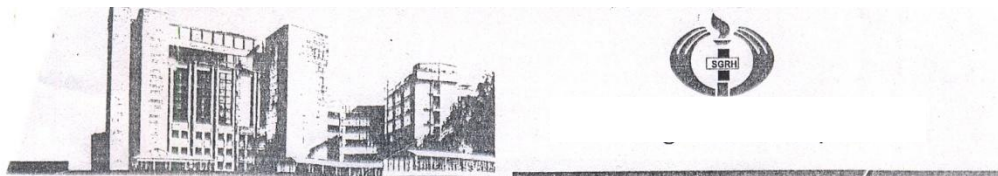


A 49 years old female was diagnosed as a case of Cancer Breast (Post Op), pT2 N1 M0, Stage IIB in June 2009. She was given radiotherapy (50 Gy in 25# over 5 weeks) followed by adjuvant chemotherapy (6 cycles of 3 weekly Inj Cyclophosphamide, Inj Epirubicin, Inj 5FU) followed by 5 years of Hormonal Therapy which was completed on 12-11-2009.

She is under regular follow up for more than 8 years and there is no evidence of disease.



Department of Pathology (Division of Histopathology)

Name		Age/Sex	: 49 Yrs/Female
Registration No.	: 0569175	Ward No.	: 4 CD WARD
Lab Request No.	: 4409005912	Room No.	: 1430 /1430-C
Episode No.	: IP00127918	Location Type	: In Patient
Location	: SURGICAL ONCOLOGY	Collected On	: 29/04/2009 01:32PM
Referred By		Received On	: 29/04/2009 03:17PM
External Doctor		Reported On	: 04/05 2009 02:16PM
Specimen	: Mastectomy		

Lab no: S 5323/09

Gross Description

Specimen I (for frozen): Already cut fibrofatty piece of tissue measuring 2x1.8x1.2 cms. Cut surface shows an irregular greyish white area measuring 1x0.6x0.5 cms.

Specimen II: Left modified radical mastectomy measuring 25x12x5 cms with skin ellipse measuring 19x6 cms. Axillary tail measures 9x5x3 cms. The skin, nipple and areola are grossly unremarkable except for an incisional mark in the outer quadrant measures 5 cms in length. Serial sections of the breast parenchyma reveal a lumpectomy cavity measuring 2.5 cms in diameter, Margin of the cavity are congested and shows a tumour measuring 3.5x1.5x4 cms. Cut surface is greyish white and firm. Tumour is located in the upper outer quadrant and lies 1.2 cms from the resected base. Rest of the breast is chiefly fatty with few greyish white rubbery streaks. Serial sections of the axillary tail reveal multiple lymphnodes varying in size from 0.3 cms to 1.5 cms.

Microscopic examination

Sections from breast (specimen I and lumpectomy margin in specimen II) show an invasive duct carcinoma of breast.

Extensive areas of DCIS (Ductal carcinoma in situ) are seen along with areas of comedo-carcinoma. The tumor is surrounded by abundant desmoplastic stroma. Occasional small lymphatic show tumor emboli. Surrounding breast shows fibrocystic disease. Tumour is close to the base but the resected deep base margin is free of tumour. Nipple and areola are free of tumour. One out of seventeen lymph nodes show tumour metastasis (1/17).

Immunohistochemistry: About 80% tumor cells are positive for PR and 50% are positive for ER and shows 2+ positivity for Her-2-neu

Diagnosis

Invasive duct carcinoma, grade II, left breast (pT2 pN1 pMx)





Dr. Sunila Jain
Consultant Pathologist
SS

Carcinoma Breast

- 1) Duplicate slides will be given after a minimum of 48 hours.
- 2) Extra charges will be levied, if special tests are required.

Biopsy done on 29th April 2009

PET-CT Scan after 8 years of treatment



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NABL MIS NO. 2013-0007
NABL ACCREDITATION NO. M-0141

NAME: MRS.
AGE/SEX : 58 YRS / F
REF. PHY. :
REF NO: PWB /1840/17

REF NO.: SRL.NO: 111756347
SCANNING DATE: 25/10/2017
REPORTING DATE: 25/10/2017
REPORTING TIME: 3:49 PM

WHOLE BODY PET-CT SCAN

PROVISIONAL DIAGNOSIS/CLINICAL DATA

Clinical history : - Case of carcinoma left breast, post op , post CT / RT (2009) , for evaluation.

EXAMINATION PERFORMED

CT images were obtained using 120 KV and 250 mAs. CECT done taking volume axial sections from the base of skull to the pelvis after giving oral contrast (20 ml urografin 76 % in 1 liter water) and 50 ml IV non ionic contrast (Iohexol Inj. 350 mg / ml iodine) on a 64 slice TOF scanner. No immediate contrast reaction is seen. Whole body PET scan was done (head to mid thigh) 60 minutes after iv injection of 185 MBq of 18 F- FDG using whole body PET-CT camera (Gemini Time of Flight 64 PET-CT). CT based attenuation correction was done. Images were reconstructed using Time of flight algorithm. Images were reformatted into Transaxial, Coronal and Sagittal views. A 3D image was also obtained by overlapping the various planes. Fusion images of PET & CT were obtained.

Brain parenchyma shows physiological tracer distribution. No metabolically active focal abnormal area noted.
(Note: All brain metastasis may not be apparent on a PET-CT scan and a MRI can be performed where clinically indicated).

No metabolically active lesion seen in nasopharynx, oral cavity, oropharynx, larynx and hypopharynx.
Major salivary gland appears unremarkable.
No metabolically active lesions were seen in thyroid.
No metabolically active cervical lymphadenopathy seen.

Left breast is not visualized – post mastectomy status with no focal abnormal FDG uptake in post operative left chest wall. Right breast is unremarkable
Both lungs are unremarkable. No metabolically active nodules or infiltrate were seen.
Trachea and main bronchi appear unremarkable. There is no evidence of pleural effusion or metabolically active pleural abnormalities.
No metabolically active mediastinal lymphadenopathy seen.

Liver is normal in size. No significant metabolically active lesions were noted in both lobes of liver.
Gall bladder is visualized. No significant metabolically active abnormalities were noted in the gall bladder.
Spleen shows physiological tracer distribution. No metabolically active lesions were noted.
No metabolically active abnormalities seen in pancreas.
Bilateral adrenal and kidneys are unremarkable and shows physiological tracer distribution.
Stomach is normal with no metabolically active abnormalities was seen in the stomach bed.
Small and large bowel shows normal physiological tracer distribution.



ALL TESTS HAVE TECHNICAL LIMITATIONS. CORRELATION OF CLINICAL FEATURES AND OTHER INVESTIGATIONS ARE MANDATORY TO ARRIVE AT A CLINICAL DIAGNOSIS.
THIS REPORT IS A PROFESSIONAL OPINION AND NOT A DIAGNOSIS.



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NAME: MRS.
AGE/SEX : 58 YRS / F
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REF NO: PWB /1840/17

REF NO.: SRL.NO: 111756347
SCANNING DATE: 25/10/2017
REPORTING DATE: 25/10/2017
REPORTING TIME: 3:50 PM

No Metabolically active abnormalities were seen in the mesentery.
No Metabolically active retroperitoneal lymphadenopathy seen.
Rectum shows normal physiological tracer distribution.
Urinary bladder is unremarkable and shows normal physiological tracer distribution.
Rest of the body shows normal physiological tracer distribution.
No abnormal FDG avid lytic / sclerotic lesion in visualized bone.

IMPRESSION: PET-CT imaging in reveals:

- NO evidence of metabolically active lesion in post operative left chest wall or elsewhere in the visualized region of the body.

As compared to previous PET CT dated 29/04/2016 there is no new lesion with no interval changes from previous scan.

Suggested: Clinical and other investigation correlation.
This report is for diagnostic use only and is not valid for medicolegal purposes.

Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.

DR. SHUVRO GHORAI
(CONSULTANT NUCLEAR MEDICINE)
(Mob . 9811809869)



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