

Dr. Neha Chandra

Gynaecologist

MBBS, DNB (Obstetrics and Gynaecology)



MULTISPECIALITY HOSPITAL

Patient Name	: Mrs. Deepti	Age / Sex	: Female/42 Yrs	UHID	: 81030
Date	: 20/05/2023 12:46PM	Address	: GAUR GRACIOUS MORADABAD	Mobile no	: 9927067733
Sponsor	: SELF PAY	Doctor Name	: Dr. Neha Chandra	DEPT.	: OBS AND GYNAECOLOGIST

Drug Allergy : HISTORY & CHIEF COMPLAINTS

BP : 130/70
Pulse :
Weight : 85kg
Height :

KIC of Hypothyroidism
on medication since 12yrs
Thyronorm - 60mg
took ATT treatment for 9 months (2022)

PIL
Rx for 2 Infertility
C.C - RT side Breast pain with lumps on BIL Breast

Investigation

ADVISE:

DNIE
GC for 8
Breast: BIL nodularity felt.
no lump palpable axilla free
BIL nipples (N)

Ades
- mammography breasts with hPE from lesion.

Diet Advice

Type:
Calories:
Protein:



- Acute Cardiac Care
- Critical Care and Trauma
- Pathology
- Radiology
- Blood Bank
- Pharmacy
- Ambulance

USG BIL breasts

Self Attested
Neha Chandra

Chandra
- Take Efem (100mg) bid. X 1 month

- Refer to Oncologist for biopsy of lesion

FOR APPOINTMENT
Phone No.: 6396852013
6396852220

For Emergency Contact

639685 3330

This is an important document, please keep it safe and carry it in your bag.

सिद्ध अस्पताल में अभी घर बैठे ही
मिडवेजी रख व अचि जांचो
की सुविधा सम्पर्क करें।
Valid for Five days



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Info@siddhhospital.org / hr@siddhhospital.org www.siddhhospital.org

OPD

Pt. Name: Mrs. Deepti

Age: 42 Years.

Sex: Female

UHID: 81030

Ref. By: Dr. Neha Chandra

Date: 20-05-2023

USG (BOTH BREAST)

RIGHT BREAST-

welldefined hypoechoic lesion of size 3.1x1.9cm at 6'o clock in right breast, lesion is wider than taller , with welldefined margins and no architectural distortion, mild internal vascularity seen with few internal echogenic foci ? Calcification. Rest Breast parenchyma have normal echotexture, no focal lesion seen.

Retromammary zone and retroareolar tissue visualized normally.

Visualized pectoralis muscle have normal echotexture.

LEFT BREAST-

Breast parenchyma have normal echotexture, no focal lesion seen.

Retromammary zone and retroareolar tissue visualized normally.

Visualized pectoralis muscle have normal echotexture.

BILATERAL AXILLA-

Visualized normally, no lymphadenopathy seen.

IMPRESSION:

- *welldefined hypoechoic lesion at 6'o clock in right breast, lesion shows mild internal vascularity with few internal echogenic foci ? Calcification- (BIRADS 4)*
- *Adv: mammography correlation for calcification and HPE.*

Radiologist *Deepali*
DR. DEEPALI GOYAL
MBBS.MD

Self Attested
Deepali Goyal

This report is an opinion and requires correlation with other investigations and clinical details of the patient and is not intended for any medicolegal purposes.

-----end of report-----



Complete NABH Accredited



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DR. S. S. DODA MD, FICRI
Founder, Director & Chief Radiologist



Name	Mrs. DEEPTI	Date	05/Jun/2023 02:15PM
Age/Sex	42 YRS/FEMALE	Reg No	012306050174
UID No	1008806	Reported On	05/Jun/2023 05:03PM
Referred By	Dr. NEHA CHANDRA		

MAMMOGRAPHY

BILATERAL X-RAY MAMMOGRAPHY

CLINICAL PROFILE: Lump right breast.

STUDY PROTOCOL: Bilateral mammograms have been obtained using 2D a low radiation dose technique and compression using a 83 micron Full Field Digital (FFD) system, in the cranio-caudal and medio-lateral oblique projections. Film markers are in the lateral and axillary portions of the breasts.

FINDINGS;

Both the breasts display heterogeneous background parenchyma which may obscure small masses (category C).

RIGHT BREAST:

A well circumscribed iso to hyperdense lesion is seen in the middle 1/3rd. No architectural distortion is seen in the views taken.

Correlative ultrasound revealed a well circumscribed hypoechoic lesion, parallel in orientation at 6 O' clock axis, measuring 30x15 mm. On color/power Doppler, mild vascularity was noted in and around it.

No grouped micro-calcification is present.

The skin, subcutaneous tissues and nipple are normal.

The visualized portion of the axilla shows a few nodes with intact fatty hila.

