



LAB REPORT



Dr. Remedies Labs
Diagnostics Redefined...

Name : Mr.SATHYANARANA GOUD JALAGAM
Age/Gender : 61 Y 0 M 0 D /M
Ref Doctor : SELF
Ref.Cust : BASAVATARAKAM INDO AMERICAN
HOSP
Client Code : TSD332

UHID No/Visit ID : TSD332.00003826/TSD332.3989
Collected : 23/Jan/2021 05:47PM
Received : 23/Jan/2021 06:08PM
Reported : 24/Jan/2021 03:26AM
Barcode : A82885

DEPARTMENT OF MOLECULAR BIOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
SARS-COV-2 , NASOPHARYNGEAL/ORPHARYNGEAL SWABS				
SARS-CoV-2 E Gene	NEGATIVE			Real Time-PCR
SARS-CoV-2 ORF1ab Gene	NEGATIVE			

INTERPRETATION

NEGATIVE FOR SARS-CoV2

Condition of specimen received: Maintained under cold condition

Comment:

Note: The results relate only to the specimens tested and should be correlated with clinical findings.

What does CT mean?

In the real time PCR assay a positive reaction is resulted by accumulation of fluorescent signal. The Ct (Cycle threshold) is defined as the number of cycles required for fluorescent signal to cross the threshold (ie exceeds background level). Ct values are inversely proportional to the amount of target nucleic acid in the sample (ie the lower the Ct level the greater the amount of target nucleic acid in the sample). WVDL real time assays undergo 40 cycles of amplification.

Cts <= 24 are strong positive reactions indicative of abundant target nucleic acid (Viral RNA) in the sample

Cts of 25 to 28 are positive reactions indicative of moderate amounts of target nucleic acid (Viral RNA)

Cts of 29 to 37 are weak reactions indicative of minimal amounts of target nucleic acid (Viral RNA) which could represent an infection state.

Note: CT values differ from Kit to Kit, Lab to Lab, sample collection process and sample transportation/storage condition.

Principle of assay is to determine the viral specific gene markers in collected sample.

E-gene to detect all coronavirus strains and ORF1ab gene to confirm COVID-19/SARS-CoV-2.

- ♦ Testing of referred clinical specimens was considered on the basis of approval from ICMR (ICMR Code: DRLH001/DREMLPVKAP)
- ♦ Negative results do not preclude SARS-CoV-2 and should not be used as the sole basis for patient management decisions. Kindly repeat the test after 48/72hr if clinically suspected.
- ♦ A positive test results is only tentative, and will be reconfirmed by re-testing.
- ♦ Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimens may be considered after a gap of 2 to 4 days after collection of the 1st specimen for additional testing if required.
- ♦ A positive alternate pathogen does not necessarily rule out either, as little is known about role of co-infections.
- ♦ False Negative results may be attributable to improper sample collection, improper transport, under anti-viral treatment.

Printed On :25-Jan-2021 09:01 AM Sample Processed at :HYDERABAD

*** End Of Report ***

Page 1 of 1

Dr. Naresh Y
Lab Incharge

Dr. Syeda Fahada
Consultant Microbiologist

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Sharma Commercial Complex
Punjagutta, Hyderabad-500082.
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☎ 080 25584999

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Commercial Complex
Narsaina Vihar,
New Delhi-110028.
☎ 011 4909 6101

D No : 16-1-8,
Coastal Battery Road,
Near Collector Office,
Maharani-peta,
Visakhapatnam-530002

Sector 1, Kane Nagar,
Antop Hill, Wadala (E)
Mumbai - 400037,
Maharashtra.

Patient Name	Mr. SATHYANARANA GOUD JALAGAM	MR No	MR1812289
Age/Sex	61/Male	Category	CASH
Ref.Doctor	DR. Chandra Sekhara Rao L M	Visit Id	DGMR2000117962
Collected On	23-12-2020 12:08:13	Sample Received	24-12-2020 11:19:14
Reported On	24-12-2020 16:37:17	sampleType	FNAC

CYTOLOGY

SPECIMEN No: C20-4242

SPECIMEN :

FNAC from left level IB lymphnode.

