EE CENTOF 4RYA WELLNESS CENTRE

Patient Name

: Mrs. PINKY SHARMA

Age / Gender

: 35 Y Female

Ref Dr. Name

: Dr. Cancer Hospital

Accession No.

: 596366

Report Date

: 13/07/2024

Report Time

Category Name

CBD is normal in caliber. No obvious mass is seen in the distal part.

Pancreas is normal in size, shape and attenuation. MPD is not dilated. No perip inflammatory change or collection is seen.

Spleen is normal in size, outline and attenuation. No focal lesion is seen.

Adrenal glands are normal in size and attenuation.

Bilateral kidneys are normal in size and attenuation and show normal calculus or hydronephrosis is noted. No focal lesion is seen.

Visualized spine shows degenerative changes. No definite lytic lesion is seen.

IMPRESSION: Follow-up case of Ca ovary- Post chemotherapy, Present study reveals -

- COMPLEX CYSTIC LESIONS IN THE BILATERAL PELVIADNEXAL LOCATION WITH CYS MILD OMENTAL THICKENING AND MINIMAL ASCITES AS DESCRIBED

As compared to previous CT, there is mild to moderate regression of the primary lesions disappearance of the ascites. Significant regression of the omentoperitoneal thickening significant interval change of the size and morphology of the node. Overall features sugg tumor marker correlation.

Dr. Pratap Kakati

D (PGIMER) Chandigarh ior Consultant Radiologist Regd No-13428(AMC)

Dr. Palash Jyoti Das MD. SR (PGIMER) Senior Consultant Radiologist Read No-16069(AMC)

Dr. Co



## CT THORAX AND ABDOMEN (CONTRAST)

tinuous axial helical sections of thorax and whole abdomen were taken from the apoces or physis followed by multiplanner reconstructions.

### Report:

symphysis followed by multiplanner reconstructions:

Present study reveals complex cystic lesions in the bilateral pelviadnezal localic population of the bilateral pelviadnezal localic population in the oppose each other in the superior especi of the bilateral 136 mm and 131 sides measures 84 mm and 37 mm in LAD respectively (prior size 135 mm and 131 sides measures 84 mm and 37 mm in LAD respectively (prior size 135 mm and 131 mm in LAD respectively (prior size 135 mm and 131 mm and 45 mm and

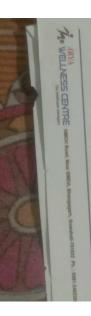
Cystic deposit measuring 27 mm in LAD is seen in the left side of the pelvis abuction. Minimal residual omentoperitoneal thickening is seen. Very minimal asspleural or pericardial effusion is seen.

Discrete nodes are seen in the left paraaortic, aortocaval and mesenteric measures 12 mm in SAD in left paraaortic location - ? Reactive.

No active lung parenchymal lesion is seen. No soft tissue pulmonary nodul cavitary lesion is seen. Calcified foci is seen in the right middle and lower lobs

Mediastinum is central in location. No mediastinat adenopathy is seen. Monorchi are normal in caliber. No intraluminal filling defect is seen. Both his pronchi are normal in caliber. No intraluminal filling defect is seen. Both his and configuration.

Liver is mildly enlarged (span: 186 mm) with normal outline and attenue Liver is mildly enlarged (span: 186 mm) with normal vein at confluence lesion is seen. Hepatic vein and IVC are patent. Portal vein at confluence lesion is seen. Hepatic vein and IVC are patent. Portal vein at confluence lesion is seen. Hepatic vein and IVC are patent. Portal vein at confluence fight and left main branches are normal. IHBRs are not distated right and left main branches are normal. Hepatic vein at the confluence of any hyperdense calculus is seen. Adenomyomatosis. No evidence of any hyperdense calculus is seen.



Endomyometrium- Free of tumour Additional Findings: Subserosal Leiomyoma Cervix- Free of tumour. Bilateral parametrium- Free of tumour. Attached Rectum - Free of tumour.

- 2. Omentum: Involved by tumour.
- 3. Appendix: Free of tumour.
- 4. Gall Bladder: Free of tumour.
- 5. Right pelvic lymph node- 16 lymph nodes dissected out, all are free of tumou
- 6. Left pelvic lymph node 9 lymph nodes dissected out, One lymph node show Largest deposit is 1.2 cm.
- 7. Mesenteric deposit -Free of tumour.
- 8. Retroperitoneal Lymph Node 11 lymph nodes dissected out, all are free of
- 9. Proximal doughnut margin Free of tumour.
- 10.Distal doughnut margin Free of tumour.

Additional Findings: Subserosal Leiomyoma

-Pathological staging- ypT3aN1bMx

-FIGO stage(2018): IIIA2

-- End of Report --

Dr. Muktanjalee Deka Professor, Onco-Pathology Department

State Cancer Institute Gauhati Medical College Dr. Madhusmita Ch Fellow, Oncopath State Cancer Insti Gauhati Medical C PERSONAL PROPERTY. Report Time Category Name



On cut section of the uterus -Endometrial thickness 0.2 cm. Myometrium 2 cm and is gros tumour. A subserosal fibroid noted measures 2.5x2x2. Can section shows grayish

teres x - 3 cm x 1 x 0.5 cm. Cut section - grossly free of tumour

Hight parametrium measuring 2 x  $1.0 \times 0.5$  cm. Cut section is grossly free of tumour parametrium measuring  $1.5 \times 1.0 \times 0.5$  cm. Cut section is grossly free of tumour Attached upper one-third of rectum measuring 16 cm in length. Rectum is grossly free of