LEFT BREAST:

No mammographically demonstrable discrete mass lesion/ architectural distortion is seen in the views taken.

Correlative USG revealed display heterogeneous parenchymal echotexture without any obvious focal lesion..

No grouped micro-calcification is present.

The skin, subcutaneous tissues and nipple are normal.

The visualized portion of the axilla shows a few nodes with intact fatty hila.

IMPRESSION: PROBABLY BENIGN RIGHT BREAST LESION.

GUIDED FNAC HAS BEEN DONE FOR FURTHER EVALUATION.

BIRAD'S - III

Self Attested
Dr. Shalini Jain

PLEASE BRING THE FILMS ALONG WITH THE REPORT ON YOUR NEXT VISIT

BIRAD'S GRADING:

CATEGORY 0	Incomplete. Needs additional imaging evaluation and / or prior films for comparison
CATEGORY 1	Negative (Normal)
CATEGORY 2	Benign
CATEGORY 3	Probably benign (<2% risk of malignancy) Initial short - Internal follow-up suggested (6 monthly)
CATEGORY 4	Suspicious Abnormality
4 A	Finding needing Intervention (low suspicious of malignancy)
4 B	Close radiological & pathologic correlation (Intermediate suspicious of malignancy)
4 C	Moderate concern for malignancy
CATEGORY 5	Highly suggestive of malignancy > 95%
CATEGORY 6	Known Biopsy - Proven malignancy.

NOTE: Dense breast parenchyma may obscure an underlying lesion. A negative report does not entirely exclude the possibility of malignancy. 10-15% of cancers are not identified by mammography. False positive report may average 6-10%.

(Encl. 02 Films) /SA

*** End Of Report ***

Shalini Jain
DR. SHALINI JAIN
DNB(Resi) RADIODIAGNOSIS
DMC Reg. No. 40493

Disclaimer: 1. This report is a professional opinion and clinical correlation is essential for final diagnosis. This report is not valid for medico legal purposes. In case of any alarming / unexpected results or typographical error please contact immediately for necessary remedial action.
2. Any report without valid registration number, barcode or QR code shall be deemed invalid & not issued by Dr. Doda's Diagnostics & Healthcare. Dr. Doda's Diagnostics & Healthcare cannot be held responsible for invalid or forged reports.



DR. S. S. DODA M.D. FRCR
Director & Chief Radiologist



Name	Mrs. DEEPTI	Date	05/Jun/2023 02:15PM
Age/Sex	42 YRS/FEMALE	Collection Date	05/Jun/2023 04:14PM
UID/Barcode	1008806 /10953430	Receive Date	06/Jun/2023 12:32PM
Lab No	012306050174	Reported On	06/Jun/2023 12:47PM

CYTOLOGY

USG GUIDED - FNAC

NG/23/161

SITE: Right Breast Lump.

ASPIRATE: Blood Mixed Material.

MICROSCOPY: USG guided FNAC done from right breast lump yielded blood diluted material. Smears prepared from the aspirated material are cellular & show bimodal population of ductal epithelial cells and myoepithelial cells arranged in large & small cohesive clusters, aggregates, branching elongated pattern and spread singly. Few of these clusters are hyperplastic and show cribriform pattern at places. Also seen are numerous large sheets, clusters & dissociated apocrine cells having abundant granular pale cytoplasm with nuclei showing moderate anisonucleosis, nuclear overlapping, nuclear karyomegaly, inconspicuous nucleoli & focal metaplastic atypia. Few of these cells show binucleation & multinucleation with enlarged nuclei having bland nuclear chromatin and mildly irregular nuclear membrane. Background shows lipoproteineaceous material admixed with RBC's, scant inflammatory cells and bare nuclei. No necrosis / granuloma / multinucleated giant cells seen. No parasite seen.

Self Attested
Dr. Veena Doda

IMPRESSION: FEATURES ARE SUGGESTIVE OF PROLIFERATIVE BREAST DISEASE WITH EXTENSIVE APOCRINE CHANGE & EPITHELIAL HYPERPLASIA WITH MILD ATYPIA- RIGHT BREAST.
(IAC Yokohama System for Reporting Breast Cytopathology Category III- ATYPICAL)

Ananya

DR. ANANYA DODA, MD
HOD LABS &
ASSOCIATE DIRECTOR
DMC Reg No. 910485

DR. GUNPREET ANAND, MD
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PATHOLOGIST
DMC Reg No. 51790

DR. SANJANA KUMARI, MD
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MICROBIOLOGIST
DMC Reg. No. 8841

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MBBS, FGDHIM
LAB DIRECTOR
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Formerly at: Safdarjung Hospital, Delhi
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Rajiv Gandhi Cancer Institute, Rohini, Delhi

12/0/23

Nurse. Gupta NATE 4/24

Atypia + hyperplasia

Ⓟ Breast
lesion

Mammogram + Breast
(Moradabad) USG - Mammogram
(Doda)

FNAC

Ⓟ BI RACT III

Atypia + hyperplasia
CSF

No significant
family history

Self Attended
Ayurveda Vams

Benigni

Repeat Bx

Ⓟ Grade 2/3 DCIS



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Wp de ex serwa + GND

① +

R

② CBC / UFT / VFT
* Thyroid profile
loop relation profile
HAMP / Hw / H180A.

