

RUBAN MEMORIAL HOSPITAL

(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)

RMHP.241504

 Patliputra Colony, Near Patliputra Golambar, Patna-800013
 Tel.: 0612-2271020, 2271021, 8406003102, 8406003103
 info@ruban.org.in, www.rubanpatliputrahospital.com


H-2017-1176

 TOLL FREE NO.: 1800 120 2216
 (Only for Patient's Registration)
DISCHARGE SUMMARY

IP No.	: 147625	UHID	: RMHP.241504
Patient Name	: Mrs. ANITA KUMARI	Age/Sex	: 52 Year(s) /Female
Admission Date	: 15/07/2024 12:50 PM	Discharge Date	: 24/07/2024 11:23 AM
Doctor Name	: Dr. SHYAM KISHORE (ENDOCRINOLOGY & DIABETOLOGY)	Company	: ICICI LOMBARD
Ward/Bed No	: PVT 3RD FLOOR-17 306 (17)		
Patient Address	: A-30MITRA MANDAL COLONY PHULWARI . PATNA BIHAR 0 INDIA		

Diagnosis

TYPE II DM
 HTN
 PTH IN DEPENDANT
 HYPERCALCEMIA
 HYPOTHYROIDISM
 SCARCODOSIS ?? LYMPHOMA ???

Presentation / History

C/O B/L Pedal edema, knee pain R>L
 H/O Hypercalcemia

Past History

P/M/H - TYPE II DM / HTN / HYPOTHYROIDISM / ? CKD
 P/S/H - LAP. CHOLECYSTECTOMY (MARCH, 2023)

OT Notes**OPERATIVE NOTES**

DATE : 23/07/2024

PREOP DIAGNOSIS

POST OPERATIVE ? sarcoidosis
 DIAGNOSIS

NAME OF SURGERY EXCISION BIOPSY(23-07-2024)

SURGEON DR.SANJEEV KUMAR

ANAESTHESIST Dr.Chitra

TYPE OF ANESTHESIA: LA

OPERATIVE NOTES excision biopsy of left inguinal node done in LA.

Hospital Course

Patient admitted with above mentioned complaints under Dr. Shyam Kishore on 15.07.2024.

All relevant investigation done.

Cross consultation done with Dr. Prashant Kumar Singh (Pulmo)& Dr. Sanjeev Kumar (Onco Surgeon) in view of ? Sarcodosis.

EXCISION BIOPSYOF LEFT INGUINAL NODE DONE ON 23-07-2024 under LA by Dr. Sanjeev Kumar.

Patient treated specifically with specific measures including Antidiabetic, Antiemetics, PPI, Analgesics and other supportive measures. Now patient condition on discharge is hemodynamically stable and is being discharge with following advice.

Investigations

All investigation reports attached.

Radiology Report**COLOUR DOPPLER BOTH LOWER LIMB (ARTERY+VENOUS)**

Bilateral SSV and left GSV shows mild diffuse wall thickening with patent color flow - S/o Chronic thrombophlebitis.

Common femoral vein, superficial femoral vein, popliteal and anterior as well as posterior tibial veins show normal flow pulsality, phasicity and normal distal augmentation.

No significant reflux seen on valsalva.

No evidence of any thrombus is seen.

Note : Please ensure that your primary physician reviews medications prescribed by all other specialist consultants, so as to avoid drug overdose repetition.

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Veins are compressible.

Arterial system appears normal and shows normal triphasic flow.

Mild diffuse atherosclerotic changes seen in lower limb arteries without any significant hemodynamic changes.

CT SCAN OF WHOLE ABDOMEN (IV Contrast)

IMPRESSION:

Mild hepato-splenomegaly. Extensive homogeneous periportal , retroperitoneal, mesenteric and pelvic (LT>R) lymphadenopathy with vascular encasement as detailed above - Likely neoplastic (? Lymphoma). Advise - HPE Correlation.

HRCT OF LUNGS

IMPRESSION:

Mild patchy ground glass opacity noted in bilateral lung field---Acute inflammatory changes. Advise-Clinical correlation.

No obvious nodular densities seen in either field. Tiny calcified focus noted in left lingula — sequelae of old infection.

Multiple small to medium sized peri-vascular, bilateral axillary and cardiophrenic round to oval shaped lymphnodes noted-
-? Infective/? Lymphomatous etiology.

Few small left hilar and para tracheal calcified foci — likely healed nodes/old infection.

Marginal osteophytosis of visualized dorsal vertebrae.

USG - NECK

IMPRESSION:

Normal sized thyroid gland with few tiny colloid cysts.

Multiple subcentimeteric cervical lymph nodes.

