



अमरावती अस्पताल

डॉ. महेन्द्र पाल मिश्र
M.B.B.S., M.D. (Medicine)
Reg. No. 012962
पूर्व फिजिशियन : जिन्दल अस्पताल, हिसार

Name Mahender Singh Age/Sex 70Y/M Address New Model Dera Nisar 95960-32532

Wt.(Kg) 59 BP (mm Hg.) 100/70 OPD No. 119105/21 Date 14/3/24 Valid Upto 20/3/24

Smoker Q
181/126
Case 11.3/1960/659x100

et. cough cold
fatigue with loss
body weight
19/3/24
35
100
? to long with n

19200
Tbc Est 109
H2 B Sup. C. tubercle
P-1: Chauhan E, VCP 75
- X-ray chest PA (2) (2)

Chp. Cerebrum

- Tab. Pectus cap 500
CV 1 →
- Tab. Montecap 1 → x
- Tab. Suxibex XT
x →
- Tab. Dextro 500
x →
- Tab. Dextro 1000
1000 (2)
- Sp. Nise suc Tbs

CECT chest

Malignant

Large size in heterogeneity
enhances with rim density @ LL
= multiple nodules @ LL lung
multiple LN.

Ref. to Oncologist

• कृपया फोन पर परामर्श न लें। • Not Valid for MLC Purpose • कृपया अगली बार पुरानी पर्ची साथ लाएं। • NO EMERGENCY
रजिस्ट्रेशन समय : मूवह 9:00 बजे से 1:00 बजे तक - सायं 4:30 बजे से 6:00 बजे तक
रविवार : With Appointment Only

नजदीक एन.डी. गुप्ता अस्पताल, संतोषी माता मन्दिर के सामने वाली गली, 62W, मॉडल टाउन, हिसार
☎ : 94169-61341

Attested By
Dr. Mahender Singh
A.S.T. / Daughter



Mr. Mohinder Singh	Patient Id: WB/PT/334/24	Age/Sex: 70/ M
	Ref. By. Dr. Ramesh kaswan	Date: 18.03.2024

F-18 FDG 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 base of skull 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 body weight.

Blood Sugar:- 143 mg/dl.

Patient is a recently diagnosed case of carcinoma of lung. PET-CT scan is being done for initial staging.

FINDINGS:

Brain:-

- The overall biodistribution of FDG is within normal physiological limits.
- The visualized portions of the brain are normal in appearance on CT. No evidence of abnormal hypo or hypermetabolism noted in the visualized brain parenchyma. The ventricular system appears normal. (NOTE: If there is a strong suspicion for brain metastases, 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).

Neck:-

- The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.
- Salivary glands are unremarkable with no abnormal FDG uptake
- No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or laryngopharynx/ hypopharynx.

Near Manglam Lab., Jindal Hospital Road, Hisar (Haryana) 125005
 Ph. 01662-223223, 223367, 223268, Mob. : 72063-20767, 94673-00767

CENTRALIZED No. 94673-00767
 1st NABH Accredited DIAGNOSTIC CENTRE OF HISAR

*Attested by
 Dr. Ramesh Kaswan
 MBBS, DNB, DPM*



**MANGLAM
NUCLEAR CENTRE**
(A unit of Manglam Imaging Pvt. Ltd.)

First Nuclear Centre of Haryana

**PET-CT Scan
Gamma Scan
Radionuclide Therapy**



MIS-2018-0068

- There is no significant cervical lymphadenopathy and showing no abnormal FDG uptake.

Thorax:-

- The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal and showing no abnormal FDG uptake.
- *Emphysematous changes seen in both lung fields.*
- FDG avid heterogeneously enhancing speculated soft tissue density mass lesion is seen in right lower lobe of lung, measuring ~ 44 x 45 x 36 mm, (SUVmax 14.0).
- FDG avid multiple parenchymal and subpleural nodular lesions are seen in both lung fields, largest ~ 20 x 21 mm in left lower lobe (SUVmax 16.0).
- FDG avid pretracheal lymph node noted, measuring SAD ~ 11mm, (SUVmax 4.0).
- There is no evidence of pleural effusion noted.

Abdomen:-

- The liver is normal in size, shape and show low CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. *Non FDG avid few cystic lesions are seen in right lobe of liver.*
- FDG avid multiple hypodense lesions are seen in both lobes of liver, largest ~ 38 x 28 mm, (SUVmax 11.0).
- 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 and attenuation and 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. No focal lesion / abnormal FDG uptake is seen in relation to them.
- There is no significant lymphadenopathy noted in abdomino – pelvic regions.
- No free peritoneal fluid is seen.

