDICINES ON DISCHARGE :- Morning Noon Evening Night Days

Superspeciality Hospital KOSMOS Aruna Vihar Delhi-92

DISCHARGE SUMMARY

1	Tab. Pan	40MG	TWICE A DAY BBF & B DINNER	10
2	Tab. Emeset	4MG	THRICE A DAY	5
3	Tab. Neurobion Forte	1	TWICE A DAY	21
4	Tab. Alprex	0.25MG	HS BED TIME	21
5	Tab. Ironemic	1	ONCE A DAY	21
6	Tab. Lomotil	2	SOS IF LOOSE STOOLS	0
7	TAB. DULCOLAX	2	SOS IF CONSCIPATION	0
8	Syp. Looz SF	15ml	SOS IF CONSTIPATION	0
9	TAB. INSUGRIP M	1000MG	TWICE A DAY 09AM & 09PM	21
10	TAB. MET INDIA GP1	1	TWICE A DAY BBF & B DINNER	21
11	Tab. Telma	20mg	ONCE A DAY	21

ADVICE ON DISCHARGE :-

REVIEW IN OPD AFTER 07 DAYS WITH LFT / KFT REPORTS

CONTINUE ALL PREVIOUS ONGOING MEDICINE AS BEFORE FOR T2 DM / HTN

8TH CYCLE OF CHEMOTHERAPY TO BE GIVEN ON 24/12/2023

POST 7TH CYCLE OF CHEMOTHERAPY CBC TO BE DONE EVERY FIFTH DAY

CBC TO BE DONE DAY 01 BEFORE 8TH CYCLE OF CHEMOTHERAPY

DIABETIC DIET

RBS CHARTING TO BE DONE

IF FEVER, LOOSE MOTION, VOMITING IS CONTINUOUS THEN INFORM IMMEDIATELY

REST PRECAUTION AS ADVISED

IN CASE OF VOMITING, BLOOD PRESSURE (>140/90 MMHG,<100/70 MMHG TEMPERATURE >100F, PLEASE CONTACT IN HOSPITAL EMERGENCY

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DISCHARGE SUMMARY

In Case of any medical emergency Please Conatct : 9599941127, 8586828282

Superspeciality Hospital Anand Vihar

Dr. Suresh Kumar
Consultant Doctor

Resident Medical Officer

NOTE: PLEASE DISPENSE THE ABOVE MEDICINES OR IDENTICAL GENERIC DRUGS.
In Emergency Conatct : 8586828282

KHANDELWAL HOSPITAL & UROLOGY CENTER PVT. LTD.

B-15, 16, EAST KRISHNA NAGAR DELHI-51
42408561,42408591,42408910,42408710

Discharge Summary

Name	: Mrs. Veer Bala	UHID	: 34674
Phone	: 9045018663	Bill Id	: 329/23-24
Age	: 68 y	Bill Date	: 24-06-2023 20:04
Gender	: Female	IPD No	: IPD-315/23-24
Consultant	: Dr. Suresh/N/A	D.O.A.	: 20-06-2023 17:13
No Of Days	: 5	D.O.D.	: 24-06-2023 20:05
Room Category	: Single	Panel Name	: Cash
Room	: 204	Insurance Name	: N/A
Address	: 81 Alakh Nanda Colony Khushal Pur Majhola , 244001, Moradabad, Uttar Pradesh, India		

Final Diagnosis :-
Left sided Breast tumor (Invasive Ductal carcinoma).
ICD CODE ; D-05

Complaints :-
Lump in left breast (painless)
L/E- Mobile = 4cm in size.

History of Present Illness :-
2 years

History of Past Illness :-
K/C/O- DM on treatment
Cataract surgery- 14 years back
Haemorrhoidectomy- 21 years back.

Examination Findings On Admission :-
G.C: Fair,
Pulse: 84/min,
Temp: 98F,
SPO2: 98%,
R/R: 22/min,
B.P. : 130/80 mmHg
RBS- 180mg/dl.
Chest: B/L , A/E(+),
CVS: S1S2(+).
CNS: Conscious, Oriented.
P/A: Soft & Non tender.
L/E- Mobile = 4cm in size.

