

Hospital: Sterling Multispecialty Hospital
Department: Gastroenterology & Internal Medicine
Patient Name: Ravi Kumar
Age/Sex: 54/M
UHID: SMH/24/918233
Date of Report: 17 Aug 2024
Referring Physician: Dr. Sanjana B, MD (Gastro)

1. ENDOSCOPY & BIOPSY REPORT

Procedure: Upper GI Endoscopy with Multiple Biopsies

Indication:

- Persistent epigastric pain
- Early satiety
- Unintentional weight loss (~7 kg over 3 months)

Endoscopic Findings:

- Mild erythema in the distal esophagus
- Small sliding hiatal hernia (~2 cm)
- Large irregular ulcerated mass in the lesser curvature of the stomach
- Mass approx. 4.2 × 3.1 cm, friable, oozing
- Duodenum normal

Biopsy Sites:

1. Gastric lesion – 6 samples
2. Random gastric mucosa – 2 samples

2. HISTOPATHOLOGY REPORT

Microscopic Examination:

- Poorly differentiated adenocarcinoma
- Signet ring cells present
- Lymphovascular invasion: Present
- Perineural invasion: Present
- Chronic atrophic gastritis
- Helicobacter pylori detected

Final Diagnosis: Poorly differentiated adenocarcinoma with signet ring cells, showing lymphovascular and perineural invasion.

3. CT ABDOMEN & PELVIS (Contrast)

- Irregular enhancing mass along lesser curvature (~4.3 × 3.0 cm)
- Perigastric lymph nodes enlarged (largest 1.8 cm)
- No liver metastasis
- No ascites

Impression: Gastric carcinoma with regional node involvement (likely T2/T3 N1).

4. LABORATORY INVESTIGATIONS

Hemoglobin: 10.4 g/dL (Low)
WBC: 14,200 / μ L (High)
ESR: 52 mm/hr (High)
CRP: 28 mg/L (High)
Albumin: 3.2 g/dL (Low)
Liver Function: Normal

Interpretation: Mild anemia, inflammation, mild hypoalbuminemia.

5. CLINICAL SUMMARY

- Progressive epigastric pain
- Early satiety
- Weight loss
- Occasional vomiting

Overall Impression: Likely Stage II/III locally advanced gastric cancer. Tumor board review advised.

6. RECOMMENDED PLAN

1. PET-CT for staging
2. Surgical oncology consult
3. Consider neoadjuvant chemotherapy (FLOT)
4. Nutritional support
5. H. pylori eradication therapy post-treatment