



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Department of Pathology

Lab Name: Histopathology

CRNo: 2023198301

Status: IP

Unit: UNIT-2

Department : Surgical Gastroenterology

Name: Gopi Krishan Lal /79 Y / M

Ward/Bed: 3701 CHBDT 2nd Floor GEN/24

Lab Id: L150111072308051

Specimen: Tissue

Consultant: ASHOK KUMAR

Collected On: 11/07/2023 15:07 PM

Test Name: 01. Endoscopic/ Needle/ Small Biopsy/Cell Block Test On: left iliac fossa node

Gross: 8051/23 Received two unlabelled specimen: 1) Received multiple linear tissue cores longest measuring 1.8 cm. All were embedded. 2) Received multiple linear tissue cores longest measuring 1.2 cm. All were embedded.

Microscopic: The sections from both the specimen show fibrocollagenous tissue cores infiltrated by tumor disposed in sheets. The individual tumor cells are large sized with round to irregular nuclei, coarse chromatin, inconspicuous nucleoli and scant to moderate amount of cytoplasm. Frequent mitotic figures are seen with atypical mitosis. Occasional multinucleated giant cells are also noted. On immunohistochemistry, the tumor cells are positive for LCA and CD20 and negative for CK, CK7, CK20, vimentin, CD3, CD30 and ALK. Ki-67 proliferation index is ~80-90%

Conclusion: LEFT ILIAC FOSSA LYMPH NODE BIOPSY: DIFFUSE LARGE B CELL LYMPHOMA.

Reported Date: 31/07/2023 09:07 AM

Reported By: Dr. Neha Nigam

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Department of Pathology

Lab Name: Immunohistochemistry

CRNo: 2023198301

Status: IP

Unit: UNIT-2

Department : Surgical Gastroenterology

Name: Gopi Krishan Lal /79 Y / M

Ward/Bed: 3701 CHBDT 2nd Floor GEN/24

Lab Id: L151011072301601

Specimen: Tissue

Consultant: ASHOK KUMAR

Collected On: 11/07/2023 15:07 PM

Test Name: 01. Immunohistochemistry

Test On: tru cut needle lopsy of left illiac fossa node

Microscopic: Refer to histopath number 8051/23 On immunohistochemistry, the tumor cells are positive for LCA and CD20 and negative for CK, CK7, CK20, vimentin, CD3, CD30 and ALK. On 2nd panel, the tumor cells are positive for Bcl6 and MuM1 and negative for CD10. Ki-67 proliferation index is ~80-90%

Conclusion: Findings are suggestive of diffuse large B cell lymphoma, activated germinal centre phenotype

Reported Date: 28/07/2023 15:07 PM

Reported By: SK Rahul Raja

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Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Department of 24 Hour Lab

Lab Name: 24 Hr Clinical Chemistry

CRNo: 2023198301

Status: IP

Unit: UNIT-1

Department: Hematology

Name: Gopi Krishan Lal 79 Y / M

Ward/Bed : 2002 Hematology B27A09/25

Lab Id: 24hr00112082300142

Specimen: Blood - Plain

Consultant: Rajesh Kashyap

Collected On: Aug 12, 2023 2:14 PM

Test Name	Result	Unit	Reference Range
15. S. LDH (M-PYRUVATE TO LACTATE)	808	u/L	207.0-414.0

Reported Date: Aug 12, 2023 4:10 PM

Reported By: Singh Rohini Vivekanand

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Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

Department of 24 Hour Lab

CRNo: 2023198301

Status: IP

Unit: UNIT-1

Lab Name: 24 hr Hematology

Name: Gopi Krishan Lal 79 Y / M

Department: Hematology

Lab Id: 24hr00213082300125

Ward/Bed : 2002 Hematology B27A09/25

Consultant: Rajesh Kashyap

Specimen: Blood - EDTA

Collected On: Aug 13, 2023 10:51 AM

Test Name	Result	Unit	Reference Range
01. HGB	7.7		
02. TLC	9.3		
06. PLT	140x1000/cumm	x1000/ul	4.4-11.0

Reported Date: Aug 13, 2023 12:27 PM

Reported By: Singh Rohini Vivekanand

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Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014, India

