



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ನಿತ್ಯ ಶ್ರೀ ಆರ್  
Nithya Shree R  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/07/2014  
ಶ್ರೀ/FEMALE

Download Date: 08/12/2019

Issue Date: 02/11/2019

5391 7191 7680

VID : 9173 4562 5422 2775

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India



ವಿಳಾಸ:

ತಂದೆ ತಾಯಿಯ ಹೆಸರು: ರವಿ ಎಸ್, ಮಾಲೂರು,  
ಆಲಂಬಾದಿ, ಕೋಲಾರ,  
ಕರ್ನಾಟಕ - 563160

Address:

D/O: Ravi S. maluru, Alambadi, Kolar,  
Karnataka - 563160



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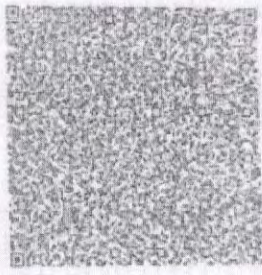
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**Government of India**

**ಭಾರತೀಯ ನಿಕಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ**  
**Unique Identification Authority of India**

**ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.:** 2978/19229/38326


**To**  
**ರವಿ ಎಸ್**  
**Ravi S**  
**SHIVARAMAPPA**  
**ALAMBADI**  
**makur taluk**  
**Alambadi**  
**Kolar Karnataka - 563160**  
**7349164755**


**Signature valid**  




**ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :**  
**3514 4905 1901**  
**VID : 9106 6044 0439 8404**  
**ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು**

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**Government of India**


**ರವಿ ಎಸ್**  
**Ravi S**  
**ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/07/1982**  
**ಪುರುಷ/ MALE**

**3514 4905 1901**  
**VID : 9106 6044 0439 8404**  
**ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು**

**Issue Date: 05.05.2013**

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Government of India

Download Date: 06/12/2019



ರಾಧಾ ವಿ  
Radha V  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 05/06/1985  
ಲಿಂಗ/FEMALE

Issue Date: 02/11/2019

**7371 5298 4086**  
VID : 9122 3323 7989 2750

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು

 ಭಾರತೀಯ ವಿಕಿವ್ವ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
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ವಿಳಾಸ:  
C/O ರವಿ ಎಸ್. ಅಲಂಬಾಡಿ ಗ್ರಾಮ, ಲಕ್ಕೂರ್ ಹೊಬ್ಬಳಿ,  
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Karnataka - 563160



**7371 5298 4086**  
VID : 9122 3323 7989 2750

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NAME: Ms.Nithyashree

REF By: C/o Prakriya Hospital

AGE: 10Years

MR ID: 19170

SEX: Female

DATE: 09-Feb-25

**MRI RIGHT THIGH & KNEE – PLAIN & CONTRAST**

History: Swelling lower thigh

Technique: Multiplanar Multisequence MR imaging.  
Screening CT Scan also done

**Findings:**

**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. Heterogeneous enhancement of the mass and 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

Thanks for Referral

For/Maxmu.  
Dr.Chandrakanth K S.DMRD, DNB, FRCR  
Consultant radiologist.

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

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## PRAKRIYA HOSPITALS

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Service road, Nagasandra, Bengaluru, Karnataka 560073  
Phone: 080 2202 5600, Email: life@prakriyahospitals.com

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

Barcode :

Bill No /  
Barcode.

:OPB/1/24/67946 / LA25004962

Bill Date

:Feb 10 2025 4:42PM

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

Dr. SUJATHA UDUPA  
MBBS,MD KMCNO- 57451  
PATHOLOGY  
Reg No-57451  
Verified By

Dr. SUJATHA UDUPA  
MBBS,MD KMCNO- 57451  
Reg No-57451  
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:

Ref/Dept : Dr Gururaj S P

Date : 10.2.2025

**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