

Name : Mr. CHANDRAPRAKASH SHETTY-25483
Lab No. : 479084351
Ref By : DR SANATH HEGDE
Collected : 11/7/2025 11:00:00AM
A/c Status : P
Collected at : MANGALORE INSTITUTE OF ONCOLOGY, UDUP

Age : 66 Years
Gender : Male
Reported : 11/7/2025 8:21:56PM
Report Status : Final
Processed at : LPL Mangalore
108, 1st floor Aadheesh Avenue,PVS
Kalakunj RD,Kodaibail
,Mangaluru,Karnataka -575003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (CLIA)			
PSA, TOTAL	11.440	ng/mL	0.00 - 4.00

Note

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.



Dr. Sai K
MD Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd



Name	: Mr. CHANDRAPRAKASH SHETTY-25483	Age	: 66 Years
Lab No.	: 479084351	Gender	: Male
Ref By	: DR SANATH HEGDE	Reported	: 11/7/2025 8:21:56PM
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Collected at	: MANGALORE INSTITUTE OF ONCOLOGY, UDUP		108, 1st floor Aadheesh Avenue,PVS Kalakunj RD,Kodaibail ,Mangaluru,Karnataka -575003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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-----	End of report	-----	-----



IMPORTANT INSTRUCTIONS

- Test results released pertain to the specimen submitted. • All test results are dependent on the quality of the sample received by the Laboratory.
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. • Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. • Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. • Test results may show interlaboratory variations. • The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). • Test results are not valid for medico legal purposes. • This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. • The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com



Name	: Mr. CHANDRAPRAKASH-25483	Age	: 66 Years
Lab No.	: 479128123	Gender	: Male
Ref By	: DR SANATH HEGDE	Reported	: 28/5/2025 7:10:45PM
Collected	: 28/5/2025 9:45:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL Mangalore
Collected at	: MANGALORE INSTITUTE OF ONCOLOGY, UDUP		108, 1st floor Aadheesh Avenue,PVS Kalakunj RD,Kodaibail ,Mangaluru,Karnataka -575003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (CLIA)			
PSA, TOTAL	11.830	ng/mL	0.00 - 4.00

Note

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.



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MD Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd



Name	: Mr. CHANDRAPRAKASH-25483	Age	: 66 Years
Lab No.	: 479128123	Gender	: Male
Ref By	: DR SANATH HEGDE	Reported	: 28/5/2025 7:10:45PM
Collected	: 28/5/2025 9:45:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL Mangalore
Collected at	: MANGALORE INSTITUTE OF ONCOLOGY, UDUP		108, 1st floor Aadheesh Avenue,PVS Kalakunj RD,Kodaibail ,Mangaluru,Karnataka -575003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
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-----	End of report	-----	-----



IMPORTANT INSTRUCTIONS

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- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. • Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. • Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. • Test results may show interlaboratory variations. • The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). • Test results are not valid for medico legal purposes. • This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. • The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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MANGALORE INSTITUTE OF ONCOLOGY

Pumpwell Circle,, MANGALORE- 575002

P:08244249999; F: ;

Name: Mr K CHANDRAPRAKASH SHETTY

Age/Sex: 66 Y/Male

Registration Number : P025483

Consultant:

Request Number : 62600

Dr Sanath Hegde

Collected on : 11-07-2025 / 11:45

Reported on : 11-07-2025 / 11:46



TEST NAME	RESULT VALUE	UOM	BIOLOGICAL REFERENCE RANGE	METHOD
HAEMATOLOGY				
SPECIMEN : BLOOD				
COMPLETE BLOOD COUNT : CBC				
HAEMOGLOBIN	8.4	g/dL	14 - 18	
TOTAL WBC COUNT	4900	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHIL	74	%	40 - 70	
LYMPHOCYTE	16	%	25 - 40	
EOSINOPHILS	04	%	1.0 - 6	
MONOCYTES	06	%	2 - 10	
BASOPHILES	00	%	0.0 - 1.0	
PLATELET COUNT	177000	/cumm	150000 - 400000	
RBC	2.87	mill/cumm	4 - 5.5	
MCV	96.1	fL	81 - 98	
MCH	29.4	pg	27 - 33	
MCHC	30.6	g/dL	32 - 36	
PCV (HCT)	27.6	%	42 - 52	
BIOCHEMISTRY				
SPECIMEN : SERUM				
RANDOM BLOOD SUGAR	199	mg/dL	70 - 140	
BLOOD UREA	15	mg/dL	10 - 55	
CREATININE, SERUM	0.6	mg/dL	0.5 - 1.4	