DISCHARGE MEDICATION

1. T. DOTZIDE 40 mg 1 tab once daily before breakfast
2. T. DOTZIDE M (80+500) 1 tab once daily before lunch
3. T. GLYCOMET SR 500 mg 1 tab once daily after dinner
4. T. THYROX 50 mcg 1 tab once daily in empty stomach
5. T. CETANIL (10+40) 1 tab once daily for 1 month
6. T. WYSOLONE 40 mg 1 tab once daily after breakfast for 1 month
7. T. NEXPRO 40 / PAN 40 - 1 tab once daily before breakfast
8. T. AUGMENTIN 1 gm 1 tab twice daily for 5 days
9. C. VIZYLAC 1 tab thrice daily for 5 days
10. T. ULTRACET 1 tab thrice daily 3 days / as and when required
11. T. LIMCEE 1 tab once daily
12. T. B-COMPLEX 1 tab once daily

Discharge Advice

Remove dressing after 5 days.

Follow up

- Review after 1 week in Endocrine OPD (Dr. Shyam Kishore) with Biopsy report PET CT report, CBC, SR. CALCIUM, PHOSPHORUS, ALBUMIN
- Review after 1 month / as and when required in Pulmo OPD under Dr. Prashant Kumar Singh

7/24/24, 12:47 PM



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Patient Address	: A-30MITRA MANDAL COLONY PHULWARI . PATNA BIHAR 0 INDIA		

Instruction About When And How To Obtain Urgent Care

If patient develops rashes, fever, severe pain, abnormal swelling or discharge at surgical site, consult in Emergency (24x7) or visit Consultant in OPD with prior appointment. Contact numbers are available on the top right corner of the discharge summary page or you may call on 0612-2271020/21, 8406003102, 8406003103 & 0612-3503100.

Prepared by Dr. Ashish

Verified By :

Dr.SHYAM KISHORE
 DM(ENDO),AIIMS(DELHI)
 CONSULTANT
 ENDOCRINOLIST
 ENDOCRINOLOGY &
 DIABETOLOGY

31.07.24

Lymphnode Bx — Low Grade NHL

PET CT - Active hypermetabolic LN - adr — Bx.

Ca+1 — 10.7

F G - 94 myel

on Steroid - 20-7-24



Rise in BG BD

Oncologist

Mutir PK

6 AM

- o T. Thymx somcy one in EIS
- o T. Wysolone (dowry) one ABF

7 AM T. Nerton (20) one PRF

T. Cetani'l T (10+40) — IM.

T. Dotzide -M (80+50) PRF

T. Dotzide (40+50) one GM
 M

In HUMINSON F- BASIC at low
 sic down below next.

18

Note : Please ensure that your primary physician reviews medications prescribed by all other specialist consultants, so as to avoid drug overdose repetition.

LABORATORY INVESTIGATION REPORT

Patient Name	:	Mrs.ANITA KUMARI	Age/Sex	:	52 Year(s) / Female
UHID	:	RMHP.241504	Order Date	:	15/07/2024 16:46
Episode	:	IP	IP/Bed	:	147625 / 306 (17)
Ref. Doctor	:	Dr. SHYAM KISHORE	Mobile No	:	8789091992
			Facility	:	Ruban Memorial Hospital

IMMUNOLOGY

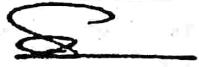
Test	Result	Unit	Reference Range
Sample No : 07I0079880C	Collection Date : 15/07/24 16:47	Ack Date : 15/07/2024 19:53	Report Date : 16/07/24 09:39

PTH

Sample Type- SERUM/BLOOD

PTH	10.46 ▼ (L)	pg/ml	15 - 65
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End of Report



Dr.SANTOSH KUMAR
 MBBS (PAT), MD (PAT)
 SENIOR CONSULTANT
 BIOCHEMISTRY

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs.ANITA KUMARI	Age/Sex	: 52 Year(s) / Female
UHID	: RMHP.241504	Order Date	: 15/07/2024 16:46
Episode	: IP	IP/Bed	: 147625 / 306 (17)
Ref. Doctor	: Dr. SHYAM KISHORE	Mobile No	: 8789091992
		Facility	: Ruban Memorial Hospital

HAEMATOLOGY & COAGULATION

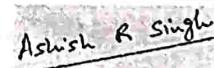
Test	Result	Unit	Reference Range
Sample No : 07I0079880A	Collection Date : 15/07/24 16:47	Ack Date : 15/07/2024 18:12	Report Date : 15/07/24 18:47

CBC-COMPLETE BLOOD COUNT

Sample Type- blood (edta)

WBC	6200	cells/cumm	4000 - 11000
RBC COUNT	2.7 ▼ (L)	mill/mm3	4 - 6.2
HGB	7.9 ▼ (L)	g/dl	11 - 15
HCT	23.4 ▼ (L)	%	35 - 55
MCV	87.3	fL	80 - 100
MCH	29.6	pg	26 - 34
MCHC	34.0	g/dL	31 - 35
RDW	15.2	%	10 - 20
PLATELET COUNT	185.0	10^3/µL	150 - 500
MPV	8.4	fL	6 - 10
NEUTROPHILS	55.3	%	40 - 70
LYMPHOCYTES	32.4	%	20 - 40
MONOCYTES	8.8	%	2 - 10
EOSINOPHILS	2.9	%	0 - 5
BASOPHILS	0.6	%	0 - 1
NE#	3.3	10^3/UL	
NRBC	0.3	0 - 0	

