

**Dr. CHETAN K SHAH**

|              |                   |           |   |
|--------------|-------------------|-----------|---|
| UHID         | MEL0300047        | Name      | MALA VIKRAM JATANIA                         |
| Patient No   | O151203165        | Age (Sex) | 55Y 11M 12D (Female)                        |
| Registration | 03/12/15 11:47 AM | Sponsor   | SELF (CASH)                                 |
| Valid Upto   | 09/12/15          | Visit     | NEW VISIT (1) ( 03/12/15 11:47 AM ( OPD ) ) |

**CHIEF COMPLAINT**

pain in lower abd- since october 2015  
 POST MENOPAUSE - 15 + YRS  
 NO SPOTTING  
 OPERATED FOR THE SAME ON 18/11/2015 AT LILAVATI HOSP.  
 BSO, & TOTAL HYSTRECTOMY WITH OMENTACTOMY  
 T3a Nx Mx UTERUS & OVARY INVOLVED ; OMENTUM FREE ; STAGE IIIA ; ENDOMETRIOD CARCINOMA

**HISTORY OF PRESENT ILLNESS**

**PAST HISTORY**

H/oCAD/HTN /TB- NIL  
 DM - 6 YRS WITH REGULAR Rx

Treatment History :

Medication :

**PERSONAL HISTORY**

MARRIED - 24 YRS  
 FCB - 26 YRS  
 2FTND ; MALE -30, F- 26  
 MENOPAUSE - 38 YRS  
 NO HABIT  
 VEG FOOD

**ALLERGIES - REACTION**

NIL

**FAMILY HISTORY**

NO H/O CANCER  
 NO SISTER ; MOTHER DIED AT AGE 62 , MI; FATHER DIED AT AGE 80 + , DIED OF MI  
 2 BROTHER CT SCAN ABD

**PREVIOUS INVESTIGATIONS**

CT SCAN

**VITALS**

STABLE  
 BODY WEIGHT-71.8 Kg

**SMOKING STATUS**

Never smoker

**PHYSICAL EXAMINATION**

ABDOMINAL SCAR - REAST NO POSITIVE FINDING

**PAIN SCORE**

Prescription Generated On : 03/12/2015 12:47 (OPD) (CSHAH)

Page 1 of 2

Dr. CHETAN K SHAH

**Dr. CHETAN K SHAH**

|              |                   |           |   |
|--------------|-------------------|-----------|---|
| UHID         | MEL0300047        | Name      | MALA VIKRAM JATANIA                         |
| Patient No   | O151203165        | Age (Sex) | 55Y 11M 12D (Female)                        |
| Registration | 03/12/15 11:47 AM | Sponsor   | SELF (CASH)                                 |
| Valid Upto   | 09/12/15          | Visit     | NEW VISIT (1) ( 03/12/15 11:47 AM ( OPD ) ) |

**SCORE**

VLC0000237

**ASSESSMENT AND PLAN**

ADVICE  
TO COME WITH FOLLOWING REPORTS  
PET SCAN  
CBC, ESR, S. CREATININE, LFT, CA-125,  
TO COME ON TUESDAY

\*\*\* End \*\*\*

Prescription Generated On: 03/12/2015 12:47 (OPD) (CSHAH)

Page 2 of 2

**Dr. CHETAN K SHAH**

Transaction Id : 001016273

Request Date : 04-12-2015

Patient Name : Mala Jatania

Age/Gender : 55 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile   | Result     | Unit  | Flag | Reference Range |
|------------------|------------|-------|------|-----------------|
| Serum Creatinine | <b>0.5</b> | mg/dL | Low  | 0.7 - 1.2       |

**Test carried out by**

Two Point Rate



**DR. VIJAY VARDE**

M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001016273 Request Date : 04-12-2015  
Patient Name : Mala Jatania Age/Gender : 55 Y / FEMALE  
Referred By : Sample Collected At :

| Test / Profile                 | Result    | Unit  | Flag | Reference Range |
|--------------------------------|-----------|-------|------|-----------------|
| Erythrocyte Sedimentation Rate | <b>91</b> | mm/hr | High | 0 - 20          |

The erythrocyte sedimentation rate (ESR), also called a sedimentation rate or Westergren ESR, is the rate at which red blood cells sediment in a period of one hour. It is used to help detect conditions associated with acute and chronic inflammation, including infections, cancers, and autoimmune diseases. ESR is said to be nonspecific because increased results do not tell the doctor exactly where the inflammation is in the body or what is causing it, and also because it can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests.

An ESR may be ordered when a condition or disease is suspected of causing inflammation somewhere in the body. There are numerous inflammatory conditions that may be detected using this test.

The ESR is increased by any cause or focus of inflammation. The ESR is increased in pregnancy, inflammation, anemia or rheumatoid arthritis, and decreased in polycythemia, sickle cell anemia, hereditary spherocytosis, and congestive heart failure. The basal ESR is slightly higher in females. A rising ESR can mean an increase in inflammation or a poor response to a therapy; a decreasing ESR can mean a good response.



**DR. CHETAN K PATIL**  
M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001016273 Request Date : 04-12-2015  
Patient Name : Mala Jatania Age/Gender : 55 Y / FEMALE  
Referred By : Sample Collected At :

| Test / Profile | Result       | Unit | Flag   | Reference Range |
|----------------|--------------|------|--------|-----------------|
| CA-125         | <b>27.80</b> | U/mL | Normal | 0 - 35          |

CA – 125 is a large glycoprotein found on the surface of many ovarian tumors, and is also present in some normal tissue. A CA-125 test measures the amount of this protein in the blood.

CA-125 is primarily used to monitor therapy during treatment for ovarian cancer. CA-125 is also used to detect whether cancer has come back after treatment is complete.

This test is sometimes used to test and monitor high-risk women who have a family history of ovarian cancer but who do not yet have the disease.

This test is not used to screen for ovarian cancer because it is non-specific. Levels in the blood can be elevated in other conditions such as normal menstruation, pregnancy, endometriosis, and pelvic inflammatory disease.

If CA-125 levels fall during therapy, this generally indicates that the cancer is responding to treatment. If CA-125 levels rise or stay the same, then the cancer may not be responding to therapy. High CA-125 levels after treatment is complete may indicate that the cancer has come back.

If a woman who has been diagnosed with ovarian cancer has a baseline CA-125 level that is normal, then the test is not likely to be useful to monitor her ovarian cancer. In this case, the ovarian cancer may not be producing CA-125 so it is not a good marker of disease progression.



**DR. VIJAY VARDE**

M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001016273

Request Date : 04-12-2015

Patient Name : Mala Jatania

Age/Gender : 55 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile              | Result                          | Unit                  | Flag   | Reference Range |
|-----------------------------|---------------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                                 |                       |        |                 |
| WBC Count                   | <b>11.3</b>                     | X 10 <sup>3</sup> /μl | High   | 3.5 - 10.5      |
| RBC Count                   | <b>3.73</b>                     | million/μl            | Low    | 3.9 - 5         |
| Haemoglobin                 | <b>10.5</b>                     | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | <b>30.5</b>                     | %                     | Low    | 35 - 45         |
| Mean Corp. Volume (MCV)     | <b>82</b>                       | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | <b>28.2</b>                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | <b>34.5</b>                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | <b>14.6</b>                     | %                     | Normal | 11.6 - 14.8     |
| Platelet Count              | <b>661</b>                      | X 10 <sup>3</sup> /μl | High   | 140 - 440       |
| Mean Platelet Volume (MPV)  | <b>8.3</b>                      | fL                    | Normal | 8 - 11.5        |
| <b>Differential Count</b>   |                                 |                       |        |                 |
| Neutrophils                 | <b>75</b>                       | %                     | Normal | 40 - 75         |
| Eosinophils                 | <b>02</b>                       | %                     | Normal | 0 - 6           |
| Lymphocytes                 | <b>21</b>                       | %                     | Normal | 20 - 50         |
| Monocytes                   | <b>02</b>                       | %                     | Normal | 1 - 10          |
| Basophils                   | <b>00</b>                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                                 |                       |        |                 |
| Morphology                  | <b>Normocytic Normochromic,</b> |                       |        |                 |
| Comment                     | <b>Leucocytosis.</b>            |                       |        |                 |



**DR. CHETAN K PATIL**  
M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001016273

Request Date : 04-12-2015

Patient Name : Mala Jatania

Age/Gender : 55 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile                        | Result     | Unit  | Flag   | Reference Range |
|---------------------------------------|------------|-------|--------|-----------------|
| <b>Liver Function Test, Mini</b>      |            |       |        |                 |
| Aspartate Aminotransferase (SGOT,AST) | <b>17</b>  | U/L   | Normal | 14 - 36         |
| Alanine Amino Transferase (SGPT,ALT)  | <b>20</b>  | U/L   | Normal | 9 - 52          |
| Serum Alkaline Phosphatase            | <b>94</b>  | U/L   | Normal | 38 - 126        |
| Total Bilirubin                       | <b>0.7</b> | mg/dL | Normal | 0.2 - 1.3       |
| Bilirubin Conjugated                  | <b>0.0</b> | mg/dL | Normal | 0 - 0.3         |
| Bilirubin Unconjugated                | <b>0.6</b> | mg/dL | Normal | 0 - 1.2         |
| Delta Bilirubin                       | <b>0.1</b> | mg/dL | Normal | 0 - 0.2         |
| Serum Gamma Glutamyl Transferase      | <b>37</b>  | U/L   | Normal | 12 - 43         |
| Serum Protein                         | <b>7.8</b> | g/dL  | Normal | 6.3 - 8.2       |
| Serum Albumin                         | <b>4.7</b> | g/dL  | Normal | 3.5 - 5         |
| Serum Globulin                        | <b>3.1</b> | g/dL  | Normal | 2.4 - 3.5       |
| Alb/Glob Ratio                        | <b>1.6</b> |       | Normal | 1.1 - 2.2       |

**Test carried out by**

Multiple point rate



**DR. VIJAY VARDE**

M.D (PATH)

CONSULTANT PATHOLOGIST



NAME: Mala Vikram Jatania  
UHID: MELO300047  
STUDY NO: PET-WB

AGE/SEX: 55/M  
REF BY: Dr. Chetan Shah  
DATE: 05-12-2015

**Examination:** 18F-FDG PET/CT scan. Skull base to Mid thigh region.

**Clinical history:**

Operated case of Ca. endometrium with total hysterectomy with b/l oophorectomy done on 18-11-2015.

*Endometectomy*

**Procedure:**

5.1mCi (18F)- fluorodeoxy glucose was administered intravenously via the right antecubital vein. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 min in a shielded room. After 30 min, oral contrast agent, Mannitol (0.3%) diluted in 1000 ml of water was given. Non ionic intravenous contrast was administered. Imaging was performed on an integrated 40-slice PET/CT scanner (Biograph mCT ultra HD with TOF) with scanning from Skull base to Mid thigh. Standard uptake values (SUV) normalized to body surface area obtained over lesions. Serum blood glucose at the time of the injection was measured at 162.0 mg/dl. CT scanning was performed with oral contrast material as well as iv contrast agent.

PET-CT images were acquired and reconstructed to obtain transaxial, coronal & sagittal views of 3.7mm thickness. The fused CT-PET images of whole body were obtained.

**Previous PET-CT scan:**

Nil

**Findings:**

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

**Head & 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.

Both lobes of thyroid shows normal sized without any hypodense or FDG avid areas seen

Major neck vessels are unremarkable.

No other areas of significant or FDG avid adenopathy is seen in the cervical region.



**Thorax:**

Multiple sub centimeter sized sub pleural nodules are seen in both lung fields with avid FDG uptake (SUV max=3.6)

Cardia and great vessels appear normal.

