




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

अ. ३ http://192.168.15.8/ehospital/opdreport/AIIMS_IRCH_opd_ticket_b... **AL**

OPR-6

अस्पताल	DR. B.R.A. IRCH, AIIMS, NEW DELHI		EMISES
एकक/Unit	IRCH No. 218197	Reg. Date-10/09/2018	
विभाग/Dept.	Clinic Adult Medical Oncology Clinic	Clinic No. 27537/2018	n. No.
नाम/Name	Deptt. MEDICAL ONCOLOGY General		जन्म तिथि/Date of Birth
	नाम अमिता चौधरी Name AMITA CHAUDHARY	UHID-103862659	
	W/O- VINEET CHAUDHARY	Sex/Age F/47Y	
	Phone No. 8826212865	Room 6 (Shift Morning)	
	Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA		

निदान/Diagnosis	उपचार/Treatment
<p>Lynch syndrome / Ca Colon (R) side. MSH6 mut</p>	
दिनांक/Date	
10/8/20	<p><u>Adv</u></p> <ul style="list-style-type: none"> • LGIE (Colonoscopy) → 9B • USG Abd. → 10/15 • FU after 3 months <p style="text-align: right;"><i>Jaluz</i></p>

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



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

अ.भा.आ.सं. अस्पताल/

बहिरंग रोगी विभाग/Out

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING

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

IRCH No. 218197

Clinic Adult Medical Oncology Clinic

Deptt. MEDICAL ONCOLOGY

General

Name AMITA CHAUDHARY

W/O- VINEET CHAUDHARY

Phone No. 8826212865

Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA

Reg.Date-10/09/2018

Clinic No. 27537/2018



UHID-103862659

Sex/Age F/45Y

Room 6 (Shift Morning)

एकक/Unit _____

विभाग/Dept. _____

IRCH No. _____

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of
Amita Chaudhary	45/F

निदान/Diagnosis

Dyspepsia Synd / Carcinoma (R) side

दिनांक/Date

30/12/19

MSH-6

उपचार/Treatment

PT3NO → 8HCAPDX

in CR

Adv

- UGIE (9B)

- Daughter - Chemline MSH6 testui,

- son - CEA, CECT chest/Abdomen/Pelvis.

- F/U: on 30/03/2020 → CBC/CEA

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

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Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

20. Ar
10/18

OPR-6

शरीरमाद्यं खलुधर्मसाधनम्

अस्पताल

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

EMISES

एकक/Unit

IRCH No. 218197
Clinic Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date - 10/09/2018

Clinic No. 27537/2018

विभाग/Dept.

Name AMITA CHAUDHARY
W/O- VINEET-CHAUDHARY



Regn. No.

नाम/Name

Phone No. 8826212865

UHIP-103862659

जन्म तिथि/Date of Birth

Sex/Age F/45Y

Room 6 (Shift Morning)

Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA

निदान/Diagnosis

Ca colon, Ady.

दिनांक/Date

उपचार/Treatment

10.12.18

C5 - 15.12.18 y CBC WNL

- 2g Enoxaparin Enj + 2g Dexamethasone Enj.

- 2g Oxaliplatin 150mg IV

- Tab. Capecitabine 500mg 2-3x twice

- Cap. Irinotecan 250mg 1st day

- Olan supralin treatment as before

- Review

2 weeks

C5 - C1A1P

CRC + Irinotecan + C5

10.12.18

2 Nov

10/11/18
10/11/18

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

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18.2.19

6. May to given

- Genetic counselling

Re. the above

- Test for MSK-6

18.2.19

27.3.19

27/3/19

27/3/19

- CEA, USA Abdo / Pelvis - Review after 3 months on 26
- Annual CA125
Transvaginal USA } To screen for endometrial / ovarian tumor

27/6/19

→ Gyne Review

5/6/19

→ Fr. 3m : CEA, CBC

→ Colonoscopy → (9B)

18/09/2019

18/9/19
9m
(2)

18/09/2019 AU

① Fr. : 30/12/2019 = CEA / CA125 / Uterine

② .

KIA
Dr. Hamir /



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है। / SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit Dr. A.S
 विभाग/Dept. _____

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

No. A DMOC

नाम/Name

IRCH No. 218197
 Clinic Adult Medical Oncology Clinic
 Deptt. MEDICAL ONCOLOGY
 General

Reg. Date-10/09/2018

Clinic No. 27537/2018

तारीख/Date of Birth



Name AMITA CHAUDHARY

UHID-103862659

W/O- VINEET CHAUDHARY

Sex/Age F/45Y

Phone No. 8826212865

Room 6 (Shift Morning)

Address JUDGE NOIDA, UTTAR PRADESH. Pin:0. INDIA

निदान/Diagnosis

दिनांक/Date

6-140

24/9

10-9-18

Ce Rt Colon PT3 No (IIA) met. diff
p/Rt hemicolectomy 31.7.18 adeno CA

PS-1

HBsAg +ve on Teno ✓

MSI (H)

LVI (+)

Plan adjuvant chemotherapy CAPOX 6m

may truncate @ 3m (if/when idea trial)

ado

BSA - 1.53 m² (ht - 150 / wt - 58 kg)



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

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inj emset 8mg
 inj dexa 8mg | 100ml NS | 30min
 inj lantac 50mg

- inj oxaliplatin 200mg | 10 D5 | 2hr

(D)
 for 2/1/19

- Tab Capecitabine 1500mg BD (D1 - D14)

8 water within 1hr
 after meds

(000)
 3 tabs
 every
 (000)

Pre Chemo

- Tab emset 8mg tid x 5 days [2वाली फेर]
- Tab lantac 150mg BD x 5d
- Tab dexa 8mg BD x 3d (29/9/18 तक)