End of Report



Dr.ASHISH RANJAN SINGH
 MBBS, MD (Pathology)
 Consultant Pathologist

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs.ANTA KUMARI	Age/Sex	: 52 Year(s) / Female
UHID	: RMHP.241504	Order Date	: 15/07/2024 16:46
Episode	: IP	IP/Bed	: 147625 / 306 (17)
Ref. Doctor	: Dr. SHYAM KISHORE	Mobile No	: 8789091992
		Facility	: Ruban Memorial Hospital

BIOCHEMISTRY

Test	Result	Unit	Reference Range
Sample No : 07I0079880C	Collection Date : 15/07/24 16:47	Ack Date : 15/07/2024 18:03	Report Date : 15/07/24 18:43

ADVANCED RENAL PROFILE (ARP)

Sample Type- SERUM/BLOOD

UREA FOR SERUM

Method - Urease, UV

44.0

mg/dl

10 - 45

CREATININE FOR SERUM

Method - Modified Jaffe's

1.0

mg/dl

0.7 - 1.2

SODIUM

Method - Indirect ISE

130.0 ▼ (L)

mmol/L

135 - 142

POTASSIUM

Method - Indirect ISE

4.4

mmol/L

3.5 - 5.5

CHLORIDE

99.0 ▼ (L)

mmol/L

100 - 107

CALCIUM

Method - Arsenazo III

13.8 ▲ (H)

mg/dl

8.5 - 10.5

INORGANIC PHOSPHORUS FOR SERUM

Method - Phosphomolybdate

3.2

mg/dl

2.5 - 4.4

URIC ACID

Method - Urease

8.5 ▲ (H)

mg/dl

2 - 7.2

ALBUMIN

Method - BCG

3.8

gm/dl

3.5 - 5.5

Comment:

Increased In: Impaired kidney function, Vomiting, diarrhoea, diuresis, sweating, Shock, Increased protein catabolism, Hemorrhage into GI tract, AMI, Stress.

Decreased In: Diuresis, Severe liver damage, Diet (low protein and high-carbohydrate, IV feedings only, impaired absorption (celiac disease), malnutrition, Nephrotic syndrome.

Increased In: Impaired kidney function, Prerenal Azotemia, Postrenal Azotemia, Muscle disease: gigantism, acromegaly.

Decreased In: Pregnancy, drugs (e.g., cimetidine, trimethoprim).

Increased In: Renal failure, Gout, Leukemia, multiple myeloma, Cancer chemotherapy, Hemolytic anemia, Sickle cell anemia, Toxemia of pregnancy, Psoriasis, Drugs, Diet

Decreased In: Drugs (ACTH, Uricosuric drugs), Wilson disease, Fanconi syndrome, Acromegaly, Celiac disease, Xanthinuria.

Common causes of decreased value of calcium (hypocalcaemia) are chronic renal failure, hypomagnesemia and hypoalbuminemia. Hypercalcemia (increased value of calcium) can be caused by increased intestinal absorption (vitamin d intoxication), increased skeletal reabsorption (immobilization), or a combination of mechanisms (primary hyperparathyroidism). Primary hyperparathyroidism and malignancy accounts for 90-95% of all cases of hypercalcemia. Values of total calcium is affected by serum proteins, particularly albumin thus, latter's value should be taken in to account when interpreting serum calcium levels important source of preanalytical error in the measurement of calcium is prolonged tourniquet application during sampling. Thus, this along with fist clenching should be avoided before phlebotomy.

Increased In: Acute or chronic renal failure, hypocalcemia, Hyperparathyroidism (idiopathic, surgical, irradiation), Secondary hyperparathyroidism (renal rickets), Pseudohypoparathyroidism types I and II, Other endocrine

DIAGNOSTIC REPORT

Patient Name	: Mrs. ANITA KUMARI	IP No	: 147625
Age/Sex	: 52 Year(s)/Female	Order Date	: 15/07/2024 16:56
UHID	: RMHP.241504	Report Date	: 15/07/2024 20:14
Ref. Doctor	: Dr.SHYAM KISHORE	Facility	: Ruban Memorial Hospital
Bed/Ward Name	: 306 (17)/PVT 3RD FLOOR-17		

USG - NECK

Both lobes of thyroid are normal in shape, size and echotexture.

The right lobe measures 18 x 23 x 39 mm and left measures 18 x 19 x 38 mm.

Isthmus is normal (2.9 mm)

Few (2-3 in number) tiny colloid cysts noted in both lobes of thyroid, largest measuring 3 x 4 mm.

No diffuse disease seen.

Bilateral submandibular glands are normal.

Bilateral major neck vessels are normal.

Multiple subcentimetric cervical lymphnodes noted in right levels Ib, II, III and V, largest measuring approx 6 x 12 mm and in left levels II, III and V, largest measuring approx 4 x 9 mm.

IMPRESSION:

- Normal sized thyroid gland with few tiny colloid cysts.
- Multiple subcentimetric cervical lymph nodes.