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No. : SPA009963

Date: 14-08-2023 TIME:15:13
Name: JOPI KRISHNA IAL.
C.R.NO:
Dr. : S.G.P.G.I.LKO.
Reg.:

Sr.No.	QTY.	PACK	DESCRIPTION	BATCH	EXP.	M.R.P.	AMOUNT
1	10 PCS	1*10	a SEPTRAN DS	SA2247	7/25	25.20	25.20
2	40 Pcs	1*10	a CLOGEN LOZENGES	2200856	3/24	63.50	254.00
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4	15 TAB	1*45	a FOLVITE-5MG	HA4368	8/24	76.54	25.51
5	20 Pcs	1*10	a PROLOMET XL 50	GTE0691A	2/25	58.35	116.70
6	15 PCS	1*15	a SHELICAL-500	GDX0102	2/25	131.30	131.30
7	10 Pcs	1*15	b A TO Z GOLD CAP	22106NAZI	1/24	210.00	140.00
8	1 P	1GM	a D-RISE SACHET 1GM	220035	6/24	36.72	36.72
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Date	Clinical Details & Advice	Date of Next Appointment
	<p>Cl/w. pt. serology s.b</p> <hr/> <p>alter review of histology looks like lymphoma in cervical tonsils & constitutional symptoms</p> <p>Adv, ① Report of CT scan regarding lymphadenopathy ② review of slides & review of reports</p>	
①	<p>11. 2010 6.00 pm ser</p>	
②	<p>Apr. - Apr. 2011 10th Feb Before food</p>	<p>Que 475</p>



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India

34

Billing Receipt

C.R No.	Name	Receipt No.	Date & Time
2023198301	Gopi Krishan Lal/79 Y/M	23-241639739	Jun 30, 2023 9:20
Req. No.			Req. D
ORDER20231377123			Jun 28, 2023 02:06
Tariff Name			Amount (
08. Review of outside Cytology slides/digital images			275.00
Req. No.			Req. D
ORDER20231377131			Jun 28, 2023 02:06
Tariff Name			Amount (
ABO blood grouping			85.00
ECG			55.00
CR X Ray Chest PA			190.00
HBsAg			85.00
Anti-HCV antibody			660.00
02. Act. Partial Thromboplastin Time			100.00
01. Prothrombin Time			100.00
05. PLT			55.00
08. DLC			55.00
01. TLC			55.00
04. HCT			55.00
03. HGB			55.00
17. S. Alkaline Phosphatase			55.00
13. S. Bilirubin, Total			55.00
09. S. Sodium			55.00
10. S. Potassium			55.00
14. S. Bilirubin, Conjugated			55.00
15. S. AST (SGOT)			55.00
16. S. ALT (SGPT)			55.00
12. S. Albumin			55.00
11. S. Proteins, Total			55.00
06. S. BUN			55.00
05. S. Creatinine			55.00
03. S. Glucose (R)			85.00
Pay Mode: Cash			55.00
Total(Rs.):			2515.00

bhupendrak@172.24.163

Printed on 30-6-2023 9:20:21

SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW

REQUISITION FORM FOR CONSULTATION

Gopi Krishan Lal 69/M
2027198301

Ward No. OPD
Bed No.
Department Hematology

Consultation required from :

Radiotherapy	Urgent <input checked="" type="checkbox"/>
	Routine <input type="checkbox"/>

Diagnosis/Specific problem :

DLBCL CD20 type + Dr RCV P
Kindly consider for radiotherapy of testicular mass

Consultation/Opinion required in respect of :

Request Opinion only Opinion + Follow up Transfer
Date 13/8/23 Time 4 p.m. Signature R Designation SRD
Name ↓ Dr. Kashyap

Report/Opinion of the consultant *

Date..... Time..... Signature..... Designation.....
Name.....

* Use reverse side if required.

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	MR. GOPI KRISHNA	AGE/SEX	79Y/M	DATE	05.08.2023
REG NO	60085333	REF BY	DR. RAJESH KASHYAP		

Urinary bladder is well distended with physiological urinary FDG activity. Wall thickness is normal. Prostate is normal in size and attenuation. No abnormal focal lesion or FDG uptake.

