

Test Report

CASE HISTORY OF

MRS. AMARJITKAUR IQBAL SINGH

AGE : 50yrs / FEMALE

On 27.3.2006 - She was diagnosed as a case of ADENO CARCINOMA (Poorly Differentiated)

Stage – 1C of both Ovaries with focal surface environment.

In this period the other biochemical parameters were normal.

Before surgery CA-125 - **136.5 (High)**

After surgery CA-125 - 30.

Then CA125 was checked periodically in 2007 to 2014 and its coming normal.

Suddenly she started getting pain in Lower Abdomen was shown to Dr. Boman Dhabhar, well known Oncologist on 29.11.2014 and that time CA125 was 16.2.

On CT scan and PET scan some soft tissues module were seen in abdomen.

On 1.4.2015, CA125 was done and it was 208.35.

Again the USG and PET CT was done. Both show significant nodularity in Abdomen. Then patient was under went Laparotomy for secondary nodules and this was resected and biopsy was done.

The opinion was **Metastatic Papillary Adeno Carcinoma.**

ER (POSITIVE) 10%

PR (POSITIVE) 5%


P53 – Over Expression of P53 not seen.

CA125 – 181.70.

Then 6 cycle of following Chemotherapy was given.

1. TAXOL → 260mg
2. CARBOPLATIN – 450mg

The chart of treatment is attached herewith. This was started on 6.5.2015 and completed on 22.8.2015.


Dr. Sanjay J. Mehta
M. D. (Path)



Test Report

After that

On 4.10.2015 - CA125 – 18.5

10.12.2015 – CA125 – 22.07

But on 12.1.2016 – CA125 – 41.06

19.2.2016 - CA125 - 63.20

14.3.2016 – CA 125- 60.63

So, PET scan was done. There is again query recurrence of the Tumour. The report is attached herewith.

We want your opinion for further line of Treatment.

Thanking You,


Dr. Sanjay J. Mehta
M. D. (Path)



2016



LILAVATI HOSPITAL
AND RESEARCH CENTRE

WHOLE BODY PET/CT SCAN

PATIENT'S NAME : AMARJEET KAUR
REF. DR. : B. DHABAR
DATE : 16/03/2016

AGE : 51 YRS.
OP. NO. : 40371
NM. NO. : 44WB/03

SEX: F

INDICATION: Patient is 51 yr. old female with past h/o Carcinoma ovary - post surgery & chemotherapy. In April 2015 she had recurrence in the omentum for which omentectomy followed by chemotherapy was done. Now her CA125 is rising. Then study is done to restage the disease.

TECHNIQUE:

Scanner: Siemens Biograph HD MDCT with LSO detector technology.

Radioisotope: 18FDG, 370 mBq. Uptake period was 60 minutes. Mannitol (0.3%) diluted in 1000 ml of water was given as oral contrast. Non-ionic intravenous contrast was administered.

Extent of study: Vertex to upper mid-third of thigh. SUV max was calculated using body weight.

Note: All tumors are not FDG avid. In the absence of metabolically active disease reported on the scan, if there are other evidences to suggest presence of disease, complimentary investigations should be undertaken.

PET/CT SCAN FINDINGS:

• The following areas of abnormal FDG uptake are seen:

- **STOMACH:** High grade uptake is seen in the serosal nodule in the posterior wall of the gastric antrum measuring 1.1 cm (SUVmax 10.76).
- **OMENTUM & SEROSA:** Moderate grade uptake is seen in the omental deposit in right lumbar region (SUVmax 7.9).
Low to moderate serosal deposit in the left iliac fossa (SUVmax 6.9), well defined omental deposit anterior to the sigmoid colon (SUVmax 2.81) which measures 8 mm in diameters, multiple omental nodules scattered in the abdomen.
- **NODES:** Low grade uptake is seen in tiny preaortic node (SUVmax 2.82), tiny retrocaval node (SUVmax 4.4), precaval node (SUVmax 2.3), small left paraaortic node (SUVmax 1.9), tiny perirectal node (SUVmax 4.36), extrarenal iliac node (SUVmax 2.7).

- The liver & spleen show normal uptake pattern.
- The lungs & skeletal system appear normal.
- Physiological uptake of radiotracer (FDG) is seen in the visualized brain, salivary glands, tonsillar region, vocal cords, myocardium, GI and urinary tract.



More than Health Care. Human Care



LILAVATI HOSPITAL
AND RESEARCH CENTRE

CT SCAN (POST CONTRAST) FINDINGS:

- A nodular soft tissue lesion? Metastatic is seen on the serosal surface of the posterior wall of the antrum of the stomach measuring 1.3 cm.
- Multiple small nodular lesions are seen in the mesentery of abdomen.
- ? Metastasis
- Abdominal organs are normal.
- No recurrence of the mass lesion seen in the pelvis
- No ascites or significant abdominal lymphadenopathy seen.
- CT study of brain, neck chest and bony skeleton appears unremarkable.


COMMENTS:

As compared to scan dated 13/01/2016:


- The metabolically active serosal nodules seen in the gastric wall & left iliac fossa are new findings.
- The omental deposit in right lumbar region appears increased in size & metabolic activity.

These findings suggest disease progression.

- The scattered multiple omental nodules appear same as before.
- The liver, lungs & skeletal system appear normal.


Dr. B. A. Krishna
Director
Nuclear medicine

Dr. Karuna Luthra
Consultant
Nuclear medicine


Dr. Manoj Deshmukh
Consultant
Radiology



More than Health Care, Human Care

TALWAR DIGITAL X-RAY SONOGRAPHY CLINIC

HONORARY CONSULTANT TO THE ARMED FORCES
MINISTRY OF DEFENCE

Hon. Prof. of Radiology
& Head Dept. of MRI & CT SCAN

BOMBAY HOSPITAL INSTITUTE OF
MEDICAL SCIENCES
UNIVERSITY OF BOMBAY

Dr. Inderraj Talwar
Dr. Smita Agarwal
Consultant Radiologist

DATE :- 24TH FEB, 2016

DEAR DR. BOMAN N. DHABHAR,
THANK YOU VERY MUCH FOR REFERRING MRS. AMARJEET KAUR
FOR USG OF WHOLE ABDOMEN

LIVER :-

Liver is normal in size. It reveals mild increase in echogenicity, suggestive of fatty infiltration.
No focal lesion throughout the hepatic parenchyma.
Intrahepatic biliary & portal system is normal.
Portal vein & CBD are normal in caliber.