Anas

Dr.ANAS MISBAH
MBBS,M.D. (Radio-Diagnosis)

Consultant Radiologist

RegNo: Reg-46469

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs.ANITA KUMARI	Age/Sex	: 52 Year(s) / Female
UHID	: RMHP.241504	Order Date	: 15/07/2024 16:46
Episode	: IP	IP/Bed	: 147625 / 306 (17)
Ref. Doctor	: Dr. SHYAM KISHORE	Mobile No	: 8789091992
		Facility	: Ruban Memorial Hospital

HAEMATOLOGY & COAGULATION

Test	Result	Unit	Reference Range
Sample No : 07I0079880B	Collection Date : 15/07/24 16:47	Ack Date : 15/07/2024 18:16	Report Date : 15/07/24 20:05

ESR

Sample Type- Fluid/Blood

ESR 1ST HR

60

mm in 1 Hr

End of Report

Ashish R Singh

**Dr.ASHISH RANJAN SINGH
MBBS, MD (Pathology)
Consultant Pathologist**

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs.ANITA KUMARI	Age/Sex	: 52 Year(s) / Female
UHID	: RMHP.241504	Order Date	: 16/07/2024 14:28
Episode	: IP	IP/Bed	: 147625 / 306 (17)
Ref. Doctor	: Dr. SHYAM KISHORE	Mobile No	: 8789091992
		Facility	: Ruban Memorial Hospital

BIOCHEMISTRY.

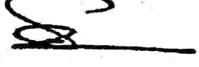
Test	Result	Unit	Reference Range
Sample No : 07I0080353A	Collection Date : 16/07/24 14:30	Ack Date : 16/07/2024 16:47	Report Date : 17/07/24 09:22

IRON STUDIES

Sample Type- SERUM/BLOOD

Note	CALCULATED		
IRON	25 ▼ (L)	ug/dL	50 - 170
TIBC (TOTAL IRON BINDING CAPACITY)	354	ug/dL	240 - 450
FERRITIN	45	ng/ml	30 - 400
TRANSFERRIN SATURATION	7.06 ▼ (L)	%	16 - 45

End of Report


Dr.SANTOSH KUMAR
MBBS (PAT), MD (PAT)
 SENIOR CONSULTANT
 BIOCHEMISTRY

DIAGNOSTICS REPORT

Patient Name	: Mrs. ANITA KUMARI	IP No	: 147625
Age/Sex	: 52 Year(s)/Female	Order Date	: 15/07/2024 18:52
UHID	: RMHP.241504	Report Date	: 16/07/2024 15:22
Ref. Doctor	: Dr.SHYAM KISHORE	Facility	: Ruban Memorial Hospital
Bed/Ward Name	: 306 (17)/PVT 3RD FLOOR-17		

HRCT OF LUNGS

The study reveals:-

Mild patchy ground glass opacity noted in bilateral lung field.
 Tiny calcified focus noted in left lingula—sequelae of old infection.
 Bilateral lung show normal expansion.
 No parenchymal nodule or scarring.
 No pleural effusion / plaque is seen.
 Mediastinal contents are normal with normal appearing great vessels and their branches.
 Minimal calcified plaque noted in aorta and coronary artery.
 No pericardial effusion is seen.
 Multiple small to medium sized peri-vascular, bilateral axillary and cardiophrenic round to oval shaped lymphnodes noted=? Infective/? Lymphomatous etiology.
 Few small left hilar and para tracheal calcified foci—likely healed nodes/old infection.
 Marginal osteophytosis of visualized dorsal vertebrae.
 Dorsal esophagus appears normal.
 Bilateral adrenals glands are unremarkable.

IMPRESSION:

Mild patchy ground glass opacity noted in bilateral lung field--Acute inflammatory changes.
Advise-Clinical correlation.
No obvious nodular densities seen in either field. Tiny calcified focus noted in left lingula—sequelae of old infection.
 Multiple small to medium sized peri-vascular, bilateral axillary and cardiophrenic round to oval shaped lymphnodes noted=? Infective/? Lymphomatous etiology.
 Few small left hilar and para tracheal calcified foci—likely healed nodes/old infection.
 Marginal osteophytosis of visualized dorsal vertebrae.

Dr.Sumit Singh
 MBBS,MD (Radio-Diagnosis)

Consultant Radiologist

RegNo: Reg-41490

Note : Please co-relate the finding clinically. Any discrepancy may kindly be brought to notice.
 THIS IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs.ANITA KUMARI	Age/Sex	: 52 Year(s) / Female
UHID	: RMHP.241504	Order Date	: 20/07/2024 11:51
Episode	: IP	IP/Bed	: 147625 / 306 (17)
Ref. Doctor	: Dr. SHYAM KISHORE	Mobile No	: 8789091992
		Facility	: Ruban Memorial Hospital

BIOCHEMISTRY

TEST	Result	Unit	Reference Range
Sample No : 07I0082193A	Collection Date : 20/07/24 12:05	Ack Date : 20/07/2024 13:28	Report Date : 20/07/24 14:08

