

JASLOK HOSPITAL & RESEARCH CENTRE

Clinical History

Name : Mr Ketan Ajmera

RT No. : _____

Clinical Notes at first visit by Dr. Asim

Date 18/11/15

Symptoms : 77 yrs M

swelling (RT) groin

..... D/M/Y

..... D/M/Y

..... D/M/Y

..... D/M/Y

No fever

No wt loss

PREVIOUS MANAGEMENT :

Treatment :

☐ NIL

☐ SURGERY

☐ RADIOTHERAPY

☐ CHEMOTHERAPY

☐ BIOPSY

☐ ENDOSCOPY

☐ OTHERS

Good appetite

DETAILS :

HABITS : ☐ NIL

☐ Cigarette ☐ Beedi ☐ Alcohol ☐ Betel leaves ☐ Tobacco chewing ☐ Betel nut

FAMILY HISTORY : ☐ NIL

Relationship

Disease

1.

2.

MEDICAL HISTORY : ☐ NIL

DISEASE

DURATION

Nil

TREATMENT

Irregular

Regular

Diabetes

.....

☐

☐

☐

Hypertension

.....

☐

☐

☐

Heart disease

.....

☐

☐

☐

TB

.....

☐

☐

☐

Asthma

.....

☐

☐

☐

Any other significant illness

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Name : _____

RT No. : _____

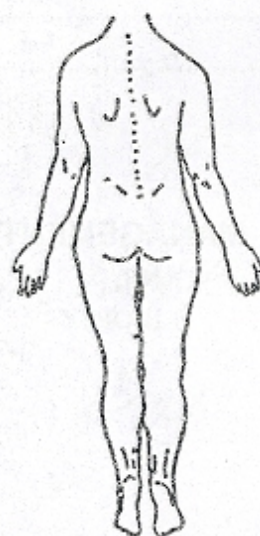
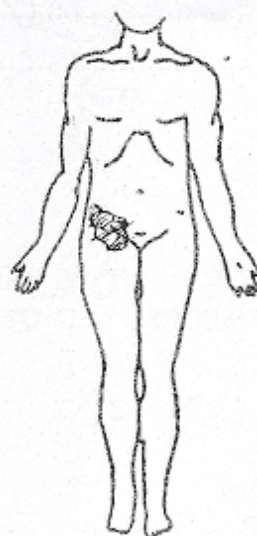
GENERAL EXAMINATION : General condition : Good / Fair / Poor / Moribund

Pallor / Icterus / Cynosis / Clubbing / Edema / Obesity/

KPS : %

SYSTEMIC EXAMINATION :

Co C found
L'ner
spe ps



LOCAL EXAMINATION :

chest - clear

(Rt) groin - Huge
Lymph node
mass

DIAGNOSIS / STAGE :

2 HD, 2 ICHG
22 Koch

PLAN OF THERAPY :

☐ Radical Therapy

☐ Palliative Therapy

☐ Not suitable for Therapy

☐ Refused Treatment

Signature

JASLOK HOSPITAL & RESEARCH CENTRE

Name : _____

RT No. : _____

INVESTIGATIONS :

CBC, Platelets

LFT

Blood Urea

Serum Electrolytes

Serum Creatinine

Serum Electrophoresis

Urine

Chest X-ray

ECG

Biopsy / Cytology (No.)

Adu.

BM Aspiration :

BM Biopsy :

Barium Swallow

USG

CT Scan / MRI

2nd CBC ✓

② S. Creatinine

② S. Uric acid

Triple H

① PA view of Clot

① CT Scan

CT- PET
Scan

Bone Scan

Others

Chemotherapy Protocol :

→ CT-guided
True cut biopsy
from (Rt) groin

To see
Dr. Srinivas
Dasai

JASLOK HOSPITAL & RESEARCH CENTRE

Name

Chemo No.

CONTINUATION SHEET

172 cm HT = 5' 7"
Wt = 77 kg

1st course

Inj Radiation 600
600 mg IV Days
Inj Endoxon 1400 mg IV Days
Inj adriamycin 90 mg IV Days
Inj Vincristine 2 mg IV Days
Tab Prednisone 100 mg / day for
5 days

Inj Paclitaxel 6 mg SC Day 2.

Day 1, 3rd course

Mo. Reji

Da Brudana

Date 19/11/15
Contact 9934307393
Name Mr. Ketan Agarwal
e-mail id
Age 17 yrs Sex M Wt.