GALL BLADDER :-

Gall bladder is physiologically distended.
Its wall is normal in thickness.
No evidence of calculi within the gall bladder.

KIDNEYS :-

Right kidney measures 10.7 x 3.6 cms.
Left kidney measures 10.1 x 3.9 cms.
Both kidneys are normal in size, position & axis.
Mild scarring of both renal outlines noted.
Mild fullness of right renal calyces and extrarenal pelvis on full bladder which regressed considerably after voiding.
No renal calculus on either side.

PANCREAS :-

Normal in echogenicity & echopattern.
No evidence of solid / cystic mass in region of pancreas.

SPLEEN :-

Spleen is normal in size & echopattern.
No evidence of perisplenic collection.

AORTA & RETROPERITONEUM :-

Aorta & retroperitoneum are obscured by bowel gas.
No free fluid in abdomen.

No obvious mass lesion seen in the iliac fossae.

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Dr. Inderraj Talwar
Dr. Smita Agarwal
Consultant Radiologist

-----2-----

BLADDER :-

Bladder is normal in capacity & contour.
Bladder wall is normal thickness.
No evidence of intravesical mass / calculi.
Full bladder capacity 296 ml.
There is no significant post void residue.

Uterus and both ovaries are not visualised-post surgical status.

No evidence of pelvic mass.
No free fluid in the pelvis.

IMPRESSION :-

Mild fatty infiltration of liver.

Mild fullness of right renal calyces and extrarenal pelvis on
full bladder which regressed considerably after voiding, of
questionable significance.



NAME: AMARJIT KAUR
REF BY: DR AJAY MAHAJAN/DR BOMAN DHABHAR

AGE/SEX: 51 YEARS/F
DATE: 13.01.2016

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

Technique:

Scanner: Siemens Biograph HD MDCT with LSO detector technology

Radioisotope: ^{18}F FDG, 370 mBq. Uptake period was 60 minutes. Mannitol (0.3%) diluted in 1000 ml of water was given as oral contrast. Non-ionic intravenous contrast was administered.

Extent of study: Vertex to upper mid-third of thigh. SUV max was calculated using lean body mass.

Note: All tumors are not FDG avid. In the absence of metabolically active disease reported on the scan, if there are other evidences to suggest presence of disease, complimentary investigations should be undertaken.

PET-CT Scan findings:

Physiological uptake of radiotracer (FDG) is seen in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

The brain parenchyma appears normal.

Neck:

The endolaryngeal apparatus appears normal.

The oral tongue appears normal.

The nasopharynx, oropharynx and hypopharynx appear normal.

Major salivary glands appear normal.

Paranasal sinuses and mastoids appear normal.

Major neck vessels are unremarkable.

Thyroid gland appears normal.

Few subcentimetre sized bilateral level II neck nodes without significant FDG uptake are seen. They appear unchanged.

Thorax:

A tiny calcified nodule is seen in the upper lobe of left lung parenchyma. It appears unchanged.

Otherwise, lung parenchyma appears normal.

Pleural spaces appear normal.

Cardia and great vessels appear normal.

No size significant or FDG avid adenopathy is seen in the axillae.

Few subcentimetre sized mediastinal nodes without demonstrable FDG uptake are seen. They appear unchanged.

Contd.....on page2



NAME: AMARJIT KAUR

REF BY: DR AJAY MAHAJAN/DR BOMAN DHABHAR

AGE/SEX: 51 YEARS/F

DATE: 13.01.2016

Contd...from page1

Abdomen:

Post hysterectomy and bilateral salpingo-oophorectomy status is noted. Post-operative scar is seen in the anterior abdominal wall, showing very low-grade FDG uptake, SUV Max 1.13, suggesting post surgical inflammatory changes.

Two discrete subcm sized 7-9mm sized, mesenteric and left common iliac nodes are seen, without any significant FDG uptake within them.

Few subcentimetre sized lymph nodes are seen in the ileo-caecal region without demonstrable FDG uptake. They have regressed as compared to the previous scan.

Tiny calcific focus is seen involving segment IVA of liver. Otherwise, liver shows no focal parenchymal lesion within. Gallbladder is distended and appears normal. Intrahepatic biliary radicles and common bile duct are not dilated.

Spleen appears normal in size and attenuation.

Pancreas shows no focal lesion within. Pancreatic duct is not dilated.

Both the kidneys and adrenals appear normal. Pelvic/lyceal system and ureters on both sides appear normal. Urinary bladder is partially distended and appears normal.

Small and large bowel loops are partially distended and appear grossly normal.

No free fluid is seen in the abdomen and pelvis.

Impression:

Post-operative and post chemotherapy, treated case of carcinoma ovary. Previous PET/CT scan dated 03/04/2015 was available for comparison. The present PET-CT scan reveals:

- Post hysterectomy and bilateral salpingo-oophorectomy status.
- Two discrete subcentimetre sized mesenteric and left common iliac nodes without any significant FDG uptake within them. They appear to be new findings and require follow-up.
- Few subcentimetre sized nodes in the ileo-caecal region without demonstrable metabolic activity have regressed in number.
- No other significant abnormality is detected in this scan.

Dr. Atul Marwah, MD (AIIMS)

Sr. Consultant Nuclear Medicine & PET-CT

Dr. Ruchira Marwah, MD (PGI)

Sr. Consultant Radiologist

2014 - 2015

Mr. Amanjeet Kaur

Dr. Boman N. Dhabhar
M.D.

