

Dr. Maheboob Basade MD, ECMO
Consultant Medical Oncologist
Stemcell Transplantation Specialist

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Jaslok Hospital
15, Peddar Road,
Mumbai - 400 026.
Time: 02.00 pm to 04.00 pm (Mon-Fri)
Phone: 66573333

11/10/15

Mr Usha Jain

66.2

Multiple cervical LN - 1 year
force on & off

Received AKT
On steroids.

LN biopsy: Rosai Dorfman syndrome.
Sinus histiocytosis - massive
infiltrate.

US scan: mediastinal LN

Adv.

To continue steroids.

To observe.

Dr Maheboob Basade

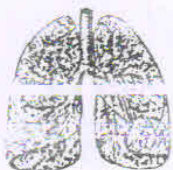
SPECIALIST IN RESPIRATORY DISEASES FIBREOPTIC BRONCHOSCOPY
AND CRITICAL CARDIO-PULMONARY MEDICINE

Res. : 2521 4215 Mobile : 9821022692 (emergency only)
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DR. RAJESH R. SHARMA

M.D. (Bom.), D.N.B.

CONSULTANT CHEST PHYSICIAN, INTENSIVIST & BRONCHOSCOPIST



SAIFEE HOSPITAL

15/17, M. K. Marg, Opp. Charni Road Station, Mumbai - 400 004

SIR H.N. RELIANCE FOUNDATION HOSPITAL & RESEARCH CENTRE

Prarthana Samaj, Raja Rammohan Roy Road, Mumbai - 400 004

CONSULTING ROOMS

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Mon., Tue., Thu. & Fri. Time : 10 a.m. to 1 p.m. • Tel. : 1800 221166 / 6130 5000

Mrs. Usha Jain
(f.u.)

37yof

16/7/15.

Ref. Dr. Pandya.

Biopsy of LNe:- no granuloma/malignancy.

Adv:-

- R-cinex (600) 1-0.

- Carvedilol (1000) 0-1 (Stop if
vision problem &
infection)

- Paracetamol (500) 1-0

- Dr. Thyroid medicine

- Tab Claribid (250)
1 x 15 days.

- Pms (40) 1-0 x 15 days.

(Esoguard R) 1-0

21/8/15

MI negative

Glands ↑ in size (fluctuating)

o Sarcoidosis (though initial reports are suggestive of TB).

Adv:

Start Steroids

Sr. ACP levels

↓
(normal)

- Tab Wysolone (10) 2-0
x 15 days

then reduce by

2-0 per week

Pain (40) 1-0.

Rit. Dr. Boman Dhabhar

Dr. Boman N. Dhabhar

M.D.

Consultant ▶ Jaslok Hospital & Medical Research Center @ 66573333
▶ Wockhardt Hospital, Mumbai Central @ 261784040 / 261784444
▶ Fortis Hospital Ltd., Mulund @ 67994121/22
Clinic ▶ Above Citibank ATM, 808, Dr. Ambedkar Rd., Dadar T.T.
@ 922 3300476 / 24173003
▶ Lions Tarachand Bapa Hospital - BND Onco Centre, 9223300477

Medical Oncologist & Hemato - Oncologist
Certification : European Society of Medical Oncology

24/10/15

Mrs. Usha Jain.
38/F

Ht = 159
wt = 66

Oct, 2014

H/o 15. cervical lymphadenopathy.
Cough 2000 expectorant, Feverish feeling
↓ Appetite, Gen. weakness (+); evening rise
loss of weight 6 kgs over 6 Days.
no bowel/bladder complaints.

K/Ho Hypertension : 2 yrs on Tb.

no H/o HTN IHD/Dm/BALTBI.

No surgical history.

no H/Ho malignancy.

3 FTND.

Irregular Menses - 6 months.