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

LAB TECHNICIAN

RESULT ENTERED BY : shimhila501

RESULT VERIFIED BY : shimhila501

PROVISIONAL REPORT



CONSULTATION SUMMARY

Patient MRN : 10020000912906
Patient Name : Mr Chandra Prakash Shetty K
Gender/Age/Dob : Male , 66 Years , 11/04/58
Patient Phone No : 8431111888
Patient Address : Gopal Nivas,Kinnimulky,Udupi, Karnataka,IN

Consultation Date : 29/03/2025 12:38 PM
Consultant : Dr. Saurabh Bhargava (UROLOGY)
Consultation Type : OP , REVISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- Follow up : Rising PSA despite switching from abiraterone to enzalutamide/ some rib cage discomfort

INVESTIGATION RESULTS

- PSA doubling time 2 months/ Jan 3.8/ Feb 5.9/ Mar 8.6
PSMA PET Feb 2025 - bony lesions light up

PAST MEDICAL HISTORY

- Carcinoma of prostate: Since 8 Years
Remarks: Post DXT 2017

DIAGNOSIS

- 427492003 | Hormone refractory prostate cancer , Primary , Final , 29/03/2025

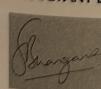
PLAN

- Should consider chemotherapy/ PSMA therapy

CROSS CONSULTATION

- Dr. Nidhi Tandon, MEDICAL ONCOLOGY on 29/03/2025
- Dr. Sunil H V, NUCLEAR MEDICINE on 29/03/2025

CONSULTANT DETAILS



Dr. Saurabh Bhargava , SENIOR CONSULTANT , UROLOGY

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Saurabh Bhargava | Printed On: 29.03.2025 12:44

Mazumdar Shaw Medical Center

(A Unit of Narayana Healthaya Limited) CIN L65110KA2009RCC037497

Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk,

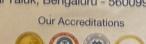
Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2648

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Appointment
1800 309 0309



Email:
info.msmc@narayanahealth.org



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of 1



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DIVISION OF NUCLEAR MEDICINE
Ga68- PSMA PET/CT SCAN

NAME	K CHANDRAPRAKASH SHETTY	AGE/GENDER	63Y/M
KH no.	00239274	HMP no.	KKMC-300004072/KMC0000535
STUDY DATE	19.02.2025	MODALITY	Ga68-PSMA PET/CT
REPORTED ON	19.02.2025	REFERRED BY	Dr. Padmaraj Hegde

STUDY PROTOCOL:

CT Protocol: Contrast enhanced CT scan was obtained from head to mid-thigh with Multislice CT scanner. Whole-body smart 3D modulation mode acquisition was adopted to achieve ALARA.

PET Protocol: 3.386mCi of Ga68-PSMA was injected intravenously and 3D PET scan was performed after 45 minutes on Discovery IQ 4-ring PET/CT scanner; images were reviewed after normal and Q-Clear iterative reconstruction techniques. SUVmax was calculated based on body weight.

Patient Parameters: Height:166cm; Weight:57 kg; Sr. Creatinine:0.8 mg/dl.

Indication: Case of Ca prostate, post RT, post androgen therapy, on follow up

Comparison: None

FINDINGS:

- No evidence of any PSMA avid/enhancing soft tissue density lesion noted in the prostate.
- No evidence of a tiny PSMA avid/enlarged pelvic, inguinal or any other abdominal lymph nodes seen.
- PSMA avid sclerotic lesion noted involving sternum, left eighth rib, D2, D3, D4 and L4 vertebrae, SUVmax - 59.22 in the sternal lesion.