MICROSCOPIC FINDINGS :

Smears are moderately cellular and show atypical cells arranged in sheets, clusters and micro follicular pattern with focal swirling. The cells have moderate cytoplasm, oval enlarged nuclei with powdery chromatin exhibiting overlapping, anisonucleosis. Focal areas show pseudoinclusions and grooves macrophages. Background is hemorrhagic and shows lymphoid cells.

IMPRESSION :

FNAC from left level IB lymphnode :

Positive for malignancy.

Metastatic papillary carcinoma thyroid in a known case of carcinoma thyroid.

-----End of Report...!!-----

Harveen Kaur

24-12-2020 16:37:17

Dr. HARVEEN KAUR GULATI

MD(Path).

Pathologist

Regn.No:5107

Note: Please correlate clinically. Kindly discuss if necessary.

Typed By : 003860 24-12-2020 15:16:52

This report relates to the specimen/material submitted to the laboratory. Authorized by : contact No. Ext :

Test/s marked with * is/are not in the NABL scope of accreditation



Patient Name	Mr. SATHYANARANA GOUD JALAGAM	MR No	MR1812289
Age/Sex	61/Male	Category	CASH
Ref.Doctor	DR. Chandra Sekhara Rao L M	Visit Id	DGMR2000118135
Collected On	23-12-2020 12:18:53	Sample Received	26-12-2020 11:40:42
Reported On	26-12-2020 12:43:43	sampleType	FNAC

CYTOLOGY

SPECIMEN No: C20-4242

SPECIMEN :

FNAC from left level IB lymphnode.

MICROSCOPIC FINDINGS :

Smears are moderately cellular and show atypical cells arranged in sheets, clusters and micro follicular pattern with focal swirling. The cells have moderate cytoplasm, oval enlarged nuclei with powdery chromatin exhibiting overlapping, anisonucleosis. Focal areas show pseudoinclusions and grooves macrophages. Background is hemorrhagic and shows lymphoid cells.

IMPRESSION :

FNAC from left level IB lymphnode :

Positive for malignancy.

Metastatic papillary carcinoma thyroid in a known case of carcinoma thyroid.

CELL BLOCK :

Sections studied show papillaroid clusters and follicles of atypical thyroid follicular cells showing overlapping. The cells are oval with moderate cytoplasm, oval clear nuclei with occasional grooves. Background is hemorrhagic with lymphocytes and cyst macrophages.

IMPRESSION :

Left level IB lymphnode, cell block :

Features are consistent with Metastatic papillary carcinoma in a known case of papillary carcinoma thyroid.

-----End of Report..!!-----

[Signature]

26-12-2020 12:43:43

Dr. SUSEELA K

MBBS, MD

HOD Pathology

Regn.No:59285

Note: Please correlate clinically. Kindly discuss if necessary.

Typed By : 003860 26-12-2020 12:00:57

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Test/s marked with * is/are not in the NABL scope of accreditation



DISCHARGE SUMMARY

Name	: Mr SATHYANARANA GOUD JALAGAM	Patient ID	: MR1812289	Visit ID	: IPMR2102196
Age	: 61 Yrs	Gender	: Male	Bed/Ward	: WARD43-6/Ward 43
Date Of Admission	: 25/01/2021 16:08	Category	: ARSTG	Date Of Discharge	: 30/01/2021

Consultant(s):

Dr Chandra Sekhara Rao L M M.S.DNB(ENT), MNAMS, PDCC(Plastic Surgery), M.Ch(Head and Neck Oncology).
Chief Consultant