13/10/14

Hb 12.6 creat - 35.11 T3: 1.140
TLC - 8460 creat - 0.81 T4: 14.510
N 70 L 20 BUN - 16.40 TSH: 0.031
plate: 451000 SH - ve
ESR: 59

14/10/14 APE (Kachharur)

submandibular L.N. -
- single bit 2.0 x 1.5 x 1.0 cm
Gross: non specific sialadenitis.

Swab C/S : no organism
no growth -

16/10/14 L.N. (TB-PCR) (3RL)
tissue microbiology TB +ve. (detected).

Mobile : 9820344570

Website : www.bndoncocentre.com • E-mail : drboman@hotmail.com

21/11/14 - CXR (PA) : NAD.

USG (neck) : B/L multiple Enlarged L.N.
largest 13 x 5 mm - Rt side
15 x 4 mm - Lt side.

: Well defined cystic area (15 x 8 mm) in internal
echoes in Lt submandibular region S/O Abscess.

USG (ATP) : NAD.

Started, AICT 4 (20/10/14 to 13/10/15)

7/11/14 USG (ATP) : Bulky Uterus

↳ upto 7 months →
sympt better
↓

16/11/14 ~~Thyroid~~ Antibodies - TPO & ATA.

Microsome (TPO) Antibody - 227.52 (≤ 5.61)

then again
few started
since 20 days

Thyroglobulin (ATA) Antibody 4 28.53 (≤ 4.11).

vit D = ≤ 3.0

T3 - 3.05

vit B12 = 314.4

T4 - 74.57

20/4/15

TSH - 1.43

2D Echo - WEF 60%

USG (ATP) : NAD.

ECG : WNL.

2/4/15 vit D = 48.633

8/5/15 USG (neck) - e/o Cervical lymphadenopathy.

few sub-mandib L.N. - largest 10 mm.

b/c enlarged Cervical L.N. - largest 30 mm - Rt side
- 20 mm - Lt side.

- Supra-clavicular L.N. - largest 12 mm - Rt side
17 mm - Lt side.

few nodes show necrotic change.

14/5/15 USG guided Bx of 1 f. cervical L.N.
culture TB MGIT (Hindustan)

AFB (-)

pus cells - few.

GeneXpert MTB-RIF

MTB not detected

no growth of mycobacterium species.

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26/15 CARC(PA)
- NAD

7/7/15 CT chest -

Enlarged non-necrotic mediastinal, b/c hilar, axillary, supraclavicular & Abdominal lymphadenopathy

10/7/15: Tuberculin Test: Nil.
~~13/7/15~~

ECG: WML.

13/7/15: Rt. Submandibular L.N. Bx -
Culm TB MGIT (Hindus)

AFB (-)

Pencell - occ.

MTD - not Detected.

14/3/15: AFB Culm (Metro)

- Cervical L.N. Bx

- No AFB.

MTB - NOT Detected.

No growth

Review
(SLH)

USG guided bx
of Rt. supraclavicular L.N.

- two linear tissue core -

Imp: necrotizing granulomatous inflammation
of probable mycobacterial etiology.

SLH

Repeat bx for Cervical L.N.: 13/10/15

Cervical L.N. repeat bx show

Rosai-Dorfman Disease.

Histology express - S-100 protein.

- Empiric (+)
plasma cell is polyclonal.

now, - Cough & expectoration -
- Fever (100°F)
- ↓ Appetite.

Started on steroids
Tad Wy 80mg 20mg/day

from 21/8/18

↓
2 Pan prog ↑ in
on steroid

0/1

cellular

Bilateral cervical
and submandibular

(R) inguinal LN

AS-nm

Sugy:

CRP

- LFT

- Sweat

- WDH / Bili. & Bilirubin

- MSA Ado & Bilirubin

41052

Dr. Boman Dhabhar

MD (Internal Medicine), ESMO (Certification in Medical Oncology)

Consultant - Medical Oncology

Reg. No. 54965

Mrs. Usha Jain.

WOCKHARDT HOSPITALS NEW AGE LIFE WINS

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29/1/16.