③ ECG

④ PAC review

⑤

Admit at 8:00 AM

⑥ NPO after
midnight

Self Attested
Sy Seavona

⑦ T. Almax 0.5 mg #18

⑧ T. Paracetamol 400 mg PR.

Mrs. Deepthi 42 years / F R/o Agra

13/6/23

Lump in (RL) breast X 1 month

USG Breast - 3.1 x 1.9 cm at 6'o clock in RL breast
 20/5/23 with defined margins.

Mammography - BIRADS III, well circumscribed iso to
 5/6/23 hyperechoic lesion seen in midch 1/3 rd

O/E G. good / Pulser mild / hydratic fair
 NOSC F FNAC - mild atypia -

RL breast - Nodular feel
 with circumscribed firm to hard
 growth in smooth w.
 Stippling below jug LOQ.
 Nipple axilla (N)

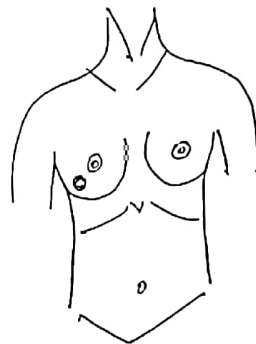
RL axilla
 non nodu

Lt breast - mild nodular
 nodump feel
 Nipple axilla (N)

PlA SUGL / divr Spln nor palpab

Plan -

- 1 USG guided Core biopsy.
- 2 PT / INR / CBC.



Self Attested


Prof Santanu Chaudhuri
 MD(TMH), DNB, PGDHA
 MPHIL CPC CIO, CGPA
 Chairman Pushpanjali Cancer Care
 Institute, Agra
 Reg No 71814

8630748266 HEALTH FOR ALL
 People caring for people

Pankaj Stannuj
Dr. Shiv Mohindra
9105999976

Dr. Karan
8971471698

20/6/23

USA guided — S/O Fibroadenoma
biopsy
13/6/23

Adv

(Surgical on w?)
To review with Dr. Surindra Singh
for Surgery



Prof Santanu Chaudhuri
MD(TMH), DNB, PGDHA,
MPHIL, CPC, CIO, CGPA
Chairman Pushpanjali Cancer Care
Institute, Agra
Reg. No. 71814

Self Attested
Santanu Chaudhuri



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Pt. Bhanu Prasad Gandhi Cancer Institute, Rohini, Delhi

DISCHARGE SUMMARY

PATIENT NAME	: DEEPTI VATSA	DATE OF ADMISSION	: 21/6/2023
AGE/SEX	: 42/FEMALE	DATE OF DISCHARGE	: 21/6/2023
DOCTOR NAME	: DR.SURENDRA SINGH	ROOM/BEDNO.	: SUITE/III/301
CATEGORY	: HOSPITAL	IP ADDRESS	: IP2304413

DIAGNOSES:

Right breast lesion (? Atypia with hyperplasia)

OPERATIVE PROCEDURE:

SURGERY: WIDE EXCISION OF LUMP RIGHT BREAST ↓+ LEVEL 1 OPBS
↓ GA

BRIEF SUMMARY:

Mrs. Deepti, 42 year old r/o Agra presented with complaints of lesion in right breast since last 6 months, for which patient evaluated with USG, mammography and Cytology, following which she presented for surgical management.

HOSPITAL COURSE:

Patient presented with above complaints in our hospital. She underwent surgery on 21 June. 2023. Post-operatively she was shifted to ward, started on liquid diet and gradually increased to soft diet. She was kept on antibiotics, pain medication and PPI. Now she is being discharged in stable condition.

OPERATIVE NOTES:

INCISION: 4-5 CM inframammary crease incision

- Superior skin flap raised in mastectomy plane beyond the growth.
- Wide excision of lump done taking adequate margins all around.
- Specimen marked with suture.
- Clips applied in lumpectomy cavity.
- Hemostatis achieved
- level I OPBS done.
- Incision closed in layers

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Surendra Singh

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INVESTIGATION:

USG (20.05.2023):

Welldefined hypoechoic lesion at 6'o clock in right breast, lesion shows mild internal vascularity with few internal echogenic foci? Calcification- (BIRADS 4).

CYTOLOGY (06.06.2023):

Features are suggestive of proliferative breast disease with extensive Apocrine change & epithelial hyperplasia with mild Atypia-Right Breast.