Flu & CBC / UFT / RFT on 24.9.18

अधि परतः

- WHO-ORS - 3l/day

- Cap. Immob. - 2cap stat $\xrightarrow{\text{thi}}$ 2cap rdt $\xrightarrow{\text{New Emergency}}$

Sawar

(Fm 29/11)
 19/11 - C# Capox
 - Fm 10/12/18 r CBC/

Genetic test for Lynch Sy

- CORE

4654 248623

24/9
 Adv no toxicity
 D+3

10/10/18: OPD
 Adv no toxicity
 10/10/18 \rightarrow C#2/used/used

go for C#2 Capox as overleaf

OPD - 3/10/18 - C#2/used/used

3/10/18

3/11/18

C#3 Capox
 as written
 overleaf
 Flu - 29/11/18
 C CBC/KFT b



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

LIVER CLINIC SAT. MORNING

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Amrita Chaudhry		F/M		103862659

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
<p>21 JUL 2018</p> <p><u>Dr. Gyan</u> Sru</p> <p>UCIE - (N) Ultrasound - Normal</p> <p>GIPT - 15/23 MP - 122 Alb - 4.1</p> <p>Plan - <u>Fibronex</u> - <u>HBV DNA (Quantitative)</u></p>	<p>Anemia ↓ evaluation on evaluation found to have CRC - Growth in Ascending colon moderately differentiated planned for Surgery</p> <p>Incidentally detected HBsAg +ve DNA NOT done HBeAg - Neg</p> <p>Started on Tenofovir 300mg OD</p> <p><u>Relu</u> - Continue tenofovir 300mg OD - Rlu c Report Sru m</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

शुभ्राचार्य के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

सरीरमात्रा कक्ष, चतुर्थ मंजिल
2nd Floor
MON - WED.
01:30 PM to 03:30 PM
एकक/Unit
विभाग/Dept.

New Patient
Dept. Reg. 2018/018/0001789
General/रु 10
G.I. Surgery/Unit-I कमरा/Room: 6 G.I. Surgery

OPR-6

Name: AMITA CHAUDHARY
नाम: अमिता चौधरी
W/O VIJNEET CHAUDHARY
पति: विजनीत चौधरी
45Y महिला/F
Ph. 8826212865

Regn. No.

पता/Address



UHID : 103862659 Date: 11/07/2018

निदान/Diagnosis

CARCINOMA ASCENDING COLON (HEPATIC FLEXURE).

दिनांक/Date

उपचार/Treatment

Dm (-)
H7N (-)
CAD (-)
TB (-)
HBsAg (+)

उपचार के दिनांक विभाग/Dept. of G.I. Surgery
अस्पताल में देरी होने से अत्यंत योग्य चिकित्सा,
एकक/Unit का उपचार है। प्रतीक्षा समय लम्बा होने
से उपचार उपकरणों से उपचार किया है।

Chief complaints:

Breathless } 8 months
easy fatigability }
LoA / Low (3kg)

patient complaints of breathlessness & easy fatigability since 8 months for which she was evaluated at local hospital, where was found to have low haemoglobin (8g) w. so she underwent work up

CECT → Annular thickening in the (9/7/18) PVT - ascending colon measuring approx 9mm. Fat planes preserved with liver, kidney and duodenum.

Few subcentimetric pericolic lymph node (largest 7mm)

O/E - P/A - soft
PR - normal.

18/7/18

To the 1/c Hosp. adm.
PL provide a prf room.
for lin pr for early surgery.

N.R. Singh

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Colonoscopy - (9/7/18) PV7

Ascending colon → circumferential ulcerated polypoidal growth present just beyond the hepatic flexure

Pust - (N)

Histopathology (1828639) - Moderately differentiated adenocarcinoma

MRI Brain (26/5/18) PV7 → pituitary microadenoma.

PET Scan (12/7/18) PV7 → metastatically active thickening in ascending colon. Pust - (N) Adv

- DRC

- Liver clinic consultation for Hepatitis B.

- Neurosurgery ex for pituitary

- Review on wednesday.

Iw

MS - 7.7

Area - 1.6

Quinine - 0.6

21/07/18

8:30 AM TO 10:30 AM
LIVE CLINIC
NEXT APPOINTMENT
DATE..... 9.30 AM

18 JUL 2018

DIRE (9/7/2018)
(12/7/2018)

Annular thickening in ascending colon growth ⊕. pericolic fat stranding ⊕. Resectable. chest → fibrotic changes in ⊕ chest.

Vikas
SPR 918

Plan: 1) CEA.

2) Surgery → R.NO:-5.

Dr. Faheem
SPR 918

METRO HOSPITALS & HEART INSTITUTE

4th Floor, L-94, Sector-11, Noida-201301

METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

Patient ID : 60660B

Visit Date : 02-Nov-20

Patient Name : MRS. AMITA CHAUDHARY

Referred by : COLON. NO. : 37491

Age/Gender : 47Yrs, Female

Consulted by : Dr Anurag Tandon(M.D, D.M)

COLONOSCOPY REPORT

Premedication :

P/R : Nil

Preparation : GOOD

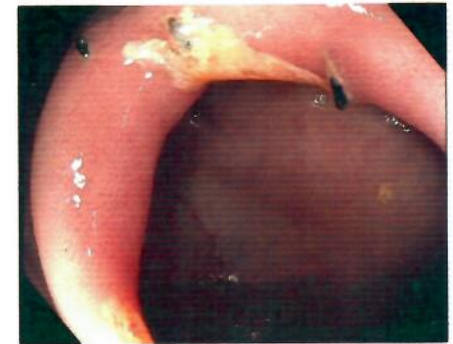


POST RIGHT HEMICOLECTOMY STATUS.

NORMAL MUCOSA SEEN IN THE LEFT, MID
AND RIGHT COLON.



SUPERFICIAL ANSTOMOTIC ULCERS PRESENT
AT THE SUTURE LINE.



BIOPSY TAKEN.