Consultant ▶ Jaslok Hospital & Medical Research Center @ 66573333
▶ Prince Ali Khan Hospital @ 23777800
▶ Fortis Hospital Ltd., Mulund @ 67994121/22
Clinic ▶ Above Citibank ATM, 808, Dr. Ambedkar Rd., Dadar T.T.
@ 922 3300476 / 24173003

Medical Oncologist & Hemato - Oncologist
Certification : European Society of Medical Oncology

Wt 79

1-8

ECG : NAD

2D Echo : WEF 63%

Time I WAD

no echo pulm HT

O/E

acifer

no nodes

as in AS - nodes

Surgery (Taxol)
- 2x Paclitaxel 200mg 2nd day

received on
6/5/15

2x Carboplatin 450mg 2nd day
(Neoplat)

30/5/15 One for 2nd course

Surgery - 2x Taxol 300mg

- 2x Carboplatin 500mg

- 48hrs G-CSF 3 days
300mg

Wt - 78.9kg

HB - 11.2

WBC - 7500

PLT - 201

SGPT - 14

CRP - 10.3

Wt - 78.3kg

20/6/15 Adm for 3rd course

Feb - 10.1, Bst 0.5

WBC - 5000, Hct 0.9

Neut - 70, CA 125 - 57.7

PLT - 2.3

Start chemotherapy

2x Taxol - 300

Carboplatin - 500mg

⊕ 48hrs G-CSF 3 days 300mg

O/E

acifer

Tel. (Resi.) : 24146585 • Mobile : 9820344570

Website : www.bndoncocentre.com • E-mail : drboman@hotmail.com

Adm
acifer

CBC, Hct, SGPT, Bst, CA 125
(after 3 weeks - 11 July)

nonoch

Rsp
N

haloception to 9mg Carbamazepine
hypersensitivity

change to start 9 Carbamazepine 100mg day 1,
600mg day 2

13/1/15

has completed 5 courses of
22/8/14
adjuvant chemo
in last two (Taxol +
Carboplatin).

in view of hypersensitivity to Carboplatin
Carboplatin

3/1/15

USG Abdomen - post hysterectomy status

cystic oval lesion in CS pelvis

lymphovascular (4.6 x 3.0 x 3.6 cm)
6.1 x 3.1 x 4.1

small thick walled fluid
(3.6 x 2.1)

Small hypoechoic 2.1 x 1.6 x 1.1

4/11/14

At present

10/11/14

CA/45: 18.5

At asymptomatic

A = 3.4

correct = 1.2

G = 2.8

Hb = 10.2 Tc = 4600

POB

A = 93 plate = 1.20

postmen 7.5

(2 25)

0/1

anemia
mod

Rsp in V
or

USG PND/

19/9/15

compare to previous scan
No evidence of pelvic mass

Suggest

quanti. 2mm

PATIENT PROFILE:

Mrs. AMARJIT KAUR

UHID:- 6678

51 yrs / Female

Metastatic papillary carcinoma

Name of drug	Date/dose cycle	30/5/15 II	20/6/15 III cycle III	11/7/15 IV cycle IV	1/8/218	22/8/16
TAXOL	240mg 1st cycle	300	300	300	300	300
CARBOPLATIN	450mg	500	500mg	500	—	—
G. S. Kaur					70 D, 60 D	70 D, 60 D

↓ G-CSF 300mg x 3 after 48hrs
 ↓ G-CSF 300mg x 3 after 48hrs
 ↑ hypersensitivity reaction to carboplatin



BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

60-A, Bhulabhai Desai Road, Mumbai 400 026.

Telephone : 2366-7788, 2367-1888 / 2888 Extn.: 7829 Fax : 2367-2666

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

DEPARTMENT OF SURGICAL PATHOLOGY AND CYTOLOGY

NAME	: MRS. AMARJITKAUR IQBAL SINGH	DATE	: 17/04/2015
	SABLOK		
AGE / SEX	: 50 YRS / FEMALE	DATE RECD.	: 13/04/2015
REF. BY DR.	: AMISH DALAL	HIST NO	: PP 903
WARD/OPD	: A NORTH	PREVIOUS NO	:
ADM NO.	: 1503468	IHC NO	:

K/c/o Carcinoma Ovary

SURGICAL PATHOLOGY REPORT

SPECIMEN

1. Falciform ligament
2. Right and left paracolic gutters
3. Right and left pelvic lymph nodes
4. Nodules over small bowel mesentery
5. Retroperitoneal lymph nodes
6. Greater omentum
7. Lesser omentum
8. Recurrent pelvic mass with pelvic peritoneum

GROSS

1. Received fibrofatty bit measuring 10.5x8.0x3.6 cms, no lesion is identified grossly.
2. Received fibrofatty bits aggregating to 14.0x10.0x2.5 cms reveals a metastatic tumor deposit measuring 3.2x2.8x0.5 cms.
3. Received fibrofatty bits aggregating to 8.8x7.6x3.1 cms yields thirty four lymph nodes, size varying from 0.4 to 3.8 cms in diameter. Cut surface of all the lymph nodes appear unremarkable.
4. Received fibrofatty bits aggregating to 6.0x5.4x2.3 cms and reveals multiple greyish nodular tumor deposits measuring 0.2 to 0.6 cms in diameter.
5. Received fibrofatty bits aggregating to 8.2x7.5x3.3 cms yields thirty lymph nodes, size varying from 0.5 to 1.9 cms in diameter. Cut surface of two of the lymph nodes appears to be involved by the tumor grossly.
6. The greater omentum measures 22.0x14.0x5.5 cms and shows tiny tumor deposits, 0.2 to 0.3 cms in diameter.
7. The lesser omentum measures 5.6x4.5x2.8 cms and shows tiny tumor deposits, 0.1 to 0.2 cms in diameter.