Dr Hemantkumar Omkar Nemade MS(ENT), FHNSO(Head and Neck Oncology).Consultant

Dr Jonathan GT MDS(Maxillofacial Surgery).Consultant

Dr Avinash Chaitanya S MS(ENT), Fellow in Head and neck Oncology

Dr Sravan Kumar CH MS(ENT), FHNSO(Head and Neck Oncology)Consultant

Mr Pardha Saradhi A B.Sc.Head & Neck Rehab Specialist

Final Diagnosis: Left Level Ib nodal recurrence in a known case of papillary carcinoma thyroid

Surgery: Left selective neck dissection- Ia and Ib on 29/01/2021

History:

Chief Complaints:K/c/o Papillary carcinoma thyroid underwent Total thyroidectomy+left level II-IV LN dissection+central lymph node sampling on 05.09.18 ,HPE:PTC -classic variant pT2N1b followed by RIA 150 mCi on 15/10/2018.Defaulted and on irregular follow up.Now presented with Left level 1b recurrence. Co-morbidities:HTN+

General Examination: no pallor/icterus/pedal oedema

Performance Status:ECOG-1

Vitals:stable

Local Examination: Scar of previous surgery present.2x2 cm hard LN at left level 1b.No other LNs palpable.

Investigations:

Left level IB lymphnode, cell block :Features are consistent withMetastatic papillary carcinoma in a known case of papillary carcinoma thyroid.

Whole Body Iodine Scan on 28/12/2020 : Scan findings are negative for any local recurrence or distant metastases. However in view of elevated Serum thyroglobulin I -131 negative scan to be considered.

PET CT Whole Body on 5/1/2021 :Metabolically active left level Ib (Intense), level II and Va lymphnodes - Metastatic.Non FDG avid multiple small soft tissue density nodules in both lungs - Likely metastatic.No other evidence of metabolically active disease in present whole body scan

MULTI SLICE SPIRAL CT CHEST PLAIN of 28.01.2021Multiple small(3-5mm) subpleural T parenchymal soft tissue density nodules in right lung and lower lobe of left lung.Few small volume bilateral axillary nodes (max 14x12mm).CORADS - 1

Case Discussion: Pros and cons of procedure explained to patient and her attendants and planned for surgery.

SURGERY: Left selective neck dissection-Ia and Ib on 29/01/2021

Findings : 1.Significant Left level 1b nodes
2.1x1 cm suspicious LN at Left EJV.

Condition at Discharge: Stable, tolerating soft diet.Wound healthy.Drain in situ.

Discharge Advice:

1) Medication Prescribed:

- Tab PCM 1g PO thrice daily for one week
- Tab Pantop 40 mg PO twice daily for one week



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E-Mail : info@induscancer.com www.induscancer.com



- c) Stop Thyronorm 175mcg
- d) continue medications for HTN as advised
- 2) Drain care and wound care as advised.
- 3) Specific advice:
 - 1ampoule of calcium gluconate in 100ml NS over 15min followed by 3 Ampoules of Calcium Gluconate in 500ml NS over 50ml/hr in case of signs and symptoms s/o Hypocalcemia
 - drain care as advised
- 4) Review Date in OPD after 2 days for drain removal.

Report Immediately to the hospital in case of Fever/ Diarrhea / Excessive Vomiting/ Breathlessness
In case of Emergency contact Ph: 040-2355 1235. Emergency Room (Ext - 2499)

Discharge Summary Received By :

Signature:

Name: Deepthi
Relation: Daughter
Contact No: 9533699388

Typed Date : 30/01/2021

Typed By : Dr YOGESH KHENI

Printed By : Shiva Chaitanya

REGISTRAR / CONSULTANT:

Signature:

Name:

D. L.M. Chandra Sekhara Rao.S
M.S. DNB (ENT), PDCC, MHAAS, M. Ch.
Consultant Head & Neck Oncologist
Regd. No. 48758
Basavatarakam Indo-American
Cancer Hospital & Research Institute
Road No 10, Banjara Hills,
Hyderabad - 500 034 TS