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

**Abdomen& Pelvis:**

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 adrenal appears normal Both kidneys appears normal. . Pelvicalyceal system and ureters on both side appear normal.

Urinary bladder is partially distended and appears normal.

Post hysterectomy status noted

Small nodular lesion with increased FDG uptake measuring 1cm is seen in the vaginal vault (SUV max=6.7).

Multiple heterogeneous enlarged lymphnodes are seen in preaortic , paraaortic , aorto caval, precaval, right iliac , b/l pelvic lymphnodes, largest of the lymphnodes measures 2x1.8cm in left paraaortic region with avid FDG uptake (SUV max=19.8).

FDG avid omental deposits measuring 1.3x1.5cm seen in lower abdomen (SUV max=13.2).

Mild Fat stranding is seen in the pelvis & anterior wall of the abdomen at the site of surgery.

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

No free fluid is seen in the abdomen and pelvis.

No other significant or FDG avid adenopathy is seen in the abdomen and pelvis.

**Musculoskeletal:**

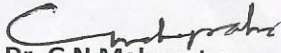
Marrow uptake is within normal range.

**Impression:**

Post hysterectomy status is noted

1. Small hypermetabolic nodular lesion is seen in the vaginal vault .
2. Multiple heterogenous hypermetabolic enlarged lymphnodes are seen in lower abdomen and pelvis .
3. Hypermetabolic omental deposit seen involving the lower abdomen.
4. Multiple hypermetabolic sub pleural nodules seen in both lung fields
5. No other evidence of areas of FDG avid uptake seen either in liver, brain, bone or any areas of soft tissue.

Thanks for the referral.

  
Dr. G N Mahapatra  
Consultant, PET-CT

Dr. Anup Agrawal  
Consultant, Radiology

8/12/15

stitch line healed except-  
for 2 small raw areas.

70.3kg <sup>adv</sup>  
160/90

- continue dress of the 2  
raw areas only and leave  
the rest of the stitch line  
open.

- Diad
- Tab order-XT
  - Tab Becozyme-C forte
  - Tab multivite - Em - omega
  - Tab Triple-A-cal
  - D Proteins with milk. // ERD Bix 6-8/d-1.

- to maintain BSI sugar chart

Shah

See Dr orders.

- nil by mouth after 11PM on 9th Dec
- to reach hosp by 8:30-9AM on 10th Dec
- to have bath with betadine scrub  
on 9/10 Dec.

Or



# SUJAY HOSPITAL

25, Gulmohar Park, Gulmohar Road  
Juhu Scheme, Vile Parle (W), Mumbai - 400 049  
Phone No. - 022 -26212233/44/55  
Email : info@sujayhospital.com  
Visit us at : http://www.sujayhospital.com



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REGN. NO. : 887303463

## DISCHARGE SUMMARY / CARD

Page No. :: 1

Patient Name : Mala Vikram Jatania  
Age : 55 Years  
Date of Admission : 10/12/2015  
Date of Discharge : 10/12/2015  
Indoor No. : 2015121001471  
Consulting Doctor : Dr. CHETAN SHAH  
Sex : Female  
Name of Surgery : INTRA PORT INSERTION  
Date of Surgery : 10/12/2015  
Registration No. : 2015121009501  
Referring Doctor : Dr. SELF

### Diagnosis

INTRA PORT INSERTION FOR CHEMO

### Complaint on Admission

OPERATED FOR CASE OF CA-ENDOMETRIUM OF TOTAL HYSTRECTOMY WITH B/L  
OOPHROECTOMY WITH OMENTECTOMY DONE ON 18/11/2015  
ADMITTED FOR INTRA PORT INSERTION  
K/C/O : DM WITH HYPERLIPIDEMIA WITH DEFF VITAMIN D3

### General

Blood Pressure - 130/70 mmHG, R.S. - AEBE  
C.N.S. - ORIENTED, C.V.S. - S1S2+  
Pulse - 90 /min

### Operative Notes

INTRA PORT INSERTION  
OPERATED BY Dr. CHETAN.SHAH ON 10/12/2015  
ANAESTHETIST ; Dr. PREETHI.GOPINATH UNDER TIVA

### Treatment Given

TAB CEFTUM TAB BRUFEN TAB RABLET TAB MCLAZIDE-M TAB JANUMET

### Drug Advices

| SNo. | Medicine           | Advice                    | Days |
|------|--------------------|---------------------------|------|
| 1    | TAB CEFTUM 500     | 1.....0.....1             | 5    |
| 2    | TAB BRUFEN 600     | 1.....1.....1 AFTER FOOD  | 7    |
| 3    | TAB RABLET 20      | 1.....0.....1 BEFORE FOOD | 10   |
| 4    | TAB MCLAZIDE-M     | 1.....1.....1             | 0    |
| 5    | TAB JANUMET 50/500 | 1/2.....0.....0           | 0    |
| 6    | TAB OROFER-XT      | 1.....0.....1             | 0    |
| 7    | TAB BECOZYME       | 1.....0.....1             | 0    |

- Follow up on Tuesday for chemotherapy.  
on Monday do:- CBC, LFT, creatinine.

for  
*Prm*  
Signature  
Dr Prem  
CAME



Date 11/12/15 Contact  
Name mala Jataia  
e-mail id  
Age 55yrs Sex F Wt.

39



Dr. S. H. Advani  
Medical Oncologist

+91 98211 57706

shadvani2000@yahoo.com

please use sms or email for appointment

clo - pain in abd (lower abd). last mth.  
(No fever or wt loss)

Sx done - 18/11/15

Ca - infiltrating into wall (lef) tuboovarian  
mass

Endometrial Carcinoma

Myometrial involved (extensively)

(Rt) ovary - involved

(lef)

- Concurrent Ca of Endometrium + Ovary

- (Rt), (lef) Parametrium involved.

- Omentum, muscle free

Cervix focally involved

FIGO Stage IIIa Endometrial carcinoma

To start chemotherapy 18/12/15

*[Signature]*



7411



Transaction Id : 001024299

Request Date : 15-12-2015

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile   | Result     | Unit  | Flag   | Reference Range |
|------------------|------------|-------|--------|-----------------|
| Serum Creatinine | <b>0.8</b> | mg/dL | Normal | 0.7 - 1.2       |

**Test carried out by**

Two Point Rate



**DR. CHETAN K PATIL**

M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001024299

Request Date : 15-12-2015

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

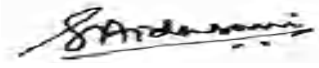
Referred By :

Sample Collected At :

| Test / Profile            | Result     | Unit  | Flag | Reference Range |
|---------------------------|------------|-------|------|-----------------|
| Fasting Blood Sugar       | <b>168</b> | mg/dL | High | 74 - 106        |
| Post Prandial Blood Sugar | <b>222</b> | mg/dL | High | 70 - 145        |

**Test carried out by**

Colorimetric



**DR. SAMEER AIDASANI**

M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001024299

Request Date : 15-12-2015

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile              | Result                          | Unit                  | Flag   | Reference Range |
|-----------------------------|---------------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                                 |                       |        |                 |
| WBC Count                   | <b>10.1</b>                     | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5      |
| RBC Count                   | <b>4.08</b>                     | million/μl            | Normal | 3.9 - 5         |
| Haemoglobin                 | <b>11.4</b>                     | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | <b>35.2</b>                     | %                     | Normal | 35 - 45         |
| Mean Corp. Volume (MCV)     | <b>86.0</b>                     | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | <b>28.1</b>                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | <b>32.5</b>                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | <b>14.9</b>                     | %                     | High   | 11.6 - 14.8     |
| Platelet Count              | <b>553</b>                      | X 10 <sup>3</sup> /μl | High   | 140 - 440       |
| Mean Platelet Volume (MPV)  | <b>8.4</b>                      | fL                    | Normal | 8 - 11.5        |
| <b>Differential Count</b>   |                                 |                       |        |                 |
| Neutrophils                 | <b>76</b>                       | %                     | High   | 40 - 75         |
| Eosinophils                 | <b>02</b>                       | %                     | Normal | 0 - 6           |
| Lymphocytes                 | <b>20</b>                       | %                     | Normal | 20 - 50         |
| Monocytes                   | <b>02</b>                       | %                     | Normal | 1 - 10          |
| Basophils                   | <b>00</b>                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                                 |                       |        |                 |
| Morphology                  | <b>Normocytic Normochromic,</b> |                       |        |                 |



**DR.SANGEETA CHOUDHARY**  
M.D (PATH)

CONSULTANT PATHOLOGIST

Transaction Id : 001024299

Request Date : 15-12-2015

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile                        | Result     | Unit  | Flag   | Reference Range |
|---------------------------------------|------------|-------|--------|-----------------|
| <b>Liver Function Test, Mini</b>      |            |       |        |                 |
| Aspartate Aminotransferase (SGOT,AST) | <b>22</b>  | U/L   | Normal | 14 - 36         |
| Alanine Amino Transferase (SGPT,ALT)  | <b>18</b>  | U/L   | Normal | 9 - 52          |
| Serum Alkaline Phosphatase            | <b>97</b>  | U/L   | Normal | 38 - 126        |
| Total Bilirubin                       | <b>0.9</b> | mg/dL | Normal | 0.2 - 1.3       |
| Bilirubin Conjugated                  | <b>0.3</b> | mg/dL | Normal | 0 - 0.3         |
| Bilirubin Unconjugated                | <b>0.6</b> | mg/dL | Normal | 0 - 1.2         |
| Delta Bilirubin                       | <b>0.0</b> | mg/dL | Normal | 0 - 0.2         |
| Serum Gamma Glutamyl Transferase      | <b>29</b>  | U/L   | Normal | 12 - 43         |
| Serum Protein                         | <b>8.0</b> | g/dL  | Normal | 6.3 - 8.2       |
| Serum Albumin                         | <b>4.6</b> | g/dL  | Normal | 3.5 - 5         |
| Serum Globulin                        | <b>3.4</b> | g/dL  | Normal | 2.4 - 3.5       |
| Alb/Glob Ratio                        | <b>1.3</b> |       | Normal | 1.1 - 2.2       |

**Test carried out by**

Multiple point rate



**DR. CHETAN K PATIL**  
M.D (PATH)

CONSULTANT PATHOLOGIST

# Daycare Angels

Sushrut Hospital, 365, Swastik Park, Chembur, Mumbai - 400071  
Email - [daycareangels1@gmail.com](mailto:daycareangels1@gmail.com) Contact - 09619394267

## Follow - Up / Discharge Summary

Date: 18/12/15

Name: Mrs. Mala Jataria

Age: 56 Yrs. Sex: F

Diagnosis: Endometrium cr &amp; mets.

Current Cycle: 1st # Completed:

Complains/Allergies:

History:

## Chemotherapy Protocol:

Patient was admitted to the Daycare for 1st # chemotherapy with:-

1. Ti: Paclitaxel 260 mg IV Day 1.
2. Ctaxol
3. Ti: Carboplatin 450 mg IV Day 1.
- 4.

## Advice on Discharge:

1. Tab Graniset 1mg 1-0-1 x 5 days (Half hour before meals)
2. Cap. Petiol D. 1-0-1 x 5 days (Half hour before meals)
3. Xerom -M gargles 1-0-1
4. Mucobenz gargles 1-1-1

Ti: Ancent 300 mg s/c Day 2.

## Follow Up:

Next Cycle: 2nd #

To do CBC, S. Creatinine on: 7/1/16

Due on: 8/1/16

*Dr. Suresh*  
Dr. Suresh .H. Advani



Date 18/12/15  
 Name Mrs Mala Vikram  
 e-mail id  
 Age 56 Sex F Wt.