FT

40 Fever (100.6°F) Intermittent Fever

Joint pain & Swelling

↓ Appetite

- Cough & Expectoration
- Mild Breatheless.
- 3 kgs loss over 3 months.

Rem

30/1/15

SPB

H Protein: 10.26 ↑

Alb: 2.42 ↓

Lt Glo: 0.53

Rt Glo: 1.17

Bt Glo: 0.71

Rt Glo: 0.71

Gamma Glo: 4.72 ↑

in band - Absent

s/o chronic Inflammatory
Disease

Urine 7-2 P.S.

ANA: -ve

S. Iron: 21

TIBC: 201

Transferrin: 10
Sat. %

Ferritin: 225.

Hb: 8.1

TCR: 15,500

N84 L10

Ret: 4,89,000

ESR: 125

AP: 187

T.P: 10.1

Alb: 2.1

Glo: 8.0

Creat: 0.6

eGFR: >60

LDH 156

Uric Acid: 4.0

PET-CT

Compared to previous CT 7/7/15

- multiple enlarged enhancing l.v. nodes
- b/l axillary region, mediastinum, Abdo. Pelvis
- s/o Disease involvement.

- metabolically active Hyperdense nodules in 18-lobes of
Thyroid.

Rest @.

FOLLOW-UP
DAYS



**Picture
This**

Imaging & Beyond
by Jankharia

Patient: Usha Deepak Jain

Sex: Female

Visit ID: 125027

Patient ID: MU-A03-AAA1223

Age: 37 Years

Date: 29-10-2015

Referral Dr.: Pandya Jitendra / Deepa

Whole Body PET/CT – Diagnostic Contrast CT

9.8 mCi of ^{18}F -FDG was injected intravenously and whole body PET/CT scan was acquired after one hour. Plain and post contrast CT was performed. Separate breath-hold CT of the lungs was acquired. Standardized uptake values (SUV) were calculated based on body weight.

Physiological uptake of FDG is seen in the brain, heart, liver, kidneys, bowels, and urinary bladder.

Comparison with the previous CT scan of the chest study dated July 7th, 2015 shows following findings:-

- Multiple small to enlarged heterogeneously enhancing lymph nodes are seen in the neck at level IA, bilateral level IB, II, III, IV and V and bilateral intraparotid and supraclavicular region showing increased metabolic activity (SUVmax: 22.2). One of the largest nodes seen at the right level II measures approximately 2.6 x 2.3 cm in the maximum transverse dimensions.
- Multiple enlarged heterogeneously enhancing nodes are seen in bilateral axillary regions showing metabolic activity (SUVmax: 21.7). The largest axillary lymph nodes measures approximately 2.9 x 2.7 cm in maximum transverse dimensions.
- Multiple small to enlarged enhancing nodes are also seen in the pre and paratracheal, aortopulmonary window, left paraaortic, subcarinal and bilateral hilar region showing increased metabolic activity (SUVmax: 17.3). The largest subcarinal lymph node measures approximately 3.3 x 2.1 cm in maximum transverse dimensions. These appear essentially unchanged since the CT scan chest study.
- Multiple enlarged discrete to partly conglomerate nodes are seen in the periportal, peripancreatic, retropancreatic, portocaval, gastrohepatic, retrocrural, in the left paraaortic, aortocaval, precaval regions of the retroperitoneum, in the mesentery, bilateral common iliac, bilateral external iliac and inguinal regions showing increased metabolic activity (SUVmax: 23.4). The largest lymph nodes in right inguinal region measures approximately 2.3 x 2.5 cm in the maximum transverse dimensions.
- A heterogeneously enhancing soft tissue is seen in the posterior nasopharyngeal wall showing increased metabolic activity (SUVmax: 16.1).
- A metabolically active hypodense nodule is seen in the left lobe of the thyroid showing increased uptake of FDG (SUVmax: 5.4).