DEPARTMENT OF NUCLEAR MEDICINE

Patient Name	Mr. SATHYANARANA GOUD JALAGAM	NM No.	WBLD-1220034/HDRT-3338
Age	61Y/Male	Bill No.	OPIV20098640
Patient ID	MR1812289	Visit Id	DGMR2000119243
Ref. Doctor	DR. ZAKIR ALI A	Date	30/12/2020

Clinical Diagnosis: Known case of papillary carcinoma thyroid with lymphnode metastases post operative and post RIT. 03/12/2020 : Sr Tg - 271.57ng/mL, Sr TSH - 67.6uIU/mL.

WHOLE BODY IODINE SCAN

Tracer Used I-131:

Technique:

About 3 mCi of I-131 dose was given orally & whole body iodine scan performed after 72 hours.

Scintigraphic Findings:

- Scan shows no abnormal I-131 tracer concentration anywhere in the entire torso.
- Only normal physiological distribution of tracer noted in the nasopharynx, stomach, liver & colon.

Impression:

- Scan findings are negative for any local recurrence or distant metastases. However in view of elevated Serum thyroglobulin I -131 negative scan to be considered.

Advise : FNAC left level I b lymphnode.

Dr. ZAKIR ALI A
Sr. Consultant Nuclear Medicine

Dated: 30-12-2020 10:52:20



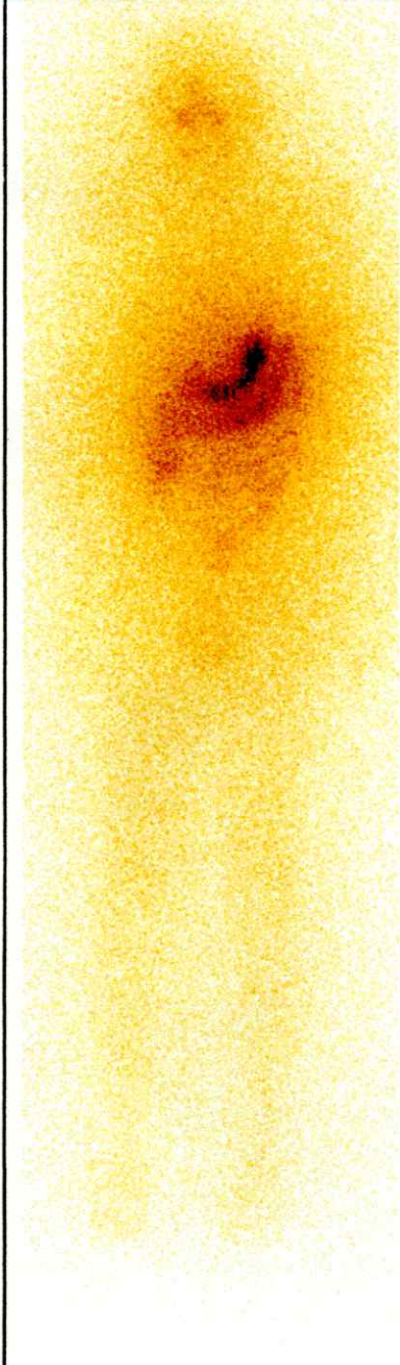
Dr. PRATHYUSHA B
Consultant Nuclear Medicine