Dr Anurag Tandon(M.D, D.M)
SENIOR CONSULTANT GASTROENTEROLOGY

CaptureITPro - www.ambalsoft.com

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	47Y/F	OPD/IPD	OPD
Ref. by	Dr.	DATE	31.10.2020	USG NO	824
EXAMINATION PERFORMED – USG WHOLE ABDOMEN					

Liver is normal in shape, size (14.0 cm), contours and echopattern. No focal lesion seen. No IHBR dilatation noted.

GB is well distended and echofree. No calculus / sludge seen. GB wall thickness is normal. No pericholecystic collection noted. CBD and PV are of normal caliber.

Pancreas is normal in size and echotexture. No focal lesion noted. No peripancreatic collection noted. No MPD dilatation noted.

Spleen is normal in size (9.7 cm) and shows homogeneous echotexture.

Both kidneys are normal in shape, size, position and echopattern. Corticomedullary demarcation is maintained. No calculus or mass lesion seen. No pelvicalyceal system dilatation noted. RK: 9.0 x 4.5 cm LK: 9.5 x 4.4 cm

No ascites or obvious retroperitoneal lymphadenopathy noted. No bowel loops dilatation noted.

Urinary bladder is well distended with smooth outline. No echo-drop seen.

Uterus is anteverted and **bulky in size (10.6 x 3.1 x 4.2 cm)** showing homogenous myometrial echotexture and no focal lesion. Endometrial echo complex is central and meas. 4.3 mm in thickness. Cervix is normal in length and echotexture. Both ovaries are normal in shape, size and echotexture. RO: 2.1 x 0.8 cm LO: 2.4 x 0.9 cm

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD DNB
Consultant Radiologist


Dr. Gourt Garg, MD
Consultant Radiologist

Dr. Amit Garg, MD
Consultant Radiologist

❖ This is a professional opinion based on imaging finding and not the diagnosis. ❖ Not valid for medico-legal purposes.
❖ In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Cardiology Wing

X-1, Sector-12, Noida - 201301
Tel. : +91 120 2533 491, 2444 466, 4366 666
Fax : +91 120 2533 487

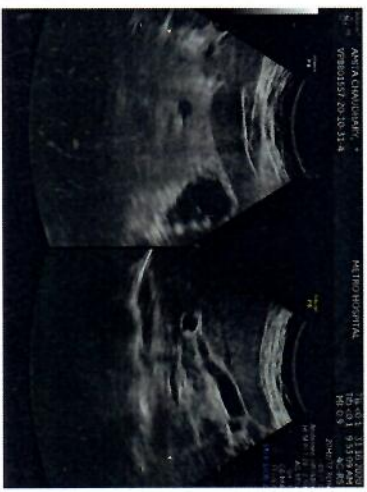
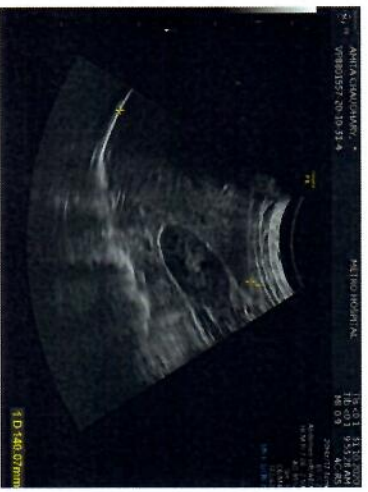
Multispeciality Wing

L-94, Sector 11, Noida-201301
Tel. : +91 120 2522 959, 2442 666
Fax : +91 120 2442 555

E-mail : metro@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

MHHI/CL/0115/Rev. No. 01



METRO HOSPITALS & HEART INSTITUTE

4th Floor, L-94, Sector-11, Noida-201301

METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

Patient ID : 60660A

Visit Date : 14-Mar-20

Patient Name : MRS. AMITA CHAUDHARY

Referred by : ENDO. NO. : 37129

Age/Gender : 44Yrs, Female

Consulted by : Dr Anurag Tandon(M.D, D.M)

UPPER GI ENDOSCOPY REPORT

Premedication :

Esophagus : NORMAL MUCOSA SEEN AT THE LOWER END.

OG Junction :

Stomach :

Fundus : NORMAL MUCOSA SEEN.

Body : NORMAL MUCOSA SEEN.

Antrum : HYPEREMIA OF MUCOSA SEEN.

Pylorus : NORMAL MUCOSA SEEN.

Duodenum :

D1 : NORMAL.

D2 : NORMAL.

Biopsy : NOT TAKEN

Impression : ANTRAL GASTRITIS.



for cut
Dr Anurag Tandon(M.D, D.M)
SENIOR CONSULTANT GASTROENTEROLOGY

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45Y/F	OPD/IPD	OPD
Ref. by	DR.	DATE	28.12.2019	USG NO	596
EXAMINATION PERFORMED – USG WHOLE ABDOMEN					

Liver is normal in shape, size, contours and echopattern. No focal lesion seen. No IIBR dilatation noted.

GB is well distended and echofree. No calculus / sludge seen. GB wall thickness is normal. No pericholecystic collection noted. CBD and PV are of normal caliber.

Pancreas is normal in size and echotexture. No focal lesion noted. No peripancreatic collection noted. No MPD dilatation noted.

Spleen is normal in size (9.6 cm) and shows homogeneous echotexture.

Both kidneys are normal in shape, size, position and echopattern. Corticomedullary demarcation is maintained. No calculus or mass lesion seen. No pelvicalyceal system dilatation noted.

RK: 9.3 x 3.7 cm LK: 10.1 x 4.5 cm

No ascites or obvious retroperitoneal lymphadenopathy noted. No bowel loops dilatation noted.

Urinary bladder is well distended with smooth outline. No echo-drop seen.