OTHER FINDINGS:

Physiological Ga68-PSMA concentration is seen in the lacrimal & salivary glands, oral cavity, liver, gallbladder, spleen, GIT, kidneys and the urinary bladder.

Head & Neck:

Neuroparenchyma is apparently unremarkable; no focal mass lesion/mass effect.

Paranasal sinuses are unremarkable.

Parotid and submandibular glands are unremarkable.

Pharyngeal mucosal space, parapharyngeal, retropharyngeal, posterior cervical, carotid and paravertebral spaces are unremarkable.

Larynx and cervical trachea are unremarkable.

Thyroid gland is unremarkable.

Name: Mr K CHANDRAPRAKASH SHETTY

Age/Sex: 66 Y/Male

Consultant:

Dr Sanath Hegde

Registration Number: P025483

Request Number: 49187

Collected on: 02/04/2025 / 12:52

Reported on: 02/04/2025 / 14:52



TEST NAME	RESULT VALUE	UOM	BIOLOGICAL REFERENCE	METHOD
HAEMATOLOGY				

SPECIMEN: BLOOD

COMPLETE BLOOD COUNT : CBC

HAEMOGLOBIN	11.0	g/dL	14 - 18
TOTAL WBC COUNT	7900	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHIL	76	%	40 - 70
LYMPHOCYTE	21	%	25 - 40
EOSINOPHILS	01	%	1.0 - 6
MONOCYTES	02	%	2 - 10
BASOPHILES	00	%	0.0 - 1.0
PLATELET COUNT	149000	/cumm	150000 - 400000
RBC	3.62	mill/cumm	4 - 5.5
MCV	94.3	fL	81 - 98
MCH	30.2	pg	27 - 33
MCHC	32.0	g/dL	32 - 36
PCV (HCT)	34.2	%	42 - 52

BIOCHEMISTRY

SPECIMEN: SERUM			
RANDOM BLOOD SUGAR	286	mg/dL	70 - 140
BLOOD UREA	31	mg/dL	10 - 55
CREATININE, SERUM	0.9	mg/dL	0.5 - 1.4

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


LAB TECHNICIAN

RESULT ENTERED BY: asha500

RESULT VERIFIED BY: asha500

PROVISIONAL REPORT

Page 1 of 1

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31st March 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr Chandra Prakash Shetty K (MRN 10020000912906)66 years male is a Known case of Diabetes Mellitus, Hypertension, CAD/ S/P CABG (Feb 2020) and has been diagnosed with Carcinoma of Prostate - Adenocarcinoma -Gleason 9 baseline PSA 89 in June 2017. He received 28# Radiotherapy to Prostate in 2017 followed by which he was started on Leuprolide and Tab Abiraterone was added in 2018. Later Inj Leuprolide was changed to Inj Degarelix in 2022 and Tab Abiraterone was changed to Tab enzalutamide in January 2025. PSMA PET CT was done on 19-02-2025 which showed, PSMA avid sclerotic lesion noted involving sternum, left 8th rib, D2 D3 D4 and L4 vertebrae and No lesion in prostate or regional Lymph nodes. In view of raising trend of serum PSA level - 3.8 (January 2025) -> 5.9 (February 2025) -> 8.61(March 2025) he is planned for Palliative chemotherapy with Docetaxel (DOCEAQUALIP) every 2 weekly with Inj. Degarelix and Inj.Denosumab once a month. He wishes to take further chemotherapy at his native place.

