



ಭಾರತ ಸರ್ಕಾರ
Government of India



ನಿತ್ಯಾ ಶ್ರೀ
Nithya Shree R
ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/07/2014
ಷ್ಟ್ರೀ FEMALE

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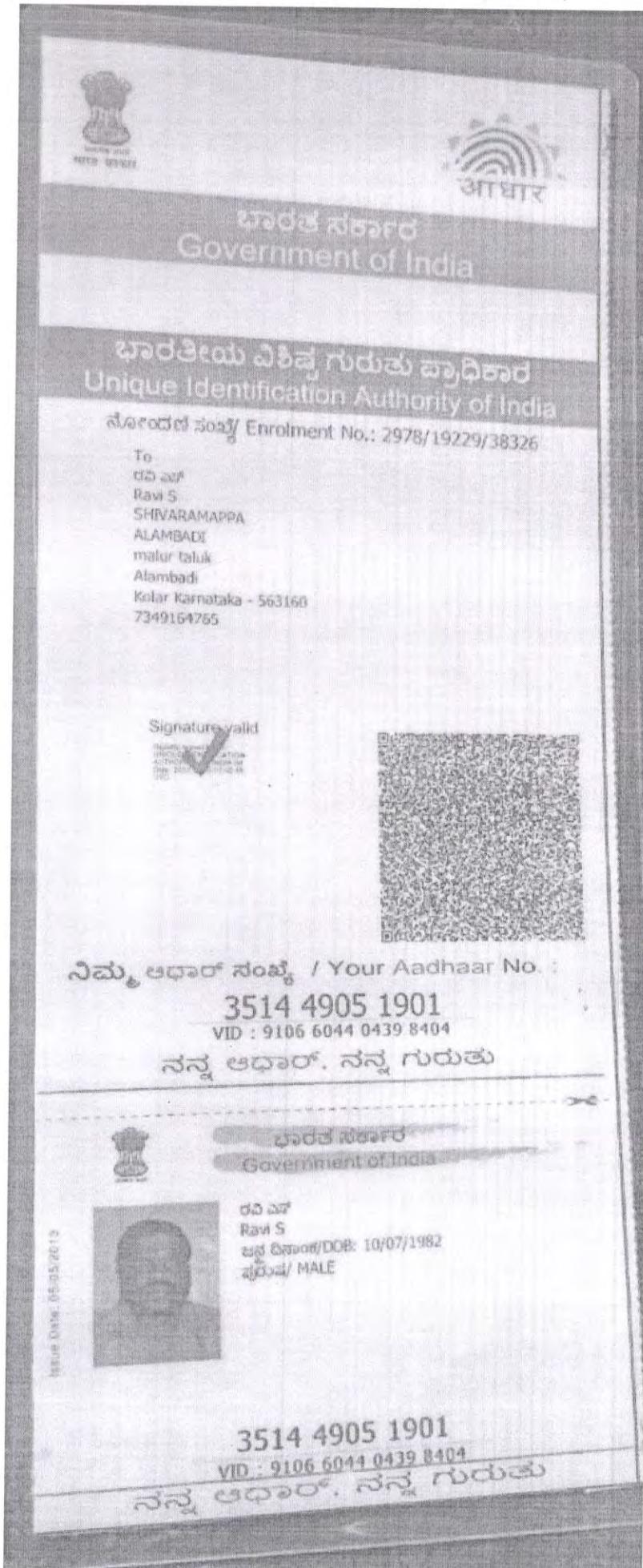
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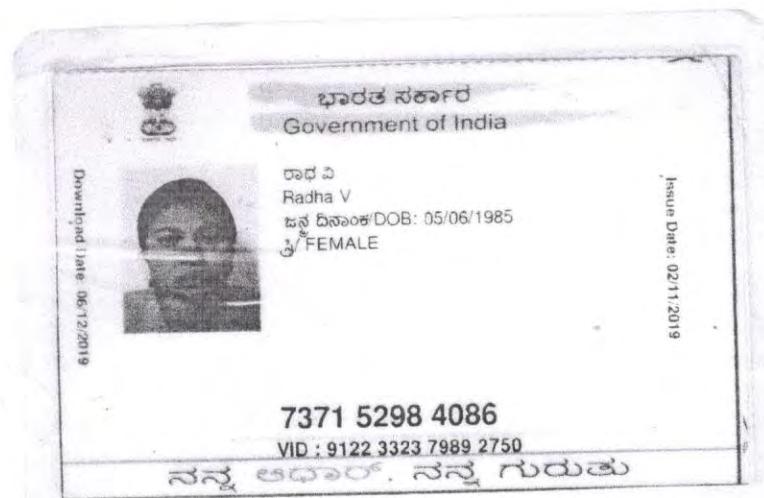