Dr. S. H. Advani
Medical Oncologist

+91 98211 57706

shadvani2000@yahoo.com

please use sms or email for appointment

c/o 3 - Swelling Rt groin

No fever

No wt loss

o/e

Rt groin - Huge lymph node mass

PET CT scan :- Inc. FDG uptake in subcm
17/11/15 b/l st level I, b/l level II, III & V
Cervical LN.

- Low grade FDG uptake in b/l axillary LN 0.9 x 0.8 cm.
- Necrotic mass lesion & peripheral heterogeneous & FDG uptake involving Seg VIII & VII liver 8.9 x 5.2 cm.
- Inc. FDG uptake mass lesion involving st inguinal LN 5.0 x 7.1 cm
- Inc. FDG uptake in discrete subcm st external iliac & st inguinal LN 1.8 x 1.1 cm
- FDG uptake noted in marrow of entire axial skeleton.
- Focal inc. FDG uptake in end plate of L4
- FDG uptake in marrow lesion in R humerus.

CEA = 1.44
BHCG = < 5.0
AFP = 1.43

Hb = 13.0
WBC = 6920
Plt = 252
S-Creat = 0.8

TSH = 11.68

X-ray chest :- Normal

Triple H : Neg.



Test Report

Patient ID: 26264718
Patient ID 2:
Sample ID: AGARWAL KETAN
Test Type: Specimen
Sample Type: BIOPSY

Assay Information

Assay	Assay Version	Assay Type
Xpert MTB-RIF Assay G4	5	In Vitro Diagnostic

Test Result: MTB NOT DETECTED

Test and Analyte Result

Analyte Name	Ct	EndPt	Analyte Result	Probe Check Result
Probe D	0.0	1	NEG	PASS
Probe C	0.0	-2	NEG	PASS
Probe E	0.0	-3	NEG	PASS
Probe B	0.0	5	NEG	PASS
SPC	25.6	224	PASS	PASS
Probe A	0.0	1	NEG	PASS
QC-1	0.0	0	NEG	PASS
QC-2	0.0	0	NEG	PASS

User: labindia
Status: Done
Expiration Date*: 14/05/17
S/W Version: 4.6
Cartridge S/N*: 245436277
Reagent Lot ID*: 19908

Start Time: 19/11/15 16:05:57
End Time: 19/11/15 17:45:11
Instrument S/N: 703926
Module S/N: 626437
Module Name: B2

Notes:
Error Status: OK

Errors

<None>

For In Vitro Diagnostic Use Only.

**P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE**

(Established and managed by the National Health & Education Society)

VEER SAVARKAR MARG, MAHIM, MUMBAI - 400 016, INDIA
PHONE : 2445 1515, 2445 2222, 2444 9199 FAX : 2444 9151



**DEPARTMENT OF LABORATORY MEDICINE
MOLECULAR BIOLOGY**

ORDER NO. : 26264718

NAME : AGARWAL KETAN

DATE : 18/11/2015 LOCATION : OPD

Samp. Coll Dt : 18/11/2015 04:22:44PM

Sample Type :

EX NO. : 2658030

ADM. NO. :

AGE : 17 YEARS SEX : MALE

REFERRED BY DR. : SH ADVANI

WorkSht.DtTm : 18/11/2015 04:26:10PM

GENE XPERT MTB RIF

Test

GENE XPERT MTB RIF

Sample

MTB

Result

CT GUIDED BIOPSY

NOT DETECTED

Comments : GeneXpert MTB/RIF is a Real time, heminested PCR with molecular beacon for simultaneous detection of both TB and Rifampicin resistance.
Rifampicin is a surrogate marker for MDR in 95% cases

MTB : Mycobacterium tuberculosis complex
RIF : Rifampicin

** End of Report **

DR. CAMILLA RODRIGUES / DR. ANJALI SHETTY

MD

MRCP, FRC Path

Consultant Microbiologist

Report Printed On : 20-Nov-2015 14:55

lalitkumargoyal@yahoo.in

Page 1 of 1



JASLOK HOSPITAL & RESEARCH CENTRE

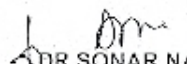
15, Dr. G. Deshmukh Marg, Mumbai - 400 026, Tel: (22) - 6657 3333 • Fax: (22) - 2352 0508
E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID	: 2014418-01	Result No.	: DG-15-142541
Name	: AGARWAL KETAN	Result Date / Time	: 19/11/2015 / 08:30:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 18/11/2015 / 19:23:00
Referred By	: ADVANI S H	Specimen	: -
MR No / IP No	: 1021986 /		
Room / Bed	:		