Dr. S. H. Advani  
 Medical Oncologist  
 +91 98211 57706  
 shadvani2000@yahoo.com  
 please use sms or email for appointment

Qo Endometrial Ca FIGO Stage III A  
 Sy done on 18/11/15

PET CT 5/12/15: small hypermetabolic nodular lesion in vaginal vault  
 multiple LN in lower abd  
 multiple pleural nodules

Diagnosis: metastatic Ca Endometrium

Advice

18/12/15

Any Paclitaxel 260 mg IV D<sub>1</sub>  
 (Taxol)  
 Any carboplatin 450 mg IV D<sub>1</sub>  
 Any Ancaunt 300 ug SC D<sub>2</sub>

Day call  
 3rd floor



Sushrut Hospital  
 Research Centre

JASLOK HOSPITAL

S.L. RAHEJA HOSPITAL  
 A Fortis ASSOCIATE





## **SIDE EFFECTS CHART**

### **FOR VOMITTING**

- Tab. Emset 4mg 1-1-1 (before food) OR
- Tab. stemetil MD 5mg 2-2-2 to be chewed (before food) OR
- Tab. Domstal 10mg 1-0-1 (before food)

### **FOR ACIDITY**

- Syp. Digene gel/ Gelusil 2tsf 1-0-1 (before food) OR
- Cap. Pan 40 (Pantoprazole) (1-0-1) (½ hour before food) OR
- Eat something in every 2 hrs.

### **FEVER**

- Tab. Calpol /crocin (paracetamol) 500mg stat
- If persistent fever in 24 hours then to start Tab Ceftum 500mg 1-0-1 (after food) for 5 days
- Or T Augmentin 625mg 1-0-1.
- And do CBC -to inform doctors.

### **FOR ORAL ULCERS**

- To do CBC and inform doctors immediately
- Tab Forcan 200mg 1-0-1 for 5 days
- Betadine /Chlorhexidine gargles 1-1-1 to continue
- Salt water gargles 10 times a day
- Dologel/oracep/zytee gel for local application 3-4 times a day

### **FOR LOOSE MOTION**

- If more than 3-4 times
- ORS powder/ electoral powder (dissolve with water) &
- Cap. Immodium (Loperamide) 1 cap. Start and continue thrice daily for 1 day,
- If loose motion still persists then start
- Tab. Ciplox Tz 500mg 1-0-1 for 5days (after Food)
- If urine output is less inform doctor immediately
- To do CBC and inform the Doctor.

### **FOR CONSTIPATION**

- First thing to avoid constipation : To eat lots of fresh fruits, plenty of oral fluids.
- Syp Cremaffin /Syp Duphalac 15ml at bed time
- OR Tab Dulcolax /Tab Cremalax 2 tablet at bed time.
- OR Dulcolax Suppository
- Even if constipation persist SOS contact doctor

**COUGH**

Dry persistent cough - Syp. Corex 2tsf 1-0-1

Cough with expectoration - Syp.grinllinctus 2tsf 1-0-1

Persistent cough - Linctus codeine 2tsf 1-0-1

Steam inhalation 1-1-1-1-1-1-

**FOR PAIN**

Tab Ultracet (tramadol+ Paracetmol) 1-1-1

OR cap Proxyvon 500mg 1-1-1

**For Hiccups**

Eat something every two hourly

Make sure that u have passed motion

Start T Liofen (baclofen) 10mg 1-1-

Syp mucaïne gel 2tsf 1-1-1

**Dr .S.H Advani 9821157706**

**For Day Care appointment**

**09619394267**

**02225265306**

**Call On Emergency : 9769771851 From 8 am to 8 pm**

quality service with smile





## ECLAT POLYCLINIC

Anil Villa, V. P. Road,

Vile Parle (W), Mumbai - 400 056.

Tel. : 2614 8538, 2615 2890, Fax : 022 - 2615 2891.

3D - 4D Sonography • Color Doppler • 2D Echo



**DATE** : January 2, 2016

**NAME** : Mala Jatania

**REF. BY** : Dr. Rekha Patel

**EXAMINATION** : ABDOMEN & PELVIS

**Clinical Profile** : Patient is investigated for purunt discharge in left inguinal region at site of previous surgical scar. Recent history of abdominal Hysterectomy and Oophorectomy in November 2015.

### SONOGRAPHY FINDINGS:

Realtime sonography was performed using high frequency AB2-7 MHz transducer.

- INGUINAL REGION** : Examination of inguinal region was performed using high frequency SP6-12MHz transducer. Extended field of view imaging as well as Color Doppler imaging. High resolution sonography reveals a complex predominantly cystic collection with internal echoes at the site of purunt discharge in the subcutaneous tissue. The collection measures 4.4 x 1.9 x 1.6cms with volume of 7.3ccms and has irregular wall. No abnormal vascularity seen on color Doppler imaging. Another collection seen in the suprapubic region adjacent to deep fascia measuring 5.0 x 3.7 x 1.6cms with volume of 16ccms. These two collection appeared to be connected to a narrow pedicle.
- PELVIS** : Evidence of Hysterectomy and Bilateral Oophorectomy noted. No adnexal mass or fluid collection seen in cul-de-sac.
- LIVER** : Shows normal echotexture of parenchyma, vasculature and biliary radicles. There is no evidence of a diffuse or focal solid or cystic lesion. No evidence of dilatation of intrahepatic biliary radicals. The capsule is smooth. The porta and perihepatic spaces are unremarkable.
- GALLBLADDER** : Is contracted due to non-fasting status.
- COMMON DUCT** : Visualized CHD and CBD appears normal. No obstruction seen.
- PANCREAS** : Shows normal echogenicity of parenchyma. There is no evidence of calcification, diffuse or focal solid or cystic lesion.

...(2)...

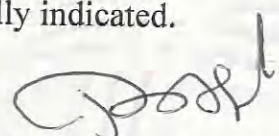
-(2)-

- LEFT KIDNEY** : Show splaying of central sinus suggestive of ? Early hydronephrosis. Cortical thickness is well maintained. No evidence of renal calculi or cystic lesion. The perirenal space is clear. Kidney measured 11.8cms.
- RIGHT KIDNEY** : Show normal echotexture of cortico-medullary parenchyma and collecting system. The capsule is smooth. There is no evidence of renal calculi, hydronephrosis, diffuse or focal solid or cystic lesions. The perirenal space is clear. Kidney measured 11.3cms.
- SPLEEN** : Shows normal echotexture. There is no splenomegaly. No evidence of diffuse or focal lesion seen. It measured 8.7cms.
- AORTA** : Is well visualized. There is no evidence of aneurysm or para-aortic or retroperitoneal lymphadenopathy.
- ILIAC FOSSA** : No detectable abnormality seen in both iliac fossa.
- URINARY BLADDER:** Bladder was well distended. There is no evidence of vesical calculus or diverticulum. The mucosal surface is smooth. No evidence of neoplasm.

- IMPRESSION** :- Complex cystic collection seen in left inguinal region and in supra pubic region as described.
- Post Hysterectomy and Bilateral Oophorectomy status.
  - No adnexal mass or fluid seen.
  - Left kidney show splaying of central sinus suggestive of ? Early hydronephrosis.
  - Normal findings in liver, pancreas, spleen and right kidney.
  - Gallbladder is contracted due to non-fasting status.
  - Visualized CHD and CBD is unobstructed.
  - No splenomegaly.
  - No para-aortic or retroperitoneal lymph nodes detected.
  - No ascites.
  - Normal findings in urinary bladder. No vesical calculus or diverticulum.

- ADVISE** : CT Scan of Abdomen & pelvis if clinically indicated.

**DR. BHARAT PAREKH**  
MD DMRD FICD

  
**DR. BIPIN R. SHAH**  
MD DMRD DMDE





## Mala Jalana

o surgery done 1 1/2 mth back  
on chemo, 90 dry cough.  
stitch line — 15 cc serous fluid  
drained

adv

- to lie on stomach

- to change dress — daily  
Betadine soln application  
for by Betadine oint-

constipn - Download 4-5 tsf e water  
daily by 7PM.

- dione — orofer — x 1  
— multivite im 1

- Tab Pan-D 1 daily x 2 mth  
in morning.

*[Signature]*

Transaction Id : 001034666

Request Date : 05-01-2016

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE


Referred By :

Sample Collected At :

| Test / Profile   | Result | Unit  | Flag | Reference Range |
|------------------|--------|-------|------|-----------------|
| Serum Creatinine | 0.6    | mg/dL | Low  | 0.7 - 1.2       |

**Test carried out by**


Two Point Rate

  
**DR.SANGEETA CHOUDHARY**  
M.D (PATH)  
CONSULTANT PATHOLOGIST

Transaction Id : 001034666  
Patient Name : Mala Jatania  
Referred By :

Request Date : 05-01-2016  
Age/Gender : 56 Y / FEMALE  
Sample Collected At :

| Test / Profile              | Result                   | Unit                  | Flag   | Reference Range |
|-----------------------------|--------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                          |                       |        |                 |
| WBC Count                   | 9.8                      | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5      |
| RBC Count                   | <b>3.79</b>              | million/μl            | Low    | 3.9 - 5         |
| Haemoglobin                 | <b>10.6</b>              | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | <b>32.4</b>              | %                     | Low    | 35 - 45         |
| Mean Corp. Volume (MCV)     | 85.0                     | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | 27.9                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | 32.7                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | 14.3                     | %                     | Normal | 11.6 - 14.8     |
| Platelet Count              | <b>575</b>               | X 10 <sup>3</sup> /μl | High   | 140 - 440       |
| Mean Platelet Volume (MPV)  | <b>7.7</b>               | fL                    | Low    | 8 - 11.5        |
| <b>Differential Count</b>   |                          |                       |        |                 |
| Neutrophils                 | 66                       | %                     | Normal | 40 - 75         |
| Eosinophils                 | 01                       | %                     | Normal | 0 - 6           |
| Lymphocytes                 | 30                       | %                     | Normal | 20 - 50         |
| Monocytes                   | 03                       | %                     | Normal | 1 - 10          |
| Basophils                   | 00                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                          |                       |        |                 |
| Morphology                  | Normocytic Normochromic, |                       |        |                 |

  
**DR.SANGEETA CHOUDHARY**  
M.D (PATH)  
CONSULTANT PATHOLOGIST

# Daycare Angels

Sushrut Hospital, 365, Swastik Park, Chembur, Mumbai - 400071  
Email - [daycareangels1@gmail.com](mailto:daycareangels1@gmail.com) Contact - 09619394267

## Follow - Up / Discharge Summary

Date:

8/1/16

Name:

Mala Tania

Age:

Yrs.

Sex:

Diagnosis:

Endometroid ca High grade

Current Cycle:

2nd #

Completed:

IIIA

Complains/Allergies:

History:

### Chemotherapy Protocol:

Patient was admitted to the Daycare for 2nd # chemotherapy with:-

1. Iy Paclitaxel 260ug IN Day 1 (Taxol)
- 2.
3. Iy Carboplatin 450ug IN Day 1
- 4.

### Advice on Discharge:

1. Tab Graniset 1mg 1-0-1 x 5 days (Half hour before meals)
2. Cap. Petiol D 1-0-1 x 5 days (Half hour before meals)
3. Xerom -M gargles 1-0-1
4. Mucobenz gargles 1-1-1

Iy Ancout 300mgslc  
Day 2

### Follow Up:

Next Cycle:

2nd #

Due on:

29/1/16

To do CBC, S. Creatinine on:

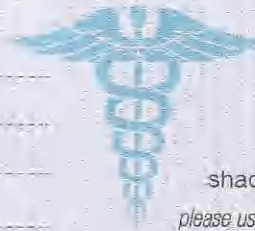
28/1/16

Dr. Suresh .H. Advani

Call On Emergency : 9769771851



Date \_\_\_\_\_ Contact \_\_\_\_\_  
Name \_\_\_\_\_  
e-mail id \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Wt \_\_\_\_\_



Dr. S. H. Advani  
Medical Oncologist

+91 98211 57706  
shadvani2000@yahoo.com  
please use sms or email for appointment

8/11/2016

pt better

Adv.

