



भारत सरकार
Government of India

भारतीय दूरसंचार विनियामक प्राधिकरण

TELECOM REGULATORY AUTHORITY OF INDIA

M.D.S. Bhawan, J.L.N. Marg, Old Minto Road, New Delhi-110002



Sign. of Card Holder

पहचान पत्र सं. / I-Card No. : 2022047
वैधता तिथि / Validity Date : 31/12/2025
नाम / Name : Vikas Verma
पदनाम / Designation : S.R.O.
दूरभाष नं. / Phone No. : (O) 011-23664604
(R)
(M) 9412255559

Sr. Research Officer (GA)

Scanned with CamScanner

रक्त समूह / Blood Group : B+ve

घर का पता / Res. Address : 1304 A, Gardenia Grace Apartment
Sector-61, Noida - 201301

अनुदेश / Instructions

इस पहचान पत्र को टाई से सेवानिवृत्त/प्रत्यावर्तित/छोड़ने पर सामान्य प्रशासन अनुभाग को वापिस करें। इसके खो जाने की रिपोर्ट नजदीकी पुलिस थाने में तथा वरिष्ठ अनुसंधान अधिकारी (सामान्य प्रशासन) को दूरभाष नं. 011-23664141/23664142 पर तत्काल देनी चाहिए।

Please Surrender this I-card in GA Section on Retirement/Repatriation from TRAI. If lost, should be reported immediately to nearest Police Station and SRO (GA), TRAI on Tel. No. : 011-23664141/23664142.

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Shruti Rastogi 9958021955

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ.स. अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

बहिरंग रोगी विभाग/Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

DYSR

IRCH No. 210134

MO

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
nila	65/F			10/35/39/130

is m RPLMS (oncological module)

उपचार/Treatment

Adv

- ① Tab Pazopanib 400 mg OD
- ② ORS SOS
- ③ Cap lopramide 2mg SOS
- ④ Surgical oncology 1/w - Resectability of ^{head} ~~Abduct~~ deposit
f/w CBC/IFT/ICFT. - 14/9/23

M/


अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
A.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)
रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

11914
Hb 15.1
|
P/c - 5300
P/c - 192000

S. bilirubin - 0.33 mg/dl
S. Albumin - 3.06

16

ct. T. PALOPIANO 400 mg / 600 mg P.O. qd


25.12

to the the 11/11/2035 COL. N. S. S.
WRITER CAMPUS



MIS-2019-0087

Accession No. : 16233996
Patient ID : P16100002777
Patient Name : Mrs. URMILA CHAUDHARY
Client Name :
Ref. By : AIIMS

Registration Date : 10/11/2023 08:00:13
Sex / Age : Female 68 Yrs
Report Released on : 10/11/2023 12:13:04
Aadhar/ Passport No :

18F - FDG WB PET CT

Clinical History: Case of recurrent retroperitoneal leiomyosarcoma. Post operative (done on 4.09.2022), post chemotherapy. On oral Pazopanib. Previous PET/CT scan dated 01.08.2023 is available for comparison. PET/CT study for current disease status evaluation.

Procedure: 6.0 mCi of ¹⁸F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight. SUVmax bw. Serum Creatinine and blood glucose was 0.74 mg/dL and 101 mg/dL, respectively. CT scanning was performed using non-ionic intravenous and oral contrast.

Observations:

Brain:-

Normal physiological radiotracer distribution noted in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

(NOTE: If there is a strong suspicion for brain metastases / lesion, then MRI is suggested for further evaluation, as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Head and Neck:-

Mild mucosal thickening is seen in right maxillary sinus.

Nasopharynx, oropharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

FDG avid (SUV max: 12.6) left supraclavicular lymphnodes are seen, largest measuring ~ 9.0 x 7.0 mm in size (previously non FDG avid).