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VIVEKA SCANS & DIAGNOSTICS

No.1881, Next to Punjab National Bank, Vidya Nagar, Tumkur Road,
T. Dasarahalli, Bangalore - 560057. Ph : 9108889990

NAME: Ms.Nithyashree

REF By: C/o Prakriya Hospital

AGE: 10 Years

MR ID: 19170

SEX: Female

DATE: 09-Feb-25

MRI RIGHT THIGH & KNEE – PLAIN & CONTRASTHistory: Swelling lower thighTechnique: Multiplanar Multisquence MR imaging.
Screening CT Scan also doneFindings:

Bones: There is expansile mass measuring 8.6x5.9x5.3cms(CCxMLxAP) in lower metadiaphysis of right femur. The mass is heterogeneously high signal on T2w images and low signal on T1w images. Irregular infiltrative borders noted. Marked irregular periosteal reaction noted. The mass is crossing physeal plate and shows involvement of the lower femoral epiphysis. Upper margin of the mass is about 9.5cms from lower articular surface of the femur. No e/o skip lesions in remainder of the femur. Extension into the adjacent soft tissues noted anterolaterally with likely focal invasion of vastus intermedius muscle. Diffuse edema of adjacent muscles noted. CT screening shows osteoid matrix of the mass with irregular destruction of medulla and cortex of femur.

Remainder of the femur, visualized tibia and fibula are normal.

Joints: Knee and hip joint alignments maintained. Minimal knee joint effusion noted.**Muscles and Tendons:** Patchy edema of vastus muscles noted.

Remainder of the visualized muscles and tendons are normally seen

Neurovascular Bundle: Distal femoral vessels are displaced posteriorly by the mass

Skin and subcutaneous tissues normal

IMPRESSION:

➤ Large irregular expansile mass lower metadiaphysis of right femur with osteoid matrix and irregular periosteal reaction – High grade tumour process-
Likely Osteogenic Sarcoma

Recommended histopathological correlation

Foto / Maha,
Dr.Chandrakanth K S.DMRD, DNB, FRCR
Consultant radiologist.

Thanks for Referral

for High-tech Lab Services, Ultrasound Scan, Multislice CT Scan, 1.5T Digital MRI Scan, Digital X-RAY, ECHO, TMT & Endoscopy

✉ vivekascans@gmail.com



PRAKRIYA HOSPITALS

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PATIENT NAME :MISS. NITHYA SHREE R

Age & Sex :10Y 7M 0D /F

Reg Number :PHID212219/UHID117303

Referred By : Self

Reported On :Feb 13 2025 3:08PM

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Sample Receive Date :Feb 10 2025 5:38PM

Report On Date :Feb 13 2025 3:08PM

Mobile :7349164765

Verified on :Feb 13 2025 3:15PM

HISTOPATHOLOGY

Histopathology number: H/2145/25

Gross: Received 6 linear bony tissue bits.

Microscopy: Sections studied shows a malignant tumor composed of pleomorphic spindle cells and thin lace like tumor osteoid.

Impression: Features are suggestive of osteosarcoma-Right Distal femur

Site:Right distal Femur

Note:2 blocks enclosed. Please preserve them.

NOTE:- Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes. Printing mistakes should immediately be brought to notice for correction.