Uterus is retroflexed and bulky in size (11.3 x 2.1 x 4.4 cm) showing homogenous myometrial echotexture and no focal lesion. Endometrial echo complex is central and meas. 3.2 mm in thickness. Cervix is normal in length and echotexture.
Both ovaries are normal in shape, size and echotexture. RO: 2.6 x 1.4 cm LO: 2.7 x 1.6 cm

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Sara Thakur, DNB
Consultant Radiologist

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Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

MHHI/CL/0115/Rev. No. 01

METRO HOSPITALS & HEART INSTITUTE

4th Floor, L-94, Sector-11, Noida-201301

METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

Patient ID : 60660

Visit Date : 06-Sep-19

Patient Name : MRS. AMITA CHAUDHARY

Referred by : COLON. NO.: 36218

Age/Gender : 44Yrs, Female

Consulted by : Dr Anurag Tandon(M.D, D.M)

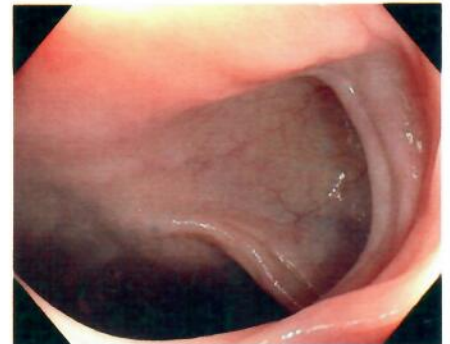
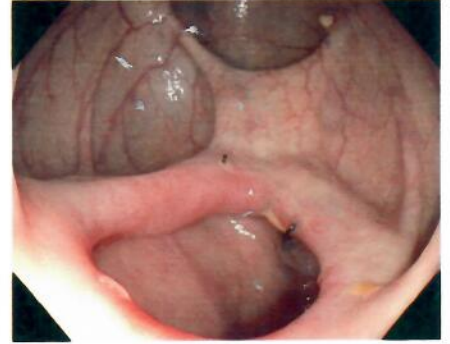
COLONOSCOPY REPORT

POST RIGHT HEMICOLECTOMY STATUS.

NORMAL MUCOSA SEEN IN THE RECTUM,
SIGMOID, DESCENDING AND TRANSVERSE COLON.

MILD HYPEREMIA AND SUPERFICIAL ULCERS
PRESENT AT THE ANASTOMOTIC SITE.

Impression : **SUPERFICIAL ANASTOMOTIC SITE ULCERS.
BIOPSY TAKEN.**



Dr Anurag Tandon(M.D, D.M)
SENIOR CONSULTANT GASTROENTEROLOGY

CaptureITPro - www.ambalsoft.com

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/F	OPD/IPD	OPD
Ref. by	Dr.	DATE	22.06.2019	USG NO	670
EXAMINATION PERFORMED – USG WHOLE ABDOMEN					

Liver is normal in shape, size, contours and echopattern. No focal lesion seen. No IHBR dilatation noted.

GB is physiologically distended and echofree. No calculus / sludge seen. GB wall thickness is normal. No pericholecystic collection noted. CBD and PV are of normal caliber.

Pancreas is normal in size and echotexture. No focal lesion noted. No peripancreatic collection noted. No MPD dilatation noted.

Spleen is normal in size and shows homogeneous echotexture.

Both kidneys are normal in shape, size, position and echopattern. Corticomedullary demarcation is maintained. No calculus or mass lesion seen. No pelvicalyceal system dilatation noted. RK: 9.2 x 4.6 cm, LK: 9.2 x 4.0 cm.

No ascites or obvious retroperitoneal lymphadenopathy noted. No bowel loops dilatation noted.

Urinary bladder is well distended with smooth outline. No echo-drop seen.

Uterus is retroflexed, bulky in size measuring approx. 10.5 x 3.1 x 5.2 cm and showing homogenous myometrial echotexture and no focal lesion. Endometrial echo complex is central and meas. 4.6 mm in thickness. Cervix is normal in length and echotexture. Both ovaries are normal in shape, size and echotexture. RO: 1.8 x 1.0 cm, LO: 2.6 x 1.1 cm.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

Dr. Amit Garg, MD
Consultant Radiologist

❖ This is a professional opinion based on imaging finding and not the diagnosis. ❖ Not valid for medico-legal purposes.
❖ In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

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Multispeciality Wing

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Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

MHHI/CL/0115/Rev. No. 01

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/F	OPD/IPD	OPD
Ref.by	Dr.	DATE	22.06.2019	USG NO	671
EXAMINATION PERFORMED – USG TVS					

Uterus is retroflexed and bulky in size measuring approx. 10.5 x 3.1 x 5.2 cm.

Myometrial echotexture is homogeneous. No focal lesion seen.

Endometrial echo-complex is central and normal in thickness (4.6 mm).

Cervix is normal in length. No altered echogenicity noted.

Os is closed.

Both ovaries are normal in size and echogenicity with normal follicular structures.
RO: 1.8 x 1.0 cm, LO: 2.6 x 1.1 cm.

No collection seen in posterior pouch.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

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Consultant Radiologist

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Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

MHHI/CL/0115/Rev. No. 01

NAME : **MRS. AMITA CHAUDHARY**

ID No. : **60660**

DATE : **09-Jul-18**

AGE : **44** SEX : **FEMALE**

REF. BY : **COLON. NO. : 33067**



COLONOSCOPY REPORT

ANAL CANAL

Normal mucosa seen.

RECTUM AND SIGMOID

Normal mucosa seen.



DESCENDING COLON

Normal mucosa seen.

TRANSVERSE COLON

Normal mucosa seen.



ASCENDING COLON

Circumferential ulcerated polypoidal growth present just beyond the hepatic flexure. Multiple biopsies taken.

CAECUM

Not seen.

TERMINAL ILEUM

Not seen.