- Omentum: Received omentum measuring 20 x 10 x 2 cm. Suspicious areas noted mea 15×0.5 cm.
- Appendix: Received appendix measures 4 cm. Cut section is unremarkable
- 4. Gall Bladder. Received Gall Bladder measures 6x2.5x2cm. Cut section is grossly free wall thickness is 0.2 cm.
- 5. Right pelvic lymph node- Received fibrofatty tissue measuring  $4.5 \times 3 \times 2$  cm. 16 lyr dissected out, largest measuring 1.0x1.0x0.8 cm.
- 6. Left pelvic lymph node Received fibrofatty tissue measuring  $5.5 \times 4.5 \times 1.5$  cm. 91dissected out, largest measuring 2.5 x 2 x 1.0 cm. Cut section - greyish white.
- 7. Mesenteric deposit Received soft tissue piece measures 0.5x0.4x0.2 cm. Whole t
- B. Retroperitoneal Lymph Node Received fibrofatty tissue measuring  $5.5 \times 4.5 \times 1$ nodes dissected out, largest measuring 1.2 x 1.0 x 0.3 cm. Cut section - greyish whit
- 9. Proximal doughnut margin Received proximal doughnut measures 2x1.5x1 cm processed.
- 10. Distal doughnut margin Received proximal doughnut measures 1.8x1.0x1.0 c processed.

1. A to E - Right ovarian mass with solid areas, F - Right ovarian mass from cystic G- Right fallopian tube with fimbriae, H to I - Left ovarian mass with solid area, Imass from cystic areas, L- Left fallopian tube with fimbriae, M- Adhesion betwee mass, N and O- Composite section of ovarian mass and rectal mass, P and Q- K Co ovarian mass and rectal mass, R- Cervix, S- Endomyometrium, T- LUS, U- Right P V- Left Parametrium, W, X- Lymph Nodes from LAR, 2.Y to Z- Suspicious area fro Z1 to Z2- Omentum, 3.Appendix tip and body, 4. Z4- Gall Bladder, 5. Z5 to Z7- R Node, 6.Z8 to Z11- Left Pelvic Lymph Node, 7. Z12- Mesenteric deposit, B. Z13-1 ymph Node, 9. Z15- Proximal Doughnut, 10. Z16- Distal Doughnut. R1, R3- Fib

#### MICROSCOPY:

I Sections from bilateral ovaries show viable malignant cells in sheets, clusters and in a desmoplastic stroma. The tumour cells are of medium sized with oval nuclei, for chromatin, conspicuous nucleoli and moderate amount of cosinophilic cytoplasm. Enterpretated changes in form of foamy histocytes, hemosiderin laden macrophalibrocyllagenous tissue noted.

Chemotherapy Response Score (CRS): CRS2 (moderate response)
Lymphovascular invasion- Not seen
Perimeural invasion- Not seen
Right fallopian tube- Free of tumour.
Left fallopian tube- Free of tumour.
Left fallopian tube- Free of tumour.
Cervix- Free of tumour
Bilateral parametrium- Free of tumour.
Attached Rectum - Free of tumour.

- 2. Omentum: Involved by tumour-
- 3. Appendix: Free of tumour.
- 4. Gall Bladder: Free of tumour.
- 5. Right pelvic lymph node- 16 lymph nodes dissected out, all are free of tumous
- 6. Left pelvic lymph node 9 lymph nodes dissected out, one lymph node show Largest deposit is 1.2 cm.
- 7. Mesenteric deposit -Free of tumour.
- 8. Retroperitoneal Lymph Node 11 lymph nodes dissected out, all are free of
- 9. Proximal doughnut margin Free of tumour.
- 10. Distal doughnut margin Free of tumour.

#### IMPRESSION:

- Total abdominal hysterectomy + Bilateral salpingoophorectomy + Low and Appendicectomy + Omentectomy + Cholecystectomy + Bilateral pelvic lymp Retroperitoneal lymph Node.

#### 1. Residual Serouscystadenocarcinoma, Bilateral ovaries.

- Chemotherapy Response Score (CRS) : CRS2 (moderate response)
- -Lymphovascular invasion: Not seen
- -Perineural invasion: Not seen
- -Right fallopian tube- Free of tumour.
- -Left fallopian tube- Free of tumour.



#### STATE CANCER INSTITUTE

Gauhati Medical College, Guwahati -781032 cancerhospitalgmc@gmail.com

HISTOPATHOLOGY

Patient name: Mrs. Pinky Sharma. Hospital No: SCI01.2400041931 Ordered On: 06/08/2024

Age/Sex: 35.Vrs/F Specimen: Histopatholog Reported On:21/08/202

#### Department of Oncopathology

Dr. Stukianijalne Deka., Professio & HOD Dr. Jagannath Dev Sharma, Professio & consultant Dr. Marasha S. Husradwaj, Assistant Professio Dr. Adaltor Patricia flovo, Assistant Professio & co Dr. Lachit Kaltia, Assistant Professor

Histopathology lab no: 2514/24

Clinical diagnosis: Carcinoma ovary (post NACT)

Nature of Specimen: Total abdominal hysterectomy + Bilateral salpingoophorecte anterior resection + Appendicectomy + Omentectomy + Cholecystectomy+ Bilateral pelvic lymph Node + Retroperit