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60-A, Bhulabhai Desai Road, Mumbai 400 026.

Telephone : 2366-7788, 2367-1888 / 2888 Extn.: 7829 Fax : 2367-2666

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

DEPARTMENT OF SURGICAL PATHOLOGY AND CYTOLOGY

HIST NO. PP 903

..2..

8. The received specimen measures 19.0x13.5x8.0 cms and shows colon measuring 21.0 cms in length. Multiple serosal deposits are noted infiltrating the wall of the colon. The attached pelvic peritoneum measures 10.0x9.8x1.3 cms and reveals multiple serosal tumor deposits.

MICROSCOPIC

1. & 2. Section reveals metastatic papillary serous carcinoma, high grade.
3. All the thirty four lymph nodes are free of metastatic carcinoma (0/34).
4. Sections reveal metastatic papillary serous carcinoma, high grade.
5. Two out of thirty retroperitoneal lymph nodes show metastatic carcinoma (2/30). Perinodal spread is not seen.
6. & 7. The greater and lesser omentum show metastatic papillary serous carcinoma, high grade.
8. Sections reveal metastatic papillary serous carcinoma, high grade, involving the serosa of the colon and infiltrating the wall. The pelvic peritoneum shows tumor deposits. The colonic cut margins are free of tumor extension.

INTERPRETATION

1. & 2. FALCIFORM LIGAMENT AND RIGHT AND LEFT PARACOLIC GUTTERS
 - METASTATIC PAPILLARY SEROUS CARCINOMA, HIGH GRADE
3. RIGHT AND LEFT PELVIC LYMPH NODES
 - ALL THE THIRTY FOUR LYMPH NODES ARE FREE OF METASTATIC CARCINOMA (0/34)
4. NODULES OVER SMALL BOWEL MESENTERY
 - METASTATIC PAPILLARY SEROUS CARCINOMA, HIGH GRADE
5. RETROPERITONEAL LYMPH NODES
 - TWO OUT OF THIRTY LYMPH NODES SHOW METASTATIC CARCINOMA (2/30). PERINODAL SPREAD NOT SEEN



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HIST NO. PP 903

..3..

6. & 7. GREATER OMENTUM AND LESSER OMENTUM
 - METASTATIC PAPILLARY SEROUS CARCINOMA, HIGH GRADE
8. RECURRENT PELVIC MASS WITH PELVIC PERITONEUM
 - METASTATIC PAPILLARY SEROUS CARCINOMA, HIGH GRADE, INVOLVING THE SEROSA OF THE COLON AND INFILTRATING THE WALL
 - PELVIC PERITONEUM SHOWS TUMOR DEPOSITS
 - COLONIC CUT MARGINS, FREE OF TUMOR EXTENSION

DR. SARABJEET KAUR ARNEJA M.D.

Head, Department of Surgical Pathology and Cytology

Tel : 2366 7869

E-mail : drsarabjeetkaur@breachcandyhospital.org



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DEPARTMENT OF SURGICAL PATHOLOGY AND CYTOLOGY

NAME	: MRS. AMARJITKAUR IQBAL SINGH SABLOK	DATE	: 17/04/2015
AGE / SEX	: 50 YRS / FEMALE	DATE RECD.	: 13/04/2015
REF. BY DR.	: AMISH DALAL	IHC NO	: 207/2015
WARD/OPD	: A NORTH	HIST NO	: PP 903
ADM NO.	: 1503468		

IMMUNOHISTOCHEMICAL ASSESSMENT

MARKER	RESULT
ESTROGEN RECEPTOR	POSITIVE (10%)
PROGESTERONE RECEPTOR	POSITIVE (5%)
P53	OVEREXPRESSION OF P53 NOT SEEN


DR. SARABJEET KAUR ARNEJA M.D.
Head, Department of Surgical Pathology and Cytology
Tel : 2366 7869
E-mail : drsarabjeetkaur@breachcandyhospital.org



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AGE / SEX	: 50 YRS / FEMALE	DATE RECD.	: 13/04/2015
REF. BY DR.	: AMISH DALAL	CYTO NO	: 444/2015
WARD/OPD	: A NORTH	PREVIOUS NO	:
ADM NO.	: 1503468	IHC NO	:

K/c/o Carcinoma Ovary

CYTOLOGY REPORT

SPECIMEN Peritoneal fluid

GROSS 70 ml of haemorrhagic fluid is received.

INTERPRETATION METASTATIC PAPILLARY ADENOCARCINOMA


DR. SARABJEET KAUR ARNEJA M.D.
Head, Department of Surgical Pathology and Cytology
Tel : 2366 7869
E-mail : drsarabjeetkaur@breachcandyhospital.org



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Email : info@breachcandyhospital.org; www.breachcandyhospital.org

Admission No :	1503468	BH No :	717571
Name :	MRS AMARJITKAUR IQBAL SINGH SABLOK	Age/Gender :	50 Years / F
Address :	11/OWNER'S COLONY FLANK ROAD G.T.B NAGAR SION MUMBAI 400 037		
Admission Date :	12/04/2015 05:04:00 PM	Discharge Date :	21/04/2015
Category :	Cash	Discharge Type:	
Consultant :	DR. AMISH V DALAL / ONCOLOGY SURGEON		

Discharge Summary

FINAL DIAGNOSIS: Recurrence Ca. Ovary.

SURGERY PERFORMED: Laparotomy for Secondary Debulking + Chemo port insertion under EA + GA on 13/04/2015

PRESENTING COMPLAINTS AND MEDICAL HISTORY:

The patient is a k/c/o Ca. ovary diagnosed and treated in 2006, postoperatively patient received 6 cycles of chemotherapy. Patient has regular checks of CA 125 level markers since 2006. She had lower abdominal pain since 4 months and underwent investigations for the same.

CT scan of the abdomen and pelvis on 25/11/2014 showed soft tissue nodular lesion measuring approx. 2.0 x 1.5 cm in the pelvis, post operative fibrosis and mild thickening of wall of sigmoid colon in the pelvis.

