

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA

PATIENT REGISTRATION

JHID NO : 1024453

Registration Date : 13/05/2025

Patient Name : Mr. OMPRAKASH RAJENDRA PRASAD TIWARI
Address : 0,CHAURAKALA,BICHHIYA,SANT RAVIDAS NAGAR,UTTAR PRADESH
Pin Code : 221308
Car No. : *****8614
Phone :
Email :
Gender : Male
Occupation :
Relationship With Patient : WIFE
Mobile :
Address : RENU TIWARI
Mobile :
Code : 221308
ferred By : Other : Family/Relative
ferred for :
I am aware that my mobile number will be used for sending free SMS alerts concerning my treatment etc.

I am aware that the charges being billed to me are towards services that I have voluntarily sought, and undertake to make the payment as per the bill raised.

3. I am aware that my clinical details may be used for education and research purposes.I will be informed of the same and my identity will not be revealed otherwise.

4. My Aadhar Card details will not be shared with any outside agency without my/our consent.

Patient and Relative Name: _____

Patient and Relative Signature: _____

HOSPITAL REGISTRATION NUMBER:888002317

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA

ONCOLOGY CLINIC

Patient's Name

Mr. Chirakesh Tiwari

Reg. No.

501M

DATE

14/12/2025

Has completed 2# FPF today

Foliated well

[Plan]

To meet Dr Pradhan Sir on 20/12/2025 / 22/12/2025
for clinical evaluaⁿ & reassessment of sx.

I
Praveen
Dhemb

ONCOLOGY CLINIC

Patient's Name

Ompalash.

Reg. No.

501M.

DATE

10/10/2023

19/6/25

KUOTHIN

2NEALC

C181GMS

EC 60 i.

MORNING

WT

HT

BSA

plan

Repeat EC4 & urine

1
Parasit
Dermat.

23/6/25

Second 4 of TPR (NACT)

From 19/6/25 to 22/6/25

- Head bradycardia. T. Beta Nicardis - Had.

- T. Nicardis 20mg OP - started.

- T. cocibes! - green

⇒ Chemo Tolerated well.

- any Peg. CREST 6mg S/c on 24/6/25

⇒ Do CBC on 27/6/25 & meet in OP.D
Maxi - Dose on 10/10/21/25 c (CBC, creat) Supt S

ONCOLOGY CLINIC

Patient's Name

Reg. No.

DATE

13/5/25

1024453

Mr. OMPRAKASH RAJENDRA PRASAD TIWARI

MALE : 50 Y

Ph. : 918080582674

SIB Prasad

Hypertension
On treatment.

C/o ulcer in tongue x 2 months.

OC

Trismus ++.



UP lesion
in (L) lat
tongue
almost
reaching
midline



B/L
level I &
LN's.

13/5/25
MRI → n 5.8 cm
(8/5/25
TMH

DOI - 3.1 cm.
(L) lateral tongue
lesion
crossing midline
Genioglossus,
Hyo-glossus
lingual neurovascular
bundle
submucosal space +
from (F)
reaching upto mylohyoid.

CECT Neck 8/5/25

Lesion in (L) Lat. Tongue
3.2 x 1.8 cm
not crossing midline,
not involving BOT

Adv

- Biopsy
- CT - MRI
- EVA

inf

Biopsy TMH → Sq cell
09/05/25
- EVA for disease mapping.

Adv: 2-3 cycles
of NACT.
& Resess.

DATE

No toxic food

smoother

mixer not released LCA

14/6/05 SWA Sheds



Ty fixed
very bulky Ty mass

(L) Tongue

own muscle
to bare

rosin how
not felt
Bone free

Adv NACT x 2

MRI Tongue

unlikely to win

PUNYASHILOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA

ONCOLOGY CLINIC

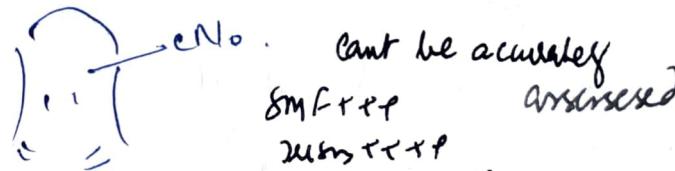
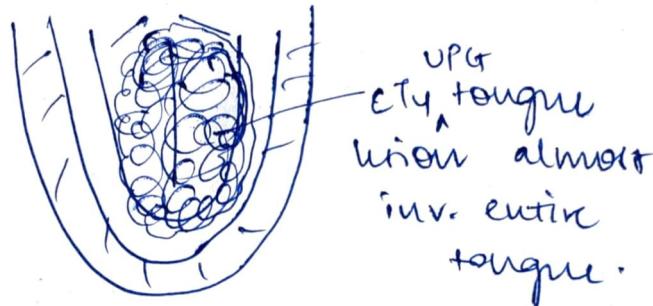
Patient's Name

Reg. No.

DATE

22/7/25. SIB Br. SAP.

Received 2^o NACT (TPF) (L.D - 14/7/25).
Feeling symptomatically better, ~~at the tongue~~
O/E: Throat ++
~~tongue~~
~~aggravated~~



23/7/25 GVA D Pude



Ty post NACT
x2 LD 14/7/25
modal
now
out Tongue
& bare Tongue
deep maxillary
to well I

None

Adv
MRI - Oral cavity &
neck
(Evaluation scan).