Dated: 30-12-2020 11:03:32



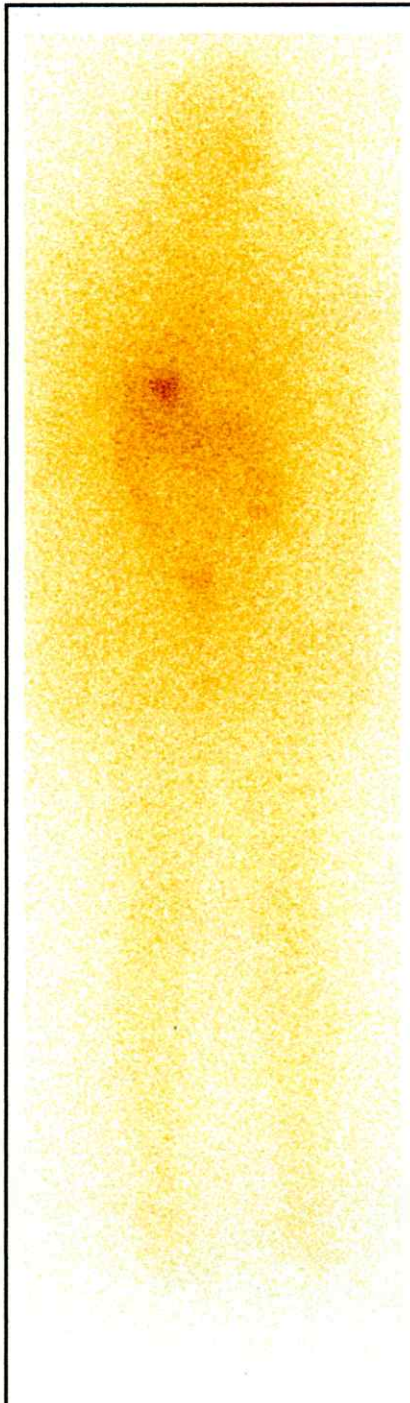
Patient Name: SATHYANARAYANA GOUD 61/M
Patient Id: WBLD-1220034
Study Name: I-131 WB
Date & Time: 30/12/2020
Manufacturer Model: MILLENNIUM MG
BASAVATARAKAM INDO-AMERICAN CANCER HOSPITAL
HYDERABAD

131 IODINE THYROID & WB SURVEY

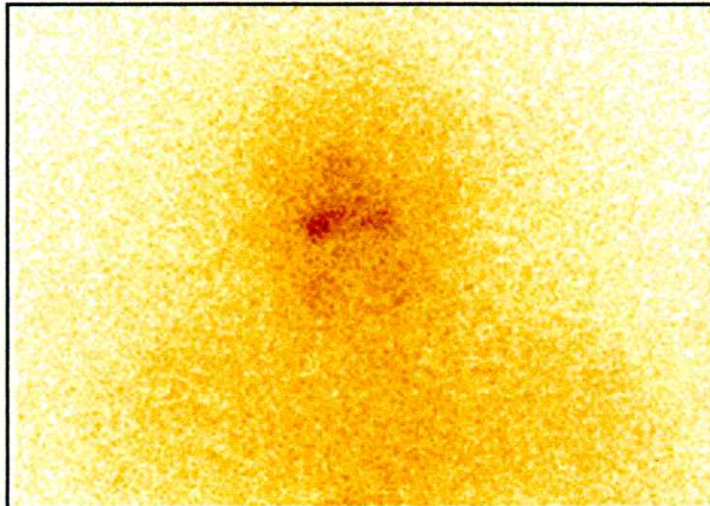


ANTERIOR

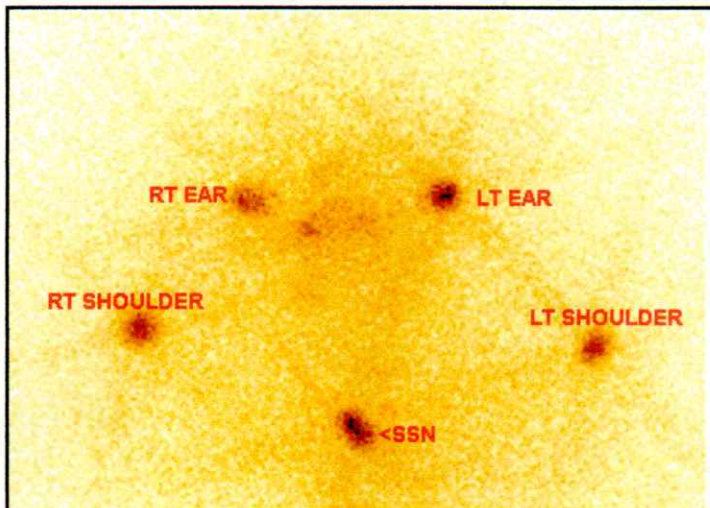
3 mCi OF 131 I WAS ADMINISTERED
ON 28/12/20