IMPRESSION :

**RIGHT COLONIC GROWTH.
? MITOTIC.
BIOPSY TAKEN.**

A. Tandon
ENDOSCOPIST
Dr. Anurag Tandon

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	36 Y/ F	OPD/IPD	OPD
Ref.by	AIIMS	DATE	16.02.19	CT NO	1084
EXAMINATION PERFORMED – CECT WHOLE ABDOMEN					

Contiguous axial sections were obtained from domes of diaphragm through the pelvis after bowel opacification with oral contrast and bolus I.V. nonionic contrast administration.

Clinical details : Follow up case of CA colon post op - right hemicolectomy.

Liver measures 15.4 cm with normal shape and attenuation. No intrahepatic venous channels or biliary radicles dilatation noted. No intrahepatic space occupying lesion noted.

GB is well distended with homogeneous luminal contents and smooth wall. Pancreas is normal in contours and attenuation. No peripancreatic collection noted. No pancreatic ductal dilatation noted. Spleen is normal in size, contours and shows homogeneous attenuation.

Both kidneys are normal in shape, size, attenuation and enhancement. No focal lesion seen. No pelvicalyceal system dilatation noted.

No ascites or significant lymphadenopathy noted.

Stomach and remaining visualized gut loops are normal and contrast filled. No obvious residual / recurrent lesion seen.

Urinary bladder is well distended with smooth wall outline.

Uterus appears normal in attenuation. *A simple follicular cyst measuring approx. 1.2 x 1.3 cm seen in left ovary.* No adnexal mass lesion noted on right side.

Muscle planes, great vessels, fat planes and bones are normal.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist


Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

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MHHI/CL/0115/Rev. No. 01

DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	36 Y/ F	OPD/IPD	OPD
Ref.by	AIIMS	DATE	16.02.19	CT NO	1083
EXAMINATION PERFORMED – CECT THORAX					

Contiguous axial sections were obtained on spiral mode from thoracic inlet to domes of diaphragm after IV administration of contrast and studied in lung and mediastinal windows.

Findings:-

The study reveals area of fibrobronchiectasis and nodular calcification in right upper lobe likely secondary to old Koch's. Remaining lung parenchyma and pulmonary vasculatures are normal in attenuation pattern.

Trachea and major bronchi are normal. No significant compression noted.

No significant hilar / mediastinal lymphadenopathy noted.

Mediastinal vascular structures appear normal.

No pleural / pericardial collection noted.

Bones, fat planes and muscle planes are normal.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

CGM

Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

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DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/F	OPD/IPD	OPD
Ref.by	Dr. Anurag Tandon	DATE	09.07.18	CT NO	4483

EXAMINATION PERFORMED – CECT WHOLE ABDOMEN

Contiguous axial sections were obtained from domes of diaphragm through the pelvis after bowel opacification with oral contrast and bolus I.V. nonionic contrast administration.

The study reveals annular thickening (7.0 mm) of ascending colon measuring approx. 7.0 cm in length with pericolonic fat stranding. Fat planes of this lesion are preserved with liver, kidney and duodenum. Few subcentimetric size pericolonic lymph nodes are noted largest measuring approx. 7.0 mm in short axis diameter. No obvious necrosis noted (Adv:- Histopathological correlation for neoplastic etiology). Stomach and remaining visualized gut loops are normal and contrast filled.

Liver is normal in shape, size and attenuation. No intrahepatic venous channels or biliary radicles dilatation noted. No intrahepatic space occupying lesion noted.

GB is well distended with homogeneous luminal contents and smooth wall. Pancreas is normal in contours and attenuation. No peripancreatic collection noted. No pancreatic ductal dilatation noted. Spleen is normal in size, contours and shows homogeneous attenuation.

Both kidneys are normal in shape, size, attenuation and enhancement. No focal lesion seen. No pelvicalyceal system dilatation noted.

No ascites noted.

Thickening (11.0 mm) of anterior wall of urinary bladder is noted (Adv:- Cystoscopy).

Uterus appears normal in attenuation. No utero adnexal mass lesion noted.

Muscle planes, great vessels and bones are normal.

Please correlate clinically.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist


Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

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DEPARTMENT OF MEDICAL IMAGING

NAME	Mrs. Amita Chaudhary	AGE/SEX	45 Y/ F	OPD/IPD	2018002575
Ref.by	Dr. P. Lal	DATE	19.03.18	CT NO	2030

EXAMINATION PERFORMED – CECT WHOLE ABDOMEN

Contiguous axial sections were obtained from domes of diaphragm through the pelvis after bowel opacification with oral contrast and bolus I.V. nonionic contrast administration.

The study reveals circumferential thickening (8 mm) in ascending colon with surrounding fat stranding measuring approx. 4 cm in length likely inflammatory/infective in etiology. Few subcentimetric size loco regional lymph nodes seen largest measuring approx. 6.6 mm in short axis diameter. No obvious necrosis noted.

Stomach and remaining visualized gut loops are normal and contrast filled.

Liver is normal in shape, size and attenuation. No intrahepatic venous channels or biliary radicles dilatation noted. No intrahepatic space occupying lesion noted.

GB is well distended with homogeneous luminal contents and smooth wall. Pancreas is normal in contours and attenuation. No peripancreatic collection noted. No pancreatic ductal dilatation noted. Spleen is normal in size, contours and shows homogeneous attenuation.

Both kidneys are normal in shape, size, attenuation and enhancement. No focal lesion seen. No pelvicalyceal system dilatation noted.

No ascites noted.

Urinary bladder is well distended with smooth wall outline.

Uterus appears normal in attenuation. No utero adnexal mass lesion noted.

Left ovary shows simple cyst measuring approx. 1.7 x 1.5 cm.

Right ovary is normal in size, shape and attenuation.

Muscle planes, great vessels, fat planes and bones are normal.

Adv – Colonoscopy for further evaluation.