- Specimen of total abdominal hysterectomy + bilateral sa
- 2. Omentum
- Appendix
   Gallbladder
- 5. Right pelvic lymph node
- 6. Left pelvic lymph node
- 7. Mesenteric deposit
- 8. Retroperitoneal Lymph Node
- 9. Proximal doughnut margin
- 10. Distal doughnut margin

#### GROSS EXAMINATION:

1. Specimen of uterus with fallopian tube and bilateral ovary with upper one right ovary measures 7.5x5x3 cm. The external surface is smooth. The capsulright fallopian tube seen measures 3.5 cm and is grossly free of tumour. On ca ovarian mass, it is solid and cystic. The solid area measures 3.5x2.5x2 cm. Arpresent in the solid areas. Areas of hemorrhage and necrosis are not seen. The  $8 \times 6 \times 3$  cm. The external surface is smooth. The capsule is intact. Stretched measures 5 cm and is grossly free of tumour.

Patient name: Mrs. Pinky Sharma Hospital No: SCI01.2400041931 Ordered On: 06/08/2024

Age/Sex: 35 Y Specimen: His Reported On:

#### Department of Oncopathology

Dr. Muktanjalec Deka - Professor & HDD Dr. Jagannath Dev Sharma, Professor & consultant

Histopathology lab no: 2514/24

Clinical diagnosis: Carcinoma ovary (post NACT)

Nature of Specimen: Total abdominal hysterectomy + Bilateral salping anterior resection + Appendicectomy + Omenter Cholecystectomy+ Bilateral pelvic lymph Node +

- 1. Specimen of total abdominal hysterectomy +
- 2. Omentum
- 3. Appendix
- 4. Gallbladder
- 5. Right pelvic lymph node
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#### GROSS EXAMINATION:

1. Specimen of uterus with fallopian tube and bilateral ovary with u right ovary measures 7.5x5x3 cm. The external surface is smooth." right fallopian tube seen measures 3.5 cm and is grossly free of tun ovarian mass, it is solid and cystic. The solid area measures 3.5x2.5 present in the solid areas. Areas of hemorrhage and necrosis are n 8 x 6 x 3 cm. The external surface is smooth. The capsule is intact. measures 5 cm and is grossly free of tumour.





## GAUHATI MEDICAL COLLEGE & HO

Bhangagarh, Guwahati - 781032

Strictly Use for Clinical Report of

Name: PINKY SARMA

Date: 18/03/2024 Exam: CECT ABDOMEN Age: 36Y

Sex: I

Sex: Female

Hospital No:

106629/24

Serial axial sections of abdomen were studied with and without the use of I.V. contrast.

A well defined hypoenhancing lesion with internal coarse calcification noted arising of uterus with subserosai component measuring 2.5 x 2.2 x 2.6 cm in CC and CS dimensional defined solid cystic lesion showing heterogeneous post contrast enhancemental adnexa. Enhancing mural nodular component and septations are noted within. To separately. The lesion in right side measures 13.5 x 8.8 x 10 cm in CC and CS dimensions. There is abutinent and candominal wall. The lesions are also abutting the small bowel loops.

Necrotic pericholecystic lymph nodes noted measuring upto c9mm.

LIVER: Normal in size, shape, contour, surface and parenchymal attenuation. If contrast study, normal enhancement of the liver parenchyma is noted. Hepatic verse radicles are normal.

GALL BLADDER: Normally distended. Shows normal luminal attenuation. No CT CBD: Normal in caliber and course. No intraluminal pathology is noted. No CT det PANCREAS: Normal in size, contour and parenchymal attenuation. MPD is not collection is evident.

SPLEEN: Normal in size, shape and parenchymal attenuation.

KIDNEYS: Both Kidneys normal in size, shape, position and parenchymal attendermal enhancement of the renal parenchyma is noted. Normal excretion of confesion, calculus or hydronephrosis is seen. The ureters are normal in course and calculus under the language of the unitary o

#### IMPRESSION: CECT REVEALS

Well defined solid cystic lesion showing heterogeneous post contrast enhancements with mural nodular and septation within with its abutments with mode pleural effusion and omentomesenteric inflammatory changes and or birateral serous cystadenoma with pseudo meig syndrome)

 Well defined hypoenhancing lesion arising from posterior myometrical calcification ... suggestive of calcified uterine myoma.

Vyshoo

Fina Dr S. ?

Please contact immediately for any typographi



#### STATE CANCER INSTIT Gauhati Medical College, Guwai cancerhospitalgme a gma)

#### DEPARTMENT OF NUCLEAR

PINKY SHARMA

PET CT No: Date of Procedure.

Referred By

Date of Report:

01/04/2024

Clinical History : CECT THORAX

CT scan of the chest. March 29, 2024 at 1244 hours

Clinical History: Adnexal mass.

Technique: Serial axial sections with sagittal and coronal reformats of neck to the upper abdomen are obtained with intravenous contrast.

Radiation dose: Not available. Contrast dose: Not available.

No prior study is available for comparison.

Findings:

Lungs and pleura: There is left pleural effusion. There are subcentim nodules are seen in the right lung. There is patchy consolidation see Mediastinum: The mediastinum including central airway is unremark unremarkable. The main pulmonary artery and its branches are nor

lymphadenopathy is identified. Bones and chest wall: The osseous structures are unremarkable. S

unremarkable.