POSTERIOR



ANT NECK



ANT NECK WITH MARKERS





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E-Mail : info@induscancer.com www.induscancer.com



Rad Accession No : RDB14103735

MRN No : MR1812289

Name : Sathyanarana Goud Jalagam

Age/Gender : 61 Years and 4 Months / M

Consultant :

Category : CS

U/S NECK of 22.12.2020:

Thyroid gland: Post total thyroidectomy status.

Evidence of enlarged left cervical level IB lymphnode with thickened hypoechoic cortex, loss of fatty hilum and few necrotic areas measuring 25 x 13 mm.

Evidence of left cervical level IV lymphnode with altered central fatty hilum measuring 11 x 3.5 mm noted.

Evidence of few reactive lymphnodes noted in right level IB & II.

Strap muscles are normal.

Neck vessels are normal.

Bilateral parotid & submandibular glands are normal.





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CANCER HOSPITAL & RESEARCH INSTITUTE

Rad Accession No : RDB14103735

MRN No : MR1812289

Name : Sathyanarana Goud Jalagam

Age/Gender : 61 Years and 4 Months / M

Consultant :

Category : CS

Impression:

1. Evidence of enlarged left cervical level IB lymphnode with thickened hypoechoic cortex, loss of fatty hilum and few necrotic areas measuring 25 x 13 mm – Suspicious for metastases.
2. Evidence of left cervical level IV lymphnode with altered central fatty hilum measuring 11 x 3.5 mm noted – Indeterminate.

For clinical correlation.

Singh

Report Approved/Verified Date & Time

22.12.2020 15:05



CANCER HOSPITAL & RESEARCH INSTITUTE

DEPARTMENT OF NUCLEAR MEDICINE

Patient Name	Mr. SATHYANARANA GOUD JALAGAM	NM No.	PETCT 0121072
Age	61Y/Male	Bill No.	OPIV21001182
Patient ID	MR1812289	Visit Id	DGMR2100001483
Ref.Doctor	DR. Chandra Sekhara Rao L M	Date	05/01/2021

Clinical Diagnosis: Known case of papillary carcinoma thyroid with lymphnode metastases, post operative, post RIT, TENIS, for evaluation.

PET-CT WHOLE BODY

Technique: Whole body CECT & PET scan was performed from vertex of the skull to mid thigh after injecting about 10 mCi of 18F FDG intravenously. Scan was acquired 80minutes post injection. Patients blood glucose levels were 101mg/dl

CT Findings:

BRAIN:

- Normal

NECK:

- Naso, oro, hypo-pharynx and larynx are normal.
- Status post thyroidectomy.
- Few enlarged left level I B, II and Va nodes noted (max 18x16mm).
- Few small volume level IA, right level II and Va nodes (max 8mm in SAD).

CHEST :

- Multiple small(3-5mm) subpleural & parenchymal soft tissue density nodules in right lung and lower lobe of left lung.
- No evidence of significant mediastinal lymphadenopathy.
- Few small volume bilateral axillary nodes (max 14x12mm).
- Chest wall is normal.
- No pleural effusions.

ABDOMEN:

- Cholelithiasis noted (max 6mm).
- Non-obstructive right renal calculus (8mm).
- Bilateral renal cortical cysts (largest is exophytic on right - 56x52mm).
- Mild prostatomegaly.
- Liver, pancreas, spleen are normal.