Skin & Musculo-skeletal:

Generalised osteopenia noted.

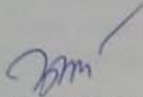
The axial & visualized portion of appendicular skeleton appear normal with no evidence of any lytic / blastic lesion or abnormal focal FDG uptake.

IMPRESSION:

FDG PET-CT study reveals:

- Metabolically active lymphoproliferation on either side of diaphragm with involvement of left testis and spleen.
- Subcentimetric bilateral renal calculi.
- No other metabolically active lesion appreciated in rest of the body.

Advice: - Clinical-pathological/biochemical correlation is advised.



Dr. ASHUTOSH PARASHAR

MBBS, DNB (Nuclear Medicine)

PDCC (Co-relative Imaging)

Ex. Senior Resident (SGPGI)

Consultant-Nuclear Medicine & PET-CT

Disclaimer:

Not all tumors may show FDG uptake. In the absence of metabolically active disease reported in the scan, if there are other evidences to suggest presence of disease, further complimentary investigations might be undertaken. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary. Please interpret accordingly. This report is not valid for medico legal purpose. For any typing related errors kindly report us within 15 days with original report of examination and supporting documents as proof.

Shri Ram Murti Smarak Functional Imaging & Medical Centre

CP 2/3, Vishwas Khand -2, Near Flyover, Gomti Nagar, Lucknow-226010 Ph.: 0522-2308987-88, 4071774 Mob.: 9458704154
E-mail: srmsfmc@srms.ac.in Website: srms.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/ Holidays)
Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography
Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

Helpline: (M.) 9458701800, Ambulance Services Available

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	MR. GOPI KRISHNA	AGE/SEX	79Y/M	DATE	05.08.2023
REG NO	60085333	REF BY	DR. RAJESH KASHYAP		

Parotid & submandibular salivary glands show normal contrast enhancement and physiological FDG uptake. Vascular structures of neck appear normal. No significant cervical or supraclavicular lymph noted.

Thorax:

FDG avid APW (SUVmax: 4.3, ~1.5x1.2cm), subcarinal, bilateral hilar lymph nodes noted.

Bilateral lung fields are clear with no mass, nodule, opacity or abnormal FDG uptake. No pleural effusion or thickening. Large airways appear normal. Heart appears normal in size. Physiological FDG uptake is noted in the myocardium. No pericardial effusion or thickening. Oesophagus shows no abnormal wall thickening or abnormal FDG uptake. Great vessels appear normal.

Abdomen & Pelvis:

Homogeneous FDG avidity (SUVmax: 30.1) appreciated in enlarged left testis (~10.1x5.7cm). Right testicle is not separately visualised.

FDG avid enlarged left external iliac (SUVmax: 57.2, ~3.5x3.0cm) lymph node noted.

Homogeneously increased FDG uptake noted in normal sized spleen. Spleen ~11.1cm.

Note made of hyperattenuating non obstructing subcentimetric calculi in bilateral renal pelvis.

Liver is normal in size (~14.8cm), contour and shows normal homogeneous enhancement with physiological bio-distribution of FDG. No evidence of any focal or diffuse parenchymal lesion or abnormal focal FDG uptake. No evidence of intrahepatic biliary dilatation.

Gall bladder is regular in contour. No evidence of calculi. CBD appears normal.
(CT is not a modality of choice for gall bladder and biliary calculi, USG is advised for the same)

Pancreas is normal in size, contour and contrast enhancement. No evidence of calcification or atrophy. Peripancreatic fat planes appear well maintained. No focal lesions or abnormal FDG uptake. MPD is normal.

Bilateral adrenal glands appear normal.

