Annexure - 1

DEPARTMENT OF LAB SCIENCES

REGENCY HEALTHCARE
ENSURING WELLNESS - ENRICHING LIVES

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INVESTIGATION REPORT

Lab No.	: 5,077,923 Centre : Regency	**Receipt No.**	: 241400
Name	: Mrs. SUCHI UPADHYAYA	**Age/Sex**	: 36 Yrs./ F
Referred by	: Dr. HARPREET SINGH	**Reg. No.**	: 1649680
Sample Date	: 06/11/2019 11:02AM	**Result Date**	: 07/11/2019 01:24 pm
Sample Ack Dt	: 07/11/2019 10:22:00AM	**Sample Type**	:
Requester's Contact No.	: 9450933043		

HISTOPATHOLOGY

TISSUE/ORGAN : Trucut biopsy - Right inguinal lymph node

RHL/ 2999 / 19

GROSS DESCRIPTION :

Received few grayish white linear soft tissue bits. Entire bits processed.

MICROSCOPIC DESCRIPTION & DIAGNOSIS :

Section examined reveals monomorphic population of atypical cells (? immature lymphocytes) having round to oval nucleus, opened up chromatin, occasional prominent nucleoli and scant cytoplasm. The cells show atypical mitotic figures and karyorrhexis. Areas of necrosis, mixed inflammatory infiltrate and karyorrhectis debris are seen too.

Impression : Malignant Round Cell tumour -
Morphological features are suggestive of Non Hodgkin's Lymphoma. **(NHL)**

Advise : Immunohistochemistry for further evaluation.

----------End of Report ----------

self allotted

Dr.SHEFALI AGARWAL,DPB
TECHNICAL PATHOLOGIST

Dr.NUPUR TRIVEDI,MD
PATHOLOGIST

Dr.ANJALI TEWARI,MD
PATHOLOGIST

Annexure - 2

2019612528
General
Suchi Upadhyay / 36 Years,FEMALE

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

Department of Pathology **Lab Name:** Histopathology

CRNo: 2019612528 **Status** OP **Unit:** UNIT 1 **Department** Hematology

Name: Suchi Upadhyay /36 Y / F

Lab Id: LI501111111912190 **Specimen:** Tissue

Consultant Sanjeev **Collected On:** 11/11/2019 14:11 PM

Test Name: 01. Endoscopic/ Needle/ Small Biopsy/Cell Block **Test On:** Right Inguinal lymph node

Gross: 12190/19 Received multiple fibrofatty tissue pieces measuring 1.5x1x0.5cm. Two lymph nodes were identified, largest measuring 0.8x0.5x0.5cm. All embedded.

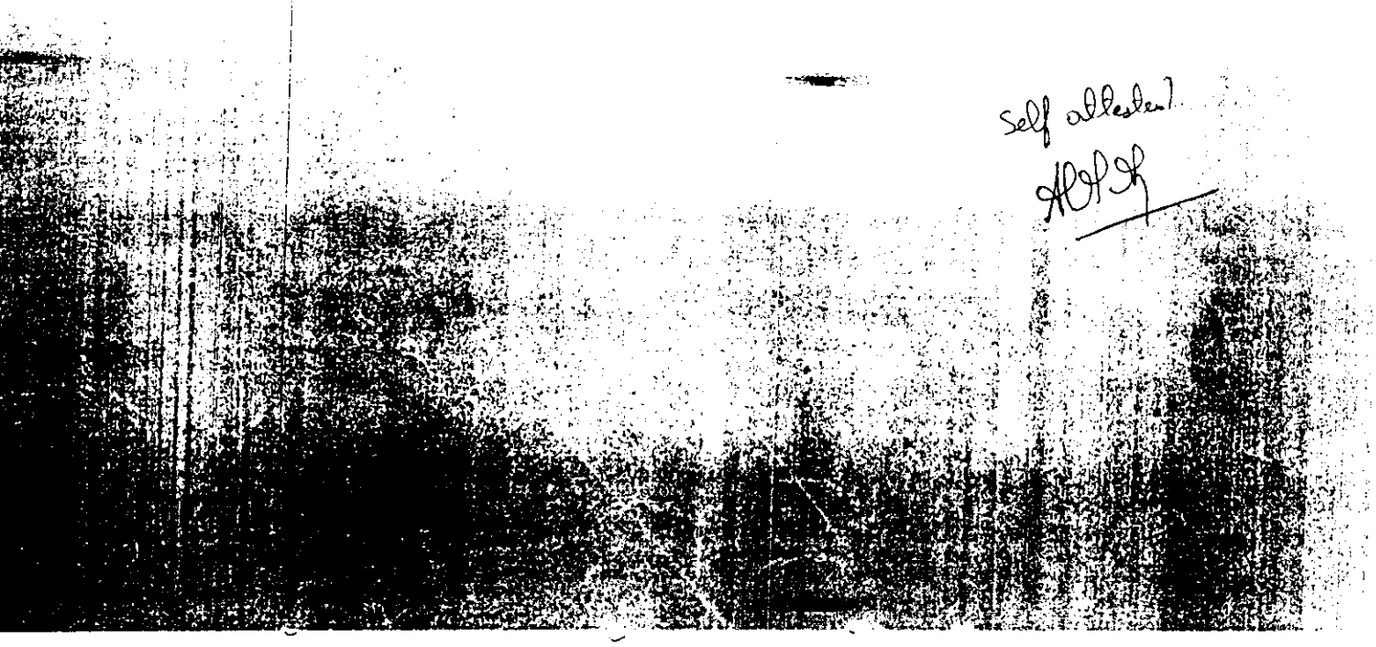
Microscopic: Section shows predominantly fibrofatty tissue with small fragmented nodal tissue showing sheets of atypical cells having enlarged nucleus with irregular nuclear membrane, marked nuclear pleomorphism, coarse chromatin, prominent nucleoli and moderate to abundant cytoplasm. Few binucleate cells and cells with reniform nuclei are also noted. Mitotic activity is noted. Background shows few lymphocytes and congested blood vessels.