Protocol is given below:

Inj. Pan 40mg IV stat (**D1**)

Inj.Palonosetron 0.25mg IV push (**D1**)

Inj. Dexamethasone 12mg in 100 ml NS IV over 15 min (**D1**)

Cap.Aprepitant 125mg (Day 1: only)

Inj.Docetaxel (DOCEAQUALIP) 70mg in 500 ml NS IV over 1 hour (**D1**)

(if tolerating well to increase to 80mg)

TAB.PREDNISOLONE 5 MG 1-0-1 TO CONTINUE (30 MIN AFTER FOOD)

(KEEP A CHECK ON BLOOD SUGARS)

INJ.DEGARELIX 80MG S/C ONCE A MONTH

INJ.DENOSUMAB 120MG S/C ONCE A MONTH

Post chemotherapy medications:

Inj.Peg-GCSF 6mg S/C OD on Day 2

Cap.Aprepitant 80mg 1-0-0 on day 2 and Day 3

Tab.Dexamethasone 4mg 1-0-1 for 3 days (after food) and then SOS for vomiting

Tab. Emeset 4mg 1-1-1 for 3 days (30min before food) and then SOS for vomiting

Tab.Pan D 1tab 1-0-1 for 3 days (30 min before food)

Tab.Dolo 650mg 1-1-1 for 3 days and then SOS for pain

He needs to repeat the cycles every 2 weekly along with Inj.Degarelix and Inj.Denosumab once a month. He is advised to take this treatment under the supervision of a doctor experienced in giving chemotherapy with constant monitoring for side effects & CBC, RFT and LFT.

We would like to see him after 3 months with CBC,RFT,LFT PSA levels.

Mandon
Dr. Nidhi Tandon

Consultant Medical Oncologist
Narayana Hrudayalaya, Health City
Mazumdar Shaw Cancer Centre
Bangalore.

Dr. Nidhi Tandon
Consultant - Medical Oncologist
Narayana Hrudayalaya Ltd
Regn. No. GUJ2005000142KTK

Mazumdar Shaw Medical Center

(A Unit of Narayana Hrudayalaya Limited) CIN: U86511KA2009PLC027497
Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099
Tel +91 80 712 22222

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099

Appointment 1800 309 0309 Email: info.msmc@narayanahealth.org



Dr Lal PathLabs

Regd. Office : Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74999DL1995PLC065388

Name of Patient : Mr. CHANDRA PRAKASH-25483	Age : 63 Years
Lab No. : 475487699	Gender : Male
Specimen Collected By : DR SANATH HEGDE	Reported : 2/4/2025 7:37:52PM
Collected Date : 2/4/2025 12:16:00PM	Report Status : Final
Clinic Status : P	Processed at : LPL Mangalore
Collected at : MANGALORE INSTITUTE OF ONCOLOGY, UDUP	108, 1st floor, Aadheesh Avenue, PV3, Kakkanj RD, Kodaibail, Mangaluru, Karnataka - 575003

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (CLIA)			
PSA, TOTAL	10.790	ng/mL	0.00 - 4.00

Note

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Dr. Sai K
MD Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd



RADIATION ONCOLOGY
DISCHARGE SUMMARY
DEPARTMENT OF RADIATION ONCOLOGY

Mr.K CHANDRAPRAKASH SHETTY S/O K GOPAL

SHETTY

66 Y / MALE

#5-1 11 (B), UDUPI KINIMULKI ROAD, NEAR MANJUNATHA
MOTORS, UDUPI TALUK, UDUPI DISTRICT ,
UDUPI - 576101

Patient mobile no : 8431111888

PRIMARY CONSULTANT

Dr. Sanath Hegde

DIAGNOSIS: Metastatic Carcinoma prostate

HISTORY OF PRESENT ILLNESS: K/C/O Metastatic Carcinoma of Prostate diagnosed in June 2017. He received initial treatment at Narayana Health , Bangalore with 28# Radiation therapy to prostate in 2017 followed by Inj. Leuprolide and Tab. Abiraterone. In the year 2022 Inj. Leuprolide was changed to Inj. Degarelix. In the year 2025 Jan Tab. Abiraterone was changed to Tab. Enzalutamide. PSMA PET CT on 19/02/2025 showed sclerotic lesion involving sternum, left 8th rib, D2 ,D3, D4 and L4 vertebrae and no lesion in Prostate or regional lymph nodes. In view of raising trend of PSA level- 3.8(Jan) > 5.9(Feb)>> 8.61(Mar) he was planned for palliative chemotherapy with Inj. Docetaxel every 2 weekly once with Inj. Degarelix and Inj. Denusumab once a month. Now for 1st cycle of the same.