Dr Jankharia's Imaging Centre

Main Clinic

383 | Bhaveshwar Vihar | Sardar V. P. Road | Prarthana Samaj | Charni Road | Mumbai 400 004 | T: 022 6617 3333 | F: 022 2382 9595

Cardiac, Chest & Interventional CT

461 | Nishat Business Centre | Arya Bhavan | Sardar V. P. Road | Mumbai 400 004 | T: 022 2380 2172 | 022 2389 3551 (172)

PET/CT, Organ Optimized 3T MRI

Gr Floor | Purnima Tower Annex | G. K. Marg | Lower Parel | Mumbai 400 013 | T: 022 6617 3444



**Picture
This**
Imaging & Beyond
by Jankharia

- Liver and spleen appear unremarkable.
- No significant metabolically active lung nodule or skeletal lesion is seen. No other significant abnormality is seen elsewhere in the body.

Mrs. Usha Jain is a recently diagnosed case of Rosai-Dorfman disease from a cervical node biopsy.

Multiple enlarged enhancing lymph nodes are seen in the neck, bilateral axillary regions, mediastinum, abdomen and pelvis suggestive of disease involvement.

A metabolically active hypodense nodule is seen in the left lobe of the thyroid which appears worrisome and a USG guided biopsy co-relation is suggested.

No other significant abnormality or metabolically active disease is seen elsewhere in the body.

Reported By: Dr. Sushanti Patil, Dr. Bhavin Jankharia.

Dr. Bhavin Jankharia

Dr. Sushanti Patil

Dr Jankharia's Imaging Centre

Main Clinic

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PET / CT, Organ Optimized 3T MRI

On Floor | Pinnacle Tower Annex | C. K. Marg | Lower Pareil | Mumbai 400 073 | T: 022 6617 4844

rudhira



Pathological Laboratory

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M.D. (Path) D.P.B.

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Lab : 2388 88 11 / 2386 58 59 Telefax : 2389 02 02

Resi.: 2352 26 35 / 2351 65 66

E-mail : rudhiralabs@gmail.com

Name : MRS. USHA JAIN.

Date : 28-Oct-2015

Ref. By : Dr. JITENDRA S. PANDYA B.H.M.S

Age : 37 Years

QV09

ANA*

	<u>NORMAL RANGE</u>	<u>OBSERVED VALUE</u>	
		<u>IN RANGE</u>	<u>OUT OF RANGE</u>
Anti Nuclear Antibody (ANA)		Negative	
Method : By Immunoflourescent Method			
Interpretation			
Negative : No immunofluorescence			
Positive + : Minimum immunofluorescence Of no significance.			
Positive ++ : Moderate immunofluorescence			
Positive +++ : Significant Immunofluorescence			
Positive ++++ : Strongly Positive			
Dilution used : 1 : 80			
Pattern			

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

Meenakshi M. Mashru

Mayank R. Mashru

B.Sc., D.M.L.T.

Chief Medical Technologist

Dr. (Mrs.) M. M. Mashru

M.D. (Path) D.P.B.

Consulting Pathologist

Name : MRS. USHA JAIN.

Date : 28-Oct-2015

Ref. By : Dr. JITENDRA S. PANDYA B.H.M.S

Age : 37 Years

QV09

	<u>NORMAL RANGE</u>	<u>OBSERVED VALUE</u>	
		<u>IN RANGE</u>	<u>OUT OF RANGE</u>
S.Creatinine	0.5 - 1.3 mg/dL	0.6	
Estimated GFR (eGFR) mL/min/1.73/m ² By MDRD Equation	> 60	>60	
LDH	80 - 230 IU/L	156	
Uric Acid	2.5 - 6 mg/dL	4.0	
-----End Of Report-----			

PRIVACY

MMU

M. Mashru

Mayank R. Mashru

B.Sc., D.M.L.T.

Chief Medical Technologist

Dr. (Mrs.) M. M. Mashru

M.D. (Path) D.P.B.

Consulting Pathologist

you need we can

If we send the blocks and slides of

Biopsy. @ ~~for~~ slides material.