Thorax:-

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

Subpleural fibrotic change are seen in right lung apex. Subpleural atelectatic bands are noted in right lung middle lobe and medial basal segment of right lung lower lobe. Patchy ground glassing noted in bilateral lung

MOLECULAR IMAGING & THERAPY

where technology meets patient care
A unit of Vitrono Healthcare LLP



MIS-2019-0087

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Patient ID : P16100002777
Patient Name : Mrs. URMILA CHAUDHARY
Ref. Name :
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Sex / Age : Female 68 Yrs
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Breasts with minimal FDG uptake - Likely inflammatory. No significant FDG avid pulmonary nodules are seen.
Faintly FDG avid and non-avid prevascular, right lower paratracheal (measuring ~ 1.1 x 0.9 cm; SUV max: 2.1), precarinal, subcarinal and bilateral hilar lymphnodes are seen with some of these showing focal FDG avidifications - Likely infective / inflammatory.
Bilateral breasts appear largely unremarkable.
No FDG avid subcentimeter to centimeter sized bilateral axillary lymphnodes, most with preserved fatty hilum are seen.

Abdomen and Pelvis: -

Liver parenchyma is normal in attenuation values and enhancement pattern. No significant focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins appear unremarkable.

Gallbladder is not visualized (Post cholecystectomy status).

Pancreas, spleen, adrenals glands and bilateral kidneys appear unremarkable.

Few non FDG avid subcentimeter sized paraaortic, aortocaval and mesenteric lymphnodes are seen (appear largely unchanged).

Post exploratory laparotomy changes noted in abdomen and pelvis.

Well-defined mildly enhancing FDG avid (SUV max: 7.9, previous SUVmax: 6.1) soft tissue density nodular lesion measuring ~ 1.9 x 1.2 cm (previously ~ 1.7 x 1.2 cm) is noted in the intermuscular plane in anterior abdominal wall on the right side in lumbar region.

Post operative change are noted in anterior abdominal wall.

FDG avid (SUV max: 9.1) irregular area of soft tissue attenuation roughly measuring ~ 3.5 x 2.6 cm (previously measuring ~ 2.1 x 2.0cm, previous SUVmax: 7.5) in size is seen abutting the anterior aspect of right psoas muscles and appears inseparable from adjacent bowel loops (better appreciated in present scan).

Mild diffuse FDG uptake is seen along few bowel loops - ? inflammatory / physiological. The stomach and rest of the bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Page No: 2 of 4

Ghaziabad (U.P.)
Vitrono Healthcare LLP
Plot No 14 & 15, Block P, Sector 23,
Ganjoury Nagar, Ghaziabad U.P.
Phone : 0120 4174450

Empanelments: CCHS | FSI | DGHS | DAK

DIAL IMAGING
☎ 704 292 8881, 704 292 8882

DIAL PATHLAB
☎ 931 908 1150, 931 909 7574

MOLECULAR IMAGING & THERAPY

Where technology meets patient care
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MIS-2019-0087

Case No. : 16233996
Patient ID : P16100002777
Patient Name : Mrs. URMILA CHAUDHARY
Ref Name :
By : AIIMS
Registration Date : 10/11/2023 08:00:13
Sex / Age : Female 68 Yrs
Report Released on : 10/11/2023 12:13:04
Aadhar/ Passport No :

Urinary bladder is partially distended with thickened walls. (Advised clinical / USG correlation)
Uterus is not visualized - post hysterectomy status.
FDG avid subcentimeter to centimeter sized bilateral inguinal lymphnodes, most with preserved fatty hilum
seen - Likely infective / inflammatory.
Musculoskeletal:-
Degenerative changes are seen in the spine.
Increased FDG uptake is noted in left shoulder joint - Likely inflammatory
Diffuse FDG avid degenerative changes with extra osseous intramuscular calcifications noted around right
shoulder joint (largely unchanged).
Interosthesis of L4 over L5 vertebra is noted.
No abnormal FDG uptake noted in rest of the axial and visualized appendicular skeleton.

OPINION:

PET-CT study reveals:-

- Post operative changes in abdomen with metabolically active well-defined soft tissue density nodular lesion in the intermuscular plane in anterior abdominal wall, as described above.
- Metabolically active left supraclavicular lymphnodes - Suspicious of metastases in present clinical scenario. Advised HPE correlation.
- Metabolically active irregular area of soft tissue attenuation just anterior to right psoas muscle inseparable from adjacent bowel loops - likely part of same pathology in present clinical scenario.
- Mildly FDG avid and non-avid mediastinal lymphnodes - Likely infective / inflammatory.
- No other significant abnormal hypermetabolic lesion in rest of the body surveyed.

As compared to previous PET/CT scan dated 01.08.2023:-

- Left supraclavicular lymphnodes are metabolically active in present scan.
- There is marginal increase in size and metabolic activity of anterior abdominal wall nodular lesion.