EVA to check for
Operability.

Subjectively better after
NACT x 2

DATE

Adv
MRI
neck to
see the tongue / neck

surgery if done would be

Toral flange of ~~bit~~ MND

Tracheostomy PMMC (L) or AZT

is very guarded prognosis

to discuss

Also ~~bit~~ NLF for access

(a major dental extraction)

1/8/25 SLB Dr. S AP

MRI (24/1/25)

- heterogenous lesion in ① lateral
tongue in necrosis.

- lesion crossing midline.

- Inv. ① transverse muscle,
genioglossus, hyoglossus.
extending to sublingual
space.

→ R/W Medical Oncologist for 3rd cycle of ~~the~~
NAET as patient is subjectively better but
surgical point of view margins are very difficult
to achieve.

D. Venkatesha

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA

Patient Sticker

Admission Note

Date : 18/12/2015

Please admit Mr./Mrs./Ms. one Prakash. triari
under care of Dr. Chneen. Bhatnai.

❖ Surgery

Chemotherapy

❖ Supportive Care

Palii/laebo

+ leuka/linob

Admission Category :

Day Care Economy Twin Occupancy

Single Occupancy A Deluxe ICU.

Date of admission: _____

Deposit Amount: Rs 2000/- No. of days 2

Dawar

KIRAN

KIRAN is a Patient Access Program for KEYTRUDA ("KIRAN") offered by MSD Pharmaceuticals Private Limited ("MSD") and Managed by Medybiz Pharma Private Limited ("Medybiz")

Patient Enrolment/Consent Form

For ENROLMENT, please complete this form and email it to: **KIRANpapv3@medybizpharma.com** or call: **18002102983**

Section 1.0: Patient Details

Patient's Full Name (as per Aadhaar Card):

OM PRAKASH RAJENDRA

PRASAD TIWARI

Age Above 18 years: Yes No

Sex: Male Female Other

Patient contact no: 8080582671

Patient Caregiver Name
(If applicable):

RENU OM PRAKASH TIWARI

Patient Caregiver Contact no
(If, applicable) :

9198107630

Patient's Residential Address:

CHAURAKALA, BICHHIYA,
SANT RAVI DAS NAGAR UTTAR PRADESH -221308.

Please answer the following questions on KIRAN

Eligibility Criteria and Declaration

1. I wish to be enrolled to KIRAN
2. I am an Indian citizen and resident
3. I do not possess enough financial resources to pay for the commencement and continuation of KEYTRUDA*

Supporting Document Required for Submission by Patient (copy of valid ID card)

*1st priority is Aadhaar card, in case of any other ID card to be provided please follow the priority order as below:

Aadhaar card Voter's ID card Ration card Indian Passport

Consent:

1. I confirm that my enrolment in KIRAN is voluntary and by my free will and consent, and the same is not transferable.
2. I further confirm that I will at all times adhere to my Oncologist's prescription and line of treatment and inform my Oncologist whenever I am unwell.
3. In the course of administering KIRAN program, I may be contacted by MSD's authorized service providers i.e. Medybiz Pharma Private Limited, Ramtirth Leasing and Finance Company Private Limited operating under the brand name of Arogya Finance, Healthlane Technologies Private Limited, IMS & its affiliates, Parekh Integrated Services Private Limited ("Authorized Service Providers").
4. I hereby give my consent to MSD's Authorized Service Providers (i) for collection, storage and processing of my personal information including financial information, doctor's prescription, medical history ("PI") provided in this form, for providing services under KIRAN, regulatory, legal, pharmacovigilance requirements and for disclosing my personal information to third parties for carrying out audit or inspection. If an audit or inspection is carried out by a third party, then such party shall treat the confidentiality of personal information in accordance with the terms of this consent and applicable data privacy laws; (ii) for transferring and disclosing my personal information to any other party as may be required for the purposes set out above and such third party can contact me for the same. I understand that the third parties will also be bound by the same terms and conditions as set out in this consent and will comply with the applicable data privacy laws.