AFB MICROSCOPY (SPUTUM, CSF OR ANY OTHER MATERIAL)

Investigation	Result
Specimen	C.T.GUIDED BIOPSY OF INGUINAL MASS
Microscopically by Z.N.staining method :	No Acid Fast Bacilli seen ✓

M: 1160


DR SONAR NARULA, MD
MICROBIOLOGIST

DR H S AHUJA, MD
CHIEF OF LABORATORIES

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"Non-Profit Institution and a member of the Association of Hospitals"

Entered By : 1985

Verified By : 10441

Sample ID : 2014418-01
Name : AGARWAL KETAN
Age / Sex : 17 Years / Male
Referred By : ADVANI S H
MR No / IP No : 1021986 /
Room /Bed :

Result No. : DG-15-143238
Result Date / Time : 20/11/2015 / 09:58:00
Collection Date / Time : 18/11/2015 / 19:23:00
Specimen : -

ROUTINE CULTURE

Investigation

Result

ROUTINE CULTURE

Specimen

CT GUIDED BIOPSY OF INGUINAL MASS


No. of colony forming units per ml

Organisms Isolated

No Growth.

Remarks

No microorganisms isolated in culture.


DR SONAR NARULA, MD
MICROBIOLOGIST

DR H S AHUJA, MD
CHIEF OF LABORATORIES

Entered By : 10785

Verified By : 1800



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DEPARTMENT OF HISTOPATHOLOGY

OPD NO.	: 1021986	DATE	: 20/11/2015
PATIENT'S NAME	: KETAN AGARWAL	AGE/SEX	: 17/M
REF. DR.	: DR. ADVANI S H	JH	: 3610/2015

HISTOPATHOLOGY REPORT

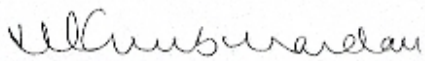
SPECIMEN : BIOPSY THE RIGHT INGUINAL LYMPH NODE
(OET-CT S/o necrotic mass lesion in liver and inguinal lymph node with heterogenous peripheral)

GROSS : The few irregular gray white bits together measure to 0.4 x 0.3 cm.

MICROSCOPIC : The serially sectioned fully examined biopsy reveals a tumor composed of round to oval cells. These possess eosinophilic cytoplasm and densely hyperchromatic oval to pleomorphic nuclei.

DIAGNOSIS : MALIGNANT ROUND CELL TUMOR INVOLVING THE RIGHT INGUINAL LYMPH NODE. A DEFINITE DIAGNOSIS MAY BE MADE AFTER IMMUNOHISTOCHEMISTRY.

Kindly do the IHC tests
R


DR. SHAILA R KHUBCHANDANI MD
SURGICAL PATHOLOGIST & ELECTRON MICROSCOPIST

BL 20/11/2015

Centre of Excellence : Histopathology

SURGICAL PATHOLOGY REPORT

SRL
Diagnostics

Name : Master KETAN AGARWAL

Path No : 15W-16846

Age : 17 years Sex : Male

Collected on :

Referred By : Dr. S. H. ADVANI

Accessioned on : 24-Nov-15 4:39PM

Reported on : 27-Nov-15

Nature of material : 1 paraffin block (JH-3610/15) of biopsy from inguinal lymph node

****This report contains 1 page ****

This is an electronically generated report & digitally signed

CLINICAL DATA:

PET CT scan : Necrotic mass lesion in the liver with conglomerate of inguinal lymph nodes, bilateral cervical lymph nodes, focal marrow lesions in axial skeleton and right humerus

MICROSCOPY:

Primary fixation of the material submitted for review is technically suboptimal.

The biopsy is tiny and reveals a high grade non-Hodgkin's lymphoma.

The tumor cells express LCA, CD 20 & CD 10 and are immunonegative for CD 3, bcl-2, bcl-6, TdT, Mic-2, Cytokeratin, EMA, Desmin, Synaptophysin & S-100 protein.

Mib-1 is not assessable in this material.