Stomach and bowel loops appear normal. No evidence of focal or diffuse (mucosal / mural) wall thickening. Rectum and perirectal fat planes are normal. Physiological FDG uptake is seen in the bowel loops. Omentum & mesentery appear normal. No ascites noted.

i Ram Murti Smarak Functional Imaging & Medical Centre

Vishwas Khand -2, Near Flyover, Gomti Nagar, Lucknow-226010 Ph.: 0522-2308987-88, 4071774 Mob.: 9458704154
Email: srmsfimc@srms.ac.in Website: srms.ac.in/fimc Working Hours: 8 a.m. to 9 p.m. (Mon-Sat), 9 am to 6 p.m. (Sunday/ Holidays)
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NAME	MR. GOPI KRISHNA	AGE/SEX	79Y/M	DATE	05.08.2023
REG NO	60085333	REF BY	DR. RAJESH KASHYAP		

¹⁸F-FDG WHOLE BODY PET-CT SCAN

HISTORY: Diagnostic work up biopsy proven case of DLBCL.

INDICATION: Staging.

Comparative study: - None

PROTOCOL:

Whole body PET-CT scan was performed after I.V. administration of **F-18 FDG (6.42mCi)**. 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 **141mg/dl**.
Serum creatinine (05.08.2023): 1.04mg/dl.

Extent of the scan: - From vertex to mid-thigh.

All dimensions mentioned in the report are in the format of transaxial x anterior-posterior x craniocaudal unless specified otherwise.

PET-CT FINDINGS:**Brain:**

Cerebral parenchyma appears normal with physiological FDG uptake in the cerebral cortex. Subcortical structures, cerebellum & brainstem appear normal with physiological bio-distribution of FDG. Ventricular system & basal cisterns appear normal. Extra-axial spaces are normal. No SOL. No evidence of midline shift noted.

Note: All brain metastases may not be apparent on a PET/CT scan and an MRI can be performed when clinically indicated.

Head & Neck:

Orbits, paranasal sinuses, mastoid air cells & skull base appear normal.
Nasopharynx, oral cavity, hypopharynx and larynx appear normal. Physiological FDG uptake is seen in tonsils and vocal cords.
Thyroid gland appears normal in size & attenuation.

Shri Ram Murti Smarak Functional Imaging & Medical Centre

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Diagnostic Services: PET-CT Scan, SPECT Gamma Dual Camera, 3T MRI 48 Channels, CT Scan 128 Slice, Digital Mammography
Other Services: Digital X-Ray, 4D USG Color Doppler, Pathology, Microbiology, Biochemistry, ECG, TMT, PFT

Helpline: (M.) 9458701800, Ambulance Services Available

डा० नवीन चन्द्र

एम० डी० (मेडिसिन)
UPMC 20175

Shri. Gopi Kalra 80y

डा० विवेक चन्द्र

एम० डी० (मेडिसिन)
FICP, FRCP (London)
UPMC 61457

Ref. by.....

Thanks for reference

नवीन उपचार केन्द्र

2, 'प्रतिभा कॉम्प्लेक्स', जुबिली रोड
गोरखपुर (0551) 2333990

Drug Sensitivity No /.....

Khalilabad

K/c HTN - 10yrs on Prolomet XL 50 mg To Continue Plb - 8.2gmy.
feverish - 1month frequent BP record Urine < m L

130/80mmHg

Adv:-

(1) Ecosprin AV 75 शाम

(2) Inj. Moganuron fork IM once a week 4 week

(3) Remylin D शाम

USG abdo <

S. Ferritin <

ECC incomplete RBBB

S. Creatinine . 1.0

IgG IgM Typhoid Negative

Urine < m

N. Kalra
6.6.23

• कृपया अपने फेमिली डाक्टर से सम्पर्क बनाये रखें। • स्वागतकर्ता : एम. हुसैन मो० : 8005203021 • Jurisdiction Gorakhpur only.

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- दवा से कोई तकलीफ होने पर, उसे बंद करके, रोगी को दिखा लें। 7233949742
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Care Diagnostic Centre

Near Kali Mandir, Daudpur, Gorakhpur
Mob.: 8429965528



Dr. (Mrs.) Sarwat Ali
MBBS, DMRD
KEM Hospital Mumbai
Consultant Radiologist

REPORT

ID-UX2309R

PATIENT NAME- MR. GOPI KRISHNA LAL

09 JUNE 2023

REF BY- DR. ANOOJ SARKARI (M.CH)

AGE/SEX 80Y/M

USG: WHOLE ABDOMEN (MALE)

Liver- Normal in size (13.7 cm). Homogeneous echotexture. No IHBR dilatation is seen. Two cysts are seen in right & left lobe of liver, largest measuring 1.7 x 1.3 cm.