Abdominal viscera: Moderate ascites is noted. There is fatty infiltrate nodular omental enhancing lesions in the left upper anterior abdon incompletely imaged.

Impression:

Moderate left pleural effusion.

Patchy opacities in the lingula and calcified/non-calcified right lun-Follow up recommended.



### GAUHATI MEDICAL COLLEGE & HOSPITA

Names PINKY SARMA Date: 18/03/2024

Exam: CECL ABDOMEN

Aget 35Y

Serial axial sections of abdomen were studied with and without the use of LV contrast. The study is

t well define hypoenhancing lexion with internal coarse calcification noted arising from poof uterus with subseroxal component measuring 2.5 x 2.2 x 2.6 cm in CC and CS dimensions A well defined solid cystic lesion showing heterogeneous post contrast enhancement noted is adnexa. Enhancing mural nodular component and septations are noted within. The ovaries exparately. The lesion in right side measures 13.5 x 8.8 x 10 cm in CC and CS dimensions and nwaxures 10.4 x 13.9 x 13.8 cm in CC and CS dimensions. There is abutment and contour bad abdominal wall. The lesions are also abatting the small bowel loops, Necrotic perichalocystic lymph nodes noted measuring upto c9mm.

LIVER: Normal in size, shape, contour, surface and parenchymal attenuation. IHBRs are contrast study, normal enhancement of the liver parenchyma is noted. Hepatic

GALL BLADDER: Normally distended. Shows normal luminal attenuation. No CT detectable CBD. Normal in caliber and course. No intraluminal pathology is noted. No CT detectable cale PANCREAS: Normal in size, contour and parenchymal attenuation. MPD 's not dilated. N

SPLEEN: Normal in size, shape and parenchymal attenuation.

KIDNEYS: Both Kidneys normal in size, shape, position and parenchymal attenuation. normal enhancement of the renal parenchyma is noted. Normal excretion of contrast is noted lesion, calculus or hydronephrosis is seen. The ureters are normal in course and caliber.

URINARY BLADDER: Normally distended with normal intraluminal attenuation.

MAJOR VESSELS: Are grossly normal, showing normal post contrast enhancement and per Moderate free fluid noted in peritoneal cavity with omentomesenteric fat stranding and om Few subcentimetric lymph nodes noted in pre para acrtic and mesenteric stations measuri Moderate free fluid noted in left pleural cavity.

#### IMPRESSION: CECT REVEALS

Well defined solid cystic lesion showing heterogeneous post contrast enhancement i with mural nodular and septation within with its abutments with moderate ascites pleural effusion and omentomesenteric inflammatory changes and omental cak bitateral serous cystadenoma with pseudo meig syndrome)

Well defined hypoenhancing lesion arising from posterior myometrium of utcalcification ... suggestive of calcified uterine my oma.

Dr S. N Islam (A)





#### STATE CANCER INSTITU GAUHATI MEDICAL COLLEGE & HOS BHANGAGARH, GUWAHATI - 781032

#### DEPARTMENT OF MOLECULAR ONCOLOGY

Name : MRS PINKY SHARMA

Filled On 27-05-2024 12:30 pm Sample On 27-05-2024 01:50 pm

27-05-2024 01:50 pm 30-05-2024 02:49 pm

BLOOD

BEEFFRENSHEEPERSSE

#### BRCA182 Single

Molecular testing information:

MINIMARKAN MARKANANA

Genes recommended for molecular detection KIT used for Real Time PCR detection

Real Time PCR detection GENES2ME-IVD KIT

#### **GROSS EXAMINATION:**

Tested Genes BRCA-1

(185delAG 300G 2080delA 4153delA 5382insC

Results BRCA-1(300G)

Ct of 300G: 21.804 5 30 (Cut-off Ct 5 30)

BRCA-1(4153delA)

Ct of 4153delA: 22.912 ≤ 30

Negative

(Cut-off Ct ≤ 30)

#### IMPRESSION

BRCA-2 (6174delT)

Impression:	The Sample is passed for DNA assessment analysis and suitable to search for mutations.
Negative control	Passed
Positive control	Passed
Internal control	Passed
Reaction	Passed

#### Remarks(If any):

Considerations:

The IVD-KIT Protocol identifies the sample with a Ct value less than or equal to the cut-off Ct value (30 BRCA-1

The sample with Ct value more than cut off Ct value (30) or No Amplification is considered as NEG BRCA-2 as per IVD KIT Protocol.

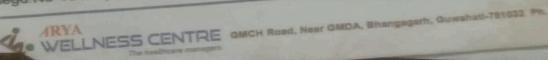
repared By : Mr. Maihur Basumatary

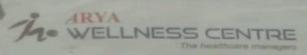
- End of Report -



MI Sen

Regd NO-10





281205

Patient Name

Mrs. PINKY SHARMA

Age / Gender

: 35 Y Female

Ref Dr. Name

: Dr. Rajiv Paul (onco)

Accession No.

Report Date

Report Time Category Name 563049

24/04/2024

INTERVE

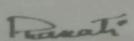
USG GUIDED THERAPUTIC ASPIRATION

USG guided aspiration was done from left pleural effusion.

1100 ml hemorrhagic fluid was aspirated.

No immediate post procedure complication was seen.

Sample was sent for Laboratory examination.