Conclusion: **RIGHT INGUINAL LYMPH NODE: S/O ALK+ ANAPLASTIC LARGE-CELL LYMPHOMA.**

Remarks: On immunohistochemistry, the atypical cells are positive for LCA (faint membranous), ALK1 (strong nuclear and cytoplasmic), CD30 (strong membranous) and are negative for CK, CD3 and CD20.

eported Date: 20/11/2019 13:11 PM **Reported By :** Dr (Mrs.) Vinita Agrawal

OMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED



Annexure - 3

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO:	2019612528	**Name:**	Suchi Upadhyay 36/ Y/F	**Department:**	Hematology
Unit:	UNIT-1	**Ward/Bed:**	B27B09 / PVT / 3		
Admission No:	ADM-201950873	**Admitted on:**	18-11-2019 13:38	**Discharged on:**	Dec 28, 2019 3:42 PM
Patient Type:	Online	**Consultant:**	Sanjeev	**Discharge Type:**	

Correspond. Address: B 7,Cant **Distt.** **State** Uttar Pradesh **Pin No.** 208001 **Phone No**

Diagnosis-stage 3 Anaplastic large cell lymphoma (ALK positive) with KPC klebsiella pneumoniae wound infection at right inguinal lymph node biopsy site (now recovering and healing) with rt cephalic picc line thrombosis on inj clexane with anal fissure(now reducing) with 1 st cyle of CHEOP chemotherapy done on 16dec 2019 with CTCAE grade 4 febrile neutropenia with grade 2 mucositis with obesity with hypothyroidism with transient hypertension

rourse in ward

Patient was admitted in ward with history of pain and discomfort in the right illiac fossa and the right inguinal area for 3 months for which patient was extensively evaulated and was found to have ALK positive ALCL with stage 3 disease on PET CT scan and lymph node biopsy of the mass in the right illiac fossa.bone marrow was not done as ptient was not willing and there ws no significant uptake on pet ct inside the marrow,so marrow was deferred after consulatation during rounds.

On admission patient was febrile and was having fever and severe pain in the right illiac fossa . on examination there was high grade fever and there was wound gaping from the biopsy site along with purulent discharge from the biopsy site. the sutures were removed and Dr.Brajesh sirs opinion was taken about the wound care and advised daily dressing with betadine ,spirit and H202. .The patients was empiraicaaly started on inj magnex forre and teicoplanin and clindamycin and cultures were sent. in view of persistent fever magnex forte was stopped after 2 days and patient was upgraded to inj meropenem and inj coloistin. the cultures grew KPC klebsiella pneumonaie which was initially treated with increasing doses of colistin and meropenem .WITH DAILY DRESSING AND ANTIBIOTICS THE wound showed improvement and hence it was decided to to give debulking chemo for the ulcer to heal with inj vcr 2 mg ,inj cyclo 1500 mg and doxo 85 mg on 28 november 2019.(echo was done twice showed normal ejection fraction.)