SYSTEMIC EXAMINATION:

CNS: No abnormality detected
CVS: S1S2 present. No murmurs
RS: B/L NVBS, No added sounds
P/A: Soft non tender

INVESTIGATIONS:

Histopathology report on June 2017:

- Adenocarcinoma of prostate - Gleason 9.

PSA report on 02/04/2025: 10.790 ng/mL

PET/CT report on 19/02/2025:

- No evidence of local residual/recurrent disease involving the prostate.
- No evidence of locoregional lymph node metastasis.
- PSMA avid sclerotic lesion noted involving sternum, left eighth rib, D2, D3, D4 and L4 vertebrae, SUVmax 59.22 in the sternal lesion.
- No evidence of visceral metastases.

Blood Investigation report on

02-04-2025 COMPLETE BLOOD COUNT : CBC (Package) Haemoglobin : 11.0 g/dL, Pcv (Hct) : 34.2 %, Platelet Count : 149000 /cumm, Total Wbc Count : 7900 /cumm, Neutrophil : 76 %, Lymphocyte : 21 %, Mcv : 94.3 fl, Mch : 30.2 pg, Mchc : 32.0 g/dL, Eosinophils : 01 %, Monocytes : 02 %, Basophiles : 00 %, Rbc : 3.62 mill/cumm, Random Blood Sugar : 286 mg/dL, Blood Urea : 31 mg/dL, Creatinine, Serum : 0.9 mg/dL.



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INSTITUTE OF
ONCOLOGY

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1/3

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MANGALORE INSTITUTE *of* ONCOLOGY

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30

At the forefront of

DEPARTMENT OF RADIATION ONCOLOGY

Register Number	: P025483
IP Number	: IP00015926
Admitted On	: 07-04-2025 / 10:56 AM
Discharged On	: 07-04-2025 / 02:34 PM
Ward Name	: UD-G
Bed No	: USP2

Dr. Sallan - Mammographic Carcinoma Prostate

ISTORY OF PRESENT ILLNESS:K/C/O Metastatic Carcinoma of prostate diagnosed in June 2011. He received initial treatment at Narayana Health , Bangalore with 28# Radiation therapy to prostate in 2017 followed by Inj. Euprolide and Tab. Abiraterone. In the Year 2022 Inj. Leuproide was changed to Inj. Degarelix. In the year 2025 Abiraterone was changed to Tab. Enzalutamide. PSMA PET CT on 19/02/2025 showed sclerotic lesion involving sternum, left 8th rib, D2 ,D3, D4 and L4 vertebrae and no lesion in Prostate or regional lymph nodes. In view of raising trend of PSA level- 3.8(Jan) > 5.9(Feb)>> 8.61(Mar) he was planned for palliative chemotherapy with Inj. Docetaxel every 2 weekly once with Inj. Degarelix and Inj. Denusumab once a month. Now for 1st cycle of the same.

SYSTEMIC EXAMINATION:

S: B/L NVBS, No added sounds
A: Soft non tender

listopathology report on Jun

- Adenocarcinoma of prostate - Gleason 9

ET/ET:montag 18/03/2003:

- No evidence of local residual/recurrent disease involving the prostate.
 - No evidence of locoregional lymph node metastasis.
 - PSMA avid sclerotic lesion noted involving sternum, left eighth rib, D2, 59.22 in the sternal lesion.
 - No evidence of visceral metastases.

2-04-2025 COMPLETE BLOOD COUNT : CBC (Package)

Haemoglobin :	11.0 g/dL,	Pcv (Hct) :	34.2 %,
Neutrophil :	76 %,	Lymphocyte :	02 %,
Eosinophils :	01 %,	Monocytes :	01 %,
Blood Urea :	31 mg/dL,		

Platelet Count : 149000/cumm, Total Wbc Count : 7900/cumm, Mcv : 94.3 fl, Mch : 30.2 pg, Mchc : 32.0 g/dL, Basophiles : 00 %, Rbc : 3.62 mill/cumm, Random Blood Sugar : 286 mg/dL, Creatinine, Serum : 0.9 mg/dL.