DEPARTMENT OF NUCLEAR MEDICINE

Patient Name	Mr. SATHYANARANA GOUD JALAGAM	NM No.	PETCT 0121072
Age	61Y/Male	Bill No.	OPIV21001182
Patient ID	MR1812289	Visit Id	DGMR2100001483
Ref.Doctor	DR. Chandra Sekhara Rao L M	Date	05/01/2021

- No evidence of para aortic, paracaval, pelvic lymphadenopathy.
- No free fluid in the abdomen / pelvis.

BONES:

- No demonstrable lytic lesions.

PET Findings:

- Normal physiological 18F-FDG tracer uptake is seen in brain, pharyngeal tonsils, vocal cords, myocardium, liver, gut, kidneys and urinary bladder.
- Increased 18F-FDG tracer uptake is noted in:-
 1. Status post thyroidectomy.
 2. Small oval shaped soft tissue density nodule in the left supraclavicular region with no significant FDG uptake - ? Significance.
 3. Enlarged left level I B, II and Va lymphnodes (SUV max 17.8 in left level IB node).
 4. Small volume bilateral axillary lymphnode (SUV max 4.2). with preserved fatty hilum - ? Reactive.
 5. Tiny soft tissue density sub pleural nodules in right lung upper, middle and lower lobes and left lung lower lobe with no FDG uptake.
- Cholelithiasis.
- Cysts noted in right kidney.
- Small volume bilateral inguinal lymphnode with no significant FDG uptake - Reactive.
- Sub centimeter I A, right level I B, II and V A lymphnodes with no significant FDG uptake - ? Reactive.
- No other abnormal FDG avid lesion is seen on whole body survey.

IMPRESSION: In a known case of papillary carcinoma thyroid with lymphnode metastases, post operative, post RIT, TENIS, PET-CT scan reveals:

- Status post thyroidectomy.
- Metabolically active left level Ib (Intense), level II and Va lymphnodes - Metastatic.
- Non FDG avid multiple small soft tissue density nodules in both lungs - Likely metastatic.
- No other evidence of metabolically active disease in present whole body scan.





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E-Mail : info@induscancer.com www.induscancer.com



DEPARTMENT OF NUCLEAR MEDICINE

Patient Name	Mr. SATHYANARANA GOUD JALAGAM	NM No.	PETCT 0121072
Age	61Y/Male	Bill No.	OPIV21001182
Patient ID	MR1812289	Visit Id	DGMR2100001483
Ref.Doctor	DR. Chandra Sekhara Rao L M	Date	05/01/2021

Note: Whole Body FDG PET-CT is not very sensitive for brain metastasis.

Dr. ZAKIR ALI A
Sr. Consultant Nuclear Medicine

Dated: 06-01-2021 10:47:40

Dr. MEGHANA K
Radiologist

Dated: 06-01-2021 10:47:48

Dr. TEJONATH G
Consultant Nuclear Medicine

Dated: 06-01-2021 10:47:40

TypedBy :MamathaU-Miss MAMATHA U

Date :06/01/2021

Scan findings relate to details provided by patient suggested clinical Correlation and follow-up. Note:- Whole body FDG PET/CT scan is not very sensitive for brain mets



Patient Name: SATYANARAYANA GOUD.J 61/M

Patient Id: MR1812289

Study Name: CT Study

Date & Time: 05/01/2021

Manufacturer Model: Discovery STE

BASAVATARAKAM INDO-AMERICAN CANCER INSTITUTE & RESEARCH CENTRE, HYD-34.