Dr. Pratap Kakati MD (PGIMER) Chandigarh Senior Consultant Radiologist Regd No-13428(AMC)

Dr. Palash Jyoti Das MD, SR (PGIMER) Senior Consultant Radiologist Read No-16069(AMC)



STATE CANCER INSTITUTE GAUHATI MEDICAL COLLEGE 10 WELLNESS CENTRE

Pattern Name

MISS. PINKY SHARMA

Age / Gender Patient Types

35 Y Pemale

Ref. By

Instinect (I) Dr. Rajiv Pintl (onco).

1 K/Y 1877/24

Collection On

Received On

Reported On

#### CYTOLOGY FOR MALIGNANT CELLS

#### Specimen: Pleural fluid

#### Gross examination:

Dr. Anup Kr Das MD Pathologist Regn. No. 13534 (AMC)

Received 1000ml hemorrhagic fluid.

Microscopic examination:

Irregular clusters of malignant cells are seen. They have moderate amount of cytoplasm and pleomorph hyperchromatic nuclei. Background shows lymphocytes and reactive mesothelial cells.

#### Impression:

Positive for malignancy.

\*\*END OF REPORT\*\*

WELLNESS CENTRE GMCH Road, Near GMDA, Bhangagarh, Guwahatt-781032 Ph.: 0361-246225/05, 604



#### STATE CANCER INSTITUT GAUHATI MEDICAL COLLEGE & HOS BHANGAGARH, GUWAHATI - 781032

#### DEPARTMENT OF MOLECULAR ONCOLOGY

Name MRS PINKY SHARMA

27-05-2024 12.30 pm

27-05-2024 01:50 pm 30-05-2024 02:49 pm

LAB ID

MANAGEMENT OF STREET OF STREET

BRCA182 Single

Molecular testing information: Genes recommended for molecular detection feat method applied

DESIGNATION OF THE PARTY OF THE

BRCA 1 8 BRCA -2 (GERMLINE)
Real Time PCR detection
GENES2ME-IVD KIT

GROSS EXAMINATION :

Tested Genes

BRCA-1

BRCA-1(300G)

Results Positive for

BRCA-1(4153delA)

Interpretations Ct of 300G: 21.804 ≤ 30 (Cut-off Ct ≤ 30)

Ct of 4153delA: 22.912

(Cut-off Ct ≤ 30) No amplification

BRCA-2 (6174delT)

Negative

IMPRESSION:

The Sample is passed for DNA assessment analysis and

suitable to search for mutations. Passed Passed Passed

Internal control Reaction

Impression:

Positive control

Remarks(If any): Considerations:

The IVD-KIT Protocol identifies the sample with a Ct value less than or equal to the cut-off Ct value (30)

The sample with Ct value more than cut off Ct value (30) or No Amplification is considered as NEG BRCA-2 as per IVD KIT Protocol.

repared By : Mr. Mainur Basumatary

- End of Report -

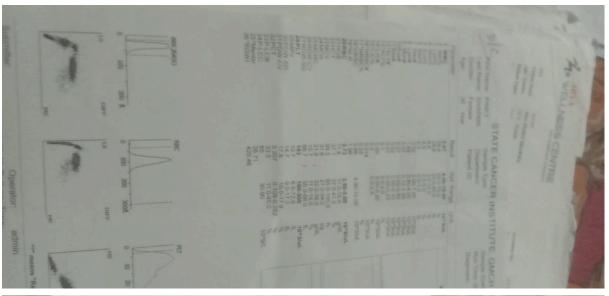
Passed

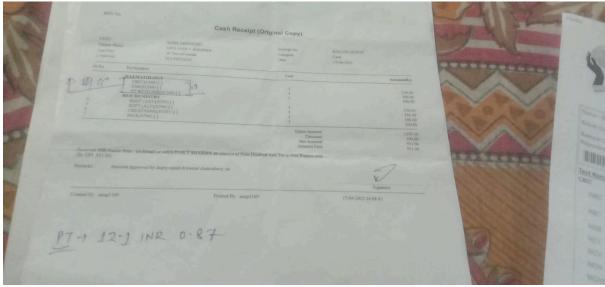
Oncologi Date 30 5 6 Guwahati-32 Per Institute

MI Sen

Regg No-1

WELLNESS CENTRE GMCH Road, Near GMDA, Bhangagarh, Guwahati-781032 Ph. :





Parlette Name Age / Gender Mrs. PROKY SHARMA Patient Types 15 Y Press STATE CANCER INST STATE CARCER INSTITUTE

SMCH

DEPARTMENT OF BIOCHEMISTRY

GUWAHATI- 781032

PATIENT: PINKY SHARMA

PHYSI ADDRESS: COMMENTS BIRTH DATE: SEX: F AGE: 36

ROOM:
SAMPLE ID: 44
COLLECTED ON: 18/4/2025 13:49:57
TEST START DATE/TIME AGE: RESULT ASSAY 0.6 mg/dL 40 mmol/L 3.8 mmol/L 28 U/L 29 U/L Creatinine Sodium Potassium 28 29 PAGE 1 PRINT DATE/TO End of Report



140 - 8 month / 2	140 - 8 month / 2	ASSAY	TINSSE	LT	BANG
PAGE 3 PRESE/TIMES	PAGE 1 PRESET DATE (TIME)	Creatinine Sodium Sotium AST	140 4.1 26 28		M - 0.00
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#### STATE CANCER INSTITU GAUHATI MEDICAL COLLEGE & HOS

