

ab lump (L) Breast : 2 yr.

not associated with Pain.

Indians in onset;

Slow growth; non palpable

fixed

0/E → Firm, well discrete, painless, (L)

6-7 cm noted in (R) Breast (L.O.A.)

Skin involved

No palpable node



clinically → Fibroadenoma

Adu →  
ultraz

Excision  
Diagnosis →

Breast ↓ disease site

B

Dr. M. Vikrant

8/11/22

(1) Breast Phyllodes Tumor - 166  
(opto) wt. 2.1

Dress done.

R/A - 1 week

Dr. Vikrant

3/5/22

(2) Brt phyllodes tumor (opto)

Histo Path → Fibroadenoma -

Adv →

Recon - SOS -

or

or

AAH 234160

AmPath Central Reference Laboratory:  
Door No. 1-100/1/CCH  
Nallagandla, Serilingampally  
Hyderabad – 500019  
T:040 6719 9977 | www.ampath.com



Certificate No MC-2751  
NABL ACCREDITED

AN  
GY  
TE  
ARE

PATIENT INFORMATION

Ms. S HARSHATHA .

AGE : 18Y  
GENDER : Female  
PRIORITY : Routine  
OP / IP / DG # :

REFERRED BY

DR VIKRANTH M

AOI-Vijayawada@Nagarjuna Hospital

Lab MR #: 5620708



SPECIMEN INFORMATION

SAMPLE TYPE : Tissue/Paraffin Blocks/

Slides

ORDER REQ. NO. OREQ-LAB-22-2956788  
LAB ORDER. NO: 2215084953  
COLLECTED ON : 07-Apr-2022 00:00  
RECEIVED ON : 07-Apr-2022 16:22  
REPORT : Completed  
STATUS



HISTOPATHOLOGY

Biopsy - Large Specimen

CASE SUMMARY:

BIOPSY No	H22-7784
SPECIMEN	Excision biopsy of left breast lump for HPE.
IMPRESSION	Fibroadenoma. Negative for atypia / DCIS / malignancy in sections examined.

CLINICAL DETAILS:

Left breast lump (? Phyllodes).

MACROSCOPIC DESCRIPTION:

Received single grey white nodular encapsulated mass measures 7 x 5 x 4 cm in size. External surface is smooth with focal fatty areas. External surface painted black. Cut surface is grey white tiny cystic spaces. A1 – A5: Representative sections taken.

MICROSCOPIC FINDINGS:

Sections from the nodule shows well circumscribed lesion composed of proliferating ducts lined by inner cuboidal and outer intact myoepithelial cells. There is intra and pericanalicular pattern of growth. Stroma is markedly sclerosed and hyalinized. Many ducts are dilated.

Negative for atypia / DCIS / malignancy in sections examined.

Checked by Vishnu Prasad Nimmagadda  
Lead Associate

Dr. Shubhra Jain MD Pathology(AIIMS)  
Consultant Histopathologist

16-Apr-2022 12:29

----End of Report----



MD INDIA A/C

I.D.No: 111654(MRD No: AAH 234160)

Name of the patient: Mrs. S.Harshitha      Age: 18yrs  
 Address: D.No :59A-6-9,Plot No 110,  
 New P&T colony,4th cross road,  
 Vijayawada,Krishna(Dist),  
 Ph.No : 8500866271.

Sex: Female

**Incharge Consultants:**

**DISCHARGE SUMMARY**

Dr.M.Vikranth, MS, DNB, FMAS.,  
 Consultant Surgical Oncologist  
 Dr.Vijay,MS, MCH,  
 Consultant Surgical Oncologist  
 Dr.M.Uma S.K.Sridevi, DA.,  
 Consultant Anaesthesiologist & Intensivist  
 Dr.Mrudula.Tatakuri, DA,DNB.,  
 Consultant Anaesthesiologist  
 Dr.K.Karthik Naidu, MD.DM,  
 Consultant Cardiologist

Date of Admission: 04-04-22

Date of Discharge: 06-04-22

Date of Surgery : 05-04-22

**Reasons for admission:**

Lump in left breast.

**DIAGNOSIS: LEFT BREAST LUMP ( ?Phyllodes )**

**I.C.D.No: Z85.3**

**History & Clinical features:**

This 18years female patient was admitted with complaints of Lump in left breast since 2 years not associated with pain.Insidious is onset;slow growing;no nipple discharge. On examination-firm,painless lump of 6-7cm noted in left breast (LOQ).Skin uninvolved,no palpable node. No history of weight loss, and loss f appetite, vomiting, fever and SOB. No history of DM, HTN, Asthma, CAD and CVA, thyroid

**On examination:** firm,painless lump of 6-7cm noted in left breast (LOQ).Skin uninvolved,no palpable node

**Vitals:** BP-130/70mm of Hg, PR-72/min, RR-18/min, Temperature-97.4°F and O2 saturation 98% on air.

CVS-S1 S2+, Chest-Clear, P/A-Soft, BS+.