IMPRESSION:

Biopsy from inguinal lymph node : -

This is a high grade non-Hodgkin's lymphoma of B cell type. In view of the age, this is likely to be a Burkitt's lymphoma; however, the tissue does not support an accurate immunohistochemistry confirmation.

NOTE:

The internal and external controls have been found to be satisfactory.

The details of antibodies, their respective clones and detection system used are appended herewith.

**** End of Report ****

Dr. Anita Borges
MD FRC Path

Dr. Vinita Pant
MD

Dr. Jay Mehta
MD

SRL Diagnostics Private Limited

2nd Floor, Piramal Tower Annexe, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Tel +9122 6666 3301, 6666 3302 Fax +9122 2498 3987 Email jay.mehta@srl.in / anita.borges@srl.in/ coe@srl.in

Regd. Office : Plot no. D-3, A Wing, 2nd Floor, District Center, Saket, New Delhi - 110 017

Web: www.srliagnostics.com

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TATA MEMORIAL HOSPITAL
Dr. Ernest Borges Marg, Parel, Mumbai - 400012, INDIA
Tel : 91-22-2417 7000 (Extn : 4380) Fax : 91-22-24146937
E-mail : pathology@tmc.gov.in Website : http://tmc.gov.in
DIAGNOSTIC SERVICES - SURGICAL PATHOLOGY



Certificate No. : M-0005

Case No. CM/33977 Requisition No. FZZ/SP/15/058225 Req. Dt. 18-11-2015 Path No. 048984/CM
Name Mr. KETAN AGARWAL
Gender / Age M / 18 Years Category/Status B/ Out Patient
DMG : DMG GASTROINST.(A)

Nature of Material Inguinal mass biopsy

FINAL HISTOPATHOLOGY REPORT

26-11-2015

Gross Description

Received multiple cores aggregating to 0.3x0.3cm, submitted entirely.

Impression

GJ lab

Inguinal mass biopsy:

High grade non Hodgkin lymphoma diffuse large B cell type. ✓

On immunohistochemistry, tumour cells are positive for LCA and CD20, while they are negative for CD3, CD30, Ckit and OCK %, Desmin, Myogenin, Myo-D and SMA.

TNM

Dr. PRIYANKA SACHDEV
Resident Pathologis

Dr. M R RAMADWAR
Pathologist

Entered By : SUPRIYA
115.97.247.138

FINAL HISTOPATHOLOGY REPORT

END OF REPORT

Req dt/tm	: 18-11-2015 / 4:25:53PM
Collect dt/tm	: /
Recd dt/tm	: 18-11-2015 / 4:32:50PM
Commit dt/tm	: 28-11-2015 / 4:08:40PM

"The report relates only to the sample submitted."

"All Samples/Slides/Blocks Submitted For Evaluation Will Be Retained By The Hospital Under Normal Circumstances."

"This Report has been electronically verified and authorized for release."

ROPENEM	Resistant
FEPIME	Resistant
IKACIN	Resistant
ENTAMYCIN	Resistant
PROFLOXACIN	Resistant
ETAZIDIME	Resistant
EFOPERAZONE+ SULBACTAM	Resistant
PERACILLIN / TAZOBACTAM	Resistant
EFOTAXIME	Resistant
ETILMICIN	Resistant
DBRAMYCIN	Resistant
GECYCLINE	Resistant

emarks :



TATA MEMORIAL C
TATA MEMORIAL H

Dr. Ernest Borges Marg, Parel, Mumbai.

Tel : 91-22-2417 7000 (Extn : 4381)

E-mail : microbiology@tmc.gov.in

DIAGNOSTIC SERVICES - MICROBIO

No. : CM/33977 Requisition No. : GZZ/BA/15/037729

: Mr. KETAN AGARWAL

r / Age : M / 18 Years Category/Status : B/ Out Patient
DMG ADULT HEMATOLOGY

sional Diagnosis

e Of Material : biopsy

MICROBIOLOGY REPORT

n Positive Cocci : Not Seen

n Positive Bacilli Not Seen

ogen Grown YES

anisms Isolated :

(1) Heavy growth of
Acinetobacter
baumannii on
subculture

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Dr. Ernest Borges Marg, Parel, Mumbai - 400012, INDIA

Tel : 91-22-2417 7000 (Extn : 4381)

Fax : 91-22-24146937

E-mail : microbiology@tmc.gov.in

Website : <http://tmc.gov.in>**DIAGNOSTIC SERVICES - MICROBIOLOGY LABORATORY**

Certificate No. : M-9005

Case No. : CM/33977 Requisition No. : GZZ/MB/15/004650 Req Date : 18/11/2015 Micro No. : 882MB18NOV2015

Name : Mr. KETAN AGARWAL

Gender / Age : M / 18 Years

Category/Status : B/ Out Patient

DMG : DMG ADULT HEMATOLOGY

Provisional Diagnosis

Nature Of Material : BIOPSY

MICROBIOLOGY REPORT

21/01/2016

Ziehl-Neelsen Stain :

No Mycobacterial growth after 8 weeks of incubation.

ROHINI KELKAR
PROF. & HEAD**MICROBIOLOGY REPORT**

END OF REPORT

MYCOBACTERIOLOGY

Req. dt/tm :	18/11/2015	4:28:27PM
Coll. dt/tm :		
Recd. dt/tm :	18/11/2015	5:01:30PM
Commit dt/tm	21/01/2016	5:43:40PM

117.200.89.187 CM/33977

LABORATORY REPORT
DEPARTMENT OF BIOCHEMISTRY

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. C. D. Deshmukh Marg, Mumbai - 400 026, Tel: (22) 6637 3333 • Fax: (22) 2352 0303
E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID : 2013799-01 Result No. : DG-15-141312
Name : AGARWAL KETAN Result Date / Time : 17/11/2015 / 11:34:00
Age / Sex : 17 Years / Male Collection Date / Time : 17/11/2015 / 10:38:00
Referred By : ADVANI S H Specimen : BLOOD
MR No / IP No : 1021986 /
Room / Bed :

CREATININE

Investigation	Result	Reference Value
CREATININE	.8	0.50 - 1.50 mg/dL

LABORATORY REPORT
DEPARTMENT OF IMMUNOLOGY



JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Mumbai - 400 026. Tel.: (22) - 6657 3333 • Fax: (22) - 2352 0508
E-Mail: info@jaslokhospital.net • Website: <http://www.jaslokhospital.net>

Sample ID	: 2013800-01	Result No.	: DG-15-141596
Name	: AGARWAL KETAN	Result Date / Time	: 17/11/2015 / 14:10:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 17/11/2015 / 10:41:00
Referred By	: ADVANI S H	Specimen	: BLOOD
MR No / IP No	: 1021986 /		
Room /Bed	:		

HCV ANTIBODIES

Investigation

Result

METHOD

BY ARCHITECT PLUS

HCV ANTIBODIES

NON REACTIVE

LABORATORY REPORT
DEPARTMENT OF IMMUNOLOGY

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Sample ID	: 2013800-01	Result No.	: DG-15-141596
Name	: AGARWAL KETAN	Result Date / Time	: 17/11/2015 / 14:10:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 17/11/2015 / 10:41:00
Referred By	: ADVANI S H	Specimen	: BLOOD
MR No / IP No	: 1021986 /		
Room /Bed	:		

HIV 1 & 2 (ANTIBODIES)

Investigation

Result

METHOD :

ARCHITECT PLUS

HIV 1 & 2 (ANTIBODIES)

NON REACTIVE

LABORATORY REPORT
DEPARTMENT OF IMMUNOLOGY

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Sample ID	: 2013800-01	Result No.	: DG-15-141596
Name	: AGARWAL KETAN	Result Date / Time	: 17/11/2015 / 14:10:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 17/11/2015 / 10:41:00
Referred By	: ADVANI S H	Specimen	: BLOOD
MR No / IP No	: 1021986 /		
Room / Bed	:		

HBs ANTIGEN

Investigation

Result

METHOD

ARCHITECT PLUS

HBs antigen:

NON REACTIVE

LABORATORY REPORT
DEPARTMENT OF BIOCHEMISTRY



JASLOK HOSPITAL & RESEARCH CENTRE

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E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID	: 2013800-02	Result No.	: DG-15-141480
Name	: AGARWAL KETAN	Result Date / Time	: 17/11/2015 / 13:05:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 17/11/2015 / 10:41:00
Referred By	: ADVANI S H	Specimen	: BLOOD
MR No / IP No	: 1021986 /		
Room / Bed	:		

Investigation

SERUM URIC ACID

ACTIC DEHYDROGENASE

Result

6.0

185. ✓

Reference Value

2.50 - 8.50 mg/dL

25.00 - 220.00 U/L

LABORATORY REPORT
DEPARTMENT OF HAEMATOLOGY



JASLOK HOSPITAL & RESEARCH CENTRE

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E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID	: 2013800-03	Result No.	: DG-15-141590
Name	: AGARWAL KETAN	Result Date / Time	: 17/11/2015 / 14:06:00
Age / Sex	: 17 Years / Male	Collection Date / Time	: 17/11/2015 / 10:41:00
Referred By	: ADVANI S H	Specimen	: BLOOD
MR No / IP No	: 1021986 /		
Room /Bed	:		

CBC (COMPLETE BLOOD COUNT)

Investigation	Result	Reference Value	Graphs
HEMOGLOBIN	13.0 ✓	13 - 18 gms%	
P.V.	39.7	40 - 54 %	
H.C	32.7	30 - 35 %	
RBC	4.79	4.2 - 6.5 Millions/L	
MCV	82.9	75 - 95 fL	
MCH	27.1	25 - 32 pg	
PLATELET COUNT	252 ✓	140 - 440 10^3 /uL	
W B C TOTAL	6920 ✓	4000 - 10000 /cmm	
DIFFERENTIAL COUNT			
PLATE			

LABORATORY REPORT
DEPARTMENT OF HAEMATOLOGY

JASLOK HOSPITAL & RESEARCH CENTRE

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E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID : 2014216-01
Name : AGARWAL KETAN
Age / Sex : 17 Years / Male
Referred By : ADVANI S H
MR No / IP No : 1021986 /
Room / Bed :

Result No. : DG-15-141907
Result Date / Time : 18/11/2015 / 10:55:00
Collection Date / Time : 18/11/2015 / 09:50:00
Specimen : BLOOD-PT

Investigation	Result	Normal Range
PROTHROMBIN TIME (Test)	13.0	13.00 - 16.00 Sec
PROTHROMBIN TIME (Control)	13.0	
INR	1.0	1 - 1.3

PARTIAL THROMBOPLASTIN TIME



JASLOK HOSPITAL & RESEARCH CENTRE

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E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

DEPARTMENT OF RADIO IMMUNO ASSAY

DATE OF COLLECTION: 17/11/2015
NAME OF THE PATIENT: AGARWAL KETAN
SEX: MALE AGE :17 YRS
VOUCHER & MRD NO: 1021986
REFERRED BY: DR:

DATE: 17/11/2015

INVESTIGATION REQUESTED : T3, T4, TSH

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	83.81	Adults : 70 – 190 NG/100ml New born 0 – 3 days 96-292 4 – 30 days 62-243 2 – 12 months 81- 281 2 – 6 years 83 – 252 7- 11 years 92 – 219 12- 19 years 83 – 215 Cord blood: 14- 86
T4	5.17	Adults : 4.5 – 13.0 MCG/100ml New born: 0-3 days 5.37 – 22.4 4 – 30 days 5.24- 23.2 2- 12 months 5.37- 16.0 2 – 6 years 5.26 – 14.8 7 – 11 years 5.70 – 14.1 12- 19 years 4.74 – 14.6 Cord blood: 6.6 – 17.5
TSH	11.68	Adults: 0.2 – 6.0 uIU/ml Children : 0.3 days 5.17 – 14.6 4 – 30 days 0.43 – 16.1 2 – 12 months 0.62 – 8.05 2 – 6 years 0.54 – 4.53 7 – 11 years 0.66 – 4.14 12 – 19 years 0.53 – 3.59 Cord blood: < 2.5 – 17.4

SR NO: 704

METHOD : FULLY AUTOMATED CHEMILUMINESCENCESYSTEM PLEASE NOTE CHANGES IN THE
NORMAL RANGE.

REMARKS: ABOVE LEVEL IS CONFIRMED BY REPEATING ASSAY ON THREE DIFFERENT OCCASIONS.