BHANGAGARH, GUWAHATI - 781932

#### DEPARTMENT OF HAEMATOLOGY

27-03-2025 01:58 pm UHID No

BCID1 2400041931

Bample On 28-03-2025 12 14 pm Patient Type OPD Reported On 28-03-2025 04 53 pm Sample Type BLOOD District Control of the Control of t

#### RESTRICTED BY THE PROPERTY OF THE PARTY OF T

High for the little interior in clock- on	Result	Ref.Range
Test Name	2300000	
WBC		4-11
		4.5-5.5
RBC	12.0	13-16
HGB	28.1	40-50
HCT	100,9	88-96
MCV	31.8	27-32
MCH	31.5	32-36
MCHC	185	150-
PLT	56.9	38-
RDW-SD	15.7	11.
RDW-CV	55.8	. 40
DLC (NEUTROPHIL)		28
DLC (LYMPHOCYTES)	33.3	2
DLC(MONOCYTE)	6.9	
DLC (EOSINOPHIL)	4.0	3
	0.0	
DLC (BASOPHIL)	60	0-
SR		
T WITH INR	11.3	
PT	0.80	
INR	0.00	

- END OF THE REPORT -

Prepared By: Mrs. Meghali Sharma





## GAUHATI MEDICAL COLL STATE CANCER II BHANGAGARH, GUWA

LINET NO.

Partiest Type CPD
Sample Type CPD
Sample Type RUS/CD

5.5 5.2,1 5.2,1 5.2,1 119,2 122,9 27,2,0 27,

DLC (LYMPHOCYTES) DLC (EOSINOPHIL)

- END OF THE REPORT

Prepared By : Mrs. Meghali Sharma

Dr. Muktanjalee Deka rofessor, Onco-Pathology Department State Cancer Institute Guwahafi Medical College

## 74 WELLNESS CENTRE

DESCRIPTION OF PERSONS ASSESSED.

Street, Challestern Co.

Shecontrast Co-

Pagasrand Circ

#### UNINE EXABINATION (BUILTINE)

#### PRIVERDAL EXAMINATION

#### CHEMICAL EXAMINATION

Number of Books

Nittitie

#### MICROSCOPIC EXAMINATION

**Epithelial Cells** 

Crystal

Bacteria

Method: Reagent Strip & Microscopic Examination

CLINICAL PATRICIPATIVE

Not Detected

Nemandion

1 - 2

Figet

Thipt

/Expat

/lpf

Not Detected 1-2

Not Detected Not Detected Not Distested

SCHOOL FOA

Not Dissected Not Detected Not Detected Not Distorte

Negnnes

0-5

Not Detec Not Deter Not Dote

"END OF REPORT"

Dr. Arushi Agarwal MD Pathologist Regn. No.: 72956(UPMC)



## STATE CANCER INSTITUTE, GMC

#### PREAUTHORIZATION REQUEST FORM

#### FOR AB-PMJAY BENEFICIARIES

OR AB-PMJAY BENEFICIARIES
1002338483
MEDVOTW 15
pinky sharma
36/F
Se101.2400041331
8638149415
15/11/2029
Cestooplatin + paclitaxel
W00071
18700 /