Dr. S. Ameer Ahmed, MD
Sr. Consultant Radiologist

Dr. Vidit Sethia, DMRD, DNB
Consultant Radiologist

Dr. Gouri Garg, MD
Consultant Radiologist

Cardiology Wing

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MHHI/CL/0115/Rev. No. 01

DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Ms. Amita Chaudhary	Patient Id: FHL5.664189	Age/Sex:44/F
	Ref. By. Dr. Anurag Tandon	Date:12/07/2018

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 vertex 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 lean body mass.

Patient is a suspected case of carcinoma descending colon. PET-CT scan is being done for further evaluation.

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

No focal abnormal increased FDG concentration seen in bilateral cerebral or cerebellar hemispheres.

Note: If there is strong suspicion for brain metastasis then MRI is suggested for further evaluation, as smaller lesion may not be detected on FDG PET CT.

The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid. No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or hypopharynx.

There is no significant cervical lymphadenopathy.

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

Bilateral breast/ axillae appear unremarkable.

There is no significant mediastinal/ hilar lymphadenopathy is noted.

Non FDG avid subpleural fibro calcific lesion noted in apical and posterior segment of right upper lobe - likely benign. Non FDG avid tiny calcific foci noted in right lower lobe.

There is no evidence of pleural effusion/ infiltrates noted.

Liver is enlarged in size with a span of 15.5cm and normal in shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the liver parenchyma.

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.



Continued.....1

For an appointment call : +91 8130192448 (Radiation) / +91 9650060945 (Medical / Surgical / Haematology)

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E-mail contact@iosplcancer.com • **Website** www.cancertherapycentres.com • **Tel. No.** +91 11 29566966 / 29565267

Continued.....2

DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Ms. Amita Chaudhary	Patient Id: FHL5.664189	Age/Sex: 44/F
	Ref. By. Dr. Anurag Tandon	Date: 12/07/2018

FDG avid thickening noted in ascending colon measuring 53 mm in length and thickness 19mm (SUVmax~14.0) with pericolonic fat stranding. Fat planes are preserved with liver, kidney and duodenum.

The stomach and small bowel loops appear normal in calibre and fold pattern. No focal lesion / abnormal FDG uptake is seen in relation to them.

Non FDG avid few subcentimetric sized lymph nodes are seen in pericolonic region.

No free peritoneal fluid is seen.

Non FDG avid thickening noted in anterior wall of urinary bladder – likely cystitis.

The uterus and bilateral adnexae appear unremarkable with no abnormal FDG uptake.

Mild degenerative changes noted in visualized spine. No lytic/ sclerotic lesions in the whole body bone surveyed.

IMPRESSION:

PET-CT SCAN REVEALS

- **Metabolically active thickening in ascending colon) with pericolonic fat stranding as described – likely neoplastic.**
- **Metabolically inactive subcentimetric sized pericolonic lymph nodes.**
- **No other abnormal FDG avid lesion seen in rest of the body region surveyed.**

Advise clinical and histopathological correlation.


Dr. M U Siddiqui
Consultant and Head

- This report is for diagnostic use only and not for medicolegal purposes
- Kindly bring all previous reports and PET CT CD for follow up PET CT scans
- ALL TEST HAVE TECHNICAL LIMITATIONS .CORRELATION OF CLINICAL FEATURES AND OTHER INVESTIGATIONS ARE MANDATORY TO ARRIVE AT CLINICAL DIAGNOSIS. THIS REPORT IS PROFESSIONAL OPINION AND NOT DIAGNOSIS

Note: The report is based upon the glycolytic activity in the tumor cells. FDG concentration may not be seen in lesions with low metabolic / glycolytic activity and low tumor density.

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Cancer Therapy Centres: Delhi • Noida • Ghaziabad • Mumbai • Jodhpur • Aurangabad • Siliguri



Department of Gastrointestinal Surgery

All India Institute of Medical Sciences, New Delhi

DISCHARGE SUMMARY



Name Mrs. amita chaudhary Age 45 Sex Female C. R. No. 942986 GIS No 502/2018

Permanent Address NRI city, Judge camp, noida UTTAR PRADESH Ph. 9318446463 Fax Email 103862659

Temporary Address D.O.A. 21-07-2018 D.O.O. * 31-07-2018, D.O.D. 05-08-2018

Ph. Fax

Diagnosis : * Carcinoma colon,

Previous admission : No

Advice : care of wound as advised
 diet as advised
 tab crocin 500 mg 1 sos for pain *fever*
 tab pantocid 40 mg 1 OD x 10 days
 Tab emset 4 mg 1 sos *vomit*
 review after 10 days in GIS opd on MON/WED/FRI
 repor to emergency in case of fever/vomitng/poor oral intake

*58 lq
150 cm
25.7 kg/cm2*

Tab alpracet 1 sos time

History :

H/o easy fatiguability and palpitation and occassional chest pain for which she was evaluated and found to be TMT +ve and 2 D echo was normal. She was found to have anemia and stool occult blood was positive. And she was also found to be having HBsAg +ve and was started on Tenofovir. No h/o abdominal pain. No vomiting/constipation. No GI bleed. No LOA/LOW. No fever. H/o jaundice in 2006 releived spontaneously. h/o b/l galactorrhoea- evaluated and found to have hyperprolactinemia and pituitary microadenoma for which she is taking cabergoline. Received 2 units blood transfusion prior to admission. Known diabetic. H/o 2 LSCS in the past.