IN VIEW OF PERSISTENT FEVER AND KPC klebsiella pneumoniae and post chemotherapy status patient antibiotics were further updraded to include inj vancomycin ,inj metronidazole. in view of persistent fever and cytopenias the antibiotics were further upgraded to include injzavicefta and inj tigecycline .repeat cultures were negative and procal had settled down ,so it was decided to go ahead with full dose on CHOEP protocol.patient was given 100 % dose of CHOEP(vcr 2mg,doxo 85 mg ,endoxan 1425 mg, etoposide 190 mg ,predni 75 mg) on 16/12/2019 and had a TLC NADIR OF 100 post 10 days of CHOEP with grade 2 mucosistis.

the hospital course of patient was also complicated by breathlessness which was evaluated extensively with 2 d echo,cardiac and pulmonary embolism biomarkers ,chest x ray and usg doppler of both lower limbs.the results of above investigation did not show any abnormality. additionally the patient was in stress and anxiety and had a component of obesity and chest splinting. the patier

BED HAS NOT BEEN VACATED FROM SYSTEM

Discharge Summary

:RNO: 2019612528 **Name:** Suchi Upadhyay 36/ Y/F **Department:** Hematology

vas given nutritionl support with diuresis with inj albumin and her edema significantly reduced

ıe patient: wound had a significant improvement with wound gaping and severe purulent discharge from wound(6bm in length vith 3 cm in breadth with 7 cm depth with a bnecroticc base filled with slough with minimal granulation tissue) with cellulitis of ıe anterior abdominal wall and the labia majora with copious purulent discharge ,which with daily dressing and cleaning with netadine ,spirit and hydrogen peroxide and silver dressing ,n ow has become a healing wound with bleeding margins with length f around 4 cm breath 2 cm,depth of about 3 cm with granualtion tissue and minimal slough and bleeding margins with clear base nd resolved induration of the anterior abdominal wall and the labia majora.the 3rd pus swab grew CoNS , however it was liscussed on round to be a commensal and a contaiminant and hence antibiotics were not given for extended period and procal vas also 0.12 .

he patient has received 4 prc transfusions and is being discharged wit ha left sided cephalic vein in situ.
patient has received the following antibiotics in this admission - magnex for 2 days(19 no-20 nov), clinda for 16 days(19/11-5/12) , olistin 25 days(21/11-16/12), meropenem for 15 days(21/11-5/12),teicoplanin for 12 days(19/11-30/11),inj vancomcin for 6 days 30/11-5/12),inj metro for 6 days (6/12-11/12),inj zavicefta(7/12-17/12) 10 days,inj tigecycline for 10 day (7/12-16/12), inj lindamcin for (23/12/-28/12) 6 DAYS,inj zavicefta for 5 days from 23/12/2019 to 28/12/2019

reatment on discharge
vear mask/eat cooked food/to drink boiled water/to maintain local hygiene
nj clexane 0.8 cc sc bd upto 8 weeks(upto 31 st january 2020), to stop clexane if platlet less than 50000
picc line dressing once in 8 days , to change statlock once in 2 weeks.
o keep hb more than 7 ,tlc more than 3000,platlets more than 20000
nj neukine 450 ug if tlc less than 3000 .
soft bland diet/hexidine mouth wash/easy treat mouth wash/seitz bath with betadine 4 times a day
ignocaine jelly for local application
ab flucan 400 mg od
ab acivir 200mg tds
ab clogen 10 mg tds to chew
ab septran ds 1 bd on mon/wed/friday
tab folvite 5 mg od
tab shelcal 500 mg bd
tab xyloric 100 mg tds
tab alprax 0.25 sos at night
fentanyl patch sos if pain
tab ultracet sos if pain
syp cremaffin 30 ml hs

BED HAS NOT BEEN VACATED FROM SYSTEM

Discharge Summary

CRNO: 2019612528 **Name:** Suchi Upadhyay 36/ Y/F **Department:** Hematology

syp phensidyl 2 spoons bd

plan on discharge

1.repeat cbc after 3 days on 31/12/2019

2.flush picc line weekly with normal saline .

3.picc line dressing once a week.\

4.wound dressing aleternate day.

5.next cycle on 6 th january 2020, to come to opd on 6 jan 2020 with cbc/rft/lft/uric acid/rbs/tsh/free t3/free t4 levels for furthe chemo.