II not course

CBC - M

m 8/11/5

Dang can  
3rd floor

→ Tab Augmentin  
625-4  
i - i

20





**TEST REPORT****MEDIZINISCH-DIAGNOSTISCHE  
INSTITUTE****MDI LABORATORIES INDIA PVT. LTD.**3G/1, Court Chambers  
35, New Marine Lines  
Churchgate  
Mumbai 400 020 (India)T : +91 88796 81101  
F : +91 22 6634 6124  
E : reports@mdilabs.net  
W : www.mdilabs.net

Transaction Id : 001045425

Request Date : 27-01-2016

Patient Name : Mala Jatania

Age/Gender : 57 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile   | Result | Unit  | Flag | Reference Range |
|------------------|--------|-------|------|-----------------|
| Serum Creatinine | 0.6    | mg/dL | Low  | 0.7 - 1.2       |

**Test carried out by**

Two Point Rate

**DR. VIJAY VARDE**

M.D (PATH)

CONSULTANT PATHOLOGIST

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Germany | Ukraine | Georgia | China | India



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INSTITUTE

MDI LABORATORIES INDIA PVT. LTD.

3G/1, Court Chambers  
35, New Marine Lines  
Churchgate  
Mumbai 400 020 (India)

TEST REPORT

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Transaction Id : 001045425

Request Date : 27-01-2016

Patient Name : Mala Jatania

Age/Gender : 57 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile              | Result                   | Unit                  | Flag   | Reference Range |
|-----------------------------|--------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                          |                       |        |                 |
| WBC Count                   | 6.5                      | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5      |
| RBC Count                   | 3.98                     | million/μl            | Normal | 3.9 - 5         |
| Haemoglobin                 | 11.3                     | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | 34.3                     | %                     | Low    | 35 - 45         |
| Mean Corp. Volume (MCV)     | 87                       | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | 28.5                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | 32.9                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | 15.1                     | %                     | High   | 11.6 - 14.8     |
| Platelet Count              | 588                      | X 10 <sup>3</sup> /μl | High   | 140 - 440       |
| Mean Platelet Volume (MPV)  | 7.2                      | fL                    | Low    | 8 - 11.5        |
| <b>Differential Count</b>   |                          |                       |        |                 |
| Neutrophils                 | 59                       | %                     | Normal | 40 - 75         |
| Eosinophils                 | 01                       | %                     | Normal | 0 - 6           |
| Lymphocytes                 | 34                       | %                     | Normal | 20 - 50         |
| Monocytes                   | 06                       | %                     | Normal | 1 - 10          |
| Basophils                   | 00                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                          |                       |        |                 |
| Morphology                  | Normocytic Normochromic, |                       |        |                 |

DR. VIJAY VARDE

M.D (PATH)

CONSULTANT PATHOLOGIST

Bringing German Standards of Diagnostic Testing to India

Germany | Ukraine | Georgia | China | India

Follow-Up / Discharge Summary

Date: 29/1/16

Name: Ms. Mala Jataria

Age: 56 Yrs. Sex: F Doctor's Name: Dr. S.H. Advani

Diagnosis: Endometrial CA grade IIIA Bed No.:

Current Cycle: 3<sup>rd</sup> H Completed:

Complaints/Allergies:

History:

IV / PORT / PICC

Triple H :-

Chemotherapy Protocol : - Cycle - 3<sup>rd</sup> H

1.

2.

Tx: Paclitaxel (Taxol) 200mg IV Day 1.

3.

Tx: Carboplatin 450mg IV Day 1.

4.

5.

Tx: Anemont 300mg SK Day 2.

6.

Advice on Discharge :

1. Tab Graniset 1mg 1-0-1 x 5 days ( half hour before meals)

2. Cap. Petiol D 1-0-1 x 5 days ( half hour before meals)

3. Xerom - M gargles 1-0-1

Follow Up :

Next Cycle :

To do CBC, S, Creatinine on :

Due on: Review E Dr. S.H. Advani  
on. 19/2/16.

Dr. Suresh H. Advani



Transaction Id : 001057727

Request Date : 17-02-2016

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile   | Result | Unit  | Flag | Reference Range |
|------------------|--------|-------|------|-----------------|
| Serum Creatinine | 0.5    | mg/dL | Low  | 0.7 - 1.2       |

Test carried out by

Two Point Rate



DR.SANGEETA CHOUDHARY

M.D (PATH)

CONSULTANT PATHOLOGIST



MEDIZINISCH-DIAGNOSTISCHE  
INSTITUTE

MDI LABORATORIES INDIA PVT. LTD.  
3G/1, Court Chambers  
35, New Marine Lines  
Churchgate  
Mumbai 400 020 (India)


TEST REPORT

T : +91 88796 81101  
F : +91 22 6634 6124  
E : reports@mdilabs.net  
W: www.mdilabs.net

Transaction Id : 001057727  
Patient Name : Mala Jatania  
Referred By :

Request Date : 17-02-2016  
Age/Gender : 56 Y / FEMALE  
Sample Collected At :

| Test / Profile              | Result                   | Unit                  | Flag   | Reference Range |
|-----------------------------|--------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                          |                       |        |                 |
| WBC Count                   | 9.5                      | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5      |
| RBC Count                   | 3.71                     | million/μl            | Low    | 3.9 - 5         |
| Haemoglobin                 | 10.8                     | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | 34.1                     | %                     | Low    | 35 - 45         |
| Mean Corp. Volume (MCV)     | 92                       | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | 29.1                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | 31.7                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | 15.4                     | %                     | High   | 11.6 - 14.8     |
| Platelet Count              | 468                      | X 10 <sup>3</sup> /μl | High   | 140 - 440       |
| Mean Platelet Volume (MPV)  | 7.5                      | fL                    | Low    | 8 - 11.5        |
| <b>Differential Count</b>   |                          |                       |        |                 |
| Neutrophils                 | 67                       | %                     | Normal | 40 - 75         |
| Eosinophils                 | 01                       | %                     | Normal | 0 - 6           |
| Lymphocytes                 | 24                       | %                     | Normal | 20 - 50         |
| Monocytes                   | 08                       | %                     | Normal | 1 - 10          |
| Basophils                   | 00                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                          |                       |        |                 |
| Morphology                  | Normocytic Normochromic, |                       |        |                 |

  
DR.SANGEETA CHOUDHARY  
M.D (PATH)  
CONSULTANT PATHOLOGIST





# pinnacle

## imaging centre

(CT & MRI Centre)

Name : **MALA JATANIA**

Date: **19-Feb-2016**

Age : **56**

Sex: **FEMALE**

### **MULTISLICE CT SCAN OF CHEST, ABDOMEN AND PELVIS (FEMALE)**

Post contrast axial cuts were performed from the root of the neck to the pubic symphysis.

Operated case of carcinoma of endometrium. Patient is on chemotherapy. Previous PET CT dated 05/12/2015 is available for comparison.

Uterus and ovaries are not visualized - post operative status. Few enhancing peritoneal & omental deposits are seen within the pelvis, in the region of hysterectomy stump, right side of pelvis beneath the anterior abdominal wall and within the anterior abdominal wall just superior to pubic symphysis, representing metastatic deposits. Multiple enlarged bilateral iliac & retroperitoneal lymphnodes are seen, largest one measuring 2.5 cms in short axis diameter. Few hypoenhancing lesions are seen in both the lobes of liver, largest one measuring 15 x 12 mms in right lobe. Multiple welldefined nodules are seen in the bilateral lung parenchyma predominantly in subpleural and para-fissural region. Two illdefined osteolytic areas are seen in right inferior pubic ramus and lower part of sacrum.

No other significant pleuropulmonary pathology is seen.

No significant mediastinal or hilar lymphadenopathy is seen.

Diffuse fatty infiltration of liver is seen.

Gall bladder is normal.

There is no intrahepatic biliary dilatation.

The common bile duct and portahepatis are normal.

The pancreas is normal in size and shape. No focal area of altered attenuation or mass lesion is detected.

The spleen and both the adrenals are normal.

**Dr. Roshan Shetty**  
MD, DMRD

**Dr. Anand Shingate**  
DNB, DMRD

**Dr. Pallavi Nagare**  
MD

**Dr. Shital Gupta**  
MD, DMRD, DNB

Report With Compliments to **Dr. SURESH H. ADVANI**

Sant Villa, Plot No. 59, Vallabh Nagar CHS, N. S. Road No. 2, Lane Opp. D. J. Sanghvi College, JVPD Scheme, Juhu, Vileparle (West), Mumbai - 400 056. T : 022-2610 4010 / 022-2610 4020 Email : roshanshetty@hotmail.com

Inside Campus of Criticare Hospital, Plot No. 516, Telli Galli, Next to Hotel Imperial Palace, Andheri (E), Mumbai - 400 069. Tel. : 022-3010 3010 / 3010 3011 Email : roshanshetty@hotmail.com





medical accuracy

# pinnacle

## imaging centre

(CT & MRI Centre)

Both the kidneys are normal in size and shape. No focal area of altered attenuation or mass lesion is detected.

There is no free fluid in the peritoneal cavity.

The urinary bladder distended well. There is no evidence of any extrinsic or intrinsic vesical abnormality.

The bowel loops are unremarkable.


### **OPINION** : CT study reveals


- Operated case of carcinoma of endometrium. Patient is on chemotherapy. Previous PET CT dated 05/12/2015 is available for comparison.

- Uterus and ovaries are not visualized - post operative status. Few enhancing peritoneal & omental deposits are seen within the pelvis, in the region of hysterectomy stump, right side of pelvis beneath the anterior abdominal wall and within the anterior abdominal wall just superior to pubic symphysis, representing metastatic deposits. Multiple enlarged bilateral iliac & retroperitoneal lymphnodes are seen, largest one measuring 2.5 cms in short axis diameter. Few hypoenhancing lesions are seen in both the lobes of liver, largest one measuring 15 x 12 mms in right lobe. Multiple welldefined nodules are seen in the bilateral lung parenchyma predominantly in subpleural and para-fissural region. Two illdefined osteolytic areas are seen in right inferior pubic ramus and lower part of sacrum.

These findings are s/o disseminated recurrent neoplastic process with peritoneal, hepatic, lymphnodal, pleuropulmonary and skeletal metastatic disease as described above. As compared to previous PET CT, there is increase in the sizes of retroperitoneal & bilateral iliac lymphnodes with development of skeletal deposits within the sacrum & right inferior pubic ramus and hepatic metastatic deposits. There is reduction in the sizes & number of pulmonary nodules. Suggest : Follow up imaging.

- Diffuse fatty infiltration of liver is seen.

  
**Dr. Roshan Shetty**  
MD, DMRD

  
**Dr. Anand Shingate**  
DNB, DMRD

**Dr. Pallavi Nagare**  
MD

**Dr. Shital Gupta**  
MD, DMRD, DNB

Report With Compliments to **Dr. SURESH H. ADVANI**

Sant Villa, Plot No.59, Vallabh Nagar CHS, N. S. Road No.2, Lane Opp. D. J. Sanghvi College, JVPD Scheme, Juhu, Vileparle (West), Mumbai - 400 056. T : 022-2610 4010 / 022-2610 4020 Email : roshanshetty@hotmail.com

Inside Campus of Criticare Hospital, Plot No.516, Telli Galli, Next to Hotel Imperial Palace, Andheri (E), Mumbai - 400 069, Tel. : 022-3010 3010 / 3010 3011 Email : roshanshetty@hotmail.com

19/2/16.