Examination :

conscious oriented
 pallor+
 no jaundice/LNE/oedema
 PR_ 86/BP 138/72 mm Hg
 P/A soft. No mass. Lower midline scar present- healthy
 chest clear
 DRE- NAD

*Counselled for
1500 cal & 60g prot
oral diet
Anjali
Dietician
20/8/18*

Operative Procedure and Findings :

* (31-07-2018) RIGHT HEMICOLECTOMY,
 circumferential constricting growth just proximal to hepatic flexure of colon. Multiple small lymphnodes along mesocolon. Liver normal. No ascites. No e/o dissemination

Hospital Course :

Pre Op optimised and taken up for surgery
 Post O started on oral liquids on POD 3 increased to normal diet by POD 6 which she tolerated. On discharge vitals stable, wound clean, tolerating normal diet

20/8/18 = doing well went health:

= D6 ICU - 11. some clip

= Binder applicati-

= medical oncology opa at clinic

Sofosyvir cirb

*itchken
njalsji
caution)*

AA

Investigations :

Blood Group : _____

Blood

Date	Hb (gm/dl)	TLC (per mm ³)	DLC (P,L,E,M,B)	Platelets (per mm ³)	Retics (%)	ESR (cm/hr)	PT Patient/C ontrol	Sugar (mg/dl)	Urea (mg/dl)	S Calcium (mg/dl)	Na (mEq/L)	K (mEq/L)
23-07-2018	7.1	7600		264000						18	143.0	4.3
01-08-2018	9.5	8700		260000			1.4		19		139.0	4.5

Blood

Weight

Date	S Creat (mg/dl)	Bil (Tot) (mg/dl)	Bil(Cong) (mg/dl)	S Alk Phos (IU/dl)	SGOT (U/dl)	SGPT (U/dl)	Protein (gm/dl)	Albumin (gm/dl)	Amylase (U/dl)	HBs Ag	IgG anti HCV	Weight (Kg)
23-07-2018	0.9											59
01-08-2018	1.0	0.7		216.0	8	16	6.5	3.8				

Radiology / Endoscopy :

Radiology/Biopsy	Date	Number	Details
CT Scan	09-07-2018		thickening in ascending colon. Pericolonic fat stranding+. Fibrotic changes in chest. Liver normal
	22-05-2018		
Upper GI Endoscopy	09-07-2018		normal study
Colonoscopy	09-07-2018		circumferential ulcerated polypoidal growth just beyond hepatic flexure of colon
PET	12-07-2018		metabolically active thickening in ascending colon

Biopsy / Histopathology :

Biopsy/Histopathology	Date	Number	Details
Biopsy	14-07-2018	1828639	slide review aims: moderately differentiated adenocarcinoma

[Handwritten Signature]
Signature

CEA

MSI - IHC

[Handwritten Signature]

Annot file on

10.9.18.

[Handwritten Signature]
29.8.18



Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel:+91-11-26588500/26588700;Fax:+91-11-26588500/26588700

Patient Name: Mrs. Amita Chaudhary	Acc. No: 1831738
F/H Name: Vineet	Hosp. Reg. No.: 103862659
Age/Sex: 45 Y/Female	UHID No.: ---
Clinic/Dept/Bed: Private Word/406	Consultant Incharge: Dr. N/A
Reg Date: 31-07-2018	Reporting Date: 17-08-2018

Histopathology Report

Report Findings:

Received two specimen

1. Received specimen of right hemicolectomy comprising of large bowel measuring 20cm in length and 2 cm in diameter; Part of ileum measuring 6cm in length, 1.8cm in diameter. and appendix measuring 5cm in length, 1 cm in diameter, An ulceroinfiltrative tumor is identified involving the colonic mucosa circumferentially upto 6 cm length of colon. Depth of infiltration is 1.2cm.

Tumor appears to be infiltrating into the muscularis layer and reaching upto subserosa, however circumferential resection margin /serosa is free of tumor.

Tumor lies 15cm away from the distal resected end and 12 cm away from the proximal resection margin.

Cut surface of appendix is unremarkable.

Twelve lymphnodes identified (0.3cm to 0.5cm).

Multiple sections examined from tumor shows histomorphological features of a moderately differentiated adenocarcinoma with focal solid sheet like growth pattern.

Tumor is infiltrating transmurally through the wall and reaching upto subserosal fat, however, the circumferential resection margin is free of tumor (closest distance is 2mm).

Lymphovascular emboli are noted. →

Perineural invasion is not seen.

Ileal and colonic resection ends are free of tumor.

Appendix is histologically unremarkable.

Eleven lymphnodes identified microscopically, all are free of tumor (0/11).

2. Lymphnode tissue yielded eight nodes (0.5 to 0.6cm) all free of tumor (0/8).

Diagnosis moderately differentiated adenocarcinoma, right hemicolectomy.

Pathological stage; PT3 N0.

(AJCC).

Stage group; IIA.

Reporting Incharge: Dr. Adarsh Barwad

Reporting SR: Dr. Pooja Sharma

Verify By: Dr. Abhishek Satapathy

gene C^ÖRE™ Predict

Patient Name : Amita Chaudhary Physician Name : AIIMS
Date of Birth : 09/02/1973 Hospital Name : AIIMS
Gender : Female Report ID : 19006139
Test Ordered Date : 18/01/2019 Specimen : Saliva
Report Date : 15/02/2019 History : Moderately differentiated adenocarcinoma,
right hemicolectomy

Patient Test Result Details

Result : Positive Clinically Significant Mutations Identified

GENE	MSH6
CHROMOSOME	chr2
POSITION	48026257
REFERENCE	AGAGAT
ALT	A
AMINO ACID CHANGE	p.Asp380AlafsTer6
CONSEQUENCE	frameshift_variant
CLINVAR ASSERTION	Pathogenic
CLINVAR URL	https://www.ncbi.nlm.nih.gov/clinvar/variation/89175/

Landrum MJ, et al. Nucleic Acids Research. 2014;42:D980-D985.

Patient Test Result Summary

Your testing shows that you have a pathogenic mutation in the *MSH6* gene. Deleterious *MSH6* mutations in women are associated with Hereditary Nonpolyposis Colorectal Cancer (HNPCC), also referred to as Lynch syndrome. In addition to colon cancer, you may also be subjected to an increased risk of developing endometrial, ovarian, stomach, and possibly other types of cancer.