JASLOK HOSPITAL & RESEARCH CENTRE

LABORATORY REPORT
DEPARTMENT OF RADIO IMMUNO ASSAY



15, Dr. G. Deshmukh Marg, Mumbai - 400 026, Tel.: (22) - 6657 3333 • Fax : (22) - 2352 0508
E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

Sample ID : 2013800-04
Name : AGARWAL KETAN
Age / Sex : 17 Years / Male
Referred By : ADVANI S H
MR No / IP No : 1021986 /
Room /Bed :
Result No. : DG-15-141563
Result Date / Time : 17/11/2015 / 13:56:00
Collection Date / Time : 17/11/2015 / 10:41:00
Specimen : BLOOD

ALPHA FETO PROTEIN (AFP)

Investigation	Result	Normal Range
A.F.P	1.43 ✓	3.2 -- 20.2 ng/ml. .PREGNANT WOMEN WEEKS NG/mL
		14 6.0 -- 52.8
		15 8.4 -- 61.2
		16 8.4 -- 72.0
		17 12.0 -- 84.0
		18 14.4 -- 94.8
		19 16.8 -- 108.0
		20 16.8 -- 129.6
		21 19.2 -- 163.2
		22 24.0 -- 182.4

N0.704
REMARKS:

DR. HARISH S. AHUJA, MD.
CHIEF OF LABORATORIES

Entered By : 1741

Verified By : 10822





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Sample ID : 2013800-04
Name : AGARWAL KETAN
Age / Sex : 17 Years / Male
Referred By : Dr. ADVANI S H
OP / IP No. : 1021986 /

Result No : DG-15-141565
Result Date/Time : 17/11/2015 / 13:57:00
Collection Dt/Tm : 17/11/2015 / 10:41:00
Specimen : BLOOD
Reported By :1741
Verify By :10822

INVESTIGATION	RESULT mIU/ml	NORMAL RANGE mIU/ml
HCG-BETA	LESS THAN 5.0	NON PREGNANT FEMALE : < 25.0 Week after Lmp; 3 - 4 : 25.0 - 239 4-5 : 25.0 - 8,647 5- 6 : 129 - 31,545 I 6 - 7: 2,690 - 61,545 7- 8: 7,400- 80,100 8- 9: 23,140 - 87,681 9 - 10: 26,183 - 88,850 10 - 11: 22,700 - 82,415 I 11 - 12: 32,825 - 71,980 II trimester : 2,545 - 44,720 III trimester: 1,150 - 46,872 Post partum : < 25.0 Chorio carcinoma : 25 - 100,000 Hydatidiform mole : 25 - 100,000

N0.704


DR. HARISH S. AHUJA, MD.
CHIEF OF LABORATORIES




JASLOK HOSPITAL & RESEARCH CENTRE

LABORATORY REPORT
DEPARTMENT OF RADIO IMMUNO ASSAY



15, Dr. G. Deshmukh Marg, Mumbai - 400 026, Tel.: (22) - 6657 3333 • Fax : (22) - 2352 0508
E-Mail: info@jaslokhospital.net • Website: http://www.jaslokhospital.net

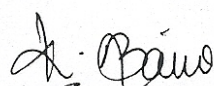
Sample ID : 2013800-04
Name : AGARWAL KETAN
Age / Sex : 17 Years / Male
Referred By : ADVANI S H
MR No / IP No : 1021986 /
Room /Bed :
Result No. : DG-15-141566
Result Date / Time : 17/11/2015 / 13:57:00
Collection Date / Time : 17/11/2015 / 10:41:00
Specimen : BLOOD

CARCINO EMBRYOGENIC ANTIGEN (C.E.A.)

Investigation	Result	Normal Range
C.E.A.	1.44	0.0 - 8.0 ng/ml

IN0.704

REMARKS:


DR. HARISH S. AHUJA, MD.
CHIEF OF LABORATORIES

Entered By : 1741

Verified By : 10822



JASLOK HOSPITAL



X-RAY RADIOLOGY DEPARTMENT

MR No. : 1021986
Patient Name : AGARWAL KETAN
Patient Age : 17.10.00
Patient Sex : MALE
X-Ray ID : 13290

Report Number : RD-15-143521
Report Date : 20/11/2015
Report Time : 13:08:55
OPBill No. : 57-OB-15-067996
Test : CHEST P.A.VIEW
1 EXPOSURE

Examination Date : 20/11/2015

Body Part :
Referred By : Dr ADVANI S H

CHEST PA

History of right hip tumor.

No active focal pulmonary or pleural lesion is seen.

Both hilar and mediastinal shadows are normal.

Cardiac size is normal.

Both costophrenic angles appear normal.