MAMMOGRAPHY (05.06.2023):

Probably benign right breast lesion. BIRAD'S- III

HISTOPATHOLOGY (13.06.2023):

Overall Featuers are suggestive of a Fibroadenoma.

CONDITION AT DISCHARGE

Patient taking soft diet orally and wound healthy, actively mobile, pain adequately controlled on oral medication and is being discharged in a stable condition.

ADVICE ON DISCHARGE:

MEDICINE	DOSAGE	DAYS
TAB. CEFTUM 500 MG	TWICE DAILY	5
TAB PANTOP 40 MG .	ONCE DAILY	5
SYP. A TO Z	TSF TWICE DAILY	7
SYP.LOOZ	20ML AT BED TIME	

Self Attested
[Signature]



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GIVEN MEDICINE IN CASE OF PAIN

MEDICINE	DOSAGE	DAYS
TAB. DOLO 650 MG	THREE TIMES DAILY	3 (THEN SOS)
TAB. TRAMADOL 50 MG	SOS, IN CASE PAIN PERSISTS	
TAB. ULTRACET	SOS	

FOLLOW UP ADVICE:

❖ **BREAST SUPPORT AS ADVISED**

To Review After 3 Days on Saturday (24/6/2023)
In case of emergency contact at 0562- 4024000, 7505400400

Self Attested
Dr. Surendra Singh

Dr. Surendra Singh
(Surgical oncology)
Mob no. 8763134990

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24.6.23

Mr. Deepthi Vats ; 42y/f

Post of Case of breast lump

Sx on 21/6/23.

O/E = wound healthy.

OP - weakness.

Pain ↓ control.

Self Attended
Dr. Surendra Singh

Adv:

(1)

Continue
breast support.

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T. Fe daily
- 0 - 0 -
x 1 month

① T. Ferric
- 0 -
x 1 month

① Caps A to Z.

① Pro - full
protein powder

① Review with
Biopsy report.

① Avoid Travelling
&
Bed Rest x 1 week

Self Attended
@ Jindal
Jindal



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7.7.23

Mrs. Deepa Vats ; 42y of ♀

Pl/c of lump (R) breast

no → pain & discomfort
(R) Breast (U/L)

[R > L]
→ weakness & lethargy

Biopsy :- Awaited.

O/E = mild swelling in
lateral part of (R)
breast c. 2 cm

no obvious collection
within

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Adv:

~~○~~
~~○~~ CBC.

T. Ultrasound of o
+ 5 Jay

○ Collects ~~Workup~~

○ T. Bill-N
of → X 5 Jay

Send for
Review to
Ore bioprosty

○ T. Cytum 7 day
of o

Biopsy support
[continuous]

Self Attended
@ ~~Sydney~~

○ Rest for 2 weeks

Review after
7 days with
biopsy report.



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Diploma (Surgical Oncology)
Laparoscopic / Robotic Oncosurgeon
Faculty at Pushpanjali Hospital, Delhi
Max Hospital, Gurgaon, Delhi
Taty Cancer Care at Jaipur, Patna, Delhi

24.7.23

Mrs. Sanya Vats ; 42y/A

H/O → Complex Fibroadenoma
(R) Breast.

CPD → weakness (muscle)
localized pain &
mild swelling
at operative site.

D/E = No redness / erythema
mild tenderness.
no obvious collection -
was healthy.

R (L) Cont. Breast
support & mesh

Self Attended
Sanya Vats

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① CBC after
7 week:

① T. Fe daily
of 10 gm

② Cholesterol
tablet
once/wk x 6 wks

③ T. shell soup
of 1 liter

④ Rest for 3-4 weeks
till physically
active fully
Avoid travelling

Self Attested
Dr. S. S. Venkayya

24/7/23





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Rajiv Gandhi Cancer Institute, Rohini, Delhi

30/07/23.

Mrs. Deepika Vats, 45yrs

F/U/C/O → complex fibroadenoma breast

C/O → Tingling & numbness at op. site.
O/E = wound healthy



Review after 1 month



Cica-care silicone gel sheet.
(LA) continuous application.

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19/10/23

Mrs - Susha Vats, 45y/17

operated case of complex fibroadenoma breast.

40 → small swelling / lump / present for operated site

Self Attended
Susha Vats

O/E = a small 1x1 cm lump in R breast in LQ, skin & chest wall, free mobile.

Review
Hospital

Rp

Sonomanograph
B/L Breast

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Rajiv Gandhi Cancer Institute, Rohini, Delhi

14/15/23

Mrs - Sush. Vats ; My 1/7

operate case of complex fibroadenoma breast.

yo → small swelling / lump present to operate site

O/E = a small 1x1cm lump in (P) breast in LQ, skin & chest wall free. mobile.

Self Attested
Surendra Singh

Review Hospit -

Rp

○

Sonomanograph
B/L Breast

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