-----End of the Report-----

Dr. SUJATHA UDUPA
Prepared by

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Verified By

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PATHOLOGY

Name : Miss Nithyashree	PET No : PET 16834/25
Age/Sex : 10 yrs/F	Patient ID:
Ref/Dept : Dr Gururaj S P	Date : 10.2.2025

PET-CT Report

Clinical Indication: Right knee pain.

Technique: Whole body images (vertex to ankles) were acquired in 3-D mode 100 min after i.v. injection of 3.6 mCi of 18F-FDG using a Discovery IQ PET-CT scanner. FBS before injecting FDG was 94 mg/dl. Water was given as negative oral contrast. IV contrast was used (omnipaque). Reconstruction of the acquired data was performed so as to obtain fused PET-CT images in transaxial, coronal and sagittal views.

Findings:

- FDG uptake is seen in lytic lesion with soft tissue component involving the epiphyseometaphyseal aspect of distal shaft and condyles and intercondylar region of right femur (Size 5.9 x 6.0 x 8.7 cms, AP x TR x CC; SUVmax 9.5). Note is made of cortical sclerosis, thickening, irregularity and periosteal reaction at this level.
- No FDG avid popliteal or inguinal lymph nodes.
- Note is made of a few non FDG avid inguinal lymph nodes with fatty hilum.
- No significant FDG avid pelvic lymph nodes.
- Esophagus and stomach appear unremarkable.
- Liver appears normal in size. No evidence of hypodense lesions or focal abnormal FDG uptake. No evidence of IHBRD.
- Gall bladder is unremarkable.
- Spleen appears normal in size with no focal hypoattenuating lesion or focal abnormal FDG uptake.
- No FDG avid abdominal lymph nodes.
- Pancreas appears normal in size with no focal hypodense mass lesion or focal abnormal FDG uptake. No evidence of dilatation of the main pancreatic duct.

Name : Miss Nithyashree	PET No : PET 16834/25
Age/Sex : 10 yrs/F	Patient ID:
Ref/Dept : Dr Gururaj S P	Date : 10.2.2025

- Bilateral adrenal glands appear normal in size with no focal nodularity or focal abnormal FDG uptake.
- Bilateral kidneys appear unremarkable. No focal nodularity or focal abnormal FDG uptake. No evidence of renal calculi on either side.
- No free fluid is seen in abdomen and pelvis.
- FDG uptake is seen in bulky adenoids (SUVmax 11.6) and bilateral palatine tonsils (SUVmax 9) - likely inflammatory.
- Mild FDG uptake is seen in few level II cervical lymph nodes (largest on left side measuring 1.5 x 0.9 cms; SUVmax 2.6)
- No focal abnormal FDG uptake or enhancing lesion in larynx.
- No significant FDG avid supraclavicular lymph nodes seen.
- Thyroid gland appears unremarkable
- No significant abnormality is detected in the bilateral lung parenchyma. No evidence of soft tissue density nodules or focal abnormal FDG uptake. No evidence of pleural effusion or thickening on either side
- No significant FDG avid mediastinal lymph nodes.
- **Physiological FDG uptake noted in the thymus**
- Mild diffuse FDG uptake in bone marrow is likely reactive. Visualized bones otherwise appear unremarkable with no FDG avid lytic/sclerotic lesions.
- Physiological tracer uptake is seen in the brain, gut, kidneys and urinary bladder.

Name : Miss Nithyashree	PET No : PET 16834/25
Age/Sex : 10 yrs/F	Patient ID:
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IMPRESSION:

- Hypermetabolic lesion in the distal aspect of right femur as described s/o primary tumor (sarcoma) - Recommended biopsy correlation.
- No hypermetabolic popliteal or inguinal or pelvic lymph nodes.
- FDG uptake in adenoids, palatine tonsils and mildly FDG avid level II cervical lymph nodes - likely infective/inflammatory - Recommended clinical correlation
- No significant hypermetabolic lesions anywhere else in the body.



Dr. Mohammed Labeeb Abrar (MD)
Consultant
Nuclear Medicine Physician