6.PET CT after 3 cycles to asses response.

7.repeat doppler of right upper limb in february 2020 for resolution of thrombus.

8.in case of emergenc to report to ers of sgpgi

8.to monitor bp at home , if raised to more than 140/90 to take salt restricted diet and tab amlo 5 mg od to start

Signature of Consultant

BED HAS NOT BEEN VACATED FROM SYSTEM

Annexure-4

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO:	2019612528	**Name:**	Suchi Upadhyay 36/ Y/F	**Department:**	Hematology
Unit:	UNIT-1	**Ward/Bed:**	B27B09 / PVT / 1		
Admission No:	ADM-202000731	**Admitted on:**	06-01-2020 13:47	**Discharged on:**	Jan 11, 2020 11:20 AM
Patient Type:	Online	**Consultant:**	Sanjeev	**Discharge Type:**	

Correspond. Address: B 7,Cant **Distt.** **State** Uttar Pradesh **Pin No.** 208001 **Phone No**

Diagnosis-ALK positive ALCL for 2nd CHOEP cycle.

COURSE IN WARD

patient was admitted in ward for second cycle of CHEOP . patient was given 3 days of chemotherapy, patient tolerated the chemotherapy well. picc line and wound dressing changed ,patient stable and afebrile and is being discharged in a stable stat

treatment on discharge

hexidine mouth wash tds

wear mask/eat cooked food/to drink boiled water/to maintain local hygiene

inj clexane 0.8 cc sc bd upto 8 weeks(upto 31 st january 2020), to stop clexane if platlet less than 50000.

picc line dressing once in 8 days , to change statlock once in 2 weeks.

to keep hb more than 7 ,tlc more than 3000,platlets more than 20000

inj neukine 450 ug if tlc less than 3000 .

soft bland diet/hexidine mouth wash

tab flucan 400 mg od

tab acivir 200mg tds

tab clogen 10 mg tds to chew

tab septran ds 1 bd on mon/wed/friday

tab folvite 5 mg od

tab shelcal 500 mg bd

tab xyloric 100 mg tds

tab alprax 0.25 sos at night

fentanyl patch sos if pain

tab ultracet sos if pain

syp cremaffin 30 ml hs

syp phensidyl 2 spoons bd

inj pegesta 6 mg sc on discharge

to follow up in opd on 27 january 2020 with cbc and lft/rft

BED HAS NOT BEEN VACATED FROM SYSTEM

Annexure - 5

Sanjay Gandhi Post Graduate Institute of Medical Sciences

DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name	: SUCHI UPADHYAY	**Ref.physician**	: YATENDRA
MRNO	: 2019612528	**Study Date Time**	: 10/02/2020 10:30
Gender	: Female	**Accession No**	: PT3386
Age	: 37Y	**Order Date**	: 10/01/2020
Procedure	: 18 FDG PET-CT WHOLE BODY IMAGING		

^{18}F-FDG WHOLE BODY PET-CT STUDY

History: k/c/o hashimoto thyroiditis. c/o right inguinal pain since 2 months. HPE(07.11.2019)- malignant round cell tumor- non Hodgkin`s lymphoma. Baseline PET/CT (08.11.2019) Hypermetabolic left supraclavicular and retroperitoneal pelvic lymphadenopathy. Stage III disease. Post 3 cycles of chemotherapy (last- 27.01.2020)
Indication: Interim PET/CT

Procedure: Whole body images (vertex to mid thigh) were acquired in 3-D mode 60 min after intravenous injection of 370MBq of ^{18}F-FDG using a dedicated LSO PET-CT scanner. Reconstruction of the acquired data was performed to obtain fused PET-CT images in transaxial, coronal and sagittal views. I.V contrast was given.

Blood glucose level- 120 mg/dl.

PET-CT Findings:

Brain:

The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

(Due to high physiological uptake of FDG in brain parenchyma, small lesions may be missed, MR is better modality for brain evaluation).

Head and Neck:

Few non FDG avid subcentimetric bilateral cervical level II and III lymph nodes are noted.

Normal physiologic FDG distribution is seen in rest of the neck region. Visualized paranasal sinuses, skull base, pharynx, larynx and thyroid do not show any abnormality on CT.

Thorax:

Bilateral breasts and axillae are unremarkable.

Non FDG avid up to centimetric lower paratracheal and subcarinal lymph nodes are noted.