CALCIUM

Sample Type- SERUM/BLOOD

CALCIUM

Method - Arsenazo III

12.8 ▲ (H)

mg/dl

8.50 - 10.50

[METHOD: Arsenazo III] Increased In: Solitary Parathyroid Adenoma, Primary Parathyroid Hyperplasia, Parathyroid Carcinoma, Haematologic Malignancy (Multiple Myeloma, Lymphoma, Leukaemia), Idiopathic hypercalcemia of infancy, Hyperthyroidism, Aluminium intoxication Decreased In: Rickets, Osteomalacia, Osteoporosis, Paget Disease, Muscular disorder like Tetany, Skin Disorder like tanning of skin

End of Report



Dr.KATTYYAYNI SINGH
 MBBS, MD (Biochemistry)
 Consultant Biochemistry





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Patient Name	: Mrs. ANITA KUMARI	IP No	: 147625
Age/Sex	: 52 Year(s)/Female	Order Date	: 19/07/2024 08:28
UHID	: RMHP.241504	Report Date	: 20/07/2024 12:25
Ref. Doctor	: Dr.SHYAM KISHORE	Facility	: Ruban Memorial Hospital
Bed/Ward Name	: 306 (17)/PVT 3RD FLOOR-17		

CT SCAN OF WHOLE ABDOMEN (IV Contrast)The study reveals:-

Multiple enlarged near homogeneously enhancing lymphnodes seen in periportal, peripancreatic, retroperitoneum, in periaortic region, mesenteric and subhepatic region largest measuring 5.4 x 4.4 cm in size. These lymphnodes are encasing portal vein, left renal vein, aorta and superior mesenteric veins without any significant luminal narrowing (Sandwich sign). Multiple enlarged bilateral common iliac and left external iliac lymphnodes largest measuring 5.0 x 4.3 cm in left external iliac region. Few left lower para-esophageal lymphnodes largest measuring 2.4 x 3.5 cm. An enlarged left external inguinal lymphnode measuring 2.8 x 2.5 cm.

Liver is mildly enlarged in size (16.2 cm) with normal attenuation and enhancement. No focal lesion seen.

IHBR not dilated.

Gallbladder is not visualized (Post cholecystectomy status).

CBD is normal in calibre.

Rest of pancreas appears normal. Pancreatic duct is not dilated.

Spleen is mildly enlarged in size (13. 9 cm)with normal enhancement. No focal lesion.

Adrenals appear normal.

Both kidneys show normal size, enhancement and excretion. No calculus or hydronephrosis seen. Ureters are normally opacified and show normal course and caliber.

Urinary bladder shows normal outline with normal wall. No filling defect.

Uterus appears normal. No obvious adnexal lesion seen.

Stomach, duodenum small intestine and large bowel show normal wall thickness.

Bowel loops are not dilated. No RIF inflammation seen.

Minimal trace of ascites seen in pelvis - Reactive.

Mild diffuse athero-calcific wall changes seen in aorta and bilateral iliac arteries.

Mild degenerative changes seen in spine. No suspicious lytic lesions seen.

No basal pleural effusion or lung nodules seen.

Note : Please co-relate the finding clinically. Any discrepancy may kindly be brought to notice.
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Ref. Doctor	: Dr.SHYAM KISHORE	Facility	: Ruban Memorial Hospital
Bed/Ward Name	: 306 (17)/PVT 3RD FLOOR-17		

IMPRESSION:

Mild hepatosplenomegaly. Extensive homogeneous periportal, retroperitoneal, mesenteric and pelvic (LT>RT) lymphadenopathy with vascular encasement as detailed above – Likely neoplastic (? Lymphoma). Advise – HPE Correlation.

Dr.SURABHI
MBBS,MD
(Radio-Diagnosis),DNB
 Consultant Radiologist

RegNo: Reg-50683

DIAGNOSTICS REPORT

Patient Name	: Mrs. ANITA KUMARI	IP No	: 147625
Age/Sex	: 52 Year(s)/Female	Order Date	: 19/07/2024 10:35
UHID	: RMHP.241504	Report Date	: 19/07/2024 15:30
Ref. Doctor	: Dr.SHYAM KISHORE	Facility	: Ruban Memorial Hospital
Bed/Ward Name	: 306 (17)/PVT 3RD FLOOR-17		

COLOUR DOPPLER BOTH LOWER LIMB (ARTERY+VENOUS)

Bilateral SSV and left GSV shows mild diffuse wall thickening with patent color flow – S/o Chronic thrombophlebitis.

Common femoral vein, superficial femoral vein, popliteal and anterior as well as posterior tibial veins show normal flow pulsality, phasicity and normal distal augmentation.

No significant reflux seen on valsalva.

No evidence of any thrombus is seen.

Veins are compressible.

Arterial system appears normal and shows normal triphasic flow.

Mild diffuse atherosclerotic changes seen in lower limb arteries without any significant hemodynamic changes.