JAY BENEFICIARY tate Cancer Institute auhati Medical College Guwahati-32

ite Cancer Institute GMC

PATRAY | AM Cancer I

> VALIDT PMUAY State C



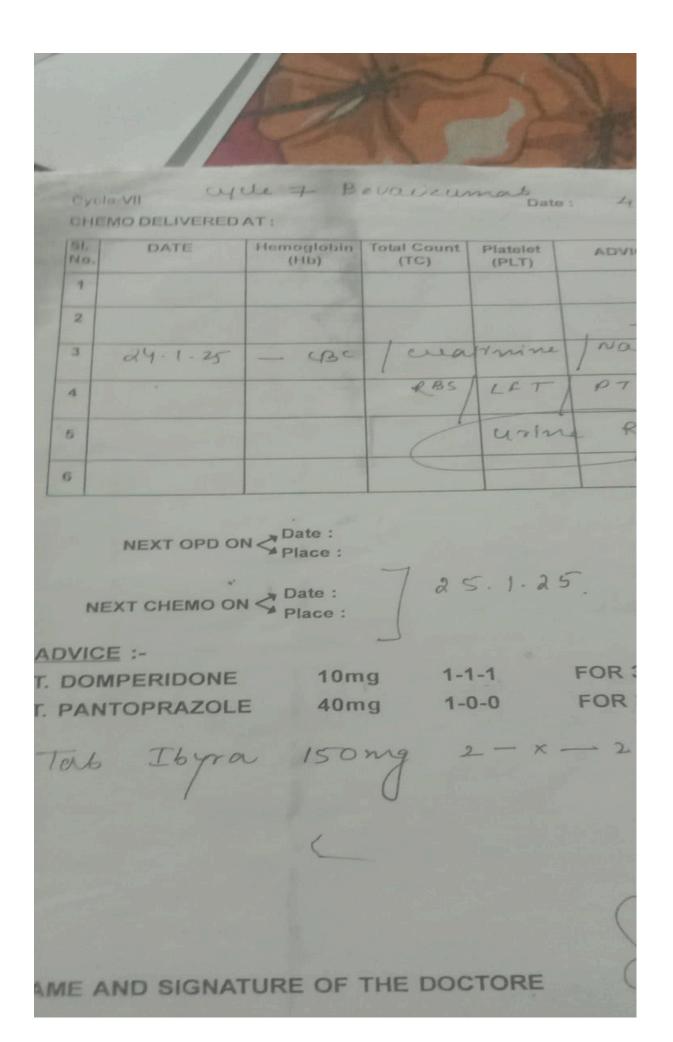
## STATE CANCER INSTITUTE, GMC PREAUTHORIZATION REQUEST FORM

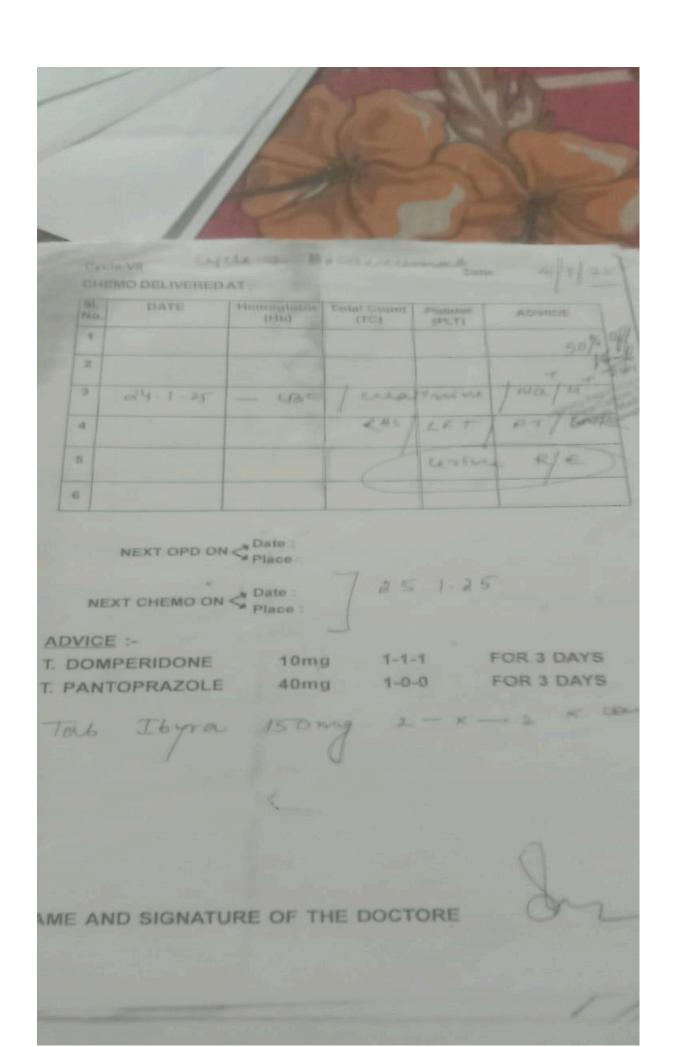
#### FOR AB-PMJAY BENEFICIARIES

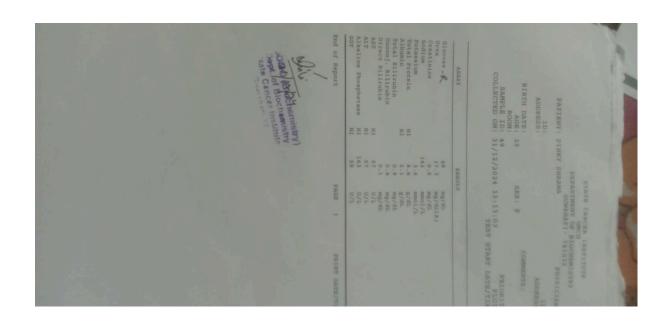
10	R AB-FIVIDAL BEITELL
Registration ID	1002338483
PMJAY ID	MEDVOTW15
Patient Name	pinky sharma
Age & Sex	36/ €
Hospital UHID	50301.2400041331
Contact Number ,	8638149415
Registration Date	(5/11/2027
	Cerrooplatin + paclitax
Package Name	1933
Package Code	M00071
Package Amount	18700 +

PMJAY BENEFICIARY
State Cancer Institute
Gaubati Medical College
Guwahati-32

PM St







(A Unit of E.G. Nursing Home

Homen Borgohain Path, Narangi Tiniali, Guwaha Phone: 9127807965, 9864406179, 7099092212.

Name: Ma Pinky Sharma

TESTS

DIFFERENTIAL COUNT

Neutrophils Lymphocytes Monocytes Eosinophi<sup>j</sup>

Age: 36 Yrs.

Sample received on 20/12/2024
HAEMATOLOGY
RESULTS
UNITS

34



## STATE CANC GAUHATI MEDICAL BHANGAGARH,

#### DEPARTMENT OF HAEMATO

Name MRS PINKY SHARMA

Billed On 31-12-2024 12 14 pm

Sample On 31-12-2024 12:23 pm

Reported On 31-12-2024 04 04 pm

UHID No Patient Type Sample Type Reference

OPD:

contraction that the country has been free that the that the file the	Titled will be to like he and he the life the fire her liter her liter he
Test Name CBC	Result
WBC	(2.5)
RBC	2.3
HGB	11.0
HCT	35.6
MCV	105.2
MGH	32.5
MCHC	30.9
PLT	173
RDW-SD	90.7
RDW-CV	23.8
DLC (NEUTROPHIL)	44.5
DLC (LYMPHOCYTES)	34.9
DLC(MONOCYTE)	13.1
DLC (EOSINOPHIL)	7.5
DLC (BASOPHIL)	0.0
SR	60
WITH INR	
PT	10.9
INR	0.77