**Investigations:**

05-04-22

ECG : Sinus Rhythm

Cancer Treatment Services Hyderabad Pvt. Ltd.

At Nagarjuna Hospital Compound

D.No. 8-102/1, Kanuru, Vijayawada - 520 007

T : +91 866 6779999

CIN. U85110AP2006PTC051690 [www.americanoncology.com](http://www.americanoncology.com)

**Contd...**

(MRD No: AAH 234160)

//2//

04-04-22

Chest X-Ray PA view:

Cardiac size and contour normal.

Both lung fields appear normal.

Hila are normal.

Both domes of diaphragm are normal

CP angles are normal.

Soft tissue and bony cage are normal.

04-04-22

Haemoglobin	:	11.4gms/dl
Total WBC count	:	8062cells/cu.mm
Differential count	:	N - 53.2%, L -35.8%, E -2.9%, M -5.7%
Platelet count	:	325000 Cells / Cu.mm
MCV	:	81.0fL
MCH	:	27.2pg
MCHC	:	33.5%

**Procedures:**

1. IV cannulation
2. Haemodynamic monitoring
3. Excision biopsy of left breast lump

**Course in the hospital:**

This 18years female patient was admitted with complaints of Lump in left breast .Not Associated with pain and no nipple discharge. On examination-firm,painless lump of 6-7cm noted in left breast (LOQ).Skin uninvolved,no palpable node.No history of weight loss, and loss f appetite, vomiting, fever and SOB. No history of DM, HTN, Asthma, CAD and CVA, thyroid

She was seen by Surgical Oncologist and Her investigations revealed Other blood tests ,ECG,Chest X-Ray,2D Echo were within normal limits.PAC done by anaesthesiologist, posted for surgery.

**Surgery:** Excision biopsy of left breast lump was done under GA on 05-04-22

**Incision** : Circum Areolar

**Surgery Findings** : Firm,irregular lump of 7 x 6cm noted in left breast

**Contd...**

(MRD No: AAH 234160)

//3//



**Surgery Procedure:**

- Above Incision given and findings noted, excision biopsy done with adequate margins of normal breast tissue all around
- Haemostasis secured and wound closed in layers.

During post op period patient was treated with IV fluids NS, RL, Tab.Taxim, Tab.Aceclofenac, Tab.Pan-D, Inj.Tramadol and other supportive medication. Patient recovered well and discharged in stable condition.

**Condition at the time of discharge:** Stable.  
Condition at the time of discharge: Stable.

**Follow up advice:**

a) Medication & Details:

	Name of The Medicine	8am	2pm	8pm	Days	Route	Remarks
1	Tab.Taxim-O 200mg	1		1	7	Oral	After food
2	Tab.Aceclofam 100mg	1	1	1	7	Oral	After food
3	Tab.Pan 40mg	1		1	7	Oral	Before food
4	Tab.Multivitamin			1	7	Oral	After food

b) Other Instructions (Dietary advice): Normal diet.

c) Prevention strategies advice: Regular follow up.

d) Date of follow up: Review after 7 days.

d) Emergency advice: In case you develop the following symptoms or any

emergency please contact the following numbers mentioned below.

1. Fever
2. Uncontrolled vomiting
3. Loose stools

For -1.Clinical issues(GEN)DNB (Surgeon)FAMS

2.Appointment Consultant Surgeon/ONCOLOGIST 000100061.

Consultant Surgeon/ONCOLOGIST 000100061.

Dr.M.Vikrant M.D., D.N.B., F.M.A.S.,

Consultant Surgical Oncologist

**Dr. Vijay, MS, MCH,  
Consultant Surgical Oncologist**

Medications and other details were explained by -  
I have received discharge summary -

Patient /attendant signature

Cancer Treatment Services Hyderabad Pvt. Ltd.

At Nagarjuna Hospital Compound

D.No. 8-102/1, Kanuru, Vijayawada - 520 007

T : +91 866 6779999

CIN. U85110AP2006PTC051690 [www.americanoncology.com](http://www.americanoncology.com)

Medication:

Symptoms:

History:

Vent. rate

PR int

QRS dur

QT/QTC (E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

63 bpm

136 ms

80 ms

388 / 405 ms

0 / -22 / -11 °

1.32 / 0.97 mV

2.29 mV

5233 Voltage criteria for LVM

7202 Moderate left axis deviation

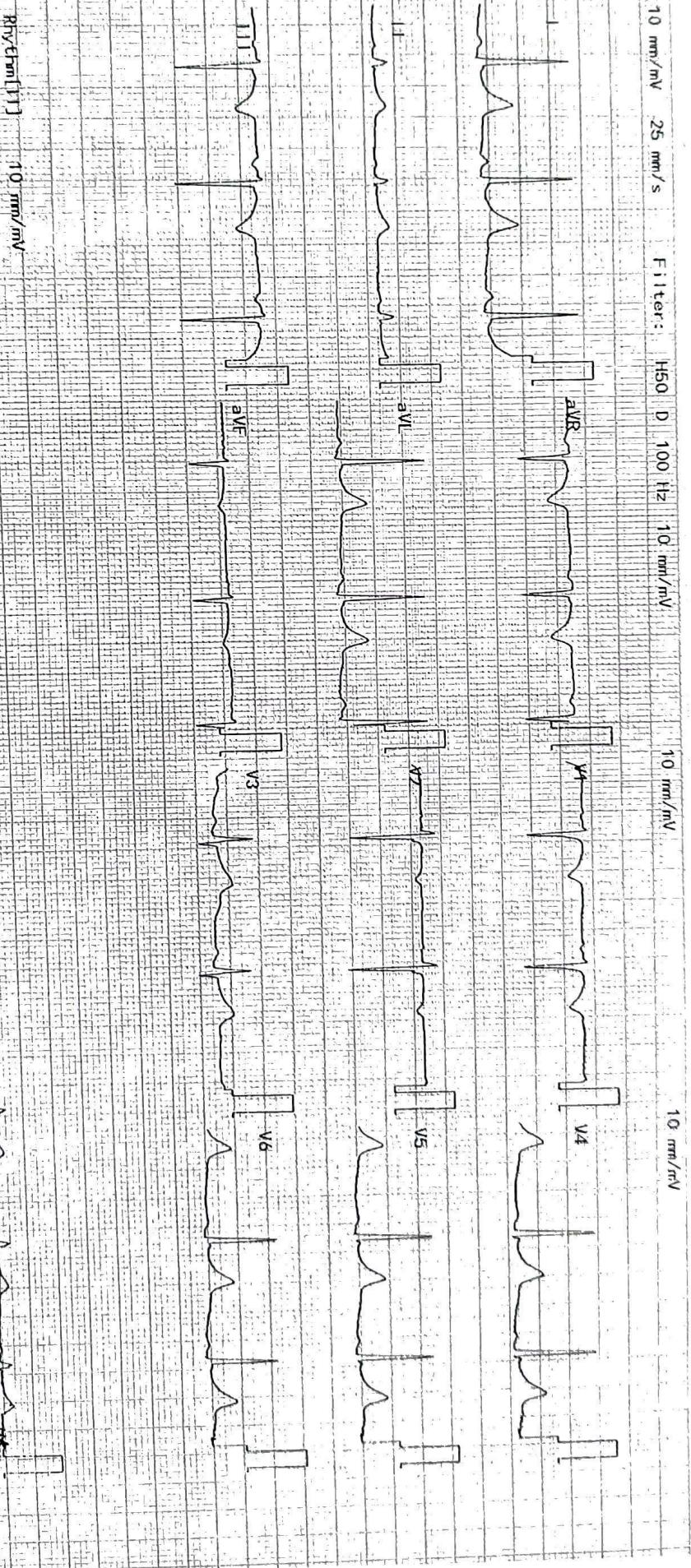
9150 abnormal ECG

Unconfirmed Report

Reviewed by:

5/4/22

18yr / Female



2350K 03-09 07-01 Dept:

CARE ACT ANY

160 150

**ANALYSIS**

160  
St



SIC SHARSHITHA Q34160  
Aspiration Date/Time 04/04/2022 05:41:12 PM  
Sample Type PATIENT  
Rack & Position 30  
Ca Factors Current  
EQR LABORATORY USE ONLY

PDW	52.1	%
PCT	0.23	%
MPC	26.6	/dL
MPM	1.81	pg
Large PI	5	$\times 10^3$ cells/ $\mu$ L

**Routine CBC**

	Additional Routine Parameters
WBC	$\times 10^3$ cells/ $\mu$ L
RBC	$\times 10^6$ cells/ $\mu$ L
HGB	g/dL
HCT	%
MCV	fL
MCH	$\mu$ g
MCHC	g/dL
CHCM	g/dL
CH	pg
RDW	%
HDW	H
PLT	$\times 10^3$ cells/ $\mu$ L
MPV	fL
Cellular HGB	g/dL