Dr.SHRUTI CHAUBEY
MBBS,MD (RADIO DIAGNOSIS)



Name : Ms. ANITA KUMAR RMHP241504
Lab No. : 472430389
Ref By : RMH
Collected : 17/7/2024 2:45:00PM
A/c Status : P
Collected at : M S DIAGNOSTIC
V468, VIADYA PURI, KANKARBAGH, PATNA,
Mobile No:9334392088
Age : 52 Years
Gender : Female
Reported : 18/7/2024 7:32:35PM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 1, 25 DIHYDROXY, SERUM (CLIA)	208.00	pmol/L	47.76 - 190.32

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D
- 1,25-dihydroxy vitamin D concentrations are not a reliable indicator of vitamin D toxicity; normal (or even low) results may be seen in such cases.

Comment

1,25 dihydroxy Vitamin D is the major biologically active form of Vitamin D. Its concentration is only 1/1000 that of 25, hydroxy Vitamin D and has half life of 5 to 6 hrs. Circulating levels are regulated by PTH, phosphate & calcium. While 1,25-dihydroxy vitamin D is the most potent vitamin D metabolite, levels of the 25-OH forms of vitamin D more accurately reflect the body's vitamin D stores. However, in the presence of renal disease, 1,25-dihydroxy vitamin D levels may be needed to adequately assess vitamin D status

Uses

- Differentiation of Primary hyperparathyroidism from Hypercalcaemia of cancer
- Differentiation of Vitamin D dependent and Vitamin D resistant rickets
- Monitoring Vitamin D status in Chronic renal failure
- Assessing compliance of 1,25 dihydroxy Vitamin D therapy

Increased levels

- Granulomatous disease
- Primary hyperparathyroidism
- Lymphoma
- 1,25 dihydroxy Vitamin D intoxication
- Vitamin D dependent Rickets type II

Decreased levels

- Renal failure
- Hyperphosphatemia
- Hypomagnesemia



Dr. Amit Kumar

MBBS (Hons), MD (Internal Medicine, Gold Medal, IMS, BHU),
 DM, DNB (Medical Oncology, TMH Mumbai),
 ECML MRCP - SCE (Medical Oncology).
 European Certified Medical Oncologist, Member of ASCO, ESMO, ISMPO
 Consultant - Medical Oncology & BMT - Unit-1

nar@medanta.org
 97118 61896
 DMC - 33622

10/8/2024

Name: Mrs. Anita Kumar
 DO: 83V Gender: Female
 Birth Date: 02/08/2024 Location: Medanta
 Practitioner: Dr. Amit Kumar Oncologist / Hematologist
 Patient ID: BP00212112
 T No.:
 Diagnosis:

Amit

T₂DM - Syg
 - One OHA

HTN.
 Hypothyroid

Lt chest pain - \downarrow (Dec. 22)
 - Hand mild pliable effusi
 (11/12/22) CT - c/o Small LN in axilla Lt side
 Mild Lt side pliable effus

7/12/22 + CBC - 9.5 \downarrow 7.00 \downarrow 163
 HCV - 87.4
 Ca²⁺ - 9.87

TP/Alb - 6.8/4.0

ECHO - EF-G1%.

USG - (7/12/22) - Multiple peripancreatic, peri-aortic, aorto-venous LN
 peripancreatic, pre-aortic, aorta-venous
 largest 2.72 x 4.6cm
 Minimal peripancreatic areas
 FNAC Healed LN \ominus

21/8/22 - USG Abd - Multiple enlarged LN in neck &
 abdomen

LN Bx - Recalpt
 peripancreatic

V/W Lop Cholezystectomy
 Bx - Follicular Adenocarcinoma

18/7/24 - Ca²⁺ - 12.7
 1.25 Vit D - 20E ↑
 CT Abd - RPLN - largest 5.4 x 4.4cm
 Lt Ext Inguinal LN - 2.8 x 2.5cm

VH \ominus

CT liver - Mild fatty ACC

- Multiple colicky L R PC

H-2023-1256,
 Oct 12, 2023 - Oct 11, 2027

Jay Prabha Medanta
 Super Speciality Hospital
 Medanta - Gurugram

Kankarbagh Main Road, Kankarbagh Colony, Patna, Bihar

Sector - 38, Gurugram, Haryana, India

0124 4141 414

0612 350 5050

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Vit B₁₂ - 1894 (N)
Folate - 15.53 (D)

Fe/TIBC - 25/35% = 7.06 +

Ferritin - 45

Vit D - 31.9

TSH - 2.39 "

Cu²⁺ - 13.8

CBC - 7.9 > $\frac{6200}{NCS L32}$ 185

PTH - 10.46 +

On Steroid for 1 week

LT Ftg and LN - Low grade NHL
(Follicular lymphoma)

PET-CT (22/2/24) - Cu²⁺ LN
B/L para-aortic - 14.5 x 11.3 cm
SUV_{max} - 8.58

LT Ext Iliac, Inguinal LN - 3.3 x 3.9 cm
SUV_{max} - 8.7

B/L Common iliac & Ext iliac LN
4.4 x 5.2 cm - SUV_{max} - 8.0

PLAN
U.A. - 6.2
TP/Alb - 7.57 / 4.66
Ca²⁺ - 10.77 ↑
CBC - 9.1 > $\frac{20133}{NCS L32}$ 7.94

PLAN
1. Hemogram, RFT-LFT, LDH, PT/INR
2. HIV, HBsAg, Anti HCV
3. USG General Para-aortic LN Bx
(Dr. Sulekha Bhatia)
4. CT of Maximum SUV
5. CECT PET-CT

- Tab Febuxostat 400, OD
- Syr Mucaine Gel 3% TDS
FU on 9/8/24

FU on 6/8/24

Dr. A.R.