PET-CT DEPARTMENT

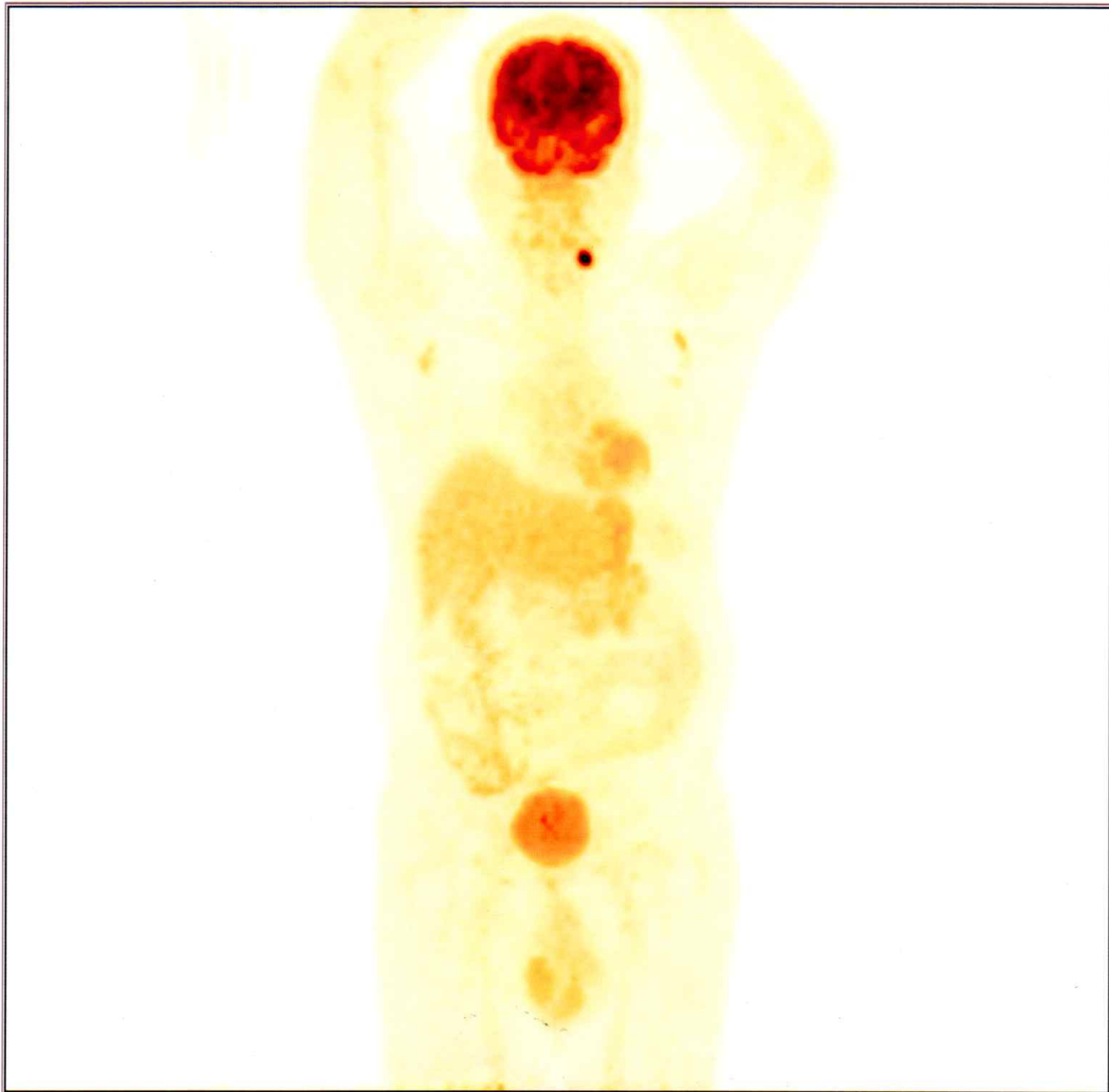


1) Load to New

SATYANARAYANA GOUD.J 61/M
MR1812289

CA THYROID
05/01/2021 12:49

BASAVATARAKAM INDO-AMERICAN
PET-CT DEPARTMENT



SATYANARAYANA GOUD.J 61/M
MR1812289
Sex: M Birth date: -

Basavatarakam Indo american cancer hospital an...
Acc. Nb.: 0121072
Date: Jan 05 2021

1 / 1