Patient again noticed lower abdominal pain, diffuse in nature. No history of constipation or urinary complaints.

PET CT scan of whole body showed evidence of rounded soft tissue lesions seen in the pelvis on left side, measuring 17 mm in size and non FDG avid representing metastatic disease appears to be unlikely in view of lack of FDG avidity.

HD MDCT with LSO detector technology revealed significant omental and peritoneal fat stranding and nodularity in pelvic cavity showing heterogenous post contrast enhancement and low grade metabolic activity, most likely representing metastatic disease approx. 1.4 x 1.9

RESIDENT DOCTOR SIGNATURE: _____



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cm soiled soft tissue nodule in left paramedial prerectal region showing peripheral nodular enhancement and very low grade metabolic activity.

CA 125 level 154.34

Patient now admitted for further management.

SIGNIFICANT PAST HISTORY:

No history of HTN/DM/Asthma/Heart Ailments/Thyroid disorders

HISTORY OF KNOWN ALLERGIES: Not Known

EXAMINATION AT TIME OF ADMISSION:

Temperature	Afebrile
Pulse rate	84/min
Blood Pressure	110/80 mmHg
Respiratory rate	24/min
Pallor	NIL
Edema	NIL

SYSTEMIC EXAMINATION:

Central Nervous System: Conscious and oriented.

Cardio-Vascular System: S1S2 normal. No murmur.

Respiratory System: Clear AEBE.

Abdomen: Soft. Discomfort at lower abdomen. No rigidity or guarding. Bowel sounds +. Bowel and bladder normal.

INVESTIGATIONS: Attached overleaf

SURGERY DETAILS: Laparotomy for Secondary Debulking + Chemo port insertion under EA + GA on 13/04/2015

SURGEON: Dr. Amish Dalal

ANAESTHETIST: Dr. Shilpa Trivedi

Anesthesia: EA + GA

RESIDENT DOCTOR SIGNATURE:



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OPERATIVE DETAILS:

Midline laparotomy

Findings:

Minimal free fluid approx. 100 ml – mildly turbid
Fine granular seedlings over small bowel mesentery
Plaque like disease engulfing caecum and appendix
Mass in pelvis involving rectosigmoid
Bladder peritoneum with nodules and bladder teethered to the mass, left > right
Both ureter distally teethered to the mass
Disease along falciform ligament
Residual supracolic omentum with disease
Disease in both paracolic gutters

PROCEDURE:

Free fluid taken for cytology
Extraperitoneal dissection of pelvic peritoneum from umbilicus level and inferiorly
Both ureters dissected free till UV junction
Recurrent pelvic mass excised with rectosigmoid colon
Proximal sigmoid to rectum anastomosis done with 2-0 Vicryl interrupted end-to-end.
Both paracolic gutters cleared
Right side appendix released from caecum and appendix removed with pelvic mass
Omentectomy done – greater and lesser
Falciform ligament excised till hepatic hilum
Small bowel seedlings cauterized with ball cautery
Wash given, Hemostasis, Drain in pelvis
Right IJV cannulated
Chemoport fixed infraclavicular
Optimal debulking achieved

COURSE DURING HOSPITAL STAY:

Patient's stay in the hospital in post-op period was uneventful

RESIDENT DOCTOR SIGNATURE:



BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

60-A, Bhulabhai Desai Road, Mumbai 400 026.

Telephone : 2366-7788, 2367-1888 / 2888, Fax : 2367-2666

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

TREATMENT GIVEN:

IV fluids

IV antibiotics

Analgesics

Antacids

Blood transfusion if any: PCV given at BCH

TREATMENT ADVISED ON DISCHARGE:

T. Pan D 40 mg 1-0-1 x 7 days

Cap. Nutrolin B Plus 0-1-0 x 10 days

Syp. Duphalac 20 ml 1-0-1 x 5 days

Cap. Vitcofol 0-1-0 x 3 weeks

FOLLOW UP: Follow up with Dr. Amish Dalal as advised. *Asym.*

R Patel

For, DR. AMISH DALAL
CONSULTANT SURGEON
BREACH CANDY HOSPITAL

*Dr. Harsheel Patel.
2008/04/13/2011*

*HA Omentum +
Small bowel +
nodes +.
Adenocarcinoma + infiltration of
necks sigmoid colon.
false promulg tone.*

*13/1/16. Serial rise of CA125. 18 → 22 → 41.
Completed Chem. 28/Aug.2015.
(Carboplatin + Taxol).*

*Recent PET: no activity seen.
Subcutaneous nodes. ① common
thoracic & mesenteric.
? to do biochemical test
or wait & watch for
2 months. *AD**

R Patel

RESIDENT DOCTOR SIGNATURE:

BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

60-A, Bhulabhai Desai Road, Mumbai - 400 026. PHONE : 2366 7830/2366 7838/2366 7788

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

IMAGING DEPARTMENT : X RAY

DATE 13TH APRIL, 2015
NAME MRS. AMARJITKAUR IQBAL SING
REFERRED BY DR. A. DALAL
WARD A/NORTH 117


P.A.VIEW OF THE CHEST : 2396

No pulmonary or pleural lesion is seen.

Normal appearances of the diaphragm, heart and mediastinum.

PR

Dr. Anirudh Kohli
M.D., D.N.B., D.M.R.D.


Dr. P. Rao
M.D.,

94

BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

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Email : info@breachcandyhospital.org; www.breachcandyhospital.org

IMAGING DEPARTMENT : X RAY

DATE 13TH APRIL 2015
NAME MRS. AMARJITKAUR IQBAL. S
REFERRED BY DR. A. DALAL
WARD SICU - 10


CHEST (PORTABLE) : 2454

Central line and Port in situ noted.

The lung fields are clear.

PR

Dr. Anirudh Kohli
M.D., D.N.B., D.M.R.D.