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CENTRALIZED No. 94673-00767

1st NABH Accredited DIAGNOSTIC CENTRE OF HISAR

Handwritten signature and date:
11/11/2018
11/11/2018



MANGLAM NUCLEAR CENTRE

(A unit of Manglam Imaging Pvt. Ltd.)

First Nuclear centre of Haryana

PET-CT Scan
Gamma Scan
Radionuclide Therapy



MIS-2018-0088

Pelvis:-

- Urinary bladder is well distended. No abnormal FDG uptake/wall thickening noted in the urinary bladder.
- The prostate appears enlarged in size with no abnormal FDG uptake.

Musculoskeletal:

- Degenerative changes seen in visualized spine.
- No abnormal FDG avid lytic/ sclerotic lesions in the whole body bone surveyed.

IMPRESSION:

PET-CT SCAN REVEALS:

- Metabolically active heterogeneously enhancing speculated soft tissue density mass lesion is seen in right lower lobe of lung – likely mitotic etiology.
- Metabolically active multiple parenchymal and subpleural nodular lesions are seen in both lung fields - likely metastatic.
- Metabolically active pretracheal lymph node noted – likely metastatic.
- Metabolically active multiple hypodense lesions are seen in both lobes of liver - likely metastatic.
- No other abnormal FDG avid lesion seen in rest of the body region surveyed.

Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.

Advise clinical and histopathological correlation.

DR. M U Siddiquie

Consultant PET CT and NM

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

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Attested by
Dr. M U Siddiquie
MUSC

212916090622

A.F.M.S.F-7A

CONFIDENTIAL

ARMY HOSPITAL (R&R) DELHI CANTT

MEDICAL CASE SHEET

WARD No.

A & D No.

Date of Adm.

1. Name	2. Age 70/M	3. Relationship
4. Number JL-160906	5. Rank Ex Sub	6. Name Mahender Singh
7. Unit/Ship	8. Service Army/Navy/Air Force	9. Arm/Corps/Branch/TRad
Diagnosis		

Date :


23/03/24

70 yr male
chr smoker

Ca Lung detected on CECT chest/PET CT

No tissue diagnosis

Request opinion of Chest Physician
for further management


Brijendra Kanti Biswas
Col AMC
Sr Adc (Surgery) &
Vascular Surgeon

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Attended by
Srinivasankar
ASST/Deputy

DEPT OF HEALTH & MED
 23 MAR 2024
 ARMY HOSPITAL (R&R)

- Metastatic Ca lung
 (Not biopsy proven yet)
 clinically - WDD

- ⑦ Spinning
 - CBC
 - LFT
 - RFT
 - PT
 PTTK
 INR

Adv
 - RIC LOFOTR
 LOD

- Ref to
1. IUC (Intervention radiology)
 for CT guided biopsy from
 lung mass.
 2. Ref. to MADTC for
 opinion id.

23/3/24 we not
 Planned for CT guided biopsy - primary
 in Mus on 26/3/24
Report of admst with resp med by dt 3/24

Col Pramod Sharma
 Sr Adv Resp Med & Critical Care
 Army Hospital (R&R)

Sr Adv (Radiodiagnosis)
 Interventional Radiology
 Army Hospital (R&R)

Mus
 Secondary Site
 ADT

Dept of Pathology
Army Hospital R&R, Delhi Cantt-10

<u>HPE:</u>	W/1987/2024	<u>Ward:</u>	Resp WD	<u>Date:</u>	04 Apr 2024
<u>Service No:</u>	JC 160906L	<u>Rank:</u>	----	<u>Name:</u>	M Singh
<u>Age:</u>	70yrs	<u>Sex:</u>	M	<u>Unit:</u>	R/O JAT

Brief clinical diagnosis: - Suspected carcinoma lung

Biopsy Report

Date of specimen received: 26 March 2024

Report dispatched on: 04 Apr 2024

Specimen: Liver SOL biopsy done for HPE

Gross Features:

Received multiple fragmented tissue core largest measuring 0.3cm, smallest measuring 0.1 cm.

Microscopic Features:


Section examined from the specimen sent as 'Liver SOL biopsy show scanty tissue core showing pleomorphic tumor cells arranged in glandular pattern. Separate lying issue bit shows necrosis. No parent tissue seen.

Special stain:

TTF1: Positive

P40: Negative

Opinion: Liver SOL biopsy done for HPE: Metastatic deposits of Adenocarcinoma of primary Pulmonary origin.