Physiologic FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and esophagus appear normal on CT.

Report Printed on : 17/02/2020 14:04:50

DEPARTMENT OF NUCLEAR MEDICINE

Patient's Name	: SUCHI UPADHYAY	**Ref.physician**	: YATENDRA
MRNO	: 2019612528	**Study Date Time**	: 10/02/2020 10:30
Gender	: Female	**Accession No.**	: PT3386
Age	: 37Y	**Order Date**	: 10/01/2020
Procedure	: 18 FDG PET-CT WHOLE BODY IMAGING		

Abdomen-Pelvis:

Faintly FDG (SUV max<2.5) avid pre and paraaortic, aortocaval, paracaval, bilateral common iliac, external and internal iliac, right inguino-femoral and pubic lymph nodes are noted.

Right iliopsoas is bulky.

Hepatomegaly is noted (measuring 18.7 cm).

Few tiny (<3mm) renal calculi are noted in bilateral kidneys.

Normal FDG distribution is noted in the liver, spleen, gastrointestinal tract, kidneys and urinary bladder. Liver, biliary ducts, spleen, kidneys, stomach, adrenals, pancreas, retroperitoneum, bowel and urinary bladder appear normal on CT. No ascites is noted. No significant FDG avid lymphadenopathy noted in the abdomen-pelvis.

Skeletal System:

Physiologic FDG distribution is seen in the visualized axial and appendicular skeleton.

Impression: PET/CT scan findings reveal

- **Minimally metabolically active lymph nodes in the pelvis- Deauville score- II**

As compared to previous PET/CT dated- 08.11.2019, there is decrease in size and avidity of previously seen lesions- complete metabolic response.

Prepared by
Dr. Vineet Mishra

Confirmed by
Dr. Manish Ora
Faculty

Annexure - 6

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO:	2019612528	**Name:**	Suchi Upadhyay 36/ Y/F	**Department:**	Hematology
Unit:	UNIT-1	**Ward/Bed:**	B27A09 / GEN / 3		
Admission No:	ADM-202013737	**Admitted on:**	18-04-2020 15:21	**Discharged on:**	~~Apr 30~~ 2 May 2020 5:03 PM
Patient Type:	Online	**Consultant:**	Anshul Gupta	**Discharge Type:**	
Correspond. Address:	B 7,Cant	**Distt.**		**State** Uttar Pradesh **Pin No.** 208001 **Phone No**	

DischargeSummary

Diagnosis-ALK + ALCL /6th cycle(CHOEP ,2 vincristine is replaced by 12 mg of vinblastine in view of early symptoms of periphe neuropathy.)/FEBRILE NEUTROPENIA /E COLI SEPSIS/ FOCUS ANAL FISSURE/NOW RECOVERED/POST CCOMPLETION PET CT T BE DELAYED BY 4 WEEKS

COURSE IN WARD

Patient was admited in ward with complaints of high grade fever loose motions tenesmus and severe neutropenia. on examinat there was no hsmegaly or tenderness..the lung fields were clear. rhe patient was investigated and found to have tlc of 40 and procal of 31. chest x ray was norm al.the p tients blood culture grew e coli sensitive to meropenem amikacin.the patient was started on nj mero inj targo asnd inj ampholip . the pt was given supportive care with growth factor and PRBC and platlet transfusions. the patient was initially thought to nned granulcyte support but patient recovered with neukine support. the patie received 14 days of antibiotiics , the patients pet scan is due after recovery from fever.

2nd blood ↓ → CoNS - MR - Doxy sensitive.
i/v/o stable vitals · afebrile status; possible colonisation plan giv

treatment on discharge → T. Doxycycline 100mg BD ⊗ 14 days

hexidine mouth wash tds
wear mask/eat cooked food/to drink boiled water/to maintain local hygiene
picc line dressing once in 8 days , to change statlock once in 2 weeks.
to keep hb more than 7 ,tlc more than 3000,platlets more than 20000
soft bland diet/hexidine mouth wash
tab vfend 200 mg bd for 3 weeks
tab acivir 200mg tds
tab clogen 10 mg tds to chew
tab septran ds 1 bd on mon/wed/friday
tab folvite 5 mg od
tab shelcal 500 mg bd
syp cremaffin 30 ml hs
monitor cbc every 7 days.INJ NEUKINE 450 UG SC OD if TLC <3000 TILL TLC>5000

→ 101°F →

BED HAS NOT BEEN VACATED FROM SYSTEM