Dr. P. Rao
M.D.,

TALWAR DIGITAL X-RAY SONOGRAPHY CLINIC

HONORARY CONSULTANT TO THE ARMED FORCES
MINISTRY OF DEFENCE

Hon. Prof. of Radiology
& Head Dept. of MRI & CT SCAN

BOMBAY HOSPITAL INSTITUTE OF
MEDICAL SCIENCES
UNIVERSITY OF BOMBAY

Dr. Inderraj Talwar
Dr. Smita Agarwal
Consultant Radiologist

DATE :- 30TH MAR, 2015

DEAR DR. BOMAN DHABUR,
THANK YOU VERY MUCH FOR REFERRING MRS. AMARJEET KAUR
FOR USG OF WHOLE ABDOMEN

LIVER :-

Liver is normal in size.
It reveals mild increase in echogenicity, suggestive of fatty infiltration.
No focal lesion throughout the hepatic parenchyma.
Intrahepatic biliary & portal system is normal.
Portal vein & CBD are normal in caliber.

GALL BLADDER :-

Gall bladder is physiologically distended.
Its wall is normal in thickness.
No evidence of calculi within the gall bladder.

KIDNEYS :-

Right kidney measures 10.2 x 3.5 cms.
Left kidney measures 10.1 x 4 cms.
Both kidneys are normal in size, shape, position & axis.
Mild scarring of both renal outlines seen without significant
parenchymal loss.
The central sinus echocomplex is normal.
No evidence of calculi / hydronephrosis.

PANCREAS :-

Normal in echogenicity & echopattern.
No evidence of solid / cystic mass in region of pancreas.

SPLEEN :-

Spleen is normal in size & echopattern.
No evidence of perisplenic collection.

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Dr. Inderraj Talwar
Dr. Smita Agarwal
Consultant Radiologist

-----2-----

AORTA & RETROPERITONEUM :-

Aorta & retroperitoneum are partially obscured by bowel gas.
Visualised para-aortic region appears within normal limits.

Minimal free fluid noted in the right iliac fossa.

BLADDER :-

Bladder is normal in capacity & contour.
Bladder wall is normal thickness.
No evidence of intravesical mass / calculi.
Full bladder capacity 283 ml.

Uterus & ovaries are not visualised – post surgical status.

A small echopoor oval structure is seen in the pelvis on transvaginal scan.
It measures 17 x 13 x 14 mms.
No internal vascularity seen on colour flow imaging.

IMPRESSION :-

Mild fatty infiltration of liver.

Nodule measuring 17 x 13 x 14 mms in the pelvis which
needs follow up.

Minimal free fluid noted in the right iliac fossa.



Consultant ☐ Jaslok Hospital & Medical Research Centre @ 56573333
☐ Bhatia General Hospital, Tardeo @ 5666 0000
☐ Sushrushta Hospital, Dadar (W) @ 2444 9161
 Clinic ☐ Boman Lodge, 808, Dr. Ambedkar Rd., Dadar T.T.
 @ 922 3300476 / 55725223

Medical Oncologist & Hemato - Oncologist
 Certification : European Society of Medical Oncology

27/3/06

Ht - 158

Wt - 71

1.7

Mrs Amarjit Kaur, F/41 yrs.

Occ. abdominal pain : 3-4 months.

(L) side 2 cm radiating back

2 x 7.8 x 8.6 cm

4/3/06 USG - Cystic (L) adnexal lesion c internal

septae S/O - cystadenoma

Enlarged (R) ovary c mildly heterogeneous

echotexture

IDECHO
LVEF - 55%

Bulky uterus c small myomas

small (L) renal calculi

YRC - (N)

mild fullness (R) pelvic/ovary sq

fatty infiltration liver

5/3/06

CT (A + P) - small well circumscribed cyst (R) lobe

BUN - 9

liver - S/O simple cyst

Cr - 1.07

SGOT - 14

Small (L) renal calculi

AP smear

(N)

Bulky uterus

(L) mass
10.4 x 9 cm

(R) mass
8.3 x 6.4 cm

ANC - 11.4

V - 66

hb - 12.3

ht - 29.4

Bilat adnexal complex predominantly cystic
 masses c solid components in v/o bilat involvement

& adherence to surround structures possibility of
 endometrioma should be considered. Ca cannot
 be excluded.

8/31/06 - (L) ovarian cyst fluid - no Ca cells - Ca 125 - 136.5 ↑
(USG guided)

9/3/06 - Surgery - Total abdo. hysterectomy & BSD &
omentectomy.

- Ascitic fluid present.

(L) ovarian mass adherent to bowel

HP Bilat ovaries - poorly differentiated adenocarcinoma
Tubes / uterus - uninvolved.

- Omentum - free

Ovaries - adenocarcinoma (poorly differentiated)

Stg. IC
Focal surface involvement

Endometrium - mid secretory phase

Myometrium - adenomyosis

- leiomyoma

Cx - Nabothian cyst

Peritoneal fluid - No Ca cells.

24/3/06 - T. proteins - 7.5
A-G 1, SGOT - 18, SGPT - 28
G - 3.5

ALP - 28, BUN - 17, Creat - 0.7

WBC - 0, H - 69, Hb - 11.2

Ca 125 - 30 ↓

4/12 Cytology no nodules

Rx
as / r

AS - 12/10

M.D.

Medical Oncologist & Hemato - Oncologist
Certification : European Society of Medical Oncology

Platt
completes 5
Platt. to all
+
C. 8 apr } bay
21/7/66

Ms. B. 1. 1. 1. 1. 1. 1.