Ghaziabad (U.P.)
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Plot No 14 & 15, Block P, Sector 23,
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Phone : 0120 4174450

Equipments: CUPID | EST | USG | DMG

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DIAL PATHLAB
☎ 931 908 1150, 931 909 7574



डा. बी. आर. अम्बेडकर संस्था
Dr. B.R. Ambedkar Institute of Health Sciences
अ.भा.आ.सं. अस्पताल/A.
बहिरंग रोगी विभाग/Out P.
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING PROHIBITED

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

IRCH No. 210134

Clinic Adult Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General

Reg. Date-12/02/2018

Clinic No. 25615/2018



UHID-103539130

एकक/Unit

विभाग/Dept.

IRCH No.

ब

नाम Name URMILA CHAUDHARY

W/O- HIRENDRA PAL SINGH

Phone No. 9720701555

Address HOUSE NO 8, RUPALEENCLAVE, PH2, DHOLPUR HOUSE

AGRA, UTTAR PRADESH, Pin 282004, INDIA

Sex/Age F/63Y

Room 1 (Shift Morning)

Address

Date of Birth

नाम/Name

पिता/पुत्र/पत्नी/पुत्री
F/S/W/H/D of

Sex

Age

Urmila

F

63

निदान/Diagnosis mets RP - LMS (omental nodule)

SCLN
APLN +
RP main

दिनांक/Date

उपचार/Treatment

File NA
11/11/23

marginal PD. on imaging.
ar 2 UE.

Advice

Tab. pazopanib 600mg OD (empty stomach)

Tab. Rantac 150mg BD 0-0

Syp. Mucaine gel 2sp TDS 1-0-0.

if loose stools, <4 - ORS 200ml / stool
>4 - C. Immodium 2mg sos.

T. Buscopan 1 tab sos (if pain abdomen) 0-0-0

if HFS (rashes) → Hefoos cream qd

→ Diclofenac gel qd, 1:1 ✓

→ if intolerance → ↓ self to 400mg OD

F/U on 2/12/23 = CBC/RF/UA

Sanjivani

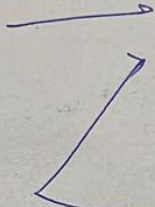
डॉ. सन्तोष कुमार क. / Dr. SANTOSH KUMAR K.K.
सिनिअर मेडिसिन / Senior Resident
आयुष्य विभाग / Dept. of Medical Oncology
डा. बी. आर. अम्बेडकर संस्था / Dr. B.R.A.I.R.C.H.

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

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बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

2/11/2



T. PAROTANIS 600 g Day

3/1/2022

0 CBC, NG, UR
TSH

2.5.3

1st Jan

CBC, NG, UR

TSH



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

अ.भा.अ
बहिर
अस्पताल के अन्दर

OPR-6

एकक/Unit M.O
विभाग/Dept. Dr. S.R
नाम/Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 210134
Clinic Adult Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General
नाम
Name: UDMIL CHAUDHARY
Reg. Date-12/02/2018
Clinic No. 25615/2018
UHID-103539130

तैथि/Date of Birth

निदान/Diagnosis

HCC: - Recurrent - RP LMS G2

दिनांक/Date

उपचार/Treatment

27/03/2023

Ado

- To Hold T. Pazopanib - for 10 days
- To FU on 08/04/2023 @ CPT/CT = WB-PET-CT
- T. Ciplox - 500mg x BD
- T. Metrogyl - 400mg x TDS ~~BD~~ } x 5 days

वरिष्ठ रेजीडेंट/SENIOR RESIDENT
चिकित्सा अयुर्विज्ञान/MEDICAL ONCOLOGY
डा. बी.आर.अ. रो.कैं.अ./Dr. B.R.A., I.R.C.H.
अ.भा.अ.स., नई दिल्ली/AIIMS, New Delhi-29

8/4/23

→ T. Pazopanib 400mg 10day

to C - 5/6/2023 @ CBI, AS 6

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BP menu

Additional Professor
चिकित्सा अयुर्विज्ञान विभाग/Dept. of Medical Oncology
डा. बी.आर.अ. रो.कैं.अ. अ.भा.अ.स., नई दिल्ली-110029
Dr. Samir Rastogi
नई दिल्ली-110029/New Delhi-110029