Gall bladder- Partially distended. No calculus in lumen. Wall thickness is normal.

CBD- Normal. PV – 9.9 mm (normal). Porta - normal

Pancreas- is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen- is normal in size and shape. No focal lesion is seen.

Diaphragmatic movements are within normal limits on both sides.

Right kidney- Normal in size (8.9 x 4.6 cm) outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal. Multiple calculi are seen in right kidney, largest measuring 3.3 mm.

Left kidney- Normal in size, (8.9 x 3.7 cm) outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal. A 8.4 mm calculus is seen in left kidney.

Urinary bladder is partially filled. Wall is smooth and regular. Lumen is echofree.

Prostate- Size is normal (7.9 gram), parenchyma is homogeneous. Margins are well defined. B/L seminal vesicles are normal.

Retroperitoneal vessels are normal. No retroperitoneal or mesenteric lymph nodes are seen. Psoas muscles are normal. No evidence of ascitis is seen in abdomen.

A 4.0 x 2.2 cm well defined cystic lesion with multiple internal echoes is seen in left iliac fossa. No evidence of solid component is seen.

IMPRESSION

- Multiple hepatic cysts.
- Bilateral renal calculi.
- A well defined cystic lesion with multiple internal echoes is seen in left iliac fossa. No evidence of solid component is seen. These features are s/o mesenteric cyst with protineous contents / secondary infection.

Dr. Sarwat Ali
MBBS.DMRD

Aryavart



Always Ahead

ARYAVART PATHOLOGY

SUNANDA TOWER, BANK ROAD, GORAKHPUR, Mob.: 8935001307

Clinical Pathology, Histopathology and Cyto Pathology Center

REPORT

Patient Name: Mr. Gopikrishna Lal Age : 78 Y Sex: M
Ref by: Dr. N.Chandra (MD) ID.No: F437/23
Sample Date: 10/06/23 Report Date 10/06/23

FNAC LESION

CLINICAL HISTORY : Lesion in the left iliac fossa.

MICROSCOPIC DESCRIPTION : Smears from the lesion show lymphoid cells with occasional atypical scattered cells. These cells have enlarged, pleomorphic nuclei, conspicuous nucleoli, and scanty cytoplasm. Background shows blood and inflammatory cells.

OPINION : SMEARS FROM THE LEFT ILIAC FOSSA LESION SHOW ATYPICAL CELLS.

ADVICE : Biopsy, clinikoradiologic correlation

Roly
Dr. Roly Agarwal
M.D. Path

F437/23

सुविधाये • एम आर आई (1.5 T)
• 64स्लाइस सी टी
• इन्फार्मेटिक्स / ए-सायटोपैथोलॉजी



ARYAVART 1.5T MRI & 64 SLICE CT CENTRE
SUNANDA TOWER, BANK ROAD, GORAKHPUR Mob. : 8935001307

I.D. NO C23F09-QQ

PATIENT NAME GOPI KRISHAN LAL

REF. BY Dr. NAVEEN CHANDRA M.D (Medicine)

REPORT

June 10, 2023

AGE/SEX 78 Y/M

ENC FILMS 03

CECT: WHOLE ABDOMEN

A 3.0x2.6x4.0cm well defined slightly hyperdense lesion is seen in pelvis on left side. No obvious enhancement is seen within lesion. Adjacent fat stranding is seen.

Liver is normal in size, shape and location. Attenuation value of liver parenchyma are homogenous. Intrahepatic biliary radicles are not dilated. Multiple well defined cysts are seen in right and left lobe of liver, largest measuring 1.5x1.7cm.

Gall bladder is normal. No intraluminal filling defect is seen. Gallbladder wall shows normal enhancement. (USG/MRI is better for GB calculus). Portahepatis confluence of hepatic duct is patent. CD/CBD is normal in dimension seen upto the periampullary region.

Pancreas peripancreatic fat planes are maintained and clearly defined margins of the pancreas. Pancreatic parenchyma shows homogenous enhancement in the post-contrast study.