**marendra Amar**

MD (General Medicine), DNB (Medical Oncology), ECHO (EUROPE)

Panel, ASCO Educational Book
e Director - Medical Oncology & BMT

a.amar@medanta.org

326728673
JMC - 36118

17/24

ient not come

Biopsy (2022)

ctive lymphoid
lymphoma.
nd septs

B. - 7.9

BC - 6200

(CN 55, L-32)

stclt - 1.85 lakk.

TS (15/01/2024)

- Ca 2+ - 13.8

zated and
percd at another
Mrtal.

creat - 1.0.

mc Acid - 8.5

FTS

Rtlimbic - 0.3

(0) - 0.1

(I) - 0.2.

S. Iron
25
TIBC - 354
transferrin
saturation
- 7.06

ia Medanta
peciality Hospital

- Gurugram

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*Upcoming

Longitudinal generalized lymphadenopathy
was admitted at another
hospital with hypercalcemia.

Biopsy
Inguinal LNs
March '23
Reactive
Lymph node

Nm- Current PET-CT
 Highly SUV And pelvic LNs.
 and with significant size.
 no H/O Any 'B' symptoms.
 No fever / weight loss.

Biopsy done at another
hospital: septs awaited

- Adv
 RIA Biopsy septs
 collect PET-CT DVD/CD
 and submit it in the
 Nuclear Medicine
 department. f review.

- Serum Ig G4 level.

Dr Arvind.



RUBAN MEMORIAL HOSPITAL
(A Unit of Ruban Patliputra Hospital Pvt. Ltd.)
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Phone No: 0612 - 2271020 / 21 / 22
E-mail: info@ruban.org.in | Website: www.rubanpatliputrahospital.com
URN: UDYAM-RR-26-0008072

H-2017-1176

DUPLICATE LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANITA KUMARI
UHID : RMHP.241504
Episode : OP
Ref. Doctor : SHYAM KISHORE

Age/Sex : 52 yr(s) / Female
Order Date : 31-07-2024 14:28:47
IPNO : 0
Mobile No : 8789091992
Facility : Ruban Memorial Hospital

HISTOPATHOLOGY

Test	Result	Unit	Reference Range
Sample No : 0700087271A	Collection Date : 31/07/24 14:34	Ack Date : 31/07/2024 18:44	Report Date : 05/08/24 14:26

IHC CUSTOM PANEL FINAL DIAGNOSIS

Sample Type Tissue

IHC CUSTOM PANEL FINAL DIAGNOSIS

Sample - Tissue

HISTO ID :

H-2226/2024

TYPE OF SPECIMEN :

Left Inguinal lymph node.

Immunohistochemistry :

CD-45 - Positive in tumor cells.

CD-20 - Positive in tumor cells.

BCL-2 - Positive in tumor cells.

CD-3 - Weak positive in few lymphoid cells.

Ki-67% - 70 - 80%

CD15 - Positive in tumor cells.

CD30 - Weak Positive in tumor cells.

Impression :-

Hodgkins lymphoma.

However, requires other markers for further typing (BOB-1,PAX-5,OCT-2)





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URN: UDYAM-BR-26-0000072



LABORATORY INVESTIGATION REPORT

Patient Name	:	Mrs. ANITA KUMARI	Age/Sex	:	52 Year(s)/Female
UHID	:	RMHP.241504	Order Date	:	23/07/2024 13:59
Episode	:	IP	IP/Bed	:	147625 / 306 (17)
Ref. Doctor	:	Dr. SHYAM KISHORE	Mobile No	:	8789091992
Sample No	:	07I0083537A	Facility	:	Ruban Memorial Hospital
Ack. Date	:	23/07/2024 14:04	Collec.Date	:	23/07/24 14:00
			Report Date	:	31/07/24 12:52

HISTOPATHOLOGY

Test	Result	Unit	Reference Range
------	--------	------	-----------------

Sample Type- any tissue

BIOPSY

Lab no:H-2226/2024

Clinical :- ? Sarcoidosis.

Specimen :- Left Inguinal node.

Gross :- Received single nodular capsulated soft tissue mass measuring 4.4 x 3.2 x 2.3 cm.

Microscopic :- The section shows lymph node with complete effacement of nodal architecture. There are variable sized follicles with absent mantle zone and composed of centrocytes and centroblasts. Mitosis is 2-3 per 10 HPF. No areas of necrosis or any granuloma seen.

Impression :- Lymphoproliferative disorders, morphologically suggestive of Low - grade NHL (Follicular lymphoma)

Advised :- IHC (CD20,CD10,BCL6,BCL2,CD3,Ki67%) for confirmation and to rule out follicular hyperplasia.