**MANGALORE
INSTITUTE of
ONCOLOGY**
At the forefront of cancer care

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www.miohospital.com

M
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At

Name:

Age/Sex:

Consult:

Dr San



TEST NA

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PLATELET

RBC

MCV

MCH

MCHC

PCV (HCT)

BIOCHEMIST

SPECIMEN :

CREATININE

BLOOD UREA

RESULT ENTE
RESULT VERIF
PROVISIONAL

TREATMENT PLAN: Inj. DOCETAXEL + Inj. DEGARELIX + Inj. DENOSUMAB
(Height: 166 cms, Weight: 58 kg, BSA: 1.63)

TREATMENT GIVEN: 2nd Cycle

Cap. Apristar 125 mg stat
Inj. Dexona 8 mg + Inj. Rantac 50 mg + Inj. Palzen 0.25 mg + Inj. Avil 2cc in 250 ml NS IV over 1 hour
Inj. DOCETAXEL 70 mg in 500 ml NS IV over 3 hours
Inj. DEGARELIX 80 mg S/C stat (Once a month)
Inj. DENOSUMAB 120 mg S/C stat (Once a month)
100 ml NS IV over 10 mins

Patient tolerated the treatment well

DISCHARGE MEDICATION:

S.NO	DRUG NAME	DOSAGE	FREQUENCY	DURATION
1	Tab. APRISTAR	80 mg	1-0-0 (B/F)	2 days
2	Tab. DEXONA	4 mg	1-0-1 (A/F)	2 days
3	Tab. EMESET	4 mg	1-0-1 (B/F)	3 days
4	Tab. PAN D		1-0-1 (B/F)	3 days
5	Tab. DOLO	650 mg	1 SOS	
6	Tab. RANTAC	150 mg	1-0-1 (on 20/04/2025)	1 day
7	Tab. DEXA	4 mg	1-0-1 (on 20/04/2025)	1 day

Inj. PEGASTA 6 mg S/C OD 1 day on 09/04/2025 Billed

POST CHEMO ADVICE TO REFERRING DOCTOR/ GP:

As patient received chemotherapy the chances of febrile neutropenia is high. Hence if patient has loose stools, feeling unwell, please do Hb/TC/Platelet and inform doctor.
If patient complaints of weakness/ Vomiting/ Nausea

Adv: Inj. Dexona 8mg + Inj. Rantac 50mg + Inj. Emeset 8mg in 500 ml NS IV over 2 hours - OD x 2/3/ alternate
If TC< 3000; Fever > 100°F; loose stools; feeling unwell

Adv: To start IV antibiotics – Inj. Pipzo (Piperacillin + Tazobactum) 4.5 gm (8th hourly) IV (after test dose) and inform the Oncologist.

➤ *In case of any emergency please contact (0824-4249999/8197807159)*

FOLLOW-UP APPOINTMENT: Review on 21/04/2025 with investigations report of CBC/Creatinine/ RBS/ Blood Urea Nitrogen (BUN) and Creatinine Clearance (CrCl).
Note: Next Inj. DEGARELIX and Inj. DENOSUMAB on 05/05/2025.

Dr. Y. SANATH HEGDE MD
RADIATION ONCOLOGIST
Radiation Oncologist
Mangalore Institute of Oncology

Checked By: Dr. Komal Shet
Prepared By: Arpittha



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1 hour

Name: Mr K CHANDRAPRAKASH SHETTY
Age/Sex: 66 Y/Male

Consultant:

Dr Sanath Hegde

Registration Number : P025483
Request Number : 50844
Collected on : 21-04-2025 / 11:13
Reported on : 21-04-2025 / 11:15