2 Jan 1887 N. Holland
near Pango & great
reservoir

[illegible][illegible]

21 m/sec

Feb 24/72. Dec 1

It cognate

of Scan Chest - (10)

CA728 - 11.7

Bilat MammoGram - 10

0/E

acfar

no nodes

RS / n AS n-12

Sing

Guar 1/2 m

2/11/07

CT Scan Abd + Pelvis (N)

di gen bodyache

0/E

acfar

no nodes

RS / n B-nurs

Sig

Sig

8/13/07

Rt asymptomatic

CA 25 - 11-09

USC Abd + Pelvis - multiple
calculi
in right colon
cysts

CP

0/E

acfar

no nodes

RS / n AS

Sing:-

to CT Scan Abd + Pelvis

CA 25

Dr. Boman N. Dhabhar

M.D.

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18/6/07

pt asymptomatic

wt

CA 25-0.72

Shruto 0.6

Hb 12.1

TC 7.0

W 63

Plat 19

CSGm Abcl Phlois

(N)

pro trig calc to
 granuloma
 ag to m

2 calced

O/E

acyn.

no nodes

21 / m 10.5.00

5-yr

flattened area

23/9/07

pt asymptomatic

Hb 12.9

TC 11.2

W 6.9

CA 125 - 11.6

Plat - 227

TSH - 3.4

also Abcl. this fatty inf

thyroidog. (L) calc

thyroid nodules

(L) kidney calc

O/E

CC-fa

nonoclu

RS / n M

1916

82-92

- for ASP- 4-5 min

27/12/07

PT segment

CH125 - 4.3

PERI-AScan

O/E with

CBC H6137

70-88

n - PL

N/A - adie

Schae 4.2

PET-AScan - note action decays

82-92

for ASP- 3-4 min

- USG H20101

CH1128

26/14/08

PT asymptomatic

O/E

CC-fa

nonoclu

RS / n M

- USG H20101 (n)

CH125 - 85

82-92

for ASP- 3-4 min

Dr. Boman N. Dhabhar

M.D.

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Above Citibank ATM, 808, Dr. Ambedkar Rd., Dadar T.T.
☎ 922 3300476 / 24173003

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19/10/08 ch hoarseness of voice -

Hb 12.9
Tc - 8.2
N-64

C/S Scan Head & Neck -> (N)

Mat 193
Smat 68
Sunt - 3i
CA 25 - 7.9

O/E

clayton

monoddy

RS | ~ AS - NR
WS | ~

Surge

fracture femur

14/11/09

PT - asymptomatic

CA 125 = 7.8
Hb 12.8 R = 7700
N = 55 plate = 199
Sunt = 62 Creat 20.8

O/E

clayton

monoddy

RS |
WS |

US (A+B) - ? fatty infiltration liver

biliary ducticle calcification @ middle

note calyceal calculi are unchanged as compared to previous study

Surge

fracture femur

o/e
a/fm
nonod
Ri /n M
u

Sing

19.11.09 →

Asymptomatic.

(10 → occasional) (L) side Abd. pain.

USG (A+P) → calculus middle pole calyx (L) kidney.

mammography (B/L) → NAD.

CA-125 - 7.6

Hb - 13.1

WBC - 7200

N - 68

PLT - 1.61

Bil - 0.9

creat - 1.02

SGPT - 46

Bone DEXA scan →

osteopenia - lumbar spine
L1-L3

o/e

a/fm

nonod

Ri /n M
a/o

Sing

fl after 6m

15/06/10

USG (A+P) (9/06/10) :-

- Fullness of the pelvicalyceal system and the ureter on the lt. side & a hyperechogenicity measuring about 7.6 cms seen in the mid 1/3rd of the lt. ureter and it is due to calculus.
- Liver shows coarse echotexture of the parenchyma.

(A125) - 6.4 (24/05/10)

Urine (R) - (8/06/10) :-

pus cells - 5-6

Alb. - Ab.

Adb

to opinion of Urologist.

Dr. Boman N. Dhabhar

M.D.

Consultant ☐ Jaslok Hospital & Medical Research Centre ☎ 66573333
☐ Prince Ali Khan Hospital ☎ 23777800
☐ Fortis Hospital Ltd., Mulund ☎ 67994121/22
 Clinic ☐ Above Citibank ATM, 808, Dr. Ambedkar Rd., Dadar T.T.
 ☎ 922 3300476 / 24173003

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11/5/11 head renal cancer → to be evaluated by
 Dr. P. U. I.

has weakness of voice since 2003

↓
 Bell's vocal node →

10/12
 USG Abdom
 Pelvis

0/E acy-
 mod.

MS
 Cr. for R.

10

Singh

USG Abdom
 Pelvis
 may 2011 - NMD

circulation

Stomach

cr. 12/5

USG Abdom Pelvis

19/2/13

CS T₁ - 78
 PP 41

low pain in the legs → especially in the right

CR 125-64

Sept 2012 - NMD
 XRL

USG Abdom
 s/s 11/12 - NMD

0/E acy-
 mod.
 MS/MS

Singh - 10/12/11

15/07/14

Asymptomatic

chronic pain in (L) hip radiating
to leg

IX 26/06/2013

CA 125 - ~~7.80~~ 7.80

USG Abd & pelvis - Post PAN Hysterectomy status is noted
①

IX 27/05/14

CA 125 - 8.60

USG Abd 30/06/2014 - No significant Abdominopathy detected.

10/06/14

BMD						
Site	Region	BMD	T-Score	Z-Score	Classification	
AP Spine	L1-L4	0.998 g/cm ²	-1.5	-1.7	Osteopenia	
Dual femur	Neck Lt.	0.947	-0.7	-0.2	Normal	
Dual femur	Neck Rt.	0.883	-1.1	-0.7	Osteopenia	
Dual femur	Total Lt.	1.081	0.6	0.7	Normal	
Dual femur	Total Rt.	0.998	-0.1	0.0	Normal	
Lt. Forearm	Radius 33%	0.945	0.6	0.6	Normal	

* O/E

asymptomatic

XL USS spine
X-ray pelvis &
upper and
lower

RS / no AS

case
LFT blood
LFT
V.D.B

that

Dr. Boman N. Dhabhar

M.D.