ES PT



Prepared By : Mrs. Maghall Sharma
Dr. Muktanjate Deka
Dr. Muktanjate Deka

STATE CANCER INSTITUTE
GNCH
DEPARTMENT OF BIOCHEMISTRY
GUWAHATI 781032
PHYSIC PATIENT: SHARMA PINKY ID: SCI01.2400041931 ADD BIRTH DATE: 1/1/1989

AGE: 36 SEX: F

ROOM: LABORATORY

SAMPLE ID: 548-14022025

COLLECTED ON: 14/2/2025 12:28:15 TEST START DATE RESULT ASSAY 94 mg/dL mg/dL(A) mg/dL 26.6 Urea mmol/L mmol/L U/L 140 4.6 Potassium AST 45



# STATE CANCER IN GAUHATI MEDICAL COLLEG BHANGAGARH, GUWAHA

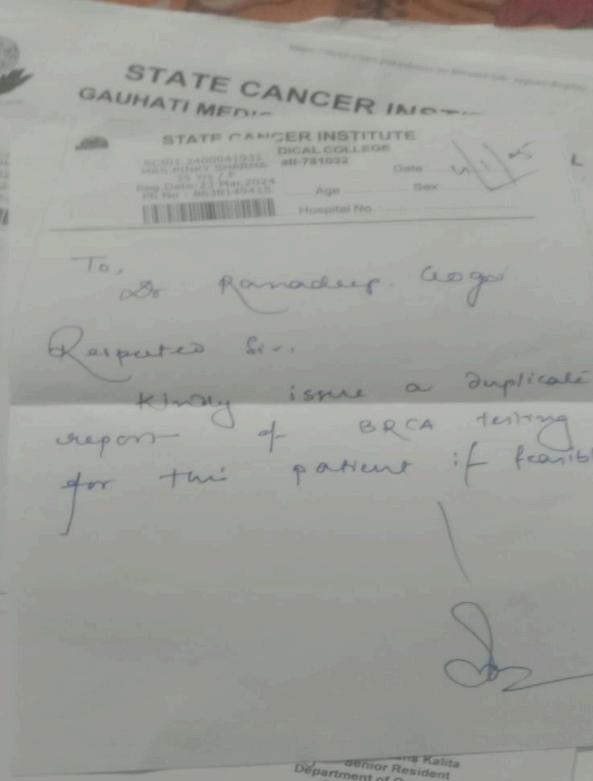
# DEPARTMENT OF HAEMATOLOGY

	INR 0.92	PT 12.6	PT WITH INR	ESR	DLC (BASOPHIL) 0.0	DLC (EOSINOPHIL)	DLC(MONOCYTE) 8.0	DLC (LYMPHOCYTES) 33.8	DLC (NEUTROPHIL) 49.8	RDW-CV 17.4	RDW-SD 65.2	PLT 141	MCHC 31.1	MCH 32.0	MCV 193.1	HCT 36.5	HGB 11.3	RBC 3.5	Test Name Result	Reported On 14-02-2025 01 27 pm Sample Type OPD Sample Type BLOOD
The state of the s	.92	2.6			0			CO	B	140	2	The state of the s							X	BLOGD BOOK

-- END OF THE REPOR

Prepared By: Mrs. Meghali Sharma

Dr. Muktanjalee Deka Professor, Onco-Pathology Department State Cancer Institute Guwahati Medical College



Department of Oncopathology State Cancer Institute Gauhati Medical College



## GAUHATI MEDICAL COLLEGE & HOTE BHANGAGARH, GUWAHATI - 781032

#### DEPARTMENT OF BIOCHEMISTRY

	7-03-2025 01:27 pm 7-03-2025 01:53 pm 7-03-2025 03:47 pm	UHID No Patient Type Sample Type	Reference Dr SCI SCI01 2400041931 OPD SERUM	Age/Sex Bill No LAB ID	SGV / Fem
Test Name			Result	Ref.B	ange
CALCIUM			9.4	8.4-	10.2
CREATININE			0.6	0.5-	1.2
NA/K					
Sodium			142	137	-145
Potassium			4.2	3.5	-5.1
RANDOM BLOOD GL	UCOSE				
RBG			93	70	140
GOT (AST)			30	1.5	-46
GPT (ALT)					
SGPT(ALT)			32	0	45

-- END OF THE REPORT --

Prepared By: Mrs. Meghali Sharma



## STATE CANCER GAUHATI MEDICAL COL BHANGAGARH, GUW

DEPARTMENT OF HARMATOLOGY

Name MES PROCY BUARRA

Sample On

07-03-2025 01-27 pm 07-03-2025 01-53 pm

77-03-2025 05-35 pm Patient Type 77-03-2025 05-35 pm Sample Type

III) No 0

Reference to SC BERT 240004193 CHES

#### PRIMITETALISME

#### BELLEVILLE BERLEVILLE

Test.Name	
	25.8
	32.4
	10.7
DLC (NEUTROPHIL)	
DLC (LYMPHOCYTES)	
DLC(MONOCYTE)	
DLC (EOSINOPHIL)	5.6
DLC (BASOPHIL)	
ESR	65
PT WITH INR	
	13.6
INR	

- END OF THE REPORT

Drenared By Mrs. Meghali Sharma

Dr. Muktanjalee Deka Professor, Onco-Pathology Department State Cancer Institute Guwahati Medical College