TEST NAME	RESULT VALUE	UOM	BIOLOGICAL REFERENCE	METHOD
HAEMATOLOGY				
SPECIMEN : BLOOD				
COMPLETE BLOOD COUNT : CBC				
HAEMOGLOBIN	10.1	g/dL	14 - 18	
TOTAL WBC COUNT	13800	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHIL	87	%	40 - 70	
LYMPHOCYTE	10	%	25 - 40	
EOSINOPHILS	02	%	1.0 - 6	
MONOCYTES	01	%	2 - 10	
BASOPHILES	00	%	0.0 - 1.0	
PLATELET COUNT	90000	/cumm	150000 - 400000	
RBC	3.27	mill/cumm	4 - 5.5	
MCV	95.1	fL	81 - 98	
MCH	30.8	pg	27 - 33	
MCHC	32.4	g/dL	32 - 36	
PCV (HCT)	31.1	%	42 - 52	
BIOCHEMISTRY				
SPECIMEN : SERUM				
CREATININE, SERUM	0.8	mg/dL	0.5 - 1.4	
BLOOD UREA	29	mg/dL	10 - 55	

End of Report

[Signature]
LAB TECHNICIAN

RESULT ENTERED BY : shimhila501

RESULT VERIFIED BY : shimhila501

PROVISIONAL REPORT

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DISCHARGE SUMMARY
DEPARTMENT OF RADIATION ONCOLOGY

Mr K CHANDRAPRAKASH SHETTY S/O K GOPAL

SHETTY

56 Y / MALE

#5-111 (B), UDUPI KUNIMULKI ROAD, NEAR MANJUNATHA
MOTORS, UDUPI TALUK, UDUPI DISTRICT,
UDUPI - 576101

Patient mobile no : 8431111888

PRIMARY CONSULTANT

Dr. Sanath Hegde

DIAGNOSIS: Metastatic Carcinoma prostate

HISTORY OF PRESENT ILLNESS: K/C/O Metastatic Carcinoma of Prostate diagnosed in June 2017. He received initial treatment at Narayana Health, Bangalore with 28# Radiation therapy to prostate in 2017 followed by Inj. Leuprolide and Tab. Abiraterone. In the year 2022 Inj. Leuprolide was changed to Inj. Degarelix. In the year 2025 Tab. Abiraterone was changed to Tab. Enzalutamide. PSMA PET CT on 19/02/2025 showed sclerotic lesion involving sternum, left 8th rib, D2, D3, D4 and L4 vertebrae and no lesion in Prostate or regional lymph nodes. In view of raising trend of PSA level- 3.8(Jan) > 5.9(Feb)> 8.61(Mar) he was planned for palliative chemotherapy with Inj. Docetaxel every 2 weekly once with Inj. Degarelix and Inj. Denusumab once a month. Now for 1st cycle of the same.

SYSTEMIC EXAMINATION:

NS: No abnormality detected
VS: S1S2 present. No murmurs
S: B/L NVBS, No added sounds
A: Soft non tender

INVESTIGATIONS:
istopathology report on June 2017:

- Adenocarcinoma of prostate - Gleason 9.

SA report on 02/04/2025: 10.790 ng/mL

ET/CT report on 19/02/2025:

- No evidence of local residual/recurrent disease involving the prostate.
- No evidence of locoregional lymph node metastasis.
- PSMA avid sclerotic lesion noted involving sternum, left eighth rib, D2, D3, D4 and L4 vertebrae, SUVmax 59.22 in the sternal lesion.
- No evidence of visceral metastases.

2nd Investigation report on

2-04-2025 COMPLETE BLOOD COUNT : CBC (Package) Haemoglobin : 11.0 g/dL, Pcv (Hct) : 34.2 %
Reticulocyte Count : 149000 /cumm, Total Wbc Count : 7900 /cumm, Neutrophil : 76 %, Lymphocyte : 1 %, Monocyte : 02 %, Eosinophils : 01 %, Basophils : 00 %, Mch : 30.2 pg, Mchc : 32.0 g/dL, Rbc : 3.62 mill/cumm, Random Blood Sugar : 286 mg/dL, Blood Urea : 31 g/dL, Creatinine, Serum : 0.9 mg/dL.



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