5. I agree to receive calls, emails, and electronic messages from Authorized Service Providers to receive information and support during my participation in KIRAN. I also understand that my call will be recorded and email, messages will be stored by Authorized Service Providers for the purpose of internal training and audit.
6. I agree that I have received all requisite information about KIRAN from my Oncologist and Authorized Service Providers and I have also had an opportunity to seek clarifications.
7. I understand that under KIRAN, unless my physician advises otherwise, I can avail up to a maximum of 35 infusions.
8. I further consent to provide the Authorized Service Providers, the PI and all relevant information and documents (digitally and physically) either by myself, my caregiver or through my Oncologist. I agree to submit a duly completed and signed Infusion Confirmation Form to Medibiz within 48 hours of the latest Infusion or before the scheduled next Infusion, whichever is earlier.
9. I acknowledge that my participation in KIRAN will be evaluated by the Authorized Service Providers on a case-to-case basis and MSD reserves the right to vary, amend or terminate KIRAN at any time without prior notice to me.
10. Any vial(s) purchased from any other person /stockiest/distributor which is not authorized by MSD shall not be included in this program.
11. I understand that my PI shall be treated with utmost confidentiality and in accordance with the applicable data privacy laws and policies. I understand that I can reach out to the Authorized Service Providers to understand their respective data privacy policy.
12. I understand that the above-mentioned PI is collected through this consent form and If I choose not to provide my PI, the purpose of KIRAN program will not be fulfilled.
13. I consent to the purposes of collection, processing, and retention of the PI:
- To complete the enrollment and provide services related to KIRAN Patient Program following the financial assessment.
 - To contact (virtually/physically/electronic message) me for KIRAN patient program related communication, for delivering free vial and for free vial delivery inspection by Authorized Service Providers.
 - Adverse event reporting
 - Internal or external audit.
 - Legal obligation (if any)
 - In addition, certain personal data, including my patient ID number (a system generated number assigned to me by Medibiz), will be provided by Medibiz to MSD for the limited purposes of reconciliation, reporting and/or auditing of the Program. No information that could directly identify me will be transferred to MSD.
14. Disclosures of personal information: I understand that my PI may be disclosed to Authorized Service Providers, technical team, auditors, and consultants only for legitimate or regulatory purpose. Authorized Service Providers may also disclose my PI to meet any legal obligations.
15. Data retention: I understand that my PI will be retained for as long as reasonably necessary to fulfil the purposes of collection including for the purposes of satisfying any legal, regulatory, tax, accounting or reporting requirements. The information will be retained for the duration of 10 years after program completion. My PI may be retained for a longer period in the event of a complaint or if there is any prospect of litigation.
16. International Transfers: I understand that MSD, MSD authorized other service providers may transfer my PI to MSD affiliates or other MSD authorized service providers in other jurisdictions strictly for legitimate purposes.
Merck & Co., Inc., Rahway, NJ, USA, which has a tradename of MSD outside of the U.S. and Canada's holds certifications and commitments that facilitate the cross-border transfer of personal data. To learn more please visit our privacy statement here <https://www.msdprivacy.com/in/en/>
17. My Legal Rights:
- I understand that I have the following rights under applicable data protection laws of India in relation to my PI:
- Right to access and obtain a copy of my PI.
 - Right to rectify any inaccurate or incomplete PI
 - Right to erasure of my PI in certain circumstances.
 - Right to restrict processing of my PI in certain circumstances.
 - Right to object to processing of my PI.
 - Right to data portability, where applicable.
 - Right to withdraw my consent at any time.
- I understand that If I wish to exercise any of the rights set out above or if I have any questions regarding this privacy notice, I will contact Medibiz at kiranpapv3@medibizpharma.com. Upon the withdrawal of the consent by me, MSD and Authorized Service Providers will stop using and sharing my personal information. Medibiz shall also ensure that the PI is deleted from the records and systems of all Authorized Service Providers that it has been shared with for the purpose of KIRAN program, except for regulatory, legal and pharmacovigilance requirements and future audit or inspection.
18. Know more about MSD Data security:
- MSD privacy program is built on a platform of organizational accountability for privacy, stewardship of the data we use to operate our business, consistent global privacy practices and standards that carry on our tradition of upholding high ethical standards across our business practices, and ongoing oversight to ensure that we continue to respond to changes in privacy expectations as technology and our business continue to evolve.
- For more information about our program, please see <https://www.msdprivacy.com/in/en/>.

Datient Name: Mr. Anil Dabholkar
 For ENROLMENT, please complete this form and
 email it to: KIRANpapv3@medybizpharma.com or call: 18002102983

Safety Reporting Adverse Events (AEs), including death due to any cause, exposures during pregnancy, and Product Quality Complaints (PQCs) should be recorded on the KEYTRUDA® KIRAN-KEYTRUDA® Patient Access Program Adverse Event (AE) Form and reported within 24 hours to MSD DPOC.

Fill up and submit the AE Form to MSD DPOC at ddoc_india@merck.com or
 Fax to +91-124-4647339 or contact our toll-free number: 18001032642, Contact No. - +91-124-4647300
 Adverse events will be graded and recorded according to NCI-CTCAE, Version 4.0.

Patient's Signature: *Om*

Date: 04 08 25
 D D M M Y Y

Caregiver's Signature (If applicable): *Renu T.*

By signing this consent form, I agree to join KIRAN program, to comply with all the terms of this program and I consent to the processing of my personal information as outlined above

Please select the relevant indications to prescribe KEYTRUDA® to the patient:

Indication*	Treatment*
<input type="checkbox"/> 1L Non-squamous metastatic Non-Small Cell Lung Cancer (no EGFR or ALK positive tumor mutations)	Pembrolizumab ^{\$} + Pemetrexed + Platinum chemotherapy
<input type="checkbox"/> 1L Squamous metastatic Non-Small Cell Lung Cancer	Pembrolizumab ^{\$} + Carboplatin + Paclitaxel/Paclitaxel protein-bound
<input type="checkbox"/> 1L metastatic Non-Small Cell Lung Cancer (no EGFR or ALK positive tumor mutations)	Pembrolizumab monotherapy (PD-L1 TPS ≥50%) ^{\$}
<input type="checkbox"/> 2L metastatic Non-Small Cell Lung Cancer	Pembrolizumab monotherapy (PD-L1 TPS ≥1%) [#]
<input checked="" type="checkbox"/> 1L Unresectable, Recurrent or Metastatic Head and Neck Squamous Cell Carcinoma	Pembrolizumab ^{\$} + Platinum + 5-FU (5-fluorouracil) Pembrolizumab monotherapy (PD-L1 CPS ≥1) ^{\$}
<input type="checkbox"/> 2L Urothelial carcinoma	Pembrolizumab monotherapy ^{\$}
<input type="checkbox"/> 1L Persistent, Recurrent or Metastatic Cervical Cancer	Pembrolizumab ^{\$} + Chemotherapy +/- Bevacizumab (PD-L1 CPS ≥1)
<input type="checkbox"/> 1L Unresectable or Metastatic Esophagus or Gastroesophageal junction adenocarcinoma (HER-2 negative)	Pembrolizumab ^{\$} + Platinum + Fluoropyrimidine-based chemotherapy (PD-L1 CPS ≥10)
<input type="checkbox"/> 1L Metastatic Renal Cell Carcinoma	Pembrolizumab ^{\$} + Axitinib
<input type="checkbox"/> Adjuvant Renal Cell Carcinoma	Pembrolizumab monotherapy for patients who are at increased risk of recurrence following nephrectomy and resection of metastatic lesions ^{\$}
<input type="checkbox"/> 1L Unresectable, Recurrent or Metastatic Triple-Negative Breast Cancer	Pembrolizumab ^{\$} + Chemotherapy (PD-L1 CPS ≥10)
<input type="checkbox"/> Locally advanced or early-stage Triple-Negative Breast Cancer	Pembrolizumab + Chemotherapy as Neoadjuvant treatment then continued as Pembrolizumab monotherapy as adjuvant treatment after surgery ^{\$}
<input type="checkbox"/> Unresectable or metastatic Melanoma	Pembrolizumab monotherapy [#]
<input type="checkbox"/> Adjuvant treatment of Melanoma (Stage-III Melanoma and lymph node involvement who have undergone complete resection).	Pembrolizumab as Monotherapy ^{\$}
<input type="checkbox"/> 1L MSI-H or dMMR metastatic Colorectal Cancer	Pembrolizumab as Monotherapy ^{\$}
<input type="checkbox"/> R/R cHL (failed on ASCT or at least two prior therapies when ASCT is not treatment option)	Pembrolizumab as Monotherapy ^{\$}

ASCT - Autologous stem cell transplant; cHL - classical Hodgkin lymphoma; R/R - Relapsed or Refractory; MSI-H - Microsatellite Instability-High
 dMMR - Deficient mismatch repair

*For detailed information please refer to full prescribing information. (KEYTRUDA® India PI) [#]The recommended dose of Pembrolizumab is 2 mg/kg every 3 weeks.

^{\$}The recommended dose of Pembrolizumab is 200 mg every 3 weeks.

Expected Date of Treatment:

05 08 25

D D M M Y Y

Treating Physician's Signature: *Daniel*

Treating Physician's Stamp:

Date: 04 08 25 Dr. Tasneem Bharmal
 MD-Medicine, DrNB-Medical Oncology

D D M M Y Y

Medical Oncologist

Reg. No.-2014/04/1848

Punyashlok Ahilyadevi Holkar

IN-KY-01330 15/10/2024-24/10/2026 Cancer Institute of India



MSD Pharmaceuticals Pvt. Ltd.

Enam Sambhav, Levels 7, 8 & 9, C-20, G Block, Bandra Kurla Complex, Mumbai 400051.

This patient access program is sponsored by MSD Pharmaceuticals Pvt. Ltd.

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PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA

Date : 11/8/2025

UHID : _____

OPD PRESCRIPTION

Patient Name : Mr. OmPrakash Tiwari

Diagnosis : Ga lanque . - SCC NACP / Palliative

Age 50, Sex M, Height _____ Cm, Weight _____ Kg

Any Allegies _____

Name of the Prescribing Dr. Teneen Sheen

Signature :  Next Follow ups: _____

Registration Number : 201412411848 (MML)

Dispensed by : _____ Signature: _____ Date : _____
(Pharmacist Name) **Dr. Tasneem Bharmal**
M.B.B.S., M.D., D.N.B., Medical Oncology

(Vipul → 9833037210)

Date : _____
Dr. Tasneem Bharmal
MD-Medicine, DrNB-Medical Oncology
Medical Oncologist
Reg. No.-2014/04/1848
Punyashlok Ahilyadevi Holkar
EBCI/CHEMO/03
Head and Neck Cancer Institute of India

ONCOLOGY CLINIC

Patient's Name

Reg. No.

DATE

Name: Omprakash Tiwari

Age: 51

Date: 01/08/2025

Ph#: +918080582674

Diagnosis

- Ca Lt Tongue with restricted mouth opening.
- Soft tissue lesion in tongue crossing midline (5.4 x 3 x 4.9 cm) with small nodes (up to 11 mm).

Treatment Received

- Two cycles of TPF chemotherapy completed.

Chief Complaints

- Restricted mouth opening.
- Difficulty in eating and speaking.

HOPI

- Patient reports no significant improvement in tumor size after two cycles of TPF chemotherapy.

Investigation

- MRI: Soft tissue lesion in tongue crossing midline (5.4 x 3 x 4.9 cm) with small nodes (up to 11 mm). No major improvement compared to baseline CT scan.
- PDL1 report pending; biopsy sample to be sent to Tata or local lab for testing.

Treatment Plan

- Change NACT regimen to Paclitaxel, Carboplatin, and Pembrolizumab.
- Administer one cycle of the new regimen, followed by reassessment for local therapy.
- Coordinate with hospital for drug availability and paperwork.
- Estimated cost: Rs 2,00,000 for immunotherapy drugs; Rs 15,000-20,000 for chemotherapy drugs per cycle.
- Prognosis explained to brother

Adverse Effects

- Potential side effects of chemotherapy and immunotherapy discussed, including nausea, fatigue, and limited long-term benefit.

Follow Up

- Return to consult with Dr. Pradhan two weeks after the first cycle of the new regimen.
- If curative treatment (surgery or CTRT) remains unfeasible, continue immunotherapy based on PDL1 report.
- Coordinate with Tata or local lab for PDL1 testing.

Test Name	Lab	Reason
PDL1 22C3 Dako		
CBC.creat .sgpt and electrolyte		After 1 week

Dr Tasneem Bharmal

MD (Med) DrNB (Medical Oncology)

ESMO certification

Precision oncology and cancer genomics (Harvard Medical School)

Reg No - 2014/04/1848

Email: dr.tbharmal@gmail.com

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA



Patient Name	MR. OMPRAKASH RAJENDRA PRASAD TIWARI	IP / OP No	1024453
Ordered Loc	HOSPITAL CLINIC	Gender	Male
Ordered By	Pradhan Sultan A	Age	50 Years
Class	OPD Paying	Vch No	20146697
Current Loc Sample No	25024178	Collection	22/07/2025 01:16 PM
Address	O, chaurakala, bichhiya, sant ravidas nagar, uttar pradesh, , UTTAR PRADESH, 221308	Received	22/07/2025 01:27 PM
		Result Entry	22/07/2025 01:36 PM

DEPARTMENT OF HAEMATOLOGY

TEST NAME	VALUE	UNITS	BIOLOGICAL REF. RANGE
COMPLETE BLOOD COUNT			
(a. (EDTA Whole Blood)			
INDICES			
HAEMOGLOBIN	13.0	g/dl	13.0 - 17.0
Method: SLS			
R.B.C. COUNT	4.99	mill/cumm	4.50 - 5.50
Method: DC Impedance			
HAEMATOCRIT (P.C.V.)	40.5	%	40.0 - 50.0
Method: Calculated			
M.C.V.	81.2	fL	83.0 - 101.0
Method: Calculated			
M.C.H.	26.1	pg	27.0 - 32.0
Method: Calculated			
M.C.H.C.	32.1	g/dl	31.5 - 34.5
Method: Calculated			
R.D.W.-S.D.	43.1	fL	
Method: Calculated			
R.D.W.-C.V.	15.1	%	11.6 - 14.0
Method: Calculated			
TOTAL WHITES BLOOD CELLS	30,510	/cumm	4,000 - 10,500
R Method: Flow cytometry			
RBC MORPHOLOGY			
RBC MORPHOLOGY	Normocytic Normochromic		
HYPPOCHROMASIA	Mild		
ANISOCYTOSIS	Mild		
MENTZER INDEX	16		Mentzer Index to be considered only when MCV is below 70fL.

DIFFERENTIAL COUNT

Method : Flowcytometry/Microscopy

NEUTROPHILS	62	%	40 - 80
BAND FORMS	7	%	
LYMPHOCYTES	17	%	20 - 40

Authorised

Authorised By : 0320 on 22/07/25 15:01 PM
Printed By : 9003 on 01/08/2025 08:42 AM


Dr. Omar Preet Singh Bali
MD Pathology
Clinical Pathologist
2011/12/3423

A Division of the CanCare Trust

Head & Neck Cancer Institute Of India, CS 254, Barrister Nath Pai Marg, Dockyard Road, Mumbai - 400004

022 - 6945 0100 | enquiries@hncii.com | <https://hncii.org>

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA



Patient Name	: MR. OMPRAKASH RAJENDRA PRASAD TIWARI	IP / OP No	: 1024453
Ordered Loc	: HOSPITAL CLINIC	Gender	: Male
Ordered By	: Pradhan Sultan A	Age	: 50 Years
Class	: OPD Paying	Vch No	: 20146697
Current Loc Sample No	: 25024178	Collection	: 22/07/2025 01:16 PM
Address	: 0, chaurakala, bichhiya, sant ravidas nagar, uttar pradesh, , UTTAR PRADESH, 221308	Received	: 22/07/2025 01:27 PM
		Result Entry	: 22/07/2025 01:36 PM

EOSINOPHILS	1	%	1 - 6
MONOCYTES	3	%	2 - 10
BASOPHILS	0	%	0 - 2
METAMYELOCYTES	6	%	
MYELOCYTES	4	%	
ABSOLUTE NEUTROPHIL COUNT <i>Method: Calculated</i>	18.92	/cumm	
ABSOLUTE LYMPHOCYTE COUNT <i>Method: Calculated</i>	5.19	/cumm	2.00 - 7.00
ABSOLUTE EOSINOPHIL COUNT <i>Method: Calculated</i>	0.31	/cumm	0.02 - 0.50
ABSOLUTE MONOCYTE COUNT <i>Method: Calculated</i>	0.92	/cumm	0.20 - 1.00
WBC MORPHOLOGY	Neutrophilic Leucocytosis with shift to left upto myelocytes		
PLATELETS			
PLATELET COUNT	127,000	/cumm	150,000 - 400,000
PLATELETS ON SMEAR <i>Method: Microscopy</i>	127000/cumm. Reduced on smear Few large platelets seen. (7% of total platelets)		
PARASITES <i>Method: Microscopy</i>	Not detected		

Test Name	Interpretation
Haemogram (Hb, TLC, DLC, Platelets)	All abnormal Haemograms are reviewed and confirmed microscopically.

-----End Of Report-----

Authorised

Authorised By : 0320 on 22/07/25 15:01 PM
Printed By : 9003 on 01/08/2025 08:42 AM

Dr. Omar Preet Singh Bali
MD Pathology
Clinical Pathologist
2011/12/3423

A Division of the CanCare Trust
Head & Neck Cancer Institute Of India, CS 254, Barrister Nath Pai Marg, Dockyard Road, Mumbai - 400009.

022 - 6945 0100 enquiries@hncii.com <https://hncii.org>

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
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Patient Name	: MR. OMPRAKASH RAJENDRA PRASAD TIWARI	IP / OP No	: 1024453
Ordered Loc	: HOSPITAL CLINIC	Gender	: Male
Ordered By	: Pradhan Sultan A	Age	: 50 Years
Class	: OPD Paying	Vch No	: 20146697
Current Loc	:	Collection	: 22/07/2025 01:16 PM
Sample No	: 25024176	Received	: 22/07/2025 01:27 PM
Address	: 0, chaurakala, bichhiya, sant ravidas nagar, uttar pradesh, , UTTAR PRADESH, 221308	Result Entry	: 22/07/2025 02:09 PM

DEPARTMENT OF BIOCHEMISTRY

ELECTROLYTES

TEST NAME	VALUE	UNITS	BIOLOGICAL REF. RANGE
SODIUM	136	mmol/L	136 - 145
<i>Method: Ion Selective Electrode</i>			
POTASSIUM	4.89	mmol/L	3.50 - 5.10
<i>Method: Ion Selective Electrode</i>			
CHLORIDE	104	mmol/L	98 - 107
<i>Method: Ion Selective Electrode</i>			
SOURCE	SERUM		
EQUIPMENT	EASYLYTE PLUS		

-----End Of Report-----

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA



Patient Name	: MR. OMPRAKASH RAJENDRA PRASAD TIWARI	IP / OP No	: 1024453
Ordered Loc	: HOSPITAL CLINIC	Gender	: Male
Ordered By	: Pradhan Sultan A	Age	: 50 Years
Class	: OPD Paying	Vch No	: 20146697
Current Loc	:	Collection	: 22/07/2025 01:16 PM
Sample No	: 25024177	Received	: 22/07/2025 01:27 PM
Address	: 0, chaurakala, bichhiya, sant ravidas nagar, uttar pradesh, , , UTTAR PRADESH, 221308		
	Result Entry : 22/07/2025 02:43 PM		

DEPARTMENT OF SEROLOGY

TEST NAME	VALUE	UNITS	BIOLOGICAL REF. RANGE
HUMAN IMMUNODEFICIENCY (HIV) (Serum)			
HIV I & II ANTIBODIES	0.11	S/CO	Non Reactive (S/CO) : < 1.00 Reactive (S/CO) : >1.00 (S/CO = Sample RLU/ Cut Off RLU)
<i>Method : CMIA</i>			
HIV TEST IS			
AUSTRALIA ANTIGEN HEPATITIS B VIRUS (HBsAg)) (Serum)	Non-Reactive		
AUSTRALIA ANTIGEN HEPATITIS B VIRUS	0.21	S/CO	Non Reactive (S/CO) : < 1.00 Reactive (S/CO) : >1.00 (S/CO = Sample RLU/ Cut Off RLU)
<i>Method : CMIA</i>			
HBsAg TEST IS			
ANTIBODY TO HEPATITIS C VIRUS (HCV) (Serum)	Non Reactive		
HEPATITIS C VIRUS	0.08	S/CO	Non Reactive (S/CO) : < 1.00 Reactive (S/CO) : >1.00 (S/CO = Sample RLU/ Cut Off RLU)
<i>Method : CMIA</i>			

Authorised

Authorised By : 0320 on 22/07/25 15:08 PM
Printed By : 9003 on 01/08/2025 08:42 AM

Dr. Omar Preet Singh Bali
MD Pathology
Clinical Pathologist
2011/12/3423

PUNYASHLOK AATHYADEVI HOLKAR
**HEAD & NECK CANCER INSTITUTE
OF INDIA**



Patient Name	: MR. OMPRAKASH RAJENDRA PRASAD TIWARI	IP / OP No	: 1024453
Ordered Loc	: HOSPITAL CLINIC	Gender	: Male
Ordered By	: Pradhan Sultan A	Age	: 50 Years
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Address	: 0, chaurakala,bichhiya,sant ravidas nagar,uttar pradesh, , UTTARPRADESH, 221308	Received	: 22/07/2025 01:27 PM
		Result Entry	: 22/07/2025 02:43 PM

HCV TEST IS

Non Reactive

Test Name	Interpretation
Hepatitis B Surface Antigen (HBsAg)	INTERPRETATION : A single positive result is not diagnostic of disease and in such cases, result should be confirmed by an alternate method like Hepatitis B Virus PCR-Qualitative.
Hepatitis C Antibodies (Anti HCV)	INTERPRETATION : Hepatitis C virus is a blood borne flavivirus. It is one of the most important causes of post transfusion as well as community acquired. Non-A Non-B hepatitis hepatitis & chronic liver failure. Presence of HCV antibodies does not necessarily imply active. Hepatitis C infection but is indicative of both past and/or recent infection. It advisable to confirm a positive result with a supplemental testing that includes more specific assays like HCV-RNA PCR Qualitative assay INTERPRETATION : The CDC recommendation on anti-HCV testing includes the use of method specific optimal signal-to- cut-off ratio in interpretation & reporting positive results. For CMIA-S/CO ratio-between 1-5 further supplemental tests are suggested for confirmation, while S/CO ratio >or=5 associated with 95% or more high probability of being true positive.
HIV I & II antibodies	INTERPRETATION : All reactive samples are tested By 3 different methods as per NACO guidelines, 2010 (Strategy/algorithm III) A single positive result is not diagnostic of disease and should be confirmed by alternate method like HIV Qualitative PCR.

-----End Of Report-----

Authorised

Authorised By : 0320 on 22/07/25 15:08 PM
Printed By : 9003 on 01/08/2025 08:42 AM


Dr. Omar Preet Singh Bali
MD Pathology
Clinical Pathologist

2011/12/3423

A Division of the CanCare Trust
Head & Neck Cancer Institute Of India, CS 254, Barrister Nath Pai Marg, Dockyard Road, Mumbai - 400042.

022 - 6945 0100 | enquiries@hncii.com | <https://hncii.org>



Name	OMPRAKASH RAJENDRA PRASAD TIWARI	Patient ID	1024453
Age	50 Years	Gender	M
Referred By	Dr. Sultan Pradhan	Date	22-Jul-2025

Clinical profile : Ca.Left tongue.

RADIOGRAPH OF THE CHEST PA VIEW

FINDINGS:

Both the lung fields are clear.

Both the costophrenic angles are clear.

Hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Hemidiaphragm are normal in position and contour.

Trachea is in the midline.

Bony thorax under view is unremarkable.

IMPRESSION:

NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

DR. ASIF MOMIN
M.D. D.M.R.D. D.M.R.E. D.N.B
MMC REG. NO. 59743
HEAD OF IMAGING
CONSULTANT INTERVENTIONAL RADIOLOGIST.

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
 OF INDIA

Patient Name	Mr. OMPRAKASH RAJENDRA PRASAD TIWARI	Age	: 50 Y 7 M
Address	0, chaurakala, bichhiya, sant ravidas nagar, uttar pradesh UTTAR PRADESH , Uttar Pradesh , India , 221308	Sex	: Male
In-Patient No	: 3014546	Ptn No	: 1024453
MLC Status.	: Non MLC	Bed No.	: 0712
Ward .	: HDU	Specialty.	: Surgical Oncology
Adm Date	: 23/07/2025	Disch Date	: 23/07/2025
Doctor	: Dr. Sultan Pradhan	Discharge Status	: Normal (Planned Discharge)

Discharge Summary

ICD GRP CD	ICD GROUP	ICD CODE	ICD	TYPE
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	Final

DIAGNOSIS

DIAGNOSIS
 C.A TONGUE
 POST N.A.C.T

CHIEF COMPLAINTS

50 YEARS OLD MALE ADMITTED IN DAY CARE FOR ORAL E.U.A
 K/C/O C.A TONGUE
 COMPLETTED 2 CYCLES OF N.A.C.T LAST ON 14/07/2025
 IOW FOR EVALUATION

PAST MEDICAL HISTORY

PAST MEDICAL HISTORY
 HYPERTENSION

ON EXAMINATION

ON EXAMINATION
 CONCIOUS ALERT
 AFEBRILE
 B.P 130/80
 P.R 78/MIN

COURSE IN HOSPITAL

COURSE IN HOSPITAL
 ORAL E.U.A DONE
 T4 POAST NACT RESIDUAL MASS ANT TONGUE + BASE TONGUE



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E-mail : pathology@tmc.gov.in, Website : <http://tmc.gov.in>



DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

Case No. : 11F2025/012482 Req No. : FZZSP25026082 Path No. : 019012/DA

Name: Mr. OMPRAKASH .

Gender/Age: M / 50 years

Category: C

DMG: DMG - HEAD & NECK(A)

FINAL HISTOPATHOLOGY REPORT

19/05/2025

Nature of Material Received: 1 Biopsy

Gross Description:

Received three bony bits aggregating to 1.0x0.8x0.3cm, submitted entirely.

Impression:

- **Left Lateral Border of Tongue-Biopsy :**
 - Squamous cell carcinoma, poorly differentiated

Dr. Tanay Sharma
Resident Pathologist
Entered by : Saiprasad Chavan

Dr. Neha Mittal
Consultant Pathologist

END OF REPORT

Requisition Date/Time: 09-05-2025 / 15:19:26
Receiving Date/Time: 09-05-2025 / 17:39:31
Provisional Date/Time: 15-05-2025 / 10:58:14
Committing Date/Time: 19-05-2025 / 09:29:57

The report relates only to the sample submitted.
All slides and blocks submitted for evaluation will be retained by the hospital for 10 years and 20 years respectively.
This report has been electronically verified and authorized for release.





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E-mail : radiology@tmc.gov.in Website : http://tmc.gov.in

DIAGNOSTIC SERVICES - DEPARTMENT OF RADIO-DIAGNOSIS

CC NO : 11F2025/012482 Requisition No. LZZ/CT/25/029877

Name Mr. OMPRAKASH .

Sex/Age : M / 50 Years Category/Status : C/ Out Patient

DMG : DMG - HEAD & NECK(A)

Service Desc CT Thorax

Reqn Date : 09-05-2025

Provisional Diagnosis 0000000

Final Report

Report Date : 27-05-2025

NCCT THORAX DATED 21.05.2025

A non-contrast scan of the thorax has been performed on MDCT scanner.

CLINICAL INFO: This is a case of tongue lesion under evaluation.

Scan done to look for any suspicious pulmonary nodules.

FINDINGS:

The lung parenchyma & pleural spaces are clear.

No evidence of any suspicious pulmonary nodule.

Reactive appearing prominent bilateral axillary nodes are seen.

No enlarged significant mediastinal, hilar or axillary lymph nodes seen.

The trachea & main stem bronchi are normal.

The heart & mediastinal great vessels appear normal.

A hypodense nodule measuring 5 x 5 mm is seen in the right lobe of thyroid.

The left kidney is atrophic with paper thinning of its cortex.

Rest of the visualized upper abdominal organs are unremarkable.

Visualized bones are unremarkable.

SIIV

IMPRESSION

CT reveals,

No suspicious pulmonary nodules.

Dr.SRIVIDYA VENKATESWARAN
Registrar(Radio-Diagnosis)

Dr.MALLIKARJUN MANOOR
Sr.Registrar/Consultant (Radio-Diagnosis)



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DIAGNOSTIC SERVICES - DEPARTMENT OF RADIO-DIAGNOSIS

CC NO : 11F2025/012482

Requisition No. LZZ/MR/25/015543

Name Mr. OMPRAKASH .

Sex/Age : M / 50 Years

Category/Status : C/ Out Patient

DMG : DMG - HEAD & NECK(A)

Service Desc MRI Head & Neck

Provisional Diagnosis 0000000

Reqn Date : 09-05-2025

Final Report

Report Date : 12-06-2025

MRI PNS AND NECK DATED 06.06.2025.

MRI with Coronal STIR, Coronal and axial T1, sag and axial T2, post contrast and diffusion weighted images has been performed on 1.5 T MRI scanner.

Clinical Info: This is a case of carcinoma tongue under evaluation. Baseline scan.

FINDINGS:

Laterality: Left.

Tumour size (AP x TR x CC): 5.8 x 3.1 x 5.5 cm.

Depth of invasion: 3.1 cm.

T STAGE:

An ill-defined heterogenously enhancing lesion is seen arising from the left lateral border of tongue, crossing the midline with further extent and involvement as described.

Crosses the midline: Yes.

Extrinsic muscles: Involved

Genioglossus: Involved.

Iyoglossus: Involved

Geniohyoid: Not involved.

Lingual neurovascular bundle: Involved (Grade III); Ipsilateral.

Sublingual space: Involved

Dr.MAROTI BALAJI CHAVAN

Registrar(Radio-Diagnosis)

Dr.MEGHA KAKKAR

Sr.Registrar/Consultant (Radio-Diagnosis)



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DIAGNOSTIC SERVICES - DEPARTMENT OF RADIO-DIAGNOSIS

CC NO : 11F2025/012482 Requisition No. LZZ/MR/25/015543

Name Mr. OMPRAKASH .

Sex/Age : M / 50 Years Category/Status : C/ Out Patient

DMG : DMG - HEAD & NECK(A)

Service Desc MRI Head & Neck

Reqn Date : 09-05-2025

Provisional Diagnosis 0000000

Final Report

Report Date : 12-06-2025

Suspicious enhancing level IA, bilateral IB nodes are seen, largest measuring 1 x 0.8 cm at left level IB.

Necrosis: Absent.

Perinodal extension/extracapsular spread: Absent.

Vascular involvement: Absent.

strap muscles involvement: Absent

Prevertebral fascia invasion: Absent.

IMPRESSION

MRI study reveals,

- Left lateral border of tongue lesion with extent and relations as described.
- Suspicious cervical adenopathy.



Dr. MAROTI BALAJI CHAVAN

Registrar(Radio-Diagnosis)

Dr. MEGHA KAKKAR

Sr.Registrar/Consultant (Radio-Diagnosis)