
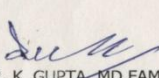


A 45 years old male was diagnosed as a case of Cancer Base of Tongue, T4a N2b M0, Stage IVA in August 2012. He was given radiotherapy (70 Gy in 35# over 7 weeks) along with concurrent chemotherapy (6 cycles of weekly Cisplatin) which was completed on 19-10-2012.

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

GOMTI NAGAR, LUCKNOW-226010 (A unit of Sahara India Medical Institute Limited)		 HOSPITAL Curing Through Care www.saharahospitals.com	
UHID	12028129	Receipt No	
IP. No.	12/7844	Lab Ref No	320579
Name		Sex/Age	Male/40 Yrs.
Ward/Bed No.	GENERAL WARD 6 FIFTH FLOOR/GW6M04	Referred By	
Sample Date	08/08/2012	Report Date	10/08/2012
Lab No.		Reporting Stage	Final
TEST REPORT STATUS		FINAL	
TEST NAME			
HISTOPATHOLOGY MEDIUM BIOPSY (TURP,TURBT,NEUROSURGERY,LYMPHNODES, THYROID NODULE, BONY LESIONS)			
HISTOPATHOLOGY REPORT: H-1160/12			
SPECIMEN:			
BIOPSY FOR THE BASE OF TONGUE (LT.)			
GROSS APPEARANCE:			
Received whitish red tissue pieces with blood clots together measuring 1.5cms. All embedded.			
MICROSCOPIC APPEARANCE:			
Section shows multiple tissue bits with infiltrating anastomosing cords and clusters of atypical polygonal squamous cells displaying oval vesicular nucleolated nuclei with intracytoplasmic keratinisation. Dyskeratotic cells lying in the necrotic debris with bacterial colonies and blood clots present. Numerous keratin pearls are seen with the tumour cells infiltrating in the fibrocollagenous stroma. Atypical mitosis is seen. The infiltrating nests are surrounded by lymphoplasmacytic cell infiltration and adjacent hypertrophic squamous epithelium with dense chronic inflammation.			
IMPRESSION:			
BIOPSY FOR THE BASE OF TONGUE: KERATINISING SQUAMOUS CELL CARCINOMA			
-----End of Report-----			
 Prof. R. K. GUPTA, MD, FAMS		 Dr. SHALINI BHALLA MD, PDCC (Renal Path)	
Adviser & HOD LAB MEDICINE		PATHOLOGIST	
Report is not valid for Medico-Legal purpose.			
Phone: (0522) 6780001		Fax: (0522) 6782110	E-mail: hospital@hqsamil.sahara.co.in

Biopsy done on 8th August 2012

CT Scan before starting of treatment



**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

DEPARTMENT OF INTERVENTIONAL RADIOLOGY

Patient Name

Age : 40Yrs

Sex : Male

Date : 14/08/2012

OPD

Ptn/IP No: 1875206

Referred By : Dr. PIYUSH KUMAR

Lab No: 9608823

CECT NECK

A known case of squamous cell carcinoma of base of tongue & left vallecula.

The study reveals evidence of a large infiltrating mass lesion of size 51 x 51 x 40mm at base on tongue. The lesion is involving the complete left half of tongue except the anterior most part, the posterior half of right half of tongue & extending into left vallecula. Posteriorly the lesion is extending into oropharyngeal area, however the oropharyngeal lumen is patent. The left vallecula is completely obliterated because of the mass lesion. There appears to be loss of fat plane of floor of mouth by the mass lesion. On pre contrast images the lesion is appearing iso to hyperdense & on post contrast images there is moderate to intense enhancement of the lesion.

Multiple enlarged lymph nodes are noted on left side of neck, the largest of size 17 x 15mm at level II A. Few of these lymph nodes are demonstrating central non-enhancing area on post contrast images suggestive of central necrosis.

Visualised nasopharynx and para pharyngeal spaces including pterygo-palatine fossa region appear normal.

Supra glottic region reveals normal pyriform sinuses and aryepiglottic folds. Vocal cords appear normal. Visualised trachea appears normal.

Bilateral parotid glands, submandibular glands and thyroid gland appear normal.

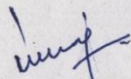
The muscular / vascular structures and fascial planes with neck region appear normal.

Neck vessels appear normal.

IMPRESSION:

- LARGE INFILTRATING MASS LESION AT BASE ON TONGUE IS INVOLVING THE COMPLETE LEFT HALF OF TONGUE EXCEPT THE ANTERIOR MOST PART, THE POSTERIOR HALF OF RIGHT HALF OF TONGUE, EXTENDING INTO LEFT VALLECULA AND OTHER EXTENSIONS AS DESCRIBED ABOVE.
- LEFT CERVICAL NECROTIC LYMPHADENOPATHY LIKELY METASTATIC.

Please correlate clinically.


Dr. NEERAJ PRAJAPATI
M.D. (RADIOLOGICAL SCIENCES)

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

Endoscopy dated 16th August 2017

SHRI RAM MURTI SMARAK INSTITUTE OF MEDICAL SCIENCES

RAM MURTI PURAM, 13 KM- BAREILLY-NAINITAL ROAD, BAREILLY (U.P)

DEPARTMENT OF ENT & HEAD/NECK SURGERY

Patient ID: 2017080029

Name:

Age: 42 Years

Sex: M

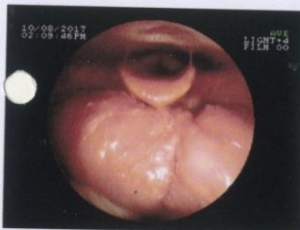
Date: 10-Aug-2017

Ref By: SELF

Study: LARYNGOSCOPY fiberoptic flexible

Indication: POST RT CA BASE OF TONGUE

Hospital ID: 1875206



POST RADIATED CASE CARCINOMA BASE OF TONGUE (RT COMPLETED ON 19/10/2012)

No residual growth or ulceration present.



There was mucosal elevation present at vallecula , soft on palpation.

Adv -- REgular follow up.



Handwritten signature

Dr. VINEET SHARMA
ASSOCIATE PROFESSOR