Spleen is normal in size and location. Attenuation value of splenic parenchyma is normal. Post contrast study shows homogenous enhancement. Splenic vein, superior mesenteric veins are normal.

Both kidneys are normal in position, shape with regular surface. Post-contrast study shows homogenous parenchymal enhancement. Multiple calculi (468HU) are seen in upper and middle calyx of right kidney, largest measuring 5.7mm. Two calculi (962Hu) are seen in lower calyx of left kidney, largest measuring 8.7mm.

Urinary bladder is partially filled. Wall is smooth and regular.

Prostate appear normal. No focal lesion is seen.

Retroperitoneal vessels are normal. Rest of the soft tissues and mesenteric planes are within normal limits.

Mild bilateral pleural thickening is seen.

Degenerative changes are seen in spine.

IMPRESSION

- A 3.0x2.6x4.0cm well defined slightly hyperdense lesion is seen in pelvis on left side. No obvious enhancement is seen within lesion. Adjacent fat stranding is seen. This is likely to represent ? enlarged lymphnode. Other D/D could be mesenteric cyst with proteinaceous content. FNAC is suggested.
- Bilateral renal calculi.
- Multiple small hepatic cyst.

DR. VIKRANT AGRAWAL
D.M.R.D, DNB

DR. SARWAT ALI
D.M.R.D
(Consultant Radiologist)

THANKS FOR THE REFERRAL

THIS REPORT IS NOT VALID FOR MEDICAL PURPOSE. ANY MEDICAL QUERY OR TECHNICAL ERROR SHOULD BE CONSULTED IMMEDIATELY.

WE USE NON IONIC CONTRAST ONLY

Timings : 8.00 a.m. to 9.00 p.m. | Ambulance Available | Emergency Services : 24 Hours

पूर्वाघिल की पहली मशीन हमारी नई शाखा पर :
• PET/CT- कैंसर जांच की अत्याधुनिक सुविधा
• GAMMA CAMERA

सुविधाये • एम आर आई (1.5 T) • इलास्टोग्राफी/एआरएफआई
• कम्प्यूटराइज्ड डिजिटल एक्स-रे • 4D कलर डॉप्लर • बी एम डी.
• 64 स्लाइस सी टी•अल्ट्रासाउण्ड • पैथॉलॉजी • ई सी जी • ईईजी

2023198301



SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

Rae Bareilly Road, Lucknow 226 014

Name: Gopi Kumbhakar CR. No.

Diagnosis: HOCM & LVOT gradient 80 / AOE / DCE = 6 mm
NSR / @ LV function

Investigations Ordered

- Hematology
- Coagulation
- Cl. Chemistry
- Urinalysis & Fluids
- Cytology
- Bacteriology
- Serology BP-117/69 mm
- Plain X-ray PR-67 mm
- Ultrasound
- CT
- MRI
- Nuclear Medicine
- Immunology
- Medical Genetics
- Endocrinology
- GI Endoscopy

Rx

- 1. Pholmet XL 50mg od

- 2. Pancab 1 hb od (BBP)

Rx after 1 week
 & CoR report

[Signature]
 15/3/2013

Others

Adh

Renewable

3 month

[Signature]

Next Appointment on...at.....in

(Signature)



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Gopi Krishan Lal 79 Y M

2023198301

I Block IP

Department/Ward/Bed: Hematology / 2002 Hematology B27A09 / 25-General

Req. Date:	Req.No.	Req.Dept	Unit	Req. By
Aug 10, 2023 10:52 AM	ORDER20231728990	Hematology	UNIT-1 RajeshKashyap	Manisha Netam

Provisional Diagnosis :

Laboratory: Flow Cytometry (Dept of Hematology)

Test Name	Amount(Rs)	Test On	Order Rmks	Billing Status
Clonality panel	2760.00	Blood-EDTA CSF	DLBCL TO R/O CNS INV BASELINE	Paid
Total Amount (Rs)	2760.00			

Total Amount (Rs)

Mandatory Information

Parameters	Value
Duration of illness	-
Treatment details	-
Any other	-
Liver (cm BCM)	-
Prov diagnosis	-
Lymph node (specify)	-
Complaints	-
Spleen (cm BCM)	-

Remarks: