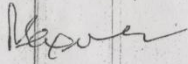


A 41 years old female was diagnosed as a case of Cancer Cervix (Post Op) in July 2012. She was given radiotherapy (50.4 Gy in 28# over 5.5 weeks) along with concurrent chemotherapy (4 cycles of weekly Cisplatin) followed by 2 fractions of intra-vaginal Brachytherapy (6 Gy per fraction) which was completed on 31-08-2012.

She is under regular follow up for more than 5 years and there is no evidence of disease.

SHRI RAM MURTI SMARAK INSTITUTE OF MEDICAL SCIENCES, BAREILLY (Established & run by Shri Ram Murti Smarak Trust, Bareilly) Ram Murti Puram, 13 Km., Bareilly-Nainital Road, BAREILLY (U.P.) INDIA Phones : 0581-2582014-25 Fax : 0581-2582010		LABORATORY REPORT DEPARTMENT OF PATHOLOGY	
Patient Name :		Age : 45Yrs	Sex : Female
Date :	02/06/2012	OBSTETRICS	Ptn/IP No : 1798361/2231599
Referred By :			lab No: H-2529-12
HISTOPATHOLOGY			
Specimen: Uterus with cervix.			
Gross: Received an uterus with cervix with bilateral adnexa. Uterus measuring 6x5x2 cms in length and 8x1 cms at external loss. Both of lips of cervix are ulcerated. One sided tube measuring 5.0 cms in length and ovary measuring 3.5x3x2 cms. Cut surface of ovary normal. Other sided tube measuring 6.0 cms in length and ovary measures 3x2x5 cms. Cut surface solid, ovarian cyst are attached. On cut endomyometrium measuring 1.5 cms.			
Microscopic Examination:			
Endometrium - show round to tubular glands lined by columnar epithelium lying in the dense stroma. There is mild inflammatory infiltrate comprising of lymphocytes and plasma cells.			
Myometrium - Shows sheets of smooth muscle bundles lying in sheets. The blood vessels shows little hyalinization.			
Cervix - Sections taken from cervical tissue shows islands and clusters of neoplastic cells having round to oval nuclei, coarse chromatin, prominent nucleoli and abundant eosinophilic cytoplasm infiltrating the stroma. Many keratin pearls are seen. Brisk mitotic figures are noted.			
Both tubes and ovary - Show normal architecture.			
Impression:			
• Endometrium	:	Proliferative phase with chronic endometritis.	
• Myometrium	:	Unremarkable.	
• Cervix	:	Well differentiated squamous cell carcinoma.	
• Both tube & Ovary:	:	Unremarkable.	
		 Dr. Ratna Saxena Pathologist	
Carcinoma Cervix			
EMERGENCY HELPLINE NO.: 0581-2582000			
Biopsy done on 2nd June 2012			

CT Scan before starting of treatment



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Phones : 0581-2582014-25 Fax : 0581-2582010

DEPARTMENT OF INTERVENTIONAL RADIOLOGY

Discharged

Patient Name



Age : 45Yrs

Sex : Female

Date

: 30/06/2012

RADIO THERAPY

Ptn/IP No : 1798361/2234578

Referred By

: Dr. PIYUSH KUMAR

lab No : 9607052

CECT WHOLE ABDOMEN

CONTIGUOUS SECTIONS WERE TAKEN FROM DOME OF DIAPHRAGM TO THE PELVIS AFTER IV AND ORAL CONTRAST.

Liver is normal in size and outline. No obvious focal lesion seen. IHBR are not dilated.

Gallbladder is normal in outline. No obvious focal wall thickening or radio-opaque calculus seen.

CBD and portal vein are normal.

Pancreas and spleen are unremarkable.

Both kidneys are normal in outline. No obvious hydronephrosis noted on either side.

Bilateral adrenal glands are normal.

No significant abdominal / pelvic lymphadenopathy or ascites seen.

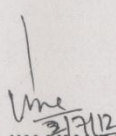
Urinary bladder appears normal. Uterus and bilateral adnexa not visualized (history of hysterectomy).

A consolidation lesion (measuring nearly 4.7X1.3cms) seen at lateral basal segment of right lung.

IMPRESSION:

- CONSOLIDATION AT LATERAL BASAL SEGMENT OF RIGHT LUNG.

Please correlate clinically.


Dr. UMAKANT PRASAD
M.D. (RADIO DIAGNOSIS)

NOT FOR MEDICOLEGAL PURPOSES.

The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and are not always conclusive. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary.

◆ MRI ◆ CT.Scan ◆ Colour Doppler ◆ Ultrasound ◆ Mammography ◆ X-Ray
EMERGENCY HELPLINE NO.: 0581-2582000

PET-CT Scan dated 29th February 2016

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

NAME : [REDACTED]
REGN. NO: 60002012

AGE/SEX: 47yrs/F
DATE: 29/02/2016

PET-CECT WHOLE BODY

Clinical Details: Follow up case of Ca. cervix, post-op/CT; for routine checkup.

TECHNIQUE: Whole body PET-CT scan was performed after I. V administration of F-18 FDG. Oral contrast was given. PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated.

FINDINGS: No previous imaging available for comparison.

Brain: There is no focal lesion in brain.
There is no focal abnormal FDG uptake in the brain on PET.

Neck: Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis, aryepiglottic folds and pyriform sinuses are normal. Supra glottic, glottic and subglottic larynx appears normal. No size significant lymph node is seen.
There is no focal abnormal FDG uptake in the neck on PET.

Chest: No focal lung mass or nodule is seen. Trachea and mainstem bronchi appear normal. Mediastinal vasculature appears normal. No size significant (>1 cm) mediastinal or hilar lymph nodes are seen. No pleural/pericardial effusion is seen. Heart is normal.
There is no focal abnormal FDG uptake in the chest on PET.

Abdomen: Liver is normal in size and attenuation. There is no focal lesion. No evidence of intra/extra hepatic biliary dilatation. Gall bladder is not seen (c/w h/o cholecystectomy). Spleen and pancreas are normal. Bilateral adrenals are normal. Both kidneys are normal in size and attenuation. No calculus or hydronephrosis. Urinary bladder is distended without intramural and intraluminal pathology. There is no significant mesenteric / retroperitoneal lymphadenopathy. There is no ascites. Uterus and bilateral adnexae not seen (c/w h/o hysterectomy).
There is no focal abnormal FDG uptake in the abdomen on PET.



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DEPARTMENT OF NUCLEAR MEDICINE & PET-CT


NAME : [REDACTED]
REGN. NO: 60002012

AGE/SEX: 47yrs/F
DATE: 29/02/2016

Skeletal: No suspicious lytic or sclerotic lesion is seen. Mild degenerative changes are seen in visualized spine.
There is no focal abnormal FDG uptake in the skeleton on PET.

FINAL IMPRESSION:

- The present PET-CT reveals:
- No evidence of any abnormal hypermetabolic focal uptake in the present survey to suggest any residual/recurrent or metastatic disease.


Dr. Vishal Agarwal
MBBS, DRM, Dip. CBNC, FASNC
Consultant-Nuclear Medicine & PET-CT



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