YOUR LIFELINE TO GOOD HEALTH

Mrs. Mala Jataria

58/f

Metastatic CA endometroid grade IIIA.

Sx done on 18/11/15

Completed 3# P+Carbo.  
(29/1/16)

Now, CBC 

| Hb | WBC | Plt |
|----|-----|-----|
| 10 | 9.5 | 468 |

S/Creat = 0.5

Xray chest = clear

CT scan Abd + Pelvis

CT scan Abd :- Few peritoneal omental deposits  
19/2/16.

- Multiple enlarged b/l iliac & RPLN 2.5cm.

- lesions in both lobes liver 15x12mm

- Multiple well defined nodule in b/l lung parenchyma

- Osteolytic area in rt inferior pubic ramus & lower part sacrum.

pt has got severe pain in sacrum region.

Adv

Local Radiotherapy  
→ Dr. Wasim

Hidamandari kept  
Pawai.



Digital X-Ray | Sonography | Mammography | BMD (Dexa Scan) | ECG | Stress Test / TMT | 2D Echo | OPG | Pathology  
Colour Doppler | Eye Examination | Dental Examination | Diet Consultation | Preventive Health Check-Up | Audiometry | Spirometry

|               |                     |            |                       |   |
|---------------|---------------------|------------|-----------------------|---|
| CID           | : 1605002391        | SID        | : 177400568078        | R |
| Name          | : MRS. MALA JATANIA | Registered | : 19-Feb-2016 / 16:17 | E |
| Age / Gender  | : 56 Years / Female | Collected  | : 19-Feb-2016 / 16:17 | P |
| Dr.           | : S H ADVANI        | Reported   | : 20-Feb-2016 / 10:06 | O |
| Reg. Location | : Juhu              | Printed    | : 20-Feb-2016 / 10:53 | R |
|               |                     |            |                       | T |

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.


Hilar shadows are normal.

The cardiac and aortic size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED.**

  
Dr. PUNIT MADHOK  
D.M.R.D; D.M.R.E  
CONSULTANT RADIOLOGIST

Page 1 of 1



**Dr. Wasim Phoplunkar, MD.**  
**Head - Clinical Affairs**  
**Department of Radiation Oncology**

24/2/16

Mr. male Jatinia.  
- age 56 y / Santa Cruz.  
- Dm on med  
- no allergies / no Significant family Hx  
C/o pain in abdomen.  
diagnosed as Endometrium.

15/11/15, Sx: Wermer's Hysterectomy.  
Hpn: Endometrial carcinoma  
(Rep. RIA)  
myometrium involved (Extensive)  
@ ovary. involved.  
BLC pars involved.  
Cervix focally involved.

pet/CT scan: ① vaginal vault

15/12/15.

② abdomin-pelvic LNopathy.  
③ omental deposits lower abdomen.  
④ subpleural nodules in both lung.

chemo

3 cycles of Paclitaxel + Carboplatin

Tue 29/11/16.

CT abd + pelvis

① Peritoneal/omental deposits within pelvis.

② in the region of hysterectomy stump.

③ right side pelvis beneath ant abdominal wall just superior to pubic symphysis.

④ abdomin-pelvic lymphadenopathy

⑤ liver nodules

⑥ lung nodules.

⑦ lytic lesions right inferior pubic ramus & lower rectum.

Also severe back pain all.

She is not able to sleep because of pain.



## Radiology Results

|              |                     |              |               |
|--------------|---------------------|--------------|---------------|
| Patient Name | : MRS. MALA JATANIA | Bill No.     | : OP160070145 |
| Ref. Doctor  | : SURESH ADVANI     | Report No    | : XR160004794 |
| Patient No   | : MR160006083       | Performed On | : 03-03-2016  |
| Age / Gender | : 56 Yrs /FEMALE    | Reported on  | : 03-03-2016  |
| Patient Type | : OPD               | Ward / Bed   | :             |

### X-RAY PELVIS WITH BOTH HIP AP/ RIGHT HIP LAT

There is minimal reduction seen with superior migration involving bilateral hip joint space with degenerative osteophyte seen at articular margins.

No evidence of sclerosis/ flattening of head seen.

The bony architecture is normal.

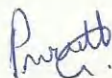
No fracture is noted.

The bony alignment is normal.

No dislocation is seen.

The soft tissue fat planes are unremarkable.

**IMPRESSION** : Degenerative changes seen in bilateral hip joint space.



DR PRIYANKA NERULKAR



## Radiology Results

|                     |                     |                     |               |
|---------------------|---------------------|---------------------|---------------|
| <b>Patient Name</b> | : MRS. MALA JATANIA | <b>Bill No.</b>     | : OP160070145 |
| <b>Ref. Doctor</b>  | : SURESH ADVANI     | <b>Report No</b>    | : XR160004795 |
| <b>Patient No</b>   | : MR160006083       | <b>Performed On</b> | : 03-03-2016  |
| <b>Age / Gender</b> | : 56 Yrs /FEMALE    | <b>Reported on</b>  | : 03-03-2016  |
| <b>Patient Type</b> | : OPD               | <b>Ward / Bed</b>   | :             |

### X-RAY RIGHT FEMUR AP LAT

The bony architecture is normal.

No fracture is noted.

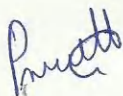
No erosion is seen.

The bony alignment is normal.

No dislocation is seen.

No obvious radiopaque foreign body is detected.

The soft tissue fat planes are unremarkable.



**DR PRIYANKA NERULKAR**

**International Oncology Radiation centre**  
**Dr. L. H. Hiranandani Hospital, Powai, Mumbai.**

|                         |                               |
|-------------------------|-------------------------------|
| Name: Mrs. Mala Jatania | HID: MR160006083              |
| Age: 55 yrs             | RT ID: RT2303/02/16           |
| Gender: Female          | Consultation date: 24/02/2016 |

Referred Doctor: Dr.S H Advani

Treating consultant: Dr. Wasim Phoplunkar

Final diagnosis: Metastatic Ca Endometrium

Past History: Patient complained of pain in abdomen.

Patient is a diagnosed case of Endometrium.

Surgery (18/11/2015): Wertherms Hysterectomy.

Histopathology: Endometrial Carcinoma

Myometrium involved (Extensively)

Right Ovary – involved, Bilateral para involved

Cervix focally – involved.

PET / CT scan (15/12/2015): 1. Vaginal vault

2. Abdomen – pelvic LN pathy

3. Omental deposits lower abdomen.

4. Sub pleural nodule in both lung.

Chemotherapy: Patient received 3 cycles of Paclitaxol + Carboplatin till 29/01/2016



CT (Abdomen + Pelvis):

1. Peritoneal / Omentel deposits within pelvic.
2. In pre region – of Hysterectomy stumps.
3. Right side pelvis beneath anterior abdominal wall just superior to pubic symphysis.
4. Abdomen / Pelvic LN pathy.
5. Live nodules
6. Lung Nodule
7. Lytic lesion – right inferior pubic ramus and lower rectum.

Patient was referred for radiotherapy treatment at Dr. L H Hiranandani hospital, Powai

Radiation therapy details:

|                  |              |
|------------------|--------------|
| Site:            | Pelvis       |
| Total Dose :     | 30 Gy        |
| Total Fractions: | 10 fractions |
| Starting date:   | 25/02/2016   |
| Completion date: | 09/03/2016   |
| Toxicity :       | Grade I      |

Follow up advice: Patient is advised to follow up under the expert care of Dr.S H. Advani Sir

For further management.

Many thanks,

Warm regards,

  
**Dr. Wasim Phoplunkar, MD**

Sr.Consultant (Radiation Oncology),  
International Oncology Services Pvt. Ltd,  
Dr. L. H. Hiranandani Hospital,  
Hill side Avenue, Hiranandani Gardens,

Powai, Mumbai 400076.

**Dr. Wasim S Phoplunkar MD**

Consultant Radiation Oncologist,  
International Oncology Services Pvt Ltd,  
Dr. L. H. Hiranandani Hospital,  
Powai, Mumbai, India - 400076.  
Phone: +91 22 25763300

International Oncology Services Pvt. Ltd., Dr. L H Hiranandani Hospital, Hill Side Avenue, Hiranandani Gardens, Powai, Mumbai - 400 076

Tel +91 22 7102 3286/ 3812 Fax : +91 22 2576 3344 E-mail : mumbai@internationaloncology.com Website : www.internationaloncology.com

For Counseling and Enquiries : 9833669227, 9920099156 (Time : 10.00 a.m. to 5.00 p.m.)

Corporate Office : International Oncology Services Pvt. Ltd., 100, Basement Floor, Okhla Industrial Estate, Phase 3, New Delhi - 110 020, India

E-mail contact@internationaloncology.com Website www.internationaloncology.com



Transaction Id : 001070366  
Patient Name : Mala Jatania  
Referred By :

Request Date : 10-03-2016  
Age/Gender : 56 Y / FEMALE  
Sample Collected At :

| Test / Profile   | Result | Unit  | Flag | Reference Range |
|------------------|--------|-------|------|-----------------|
| Serum Creatinine | 0.6    | mg/dL | Low  | 0.7 - 1.2       |

**Test carried out by**

Two Point Rate



**DR.SANGEETA CHOUDHARY**  
M.D (PATH)



**DR. SANDEEP KAMBLE**  
M.D (PATH)



**DR. VIJAY VARDE**  
M.D (PATH)

Transaction Id : 001070366  
Patient Name : Mala Jatania  
Referred By :

Request Date : 10-03-2016  
Age/Gender : 56 Y / FEMALE  
Sample Collected At :

| Test / Profile | Result | Unit | Flag | Reference Range |
|----------------|--------|------|------|-----------------|
|----------------|--------|------|------|-----------------|

#### CBC-Haemogram, blood

|                             |             |                       |        |             |
|-----------------------------|-------------|-----------------------|--------|-------------|
| WBC Count                   | 3.7         | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5  |
| RBC Count                   | <b>3.6</b>  | million/μl            | Low    | 3.9 - 5     |
| Haemoglobin                 | <b>11.1</b> | g/dL                  | Low    | 12 - 15.5   |
| Hematocrit                  | <b>32.3</b> | %                     | Low    | 35 - 45     |
| Mean Corp. Volume (MCV)     | 89.0        | fL                    | Normal | 75 - 95     |
| Mean Corp. Hemoglobin (MCH) | 30.6        | pg                    | Normal | 25 - 32     |
| Mean Corp. Hgb Conc (MCHC)  | 34.2        | g/dL                  | Normal | 30 - 35     |
| RDW-CV                      | <b>16.8</b> | %                     | High   | 11.6 - 14.8 |
| Platelet Count              | <b>648</b>  | X 10 <sup>3</sup> /μl | High   | 140 - 440   |
| Mean Platelet Volume (MPV)  | <b>6.9</b>  | fL                    | Low    | 8 - 11.5    |

#### Differential Count

|             |           |   |        |         |
|-------------|-----------|---|--------|---------|
| Neutrophils | 69        | % | Normal | 40 - 75 |
| Eosinophils | 04        | % | Normal | 0 - 6   |
| Lymphocytes | <b>18</b> | % | Low    | 20 - 50 |
| Monocytes   | 08        | % | Normal | 1 - 10  |
| Basophils   | 00        | % | Normal | 0 - 1   |

#### RBC Morphology

|            |                    |
|------------|--------------------|
| Morphology | Anisocytosis-Mild, |
|------------|--------------------|



DR.SANGEETA CHOUDHARY  
M.D (PATH)



DR. SANDEEP KAMBLE  
M.D (PATH)



DR. VIJAY VARDE  
M.D (PATH)

Date 11/3/16  
Name mala Jataria  
e-mail id  
Age 56 Sex F WL



Dr. S. H. Advani  
Medical Oncologist

+91 98211 57706

shadvani2000@yahoo.com

please use sms or email for appointment

yo Ca Endometrium

underwent surgery in Nov 2015

3 # Pacl + Carbo 29/1/16

Progression Pain in sacrum

It received Palliative local RT  
to sacrum

yo Pain in sacral region  
(Poor response to RT)

Advice : MRI of Lumbosacral spine  
Pelvic Bones

Start 4<sup>th</sup> # P + Carbo.

4



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9-231-41-286-1663



Follow-Up / Discharge Summary

Date: 11/3/16

Name: Mrs. Mala Jataria

Age: 56 Yrs. Sex: F Doctor's Name: Dr. S. H. Advani

Diagnosis: CA endometrium

Bed No.:

Current Cycle: Completed:

4<sup>th</sup>

Complaints/Allergies:

History:

IV / PORT / PICC

Triple H :-

Chemotherapy Protocol : — Cycle — 4<sup>th</sup>

1.

2. Tt: Paclitaxel (Taxol) 260mg Jv Day 1

3.

Tt: Carboplatin 450mg Jv Day 1.

4.

5.

Tt: Anecut 300mcg slc Day 2.

6.

Advice on Discharge :

1. Tab Graniset 1mg 1-0-1 x 5 days ( half hour before meals)

2. Cap. Petiol D 1-0-1 x 5 days ( half hour before meals)

3. Xerom - M gargles 1-0-1

Follow Up :

Next Cycle :

5<sup>th</sup>

Due on : 1/4/16

To do CBC, S. Creatinine on : 3/3/16

Dr. Suresh H. Advani



# pinnacle

## imaging centre

(CT & MRI Centre)

Date: **11-Mar-2016**

Name: **MALA JATANIA**

Age: **56**

Sex: **FEMALE**

### M.R.I. SCAN OF PELVIS WITH HIP JOINTS

Multiplanar multiecho MR images were acquired for the pelvis with hip joints. Sagittal screening of lumbar spine was also performed.

Operated case of carcinoma of endometrium. Patient received chemotherapy and radiotherapy.

Illdefined osteolytic lesion are seen in right inferior pubic ramus and lower part of sacrum (involving S3, S4 & S5 sacral segments) with associated marrow edema and adjacent soft tissue edema.

These findings are s/o skeletal metastatic deposits.

Moderate left paracentral and foraminal disc protrusion is seen at L4-5 level indenting on the thecal sac and left inferiorly traversing L5 & left exiting L4 nerve root.

Moderate left paracentral disc protrusion is seen at L5-S1 level indenting on the thecal sac and left inferiorly traversing S1 nerve root.


Both hip joints are normal. There is no joint effusion.


Both sacroiliac joints are normal.

Rest of the visualized bones reveal normal marrow signal.

Visualised muscles and tendons are unremarkable.

Sagittal screening of lumbar spine reveals no other significant abnormality.

  
**Dr. Roshan Shetty**  
MD, DMRD

  
**Dr. Anand Shingate**  
DNB, DMRD

**Dr. Pallavi Nagare**  
MD


**Dr. Shital Gupta**  
MD, DMRD, DNB

Report With Compliments to **Dr. SURESH H. ADVANI**

Sant Villa, Plot No. 59, Vallabh Nagar CHS, N. S. Road No. 2, Lane Opp. D. J. Sanghvi College, JVPD Scheme, Juhu, Vileparle (West), Mumbai - 400 056. T : 022-2610 4010 / 022-2610 4020 Email : roshanshetty@hotmail.com

Inside Campus of Criticare Hospital, Plot No. 516, Tellli Galli, Next to Hotel Imperial Palace, Andheri (E), Mumbai - 400 069. Tel. : 022-3010 3010 / 3010 3011 Email : roshanshetty@hotmail.com



**TEST REPORT**  
**MEDIZINISCH-DIAGNOSTISCHE  
INSTITUTE****MDI LABORATORIES INDIA PVT. LTD.**3G/1, Court Chambers,  
35 New Marine Lines,  
Churchgate,  
Mumbai 400 020 (India)T : +91 88796 81101  
F : +91 22 6634 6124  
E : reports@mdilabs.net  
W : www.mdilabs.net

Transaction Id : 001071378

Request Date : 12-03-2016

Patient Name : Mala Jatania

Age/Gender : 56 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile | Result | Unit  | Flag   | Reference Range |
|----------------|--------|-------|--------|-----------------|
| Vitamin B12    | 687    | pg/mL | Normal | 211 - 911       |


Serum B12 and folate tests are snapshots of the concentrations in the blood.

Normal values may indicate that a person's symptoms are likely due to another cause or they may reflect the fact that a person's stores of B12 and/or folate have not yet been fully exhausted.

When a B12 is normal but a deficiency is still suspected, a methylmalonic acid (MMA) test may be ordered as an early indicator of B12 deficiency.

In a symptomatic person, decreased concentrations of B12 and/or folate indicate the presence of a deficiency, but do not necessarily reflect the severity of the anemia or associated neuropathy.


Further investigation of the underlying cause of the deficiency is then pursued.

  
**DR. SANGEETA CHOUDHARY**

M.D (PATH)

  
**DR. SANDEEP KAMBLE**

M.D (PATH)

  
**DR. VIJAY VARDE**

M.D (PATH)

**Bringing German Standards of Diagnostic Testing to India**

Germany | Ukraine | Georgia | China | India



Transaction Id : 001071378  
Patient Name : Mala Jatania  
Referred By :

Request Date : 12-03-2016  
Age/Gender : 56 Y / FEMALE  
Sample Collected At :

| Test / Profile       | Result | Unit  | Flag | Reference Range   |
|----------------------|--------|-------|------|---|
| 25 Hydroxy Vitamin D | 31.9   | ng/mL |      | <20 - Deficiency<br>20-30 - Insufficiency<br>>30 - Sufficiency<br>>100 - Toxicity |

Total 25-hydroxyvitamin D (D2 D3) is the correct measure of Vitamin D status. There is currently no consensus on the level which indicates deficiency.

Low blood levels of 25-hydroxyvitamin D may mean that you are not getting enough exposure to sunlight or enough dietary vitamin D to meet your body's demand or that there is a problem with its absorption from the intestines.

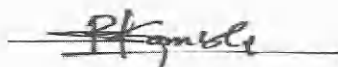
Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver.

There is increasing evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease.

High levels of 25-hydroxyvitamin D usually reflect excess supplementation from vitamin pills or other nutritional supplements.


**DR. SANGEETA CHOUDHARY**

M.D (PATH)


**DR. SANDEEP KAMBLE**

M.D (PATH)


**DR. VIJAY VARDE**

M.D (PATH)

Bringing German Standards of Diagnostic Testing to India

Germany | Ukraine | Georgia | China | India

Date 15/3/16 Contact  
 Name Mrs. Mala Jataria  
 e-mail id  
 Age 56 Sex F Wt.



Dr. S. H. Advani  
 Medical Oncologist

+91 98211 57706

shadvani2000@yahoo.com

please use sms or email for appointment

lcelo - CA endometrium

± bone mets

Completed 4# Paclitaxel

11/3/16



C/o - lower Backache

Local RT to Painful bone

Ⓢ Leg pain.

MR1. pelvis & hip joints (11/3/16)

- soft tissue lesion Ⓢ anterior Pubic ramus & lower part of sacrum S3 S4 & S5 Endosteal
- mod Ⓢ Paracentral & foraminal disc protrusion. L4-L5-

Adv.

Admit. Subhmit Hospital.

*[Signature]*





# PATIENT'S DISCHARGE CARD

**Sushrut Hospital**  
Research Centre  
A Unit of Chembur Hospital Project Trust  
365, Swastik Park, Chembur (E), Mumbai - 400071

Name Jatania Mala Vikram  
Age 56 y Sex F IP No. 27153  
Date of Admission 16/3/16 Date of Discharge 17/3/16  
Dr. in Charge Dr. Advani S-H. Resident Doctor Dr. Aravind Arsari  
Class DLX-A Room 505 Cash / Credit  
Diagnosis K10.0 Ca Endometrium c bone mets for supportive care  
Surgery (if any)

## TREATMENT RECOMMENDED

Dy ZOLDONATE 4mg given on 17/3/16.

R

Tab. PREGABLIN (75mg) 1-0-0  
Tab. MORPHINE (10mg) 1-1-1  
Tab. TRYPTOMER (10mg) 0-0-1  
Syp. DUPHALAC 40ml 0-0-1

} 1 month

FLU after 15 days

## NEXT APPOINTMENT IN SUSHRUT HOSPITAL

- Pending Reports if any should be collected within 10 days after discharge. After that hospital will not be responsible for the same.
- Please bring this card for future reference
- Do not fold this card

YOUR LIFELINE TO GOOD HEALTH



Brief review of Clinical Findings,  
Treatment and Surgical Procedure

Investigation Done

NA.

56 yrs old female pt admitted to

40 Low back pain }  
② LL numbness } ∴ last 1 wk  
- Pain in Rt leg }

K1-6 Ca endometrium

received 4 # pachi + Carbo on 11/3/16

received 10 # R7 <sup>lost</sup> on 9/3/16.

K1-6 DM or RA

No H/O any drug allergy

H/O Hysterectomy - in Nov 2015

O/E GCMed

Afebrile

Pulse 86b

Rs - ABBBcl

BP 140/80

CNS - S1S2H

SPR - 97% RA

CNS - conscious  
oriented.

PA - soft

It given

Rx Tramadol 50mg 14 stat  
(in 100cc NS) & SOS

Rx Pan-40mg 14 BD

Rx Tab Morphine (10mg) <sup>H-H</sup>

Rx Tab Tryptomer (long) <sup>H-H</sup>

Rx Duphalac 30ml 10-1

Rx Gabapentin (300) 10-1

Rx Tab Tanumet <sup>1/2 - 1/2</sup>  
(54/500)

Condition on Discharge

Pt Haemodynamically Stable

Vitals - stable

S/E - NAD

(uphick)

Rx Zoldonate 4mg

(in 100cc NS) 14 on 30m  
give on 17/3/16.

Consultant's  
Signature

Dr. Adnan S. Khan

For  
JL  
Unit of CHPT  
655, Sushil Park,  
Chamber (East) - 71  
Billing

Resident Doctor's  
Signature

Dr. Anis Anwar

JL

Dr. Anis Anwar  
17/3/16 (16:30hrs)

§ - Pain in lower back  $\rightarrow$  radiating to b/l LL  
of w/ tingling numbness & shock like pain 4 yrs.

[at Chemol aggr.  $\therefore$  15 days.]  
radiotherapy. Paclitaxel, Carboplatin.

X/c/o - CA Endometrium & bone metastasis.

Oct 2015 Underwent Sx  
in Nov 2015

R/H - DM  $\therefore$  10 yrs on  $\mathbb{L}$ .

Total hysterectomy  
& b/l oophorectomy  
& omentectomy.

MRI Pelvis & Hip jnt  $\rightarrow$  14 defined osteolytic lesion in  
(RT) inf pubic ramus & lower  
part of sacrum. S3 - S5 seg).  
& asso marrow oedema &  
adj soft tiss oedema. S/O,  
Skeletal metastatic deposit

- Disc protrusion at L4-S, L5-S1

Xray Pelvis & Both Hip  $\rightarrow$  Degenerative changes

7E BP - 130/80 mmHg

Peripheral pulses +

Lt EHL & EDB weak

KJ & AJ - absent

Plantar  $\downarrow$  &

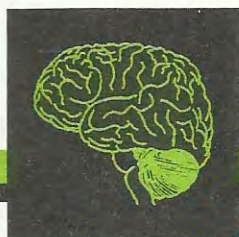
Hyperaesthesia sole



# DR. ASHUTOSH N. SHETTY

M.D. (MEDICINE) D.M. (NEUROLOGY)  
CONSULTANT NEUROLOGIST  
REG. NO. : 90017

## NEURON



EEG • NCS / EMG • VEP • BAER • SSEP • ENG • BOTOX TREATMENT

Ref. : \_\_\_\_\_

Mrs Mala Tataria  
56y / F.

Date : 29/3/16  
(RP) handed.

Adv. L4-S1, L5-S1  
-NCS/EMG Radiculopathy  
-MRI lumbosacral  
Plexus c contrast

R  
-Tab. NEURAKEM -HT 1-0-1  
-Tab. VINLEP (150mg) 1-0-1  
-Tab. SAMION D3 1-0-0  
-Tab. SYMBAL (20mg) 0-0-1  
Flu after 3cds  
Tab. ULTRACET 1-0-1  
Tab. PANTOCID-(40mg) 1-0-0  
DSR

} daily  
} 10 days

Supplied By:-

**NOBLE MEDICALS**

Smt. B.C.J.G. (Asha Parekh) Hospital, S.V. Rd, Santacruz (W), Mumbai-54.

D.L. No. 20-1003/21-1003/20C-1030/

-20B-1001/21B-997/20D-123

Bill No:- 1520, Date:- 02/04/16

Qty:- 1x10 VinleP 150

Nanavati Hospital, Vile Parle (W) Ph : 2626 7746  
BSES Hospital, Andheri (W) Ph : 6648 7500  
Arogya Nidhi Hospital, Andheri (W) Ph : 2620 6493

Criticare Hospital, Juhu (W) Ph : 6775 6600  
Sanjeevani Hospital, Andheri (E) Ph : 2683 4141  
Criticare Hospital, Andheri (E) Ph : 3010 3020

C-1, Ratandeep Cosmopolitan CHS, Next to Shopper's Stop, S. V. Road, Andheri (West), Mumbai - 400 058.

For Appointment Call Between 10 a.m. to 7 p.m. - 022 6450 0777 / 022 2625 5224

(For Emergency only +91 98332 10820)



# NEURON NEUROPHYSIOLOGY REPORT

C-1, Ratandeep Cosmopolitan CHS, Next to Shopper's Stop, S.V.Road Andheri (W)



## PATIENT INFORMATION

Date: 29-Mar-2016

ID: 240  
Name: MALA JATANIA  
Age: 56 Yrs 0 Mths Female  
Ht/Wt: 0 cms/0 Kgs  
Refd. By: Dr.ASHUTOSH N. SHETTY MD, DM(NEURO)  
Technician:  
Diagnosis:

## EMG / NCV REPORT

Normal B/L Tibial, peroneal and Right femoral CMAP amplitude with distal latency.

Normal B/L.sural SNAPs.

Prolonged Right Tibial and Normal Left Tibial F responses.

Absent B/L tibial H responses.

EMG was done with usage of concentric needle.

EMG study shows on spontaneous activity there is evidence of fibrillation in right gastrocnemius, tibialis anterior.

EMG study shows on voluntary activity there is evidence of chronic denervation with partial reinnervation in right gastrocnemius.

**CONCLUSION\_** This neurophysiology study is suggestive of (L4 - 5), (L5 - S1) radiculopathy. Kindly correlate clinically.

**DR.ASHUTOSH N. SHETTY MD, DM (NEUROLOGY)**

# NEURON NEUROPHYSIOLOGY REPORT

C-1, Ratandeeep Cosmopolitan CHS, Next to Shopper's Stop, S.V.Road Andheri (w).



Patient ID: 240  
Name : MALA JATANIA  
Ref By : Dr.ASHUTOSH N. SHETTY MD, DM(NEURO)  
Physician : DR.ASHUTOSH N. SHETTY MD, DM (NEUROLOGY)

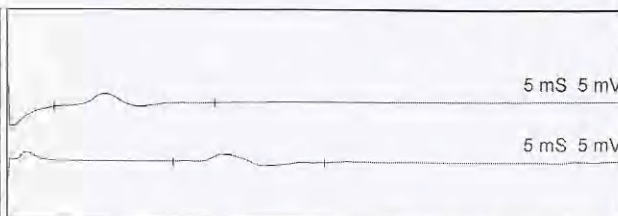
Gender : Female  
Age : 56 Years 0 Months  
Height/Weight: 0 cms/0 Kg

Date: 29-Mar-2016

## Motor Nerve Studies LOWER LIMB

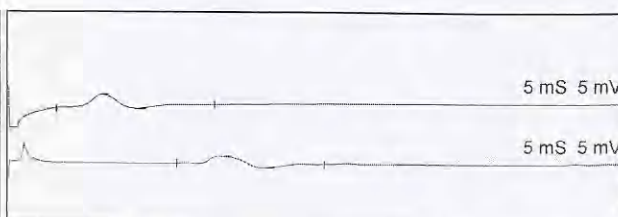
### Nerve: Right Peroneal

| Site  | Lat1 (ms) | Dur (ms) | Amp    | NCV (m/s) |
|-------|-----------|----------|--------|-----------|
| Ankle | 3.54      | 12.50    | 4.9 mV | 40.99     |
| Knee  | 12.81     | 11.77    | 4.0 mV |           |



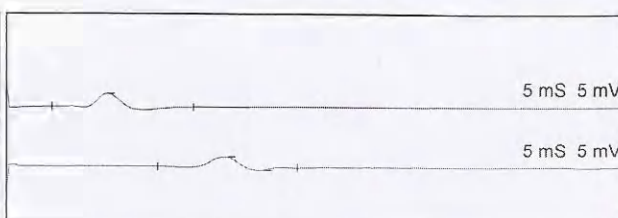
### Nerve: Left Peroneal

| Site  | Lat1 (ms) | Dur (ms) | Amp    | NCV (m/s) |
|-------|-----------|----------|--------|-----------|
| Ankle | 3.75      | 12.29    | 5.5 mV | 40.55     |
| Knee  | 13.13     | 11.46    | 4.5 mV |           |



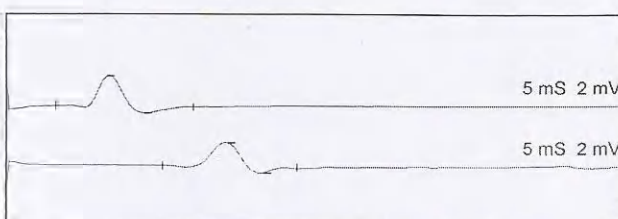
### Nerve: Right Tibial

| Site  | Lat1 (ms) | Dur (ms) | Amp    | NCV (m/s) |
|-------|-----------|----------|--------|-----------|
| Ankle | 3.44      | 11.04    | 6.4 mV | 43.74     |
| Knee  | 11.67     | 10.83    | 5.1 mV |           |



### Nerve: Left Tibial

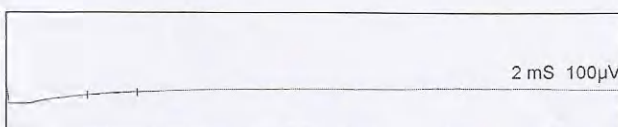
| Site  | Lat1 (ms) | Dur (ms) | Amp    | NCV (m/s) |
|-------|-----------|----------|--------|-----------|
| Ankle | 3.75      | 10.73    | 5.7 mV | 43.22     |
| Knee  | 12.08     | 10.42    | 4.6 mV |           |



## Sensory Nerve Studies LOWER LIMB

### Nerve: Right Sural

| Site     | Lat1 (ms) | Dur (ms) | Amp          | NCV (m/s) |
|----------|-----------|----------|--------------|-----------|
| Mid Calf | 2.50      | 1.54     | 23.3 $\mu$ V | 54.00     |



### Nerve: Left Sural

| Site     | Lat1 (ms) | Dur (ms) | Amp          | NCV (m/s) |
|----------|-----------|----------|--------------|-----------|
| Mid Calf | 2.71      | 1.33     | 27.1 $\mu$ V | 53.51     |



## F Wave Studies LOWER LIMB

### Nerve: Right Tibial Nerve

| M Lat  | Fmin Lat | Fmax Lat | Fmean Lat |
|--------|----------|----------|-----------|
| 4.0 mS | 47.5 mS  | 48.3 mS  | 47.9 mS   |

NOTE: THE RESULTS MAY BE CLINICALLY CORRELATED



# NEURON NEUROPHYSIOLOGY REPORT

C-1, Ratandeeep Cosmopolitan CHS, Next to Shopper's Stop, S.V.Road Andheri (w).



Patient ID: 240  
Name : MALA JATANIA  
Ref By : Dr.ASHUTOSH N. SHETTY MD, DM(NEURO)  
Physician : DR.ASHUTOSH N. SHETTY MD, DM (NEUROLOGY)

Gender : Female  
Age : 56 Years 0 Months  
Height/Weight: 0 cms/0 Kg

Date: 29-Mar-2016

## Nerve: Left Tibial Nerve

| M Lat  | Fmin Lat | Fmax Lat | Fmean Lat |
|--------|----------|----------|-----------|
| 3.3 mS | 46.7 mS  | 47.5 mS  | 47.1 mS   |

## H Reflex Studies

### Nerve: Left Tibial Nrv

| M Lat | H Lat | H-M Lat | H Amp |
|-------|-------|---------|-------|
|       |       |         |       |

### Nerve: Right Tibial Nrv

| M Lat | H Lat | H-M Lat | H Amp |
|-------|-------|---------|-------|
|       |       |         |       |



# NEURON NEUROPHYSIOLOGY REPORT

C-1, Ratandeeep Cosmopolitan CHS, Next to Shopper's Stop, S.V.Road Andheri (w



Patient ID: 240

Gender : Female

Name : MALA JATANIA

Age : 56 Years 0 Months

Ref By : Dr.ASHUTOSH N. SHETTY MD, DM (NEURO)

Height/Weight: 0 cms/0 Kg

Physician : DR.ASHUTOSH N. SHETTY MD, DM (NEUROLOGY)

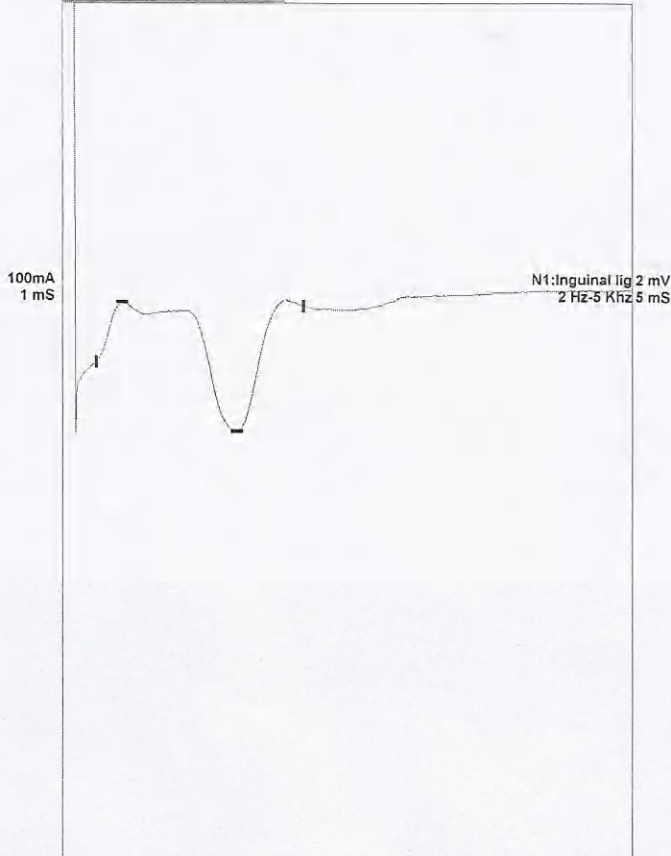
## MNC RECORD

Date: 29-Mar-2016

Nerve: Right Femoral

N1: FemoralR1: Vastus Medialis

N2: R2: Vastus Medialis



| Stim Site    | Lat1<br>(mS) | Lat2<br>(mS) | Dur<br>(mS) | Amp     | Area      |
|--------------|--------------|--------------|-------------|---------|-----------|
| Inguinal lig | 03.02        | 21.25        | 18.23       | 04.3 mV | 27.5 mVms |
| Inguinal lig |              |              |             |         |           |

| Segment | Diff<br>(mS) | Dist<br>(mm) | NCV<br>(m/S) |
|---------|--------------|--------------|--------------|
|         |              |              |              |
|         |              |              |              |

Test Comments

Transaction Id : 001081541

Request Date : 30-03-2016

Patient Name : Mala Jatania

Age/Gender : 57 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile | Result | Unit | Flag | Reference Range |
|----------------|--------|------|------|-----------------|
|----------------|--------|------|------|-----------------|


|                  |     |       |     |           |
|------------------|-----|-------|-----|-----------|
| Serum Creatinine | 0.5 | mg/dL | Low | 0.7 - 1.2 |
|------------------|-----|-------|-----|-----------|

Test carried out by

Two Point Rate

  
DR. SANGEETA CHOUDHARY

M.D (PATH)

  
DR. SANDEEP KAMBLE

M.D (PATH)

  
DR. VIJAY VARDE

M.D (PATH)



Transaction Id : 001081541

Request Date : 30-03-2016

Patient Name : Mala Jatania

Age/Gender : 57 Y / FEMALE

Referred By :

Sample Collected At :

| Test / Profile | Result | Unit | Flag | Reference Range |
|----------------|--------|------|------|-----------------|
|----------------|--------|------|------|-----------------|

**CBC-Haemogram, blood**


|                             |      |                       |        |             |
|-----------------------------|------|-----------------------|--------|-------------|
| WBC Count                   | 8.8  | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5  |
| RBC Count                   | 3.3  | million/μl            | Low    | 3.9 - 5     |
| Haemoglobin                 | 9.5  | g/dL                  | Low    | 12 - 15.5   |
| Hematocrit                  | 29.4 | %                     | Low    | 35 - 45     |
| Mean Corp. Volume (MCV)     | 90.0 | fL                    | Normal | 75 - 95     |
| Mean Corp. Hemoglobin (MCH) | 29.0 | pg                    | Normal | 25 - 32     |
| Mean Corp. Hgb Conc (MCHC)  | 32.3 | g/dL                  | Normal | 30 - 35     |
| RDW-CV                      | 17.2 | %                     | High   | 11.6 - 14.8 |
| Platelet Count              | 650  | X 10 <sup>3</sup> /μl | High   | 140 - 440   |
| Mean Platelet Volume (MPV)  | 7.0  | fL                    | Low    | 8 - 11.5    |


**Differential Count**


|             |    |   |        |         |
|-------------|----|---|--------|---------|
| Neutrophils | 80 | % | High   | 40 - 75 |
| Eosinophils | 01 | % | Normal | 0 - 6   |
| Lymphocytes | 15 | % | Low    | 20 - 50 |
| Monocytes   | 04 | % | Normal | 1 - 10  |
| Basophils   | 00 | % | Normal | 0 - 1   |

**RBC Morphology**

|            |                          |
|------------|--------------------------|
| Morphology | Normocytic Normochromic, |
| Comment    | Neutrophilia seen.       |

  
**DR. SANGEETA CHOUDHARY**  
M.D (PATH)

  
**DR. SANDEEP KAMBLE**  
M.D (PATH)

  
**DR. VIJAY VARDE**  
M.D (PATH)

**Bringing German Standards of Diagnostic Testing to India**

Germany | Ukraine | Georgia | China | India



Follow-Up / Discharge Summary

Date: 1/4/16.

Name: Mrs. Mala. Jataria.

Age: 56 Yrs. Sex: F. Doctor's Name: Dr. Advani.

Diagnosis: Ca Endometrium & bone mets. Bed No.:

Current Cycle: 5th #. Completed: 4 # pacl + carb.

Complaints/Allergies: Local RT to bone.

History:

IV / PORT / PICC

Triple H:-

Chemotherapy Protocol: - Cycle - 5th #.

1. Inj. Paclitaxel (TAXOL) 260mg IV Day 1

2. Inj. Carboplatin. 450mg IV Day 1.

3. Inj. Ancont 300 mcg sc Day 2.

4.

5.

6.

Advice on Discharge:

1. Tab Graniset 1mg 1-0-1 x 5 days (half hour before meals)

2. Cap. Petiol D 1-0-1 x 5 days (half hour before meals)

3. Xerom - M gargles 1-0-1

Follow Up:

Next Cycle: 6th #.

Due on: 22/4/16

To do CBC, S. Creatinine on: 21/4/16

CSH.

Dr. Suresh H. Advani

# DR. ASHUTOSH N. SHETTY

M.D. (MEDICINE) D.M. (NEUROLOGY)

CONSULTANT NEUROLOGIST

REG. NO. : 90017

## NEURON

EEG • NCS / EMG • VEP • BAER • SSEP • ENG • BOTOX TREATMENT

Ref. : \_\_\_\_\_ Mrs. Mala Jatanic

Date : 18/4/16

Lower backache to  
both LL better

Bipedal Oedema ⊕

Gen weaken. to  
walking & difficulty.

AE BP - 150/80 - Hg

KJ & AJ - absent

JNS - @

IP.

-Tab. NEURAKEM-NT 1-0-1

-Tab. VINLEP (300mg) 1-0-1

-Tab. SYMBAL (30mg) 0-0-1

-Tab. SAMION D3 1-0-0

F/U after 1mth

Tab. RIVOTRIL (0.5mg) 0-0-1-5.0.5.

daily



levotril 0.5mg (10x1)

Nanavati Hospital, Vile Parle (W) Ph : 2626 7746  
BSES Hospital, Andheri (W) Ph : 6648 7500  
Arogya Nidhi Hospital, Andheri (W) Ph : 2620 6493

Criticare Hospital, Juhu (W) Ph : 6775 6600  
Sanjeevani Hospital, Andheri (E) Ph : 2683 4141  
Criticare Hospital, Andheri (E) Ph : 3010 3020

C-1, Ratandeep Cosmopolitan CHS, Next to Shopper's Stop, S. V. Road, Andheri (West), Mumbai - 400 058.

For Appointment Call Between 10 a.m. to 7 p.m. - 022 6450 0777 / 022 2625 5224

(For Emergency only +91 98332 10820)





Transaction Id : 001093483  
Patient Name : Mala Jatania  
Referred By :


Request Date : 20-04-2016  
Age/Gender : 57 Y / FEMALE  
Sample Collected At :

| Test / Profile   | Result | Unit  | Flag | Reference Range |
|------------------|--------|-------|------|-----------------|
| Serum Creatinine | 0.5    | mg/dL | Low  | 0.7 - 1.2       |

Test carried out by  
Two Point Rate

  
DR. SANGEETA CHOUDHARY  
M.D (PATH)

  
DR. SANDEEP KAMBLE  
M.D (PATH)

  
DR. VIJAY VARDE  
M.D (PATH)





MEDIZINISCH-DIAGNOSTISCHE  
INSTITUTE

MDI LABORATORIES INDIA PVT. LTD.

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TEST REPORT

T : +91 88796 81101  
F : +91 22 6634 6124  
E : reports@mdilabs.net  
W : www.mdilabs.net

Transaction Id : 001093483  
Patient Name : Mala Jatania  
Referred By :

Request Date : 20-04-2016  
Age/Gender : 57 Y / FEMALE  
Sample Collected At :

| Test / Profile              | Result                   | Unit                  | Flag   | Reference Range |
|-----------------------------|--------------------------|-----------------------|--------|-----------------|
| <b>CBC-Haemogram, blood</b> |                          |                       |        |                 |
| WBC Count                   | ✓ 5.9                    | X 10 <sup>3</sup> /μl | Normal | 3.5 - 10.5      |
| RBC Count                   | 3.0                      | million/μl            | Low    | 3.9 - 5         |
| Haemoglobin                 | 8.5                      | g/dL                  | Low    | 12 - 15.5       |
| Hematocrit                  | 28.1                     | %                     | Low    | 35 - 45         |
| Mean Corp. Volume (MCV)     | 95.0                     | fL                    | Normal | 75 - 95         |
| Mean Corp. Hemoglobin (MCH) | 28.9                     | pg                    | Normal | 25 - 32         |
| Mean Corp. Hgb Conc (MCHC)  | 30.4                     | g/dL                  | Normal | 30 - 35         |
| RDW-CV                      | 15.6                     | %                     | High   | 11.6 - 14.8     |
| Platelet Count              | ✓ 422                    | X 10 <sup>3</sup> /μl | Normal | 140 - 440       |
| Mean Platelet Volume (MPV)  | 7.6                      | fL                    | Low    | 8 - 11.5        |
| <b>Differential Count</b>   |                          |                       |        |                 |
| Neutrophils                 | ✓ 75                     | %                     | Normal | 40 - 75         |
| Eosinophils                 | ✓ 01                     | %                     | Normal | 0 - 6           |
| Lymphocytes                 | 16                       | %                     | Low    | 20 - 50         |
| Monocytes                   | 08                       | %                     | Normal | 1 - 10          |
| Basophils                   | 00                       | %                     | Normal | 0 - 1           |
| <b>RBC Morphology</b>       |                          |                       |        |                 |
| Morphology                  | Normocytic Normochromic, |                       |        |                 |

DR. SANGEETA CHOUDHARY

M.D (PATH)

DR. SANDEEP KAMBLE

M.D (PATH)

DR. VIJAY VARDE

M.D (PATH)

Follow-Up / Discharge Summary

Date: 22/4/16.

Name : Mrs Mala Jataria

Age: Yrs. Sex: F/Byp Doctor's Name :

Diagnosis: Ca Endometrium i bone mets. Bed No.:

Current Cycle : 6<sup>th</sup> # Completed :

Complaints/Allergies :

History :

IV / PORT / PICC

Triple H :-

Chemotherapy Protocol : — Cycle — 6<sup>th</sup> #

1. Iuj Paclitaxel 260ug IV Day 1

2. (Taxol)

3. Iuj Carboplatin 450ug IV Day 1

4. Iuj Ancout 300mg SL Day 2

6.

Advice on Discharge :

1. Tab Graniset 1mg 1-0-1 x 5 days ( half hour before meals)

2. Cap. Petiol D 1-0-1 x 5 days ( half hour before meals)

3. Xerom - M gargles 1-0-1

Follow Up :

Next Cycle :

To do CBC, S. Creatinine on :

Due on :

A/W 13/5/16

Dr. Suresh H. Advani