(Anjali Goyal)
Lt Col
CISpl (Path&Oncopath)

*Attested by
Anjali Goyal
Lt Col*

MALIGNANT DISEASES TREATMENT CENTRE



OPD DAYS : Tuesday Thursday & Saturday

ARMY HOSPITAL (R&R). DELHI CANTT-10

HID No. : 212916090622
MDTC No. :
Patient Name : MOHINDER SINGH
Age : 70 years
D.O.B. : 22nd September 1953
Relation : SELF
Service No. : JG160906K
Rank : SUB
Name : MOHINDER SINGH
Unit : A/c ~~10~~ SAT
Diagnosis : Adenocarcinoma
Phone No. : 8295880680
Address : VILLA 25 REGENCY PARK
SECTOR 9-11 HISAR HARYANA

Attested by
Colonel Singh
ADJ

23/03/2024

70 year old CSM.

o:

Onset :- September 2023

mode :- cough (expectoration)

On Evaluation :-

CECT chest (14/3/24) :- 50x48mm large left enhancing STD lesion in RLL & multiple other well defined nodules scattered in rest of B/L lung
- Multiple nodular lesions & peripheral enhancement in both lobes of liver

FDG PET-CT scan (18/03/24) :- 44x45x36mm FDG avid soft tissue density is seen in RLL lung
- FDG avid multiple parenchymal & subpleural nodules seen in both lung fields
- FDG avid multiple parenchymal & subpleural nodular lesions in both lung fields ~20x21mm
- FDG avid hypodense lesion in both lobes of liver ~36x28mm.

Planned for CT guided biopsy from lung mass on 26/03/24

Attested By
Dr. [Signature]
[Signature]

Impression :- ? Ca lung cT3 N1 Mic (Stage IVc)

• CBC / DLC / LFT / RFT

Request cardiology review for 2D Echo

• Planned for CT guided biopsy on 26/03/2024

• CEMRI Brain to s/o brain mets

Plan :- Metastatic Ca lung

↓
Depending upon histology

↓
To start on palliative chemotherapy

Non small cell lung CA (molecular testing)

Small cell lung cancer (Extensive stage)

Adenocarcinoma

Squamous cell carcinoma

Carboplatin + Etoposide ± Atezolizumab

- If mutations (+)
↓
Depending upon, targeted
Rx to be started

× 6 cycles

Response assessment

• If mutations (-)
I/O → PDL1 > 50%

Palliative Paclitaxel + carboplatin

4# Pemetrexed + Carboplatin ± I/O (PDL1 < 50%) > 10%

± I/O
(depending upon PDL1 status)

PR / SD

PD

PR / SD

PD

Pemetrexed maintenance

2nd line

Docetaxel

2nd line

2OP+C /

Durvalumab maintenance

DR. SHANU AGRO
SP. Med Oncology
A. 10310
B. 10310

*Allopathy
ADT/O
Lorensy*

16/11/2024

Case 2/10, Boy And Karyasa

is case 2 metastatic carcinoma lung

By 13/1987/2024

Adenos Ca

TTF1 ⊕

P40 ⊕

11/11/2024
Dr. Daryanto
Dr. Daryanto

is
Carcinoma

06 APR 2024
ROOM No. 01... 108
OPD - TUE THU SAT.

Dissem Ca Lung.

Plan } 12 Gene lung panel } from uche emp
+ PDL-1 by OARCO } facility

PT/MR ?

BRIGADIER KAPOOR
Head of Diseases Treatment Centre
Consultant MED & ONCO
Army Hospital (R&R) Delhi Cantt-10



Brig Amul KAPOOR
MOD ONCOLOGY
THRR.

09/4/24

PSI

wt. 57kg

WLE + eye exam done.

Plan } try wt loss lamp 1/2 that today.

↓
know i repeat

Attestation by
ADT Dr. Kapoor
Dr. Singh

BRIGADIER KAPOOR
Head of Diseases Treatment Centre
Consultant MED & ONCO
Army Hospital (R&R) Delhi Cantt-10

MALIGNANT DISEASES TREATMENT CENTRE (BPT) OF ONCOLOGY
ARMY HOSPITAL (R&H) DELHI CANTT-10

09 APR 2024

ROOM No. 1 Bed No. 109
C/O. TUE. THU. SAT

18/4/24 Admitted for Re-biopsy, Request IVU to consider the same from Liver/Lung.

(RAJATI GOVIND)
Lt Col
Ct 5pl (Med) & Medical Oncologist
Army Hospital (R&H), Delhi Cantt-10
MCI 08/32477

28/4/24 } 12 gene by panel
PDL-1 } from endemic facility

BRIGADIER KAPOOR
Head of Malignant
Disease Treatment Centre
Consultant MED & LICO
Army Hospital (R&H) Delhi Cantt-10

Attest of
[Signature]
[Signature]