05/06/23

Co- HFS- hr-01

Bleeds - ok

Adv :- Continue f. Paroapanib - 400 mg x 01

- Hatoos Cream - LA - TDS

- To flo on 07/08/2023 = WB-PE7-CY
+ CBC/UA/KFT

Dr. J



सर्वेभ्यो बहु भवतु धर्मसामानम्

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.F. W/O. HIRENDRA PAL SINGH

Sex/Age F/68Y

Dr Hospital

OPR-6

Phone No. 9720701555

Room 1 (Shift Morning)

Address HOUSE NO 8, RUPALEENCLAVE, PH2, DHOLPUR HOUSE AGRA, UTTAR PRADESH, Pin 282001, INDIA

nt
PREMISES

अस्पत्

एकक/Unit

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

विभाग/Dept.

IRCH No. 210134

Reg. Date-12/02/2018

Regn. No.

नाम/Name

Clinic Adult Medical Oncology Clinic

Clinic No. 25615/2018

जन्म तिथि/Date of Birth

Deptt. MEDICAL ONCOLOGY

General



UHID-103539130

नाम

Name URMILA CHAUDHARY

निदान/Diagnosis

C / R0 Leiomysarcoma

दिनांक/Date

उपचार/Treatment

Plan

19/10/22

- ① CBC, AG, UFR, TSH
- ② 2D Ecm ✓ Done ②
- ③ WB PFT

To come on

17/10/22 reports

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आहत से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

17/10/22

- T. PARAZITANIB 400 mg 1 day
- To am on 21/11/2022

DSH

CBC, NFS, US

TSH

21/11/22

→ T. pazopanib 400mg 1 ON

→ ↓

R/W ē CBC | RFT | LFT | TSH | Fpa | Pcr | CT scan

on 30/01/2023

~~elit~~
demo

Dr. *[Signature]*

- * T. Rontgen 150mg - (Hs) ⇒
- * By muanie gel 2lep (81)

- Mupirocin ointment LA

+6

x sd.

30/1/23

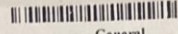
T. u. T. PARAZITANIB 400mg p.o. od p.o.

To am on 27/2/23 ē CBC, NFS, US

TSH

VSS (Am)

IRCH No. 210134



General

Name URMILA CHAUDHARY

W/O- HIRENDRA PAL SINGH

Phone No. 9720701555

Address HOUSE NO 8, RUPALEENCLAVE, PH2, DHOLPUR HOUSE AGRA, UTTAR PRADESH, Pin:282001, INDIA

Sex/Age F/63Y

र संस्थान रोटरी कैंसर अस्पताल
stitute Rotary Cancer Hospital
ताल/A.I.I.M.S. HOSPITAL

OPR-6

ग/Out Patient Department

/SMOKING PROHIBITED IN HOSPITAL PREMISES

No. _____

ब०रो०धि० पंजीकृत सं०/O.P.D. Regn. No. _____

पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth
Urmila chaudhary			

निदान/Diagnosis

PP Leomyosarcoma

दिनांक/Date	उपचार/Treatment
3/10/22	<p>DR SVS Deo Sir</p> <p>Suture removal</p> <p>HPE - 2238490</p> <p>5x4x2.5cm 1st - LMS, w/IT</p> <p>5x4x2.5cm - 6mucoid deposit - cms.</p> <p>R0 resection</p> <p>Recurrent LMS</p> <p>DFS - 3 1/2 years</p> <p>elderly</p>
	<p>Recurrent R.F.</p> <p>Sarcoma</p> <p>↓</p> <p>1st surgery - 2019</p> <p>↓ NO Adx by</p> <p>4 yr DFI</p> <p>↓</p> <p>ET - detected recurrence</p> <p>Re-surgery done</p> <p>ERCH - Sept 2022</p> <p>R-0 resection</p> <p>HPE - 6v-II - Leomyosarcoma</p> <p>2 - tumour</p> <p>omertom R-F</p>
<p>Elderly</p> <p>R-0 resection</p> <p>Good DFI</p> <p>prob cause of Adx by dissection</p> <p>- Ref to Dr. Sameer Khasnani's opinion</p>	<p>pkn:-</p> <p>(Dr SVS Deo)</p>

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