Consultant ▶ Jaslok Hospital & Medical Research Center @ 66573333
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29/11/14
 cr pain in lower abdomen
 back pain esp after passing stool

for evaluation

USG Abdom + Pelvis } - normal
 17/11/14

D/E after
 normal
 not tender

Palpable - nil

CA 125 - 16.20

T81254 (N)

Serum - 0.75

SBT 0.23

Segt

CEA

Colonoscopy

CT Scan Abdom + Pelvis - soft tissue nodule
 lesion 20x15 mm in the pelvis.
 post op fibrosis - mild thickening
 of the wall of sigmoid in the pelvis

PET-CT Scan - rounded soft tissue lesion
 in the side of pelvis 17mm
 in size 2mm FDG avid
 mets - unlikely.

3/12/15

FH

40 lower Abdominal pain
 no vomiting / no fever.

Colonoscopy

21/12/14

(N)

ileo-colonoscopy

Report 3

10/2/15

8201 (P)

2 nuclei (P)

E. histology - negative for (P)
 cysts - (F)

Tel. (Resi.) : 24146585 • Mobile : 9820344570

Website : www.bndoncocentre.com • E-mail : drboman@hotmail.com

26/2/15

Stool

Micro

E. histolytica - (H+) regenerative form
cyst (H+)

Int

PS

15/

Micro: normal.

1/4/15

CEA: 1.78

CA: 125 27 208.35

Previous 16-20 → 26/11/14

USG (AHP):

- mild fatty infiltration of liver.

nodule measure 17x13x14 mm in the pelvis ~~area~~ -

- minimal free fluid in R.I.F.

3/4/15 PET-CT

As compared to previous PET-CT dated 26/11/14

: Significant omentum & peritoneal fat stranding
& nodularity in the pelvic cavity showing
heterogeneous post-contrast enhancement
& low-grade ~~metabolic~~ metabolic activity,
this was graded as compared to previous.
& most likely represent metastatic disease.

: mild omentum fat stranding in the sub-geometrical
region in new finding, probably metastatic

: Approx. 1.4 x 1.9 cm soft tissue nodule in Lt.

Para-aortic pre-rectal region showing
peripheral nodular enhancement &
very low grade metabolic activity, -

: Few sub-cm sized nodules in the ileo-caecal
region can demonstrate metabolic activity -
also a new finding & suspicion of
metastatic disease.

O/E

curtain

nodules

12/1/15 - 11/1/15

Infiltrating wall of the colon; attached pelvic peritoneum
10.0 x 9.8 x 1.3 cm & reveals multiple serosal tumor deposits

ps 142) Falciiform Ligament and Rt. & Lt. paramedian
- gutter
+ Metastatic papillary serous carcinoma, high grade

3) Rt. & Lt. Pelvic L.Ns.
+ All 34 L.N. Free of metastatic carcinoma (0/34)

4) nodules over small bowel mesentery.
: Metastatic papillary serosal carcinoma,
high grade.

5) Retroperitoneal L.N.
: 2/30 L.N. show metastatic carcinoma.
perinodal spread absent

6&7) Greater & lesser omentum
: Metastatic papillary serous carcinoma,
high grade

8) Recurrent pelvic mass in pelvic peritoneum
: Metastatic papillary serous carcinoma,
high grade, involving serosa of the
colon & infiltrating the wall.
- pelvic peritoneum show tumor deposits
- Colonic cut margin - free of tumor extension

Cytology: peritoneal fluid

Imp: Metastatic papillary adenocarcinoma -

Imc
ER +ve (10%)
PR +ve (5%)

P53 - overexpression of P53 not seen

Report

CA125 181.70

~~CA125~~: Ss-Creals 1.2

Tubaki - 0.6

SGOT - 19

SGPT - 15

T.P - 569

46 - 8.9

86 - 2.5

Alkphos - 143

Hb 10.5

TC - 7100

N68L24

Met 360000



7506 006816
Sush
Ramu
onco

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Unit - Adams Wylie Memorial,

1877, Dr. Anand Rao Nair Marg,

Mumbai Central, Mumbai - 400 011

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Website : www.wockhardthospitals.com

Mr. A. Kaur

Surg opinion of surgical oncologist

Fr. 1/May/2015

Asymptomatic.

Pt. underwent Laparotomy for Secondary Debulking
+ chemo port Inserted on 13/04/15 by Dr. Anish dal

Finding: minimal free fluid approx. 100ml (Breach candy)
fine granular seedling over small bowel mesentery
plaque like disease engulfing caecum & appendix
mass in pelvis involving rectosigmoid
Bladder peritoneum & nodules & bladder
teethed to the mass, 10 > 12.
both ureters distally teethed to the mass.
Disease along falciform ligament.
Residual supracolic omentum & disease
Disease in both paracolic gutters.

HPE 14/4/15

- 1) Falciform ligament:- Fibrofatty bits 10.5x8.0x3.6cm
- 2) Rt. & Lt. paracolic gutters:- fibrofatty bits 14.0x10.0x2.5cm
metastatic tumour deposits - 3.2x2.8x0.5cm
- 3) Rt. & Lt. pelvic LNs:- fibrofatty bits - 8.8x7.6x3.1cm yields 34 LNs,
of varying size 0.4 to 3.8cm.
- 4) Nodules over small bowel mesentery:- fibrofatty bits 6.0x5.4x
multiple grayish nodular tumor 0.2 to 0.6cm
- 5) Retroperitoneal LNs:- 8.2x7.5x3.3cm fibrofatty bits
yields 34 LNs. varying 0.5 to 1.9cm
- 6) Greater omentum:- 22.0x14.0x5.5cm, tiny tumor 0.2 to 0.3cm
- 7) Lesser omentum:- 5.6x4.5x2.8cm, tiny tumor 0.1 to 0.2cm
- 8) Recurrent pelvic mass & pelvic peritoneum:-
19.0x13.5x8.0cm; multiple serosal deposits