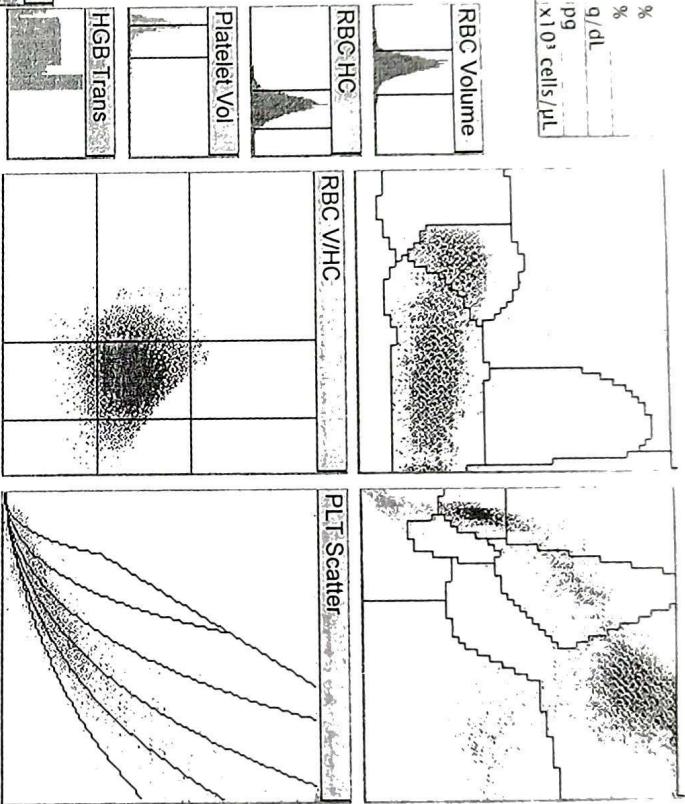
**Routine WBC Differential**

	#	%
WBC	8.62	$\times 10^3$ cells/ $\mu$ L
Neut	53.2	$\times 10^3$ cells/ $\mu$ L
Lymph	35.8	$\times 10^3$ cells/ $\mu$ L
Mon	5.7	$\times 10^3$ cells/ $\mu$ L
Eos	2.9	$\times 10^3$ cells/ $\mu$ L
Baso	0.4	$\times 10^3$ cells/ $\mu$ L
LLC	2.1	$\times 10^3$ cells/ $\mu$ L
NRBC		$\times 10^6$ cells/L
U	2.23	
MPX	1.7	
WBCP	8.85	$\times 10^3$ cells/ $\mu$ L

**Morphology Flags**

	RBC Rate
HYP0+	

**Sample/System Flags**



C  
S  
W  
H  
2

Name	S.Harshitha	MRD/IP/REQ	AAH234160
Bill No		Age / Gender	18Y/F
Referred By	Dr.Vikranth.M	Date	04-04-2022

### CHEST X-RAY PA VIEW

- Cardiac size and contour normal.
- Both lung fields appear normal.
- Hila are normal.
- Both domes of diaphragm are normal.
- CP angles are normal.
- Soft tissue & bony cage are normal.

#### IMPRESSION:-

- Normal Study.

- Please correlate clinically.



Dr.J.SRINIVAS M.D(RD)  
 Regd.No:82640  
 Consultant Radiologist

Name			
DOB	<input type="text"/>		
Age :	Sex :	Ward	
MR No.	IP No.		
Name of Consultant :			

### DISCHARGE CLEARANCE CERTIFICATE CASH / CREDIT

Name : Harghita Age / Sex : 17/Y/F MR No. AAH 234160  
 OP/IP No. 111654 Dept. & Unit : Surgical Oncology Consultant Name : Dr. M V Karanth  
 Date of Admission : 04-04-2022 Date of Discharge : 06-04-2022

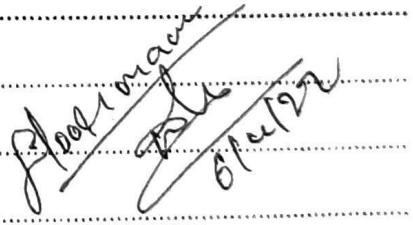
INDICATORS	Billed Amount	Paid Amount	Due Amount	INDICATORS	Billed Amount	Paid Amount	Due Amount
Admission Charges				Investigation Charges			
Room/Bed Charges	<u>Closed</u>			Pharmacy Charges			
Doctor's Consultation Charges				Physiotherapy Charges			
Surgery Charges				Mortuary Charges			
Investigation/Dialysis Charges etc.				Ambulance Charges			
ICU Charges				MLC Charges			
O <sup>2</sup> Charges				Miscellaneous			
Ventilator Charges							

Total Billed Amount : NIL Discharge Authority by ..... 

Total Paid Amount : ..... (in case of pending dues) 

Amount to be paid : NIL/Rs.....

Incharge Staff Nurse Signature (With Time) .....

ARS/EHS/INSURANCE/TPA Dept. Approval amount (With codes) : ..... 

ARS/EHS/INSURANCE/TPA Dept. Signature (With time) : .....

Pharmacy Closing Amount : ..... Signature (With time) : .....

Billing Dept. Closing Amount : ..... Signature (With time) : .....

Billing Dept. Closed Bill No. : .....

Note : Transfer to SICU, ICU, Special Rooms:  
D.O.A. :