Your first degree relatives have 50% chance of having the same mutation that you carry. This information may be helpful to your doctor for personalizing a management plan for you and your family's improved care.

No known or potential disease-causing mutations were detected in any other genes tested.

Dr. Aparna Dhar - 9650066103

Dr. Avshesh Mishra, Ph. D., Molecular Scientist

Avshesh Mishra

Dr. Shivani Sharma, Pathologist

Reg. No. 1906

Shivani

C^ÖRE DIAGNOSTICS™

gene CÔRE™ Predict

Patient Name : Amita Chaudhary Physician Name : AIIMS
Date of Birth : 09/02/1973 Hospital Name : AIIMS
Gender : Female Report ID : 19006139
Test Ordered Date : 18/01/2019 Specimen : Saliva
Report Date : 15/02/2019 History : Moderately differentiated adenocarcinoma, right hemicolectomy

Patient Test Result Details

Result : Positive Clinically Significant Mutations Identified

GENE	MSH6
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ALT	A
AMINO ACID CHANGE	p.Asp380AlafsTer6
CONSEQUENCE	frameshift_variant
CLINVAR ASSERTION	Pathogenic
CLINVAR URL	https://www.ncbi.nlm.nih.gov/clinvar/variation/89175/

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Patient Test Result Summary

Your testing shows that you have a pathogenic mutation in the *MSH6* gene. Deleterious *MSH6* mutations in women are associated with Hereditary Nonpolyposis Colorectal Cancer (HNPCC), also referred to as Lynch syndrome. In addition to colon cancer, you may also be subjected to an increased risk of developing endometrial, ovarian, stomach, and possibly other types of cancer.

Your first degree relatives have 50% chance of having the same mutation that you carry. This information may be helpful to your doctor for personalizing a management plan for you and your family's improved care.

No known or potential disease-causing mutations were detected in any other genes tested.

Dr. Avshesh Mishra - 9650066103

Dr. Avshesh Mishra, Ph. D., Molecular Scientist

Avshesh Mishra

Dr. Shivani Sharma, Pathologist

Reg. No. 1906

Shivani

CÔRE DIAGNOSTICS™

Patient Test Result Details

Summary Result: Positive

Clinically Significant Genetic Mutations Detected

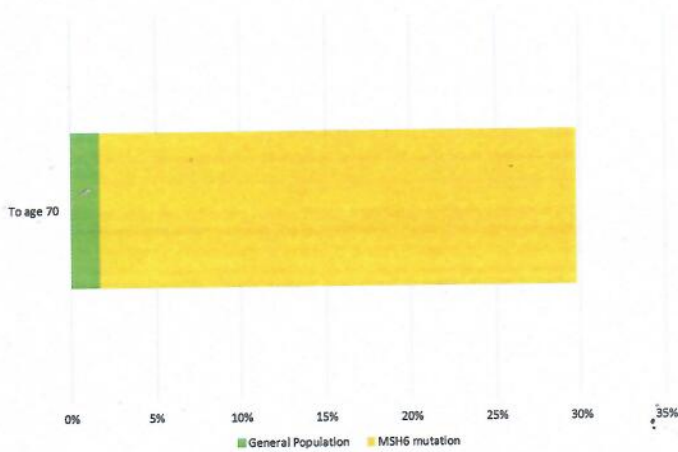
Gene	Inheritance Mode	Associated Syndromes
MSH6	Autosomal Dominant	Hereditary Nonpolyposis Colorectal Cancer HNPCC (Lynch Syndrome)

Information for the patient

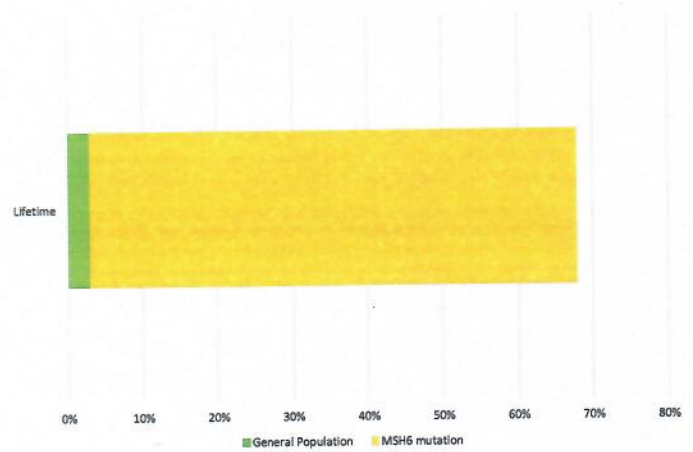
Risk of Cancers With MSH6 Mutation

Deleterious *MSH6* mutations in women are associated with Hereditary Nonpolyposis Colorectal Cancer (HNPCC), also referred to as Lynch syndrome. Women with deleterious *MSH6* mutations may be at a higher risk for developing endometrial (uterine) cancer and colorectal cancer.

Colorectal ^{1, 2, 3}



Endometrial (Uterine) Cancer ^{1, 2, 3}





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Patient Name: Amita Chaudhary	Acc. No: 1828639
F/H Name: Vinit Chaudhary	Hosp. Reg. No.: 103862659
Age/Sex: 45 Y/Female	UHID No.: ---
Clinic/Dept/Unit: G. I. Surgery/Unit 1	Consultant Incharge: Dr. N/A
Reg Date: 11-07-2018	Reporting Date: 14-07-2018

Histopathology Report

Report Findings:

Received two HE slide and one block (NO: 1445/18) for review as colonoscopic biopsy.
- Sections examined show features of moderately differentiated adenocarcinoma.

Reporting Incharge: Dr. Saumyaranjan Mallick

Reporting SR: Dr. Nishu
Verify By: Dr. Hemlata