End of Report

Dr.ASHISH RANJAN SINGH
MBBS, MD (Pathology)
Consultant Pathologist



Clinical Lab- Histopathology
Jay Prabha Medanta Hospital, Patna
Kankarbagh Main Road, Kankarbagh
Colony, Patna- 800 020, Bihar

HISTO/CYTO-PATHOLOGY REQUISITION FORM

Name : Anita Kumar
UHID: BB00212112

Age/Sex : 34 | F

Specimen No. :

OT / Wards :

Previous Biopsy No if Any :

Referring Unit/ Doctor:
Dr. Amit Kumar
Date & Time of Collection:
Acc. Director Med. Oncology

Past History of the Patient

Site of Biopsy/FNA :

USG guided left
axilla lymph node
biopsy
Samples in formaline

Clinical History :

Lymphoma

Clinical Diagnosis :

Intra-Operative Findings :

Radiological Findings :

Lymphoma

Other Investigations :

HPT

INC

Please consult referring doctor for
lab test

Signature & Name of Consultant :

(Mandatory)

Ph No.

DR. Salil Bhatia (Mandatory)

NOTE :
Any special stains (Immunohistochemistry) will be charged extra
Slides required for second opinion will be issued only on the 2nd day after requisition

Med/Apr 11/Histo 2302

Page 1

Name :	ANITA KUMARI	Age/ Sex :	53 Yrs./F
Refd. By :	Dr. SHYAM KISHORE	PET No.	986/24
MRN. No.	URG-2-7697	Date	22/07/2024

WHOLE BODY F-18-FDG PET-NCCT SCAN

TECHNIQUE:

Whole body PET-CT Scan after I.V injection of 370 MBq of F-18 FDG (10 mCi) with NCCT scan was performed from vertex to mid thigh. Images were taken after 45 minutes. The semiquantitative analysis of FDG uptake was performed by calculating SUV (Standardized Uptake Value) corrected for administered dose and patient body weight. Blood sugar level of the patient was 70 mg/dl at the time of injection. Sr. creatinine was 1.0 mg/dl.

CLINICAL HISTORY:

Patient is a known case of lymphadenitis . Post-cholecystectomy

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

BRAIN :

The brain parenchyma is unremarkable with normal FDG biodistribution. No significant focal lesion or abnormal focal FDG uptake noted.

Note :- all brain metastases may not be apparent on PET-CT scan and MRI head may be performed where clinically indicated.

FACE AND NECK :

The paranasal sinuses, nasopharynx, oropharynx, larynx and thyroid gland are normal.

FDG avid submental, bilateral level II, III, V and supraclavicular nodes are seen. Size and SUVmax of submental node is 1.5 x 1.3 cm; 4.7 respectively

BREAST & AXILLA :

No abnormal lesion or tracer uptake seen in both breast.

FDG avid bilateral axillary nodes are seen. Size and SUVmax of one of the right axillary node is 1.8 x 1.4 cm x 6.0 respectively

THORAX :

[Type text]

जब जागो तब सवेरा

Page 1

Lung parenchyma shows normal vascular and interstitial markings.

Trachea, main bronchi, heart, mediastinal vessels and esophagus are normal.

FDG avid prevascular and subcarinal nodes are seen. Size and SUVmax of subcarinal node is 1.5 x 1.5 cm; 3.9 respectively

No pleural or pericardial fluid seen.

FDG avid bilateral internal mammary nodes are seen. Size and SUVmax of left internal mammary node is 2.5 x 2.3 cm; 4.8 respectively.

FDG avid cardiophrenic nodes are seen. Size and SUVmax of one of the node is 1.4 x 1.3 cm; 14.1 respectively.

FDG avid bilateral retrocrural nodes are seen. Size and SUVmax of left retrocrural Node is 1.7 x 5.5 cm; 5.0 respectively

ABDOMEN AND PELVIS:

Both liver and spleen appears mildly enlarged in size. pancreas, bilateral suprarenal gland and kidney are normal.

FDG avid discrete and conglomerated nodes are seen in the porta, precaval, peripancreatic, mesenteric and bilateral para-aortic region extending from SMA below up to the bifurcation of aorta. Size and SUVmax of bilateral para-aortic nodal mass is 14.5 x 11.3 cm; 34.5 respectively.

FDG avid bilateral common iliac and external iliac nodes are seen. Size and SUVmax of left external iliac node is 4.4 x 5.2 cm; 25.8 respectively.

FDG avid bilateral inguinal nodes are seen. Size and SUVmax of one of the left inguinal node is 3.3 x 3.9 cm; 8.7 respectively.

small and large bowel loops are normal.

Urinary bladder is normal.

Uterus is normal in size and attenuation.

Adnexa are normal

No ascites seen.

SKELETON: Visualized bones are unremarkable with no definite evidence of abnormal FDG uptake.

IMPRESSION:

- Active hypermetabolic bilateral cervical, axillary, internal mammary, cardiophrenic, mediastinal, abdominal, pelvic and bilateral inguinal nodes.
- Mild hepatosplenomegaly.
- Suggested biopsy to rule out lymphoma.