Sensitivity to any Drug :-
Not known

Investigation :-
22-06-2023 : Complete Haemogram (CBC) Haemoglobin* - 7.5, TLC - 11640, Neutrophils - 76, Lymphocytes - 20, Monocytes - 03, Eosinophils - 01, Basophils - 00, PCV (Haematocrit) - 23.8, MCV - 71.7, MCH - 22.6, MCHC* - 31.5, RBC - 3.33, Platelet Count* - 2.79,
23-06-2023 : Haemoglobin (Hb) Haemoglobin* - 9.8,

Hospitalization Summary :-
86 years old female patient admitted with above mentioned complaints. All necessary investigation done. Case discussed with attandents & all risks & complications explained to them. After PAC clearance & taken proper written consent patient taken up for surgery (Modified Radical Mastectomy) on 21.06.2023 under GA. Patient stood sugery well. Post operative stay was remained uneventful. Patient was kept in ICU for continous monitoring. physician opinion was taken I/V/U giddiness nausea . Patient was managed with IV fluids, IV antibiotics, Antacid & other supportive drugs. Patient drain in situ. Now patient condition is stable, so is being discharged with advised medicine.

Treatment Given During Hospitalization :-

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B-15, 16, EAST KRISHNA NAGAR DELHI-51
42408561,42408591,42408910,42408710

Discharge Summary

PATIENT WAS MANAGED BY INJ RANTAC, INJ EMESET, INJ SUPACEF, INJ AMIKACIN, INJ PANTOPRAZOLE, INJ DICXLOFENAC, INJ TRAMADOL, INJ ONDESETRON, TAB DULCOLAX, TAB ALPRAX, I/V FLUIDS & OTHER SUPPORTIVE DRUGS.

Operation / Procedure Notes :-

Procedure- Modified Radical Mastectomy done under GA on 21.06.2023.

Advice / Treatment at the time of Discharge :-

Medicines :-

	Name	Dose	Count	Freq	Duration	When	Remarks
1)	TAB. CEFTUM (500mg) cefuroxime	2	2	1-0-1	7 days		MORNING & NIGHT
2)	TB. LEVOFLOX 500mg	1	1	0-0-1	7 days		MORNING
3)	CAP. HAEM UP	1	1	0-0-1	3 weeks		NIGHT
4)	CAP. VIZYLAC (Lactic Acid Bacillus, Vitamin B Complex, Zinc)	1	1	0-0-1	3 weeks		NIGHT
5)	TAB. RANTAC 150MG (Ranitidine (150mg)	3	3	1-1-1	5 days		MORNING & AFTERNOON & NIGHT
6)	TAB. VOVERAN (Diclofenac (50mg)	3	3	1-1-1	5 days		MORNING & AFTERNOON & NIGHT
7)	SYP. LOOSE 3 tbsp	1	1	0-0-1			NIGHT AT BED TIME
8)	TAB. STUGERON FORTE						SOS
9)	HIGH PROTEIN DIABETIC DIET						
10)	REST TREATMENT AS TAKEN BEFORE						

WHEN TO OBTAIN URGENT CARE:-
HIGH GRADE FEVER
LUMP IN BREAST
ANY OTHER PROBLEM YOU FEEL
ALWAYS CARRY YOUR DISCHARGE CARD, AND ALL RELEVANT INVESTIGATION REPORTS WHILE VISITING.
IN CASE PATIENT IS SUFFERING WITH ABOVE MENTION COMPLAINT PLEASE CONTACT TO:-9212745664

I HAVE RECEIVED & RECIEND BY DISCHARGE SUMMERY WITH INVESTIGATIONS REPORTS. I HAVE UNDER STOOD ABOUT PRECAUTIONS, SAFETY MEASURES, DETAILS OF MY PATIENT'S MEDICATIONS (CORRECT DOSE, FREQUENCY & DRUG INTERACTIONS.)
I HAVE BEEN EXPLAINED THE ABOVE IN MY OWN LANGUAGE.

Patient/Attendant's signature ( )

Nurse sign ( )

Next Follow Up :-

30-06-2023

To Obtain Urgent Care Please Contact : 9212745664

RMO Signature

Dr. Suresh

Prepared By : Ms. Preeti
Printed By : Ms. Preeti