IMPRESSION : Normal study.

bn

DR. DESAI S B
M.B.B.S, M.D (RADIOLOGY)
HON. RADIOLOGIST



JASLOK HOSPITAL

NAME : MR. KETAN AGARWAL

AGE: 17 YRS

REFERRED BY: Dr. ADVANI

DATE: 17.11.2015

FDG PET – CT

Clinical history : 17 year old male with right inguinal lymphnodal mass ?HD ?NHL?Koch's under evaluation.

Technique: 5.9 mCi of ^{18}F -FDG is injected intravenously to patient after 6 hours of fasting. After 112 min of injection, patient was scanned on dedicated 16 slice PET – CT (GE –Discovery IQ-5 ring). Standard uptake values (SUV) *normalized to body weight* obtained over lesions. Finger prick blood glucose level at the time of injection was mg/dl.

Diagnostic venous phase CT scan was obtained as part of PET CT protocol on a multislice CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings :

Head : Polyps are noted in bilateral maxillary sinuses.

Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

Neck : Increased FDG uptake is noted in subcentimeter bilateral right level I, bilateral level II, III and V cervical lymphnodes, SUV-5.6.

Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable. No evidence of metabolically active disease.

Thorax : Low grade FDG uptake is noted in bilateral axillary lymphnodes, with intact fatty hilum, largest on right measuring 0.9X0.8cm, SUV- 4.1, largest on left measuring 0.9X0.9cm, SUV- 3.8.

The lungs are clear. Heart and mediastinal structures are unremarkable. There is no pleural or pericardial effusion.

Abdomen & pelvis :

There is a necrotic mass lesion with peripheral heterogeneous enhancement and FDG uptake, involving segment VIII and VII of the liver, measuring 8.9 x 5.2cm, SUV- 26.5.

Increased FDG uptake is noted in heterogeneously enhancing conglomerate mass lesion involving the right inguinal lymphnode, measuring 5.0X7.1cm, SUV-60.8. There is a large non-FDG-avid necrotic component to the mass lesion in its inferior part. There is fat stranding noted surrounding this lesion.



JASLOK HOSPITAL



Increased FDG uptake is noted in discrete subcentimeter right external iliac and right inguinal lymphnode, largest right external iliac lymphnode, measuring 1.8X1.1cm, SUV- 6.12.

Spleen, gallbladder, pancreas, adrenals and kidneys are unremarkable. Pelvic viscera are unremarkable.

Osseous : Heterogeneous FDG uptake is noted in the marrow of entire axial skeleton, SUV-8.3. Increased sclerosis is noted D7 vertebra.

Focal increased FDG uptake is noted in the end plate of the L4 vertebra, SUV-12.14.

Increased FDG uptake is noted in marrow lesion of the right humerus, SUV- 9.3.

COMMENTS:

17 year old male with right inguinal lymphnodal mass ?HD ?NHL?Koch's under evaluation.

Metabolically active hepatic mass lesion, conglomerate left inguinal lymphnodal mass lesion, bilateral right level I, bilateral level II, III and V cervical and focal marrow lesions in the axial skeleton and right humerus.

These findings could most likely represent a lymphomatous pathology. Other less likely differential of tuberculosis maybe considered. Further evaluation with a CT-guided biopsy from the inguinal mass is recommended.

DR. PARAG ALAND, DNB
CONSULTANT,
NUCLEAR MEDICINE & PET -CT

DR. VIKRAM R. LELE, MD, DRM, DNB
NUCLEAR MEDICINE
& PET -CT

DR. SHRINIVAS. B. DESAI, M.D.
DIRECTOR
DEPT. OF RADIOLOGY AND
INTERVENTIONAL RADIOLOGY

Name : - KETAN AGARWAL
Age / Sex : - 17/M
Ref. By : - DR. S.ILADVANI

Date: - 28.01.2016

MDCT SCAN OF ABDOMEN AND PELVIS

Protocol:

Helical CT scan of abdomen and pelvis was performed with oral and IV (non-ionic) contrast. Retrospective 3D reconstruction of volumetric data was performed to obtain coronal and sagittal MPR images.

Clinical profile: Patient is a follow-up case of non-Hodgkin's lymphoma. The previous PET/CT scan dated 17/11/2015 is available for comparison.

Observation:

The previously mentioned right inguinal region now measures about 4.4 x 4.2 cm and is largely cystic with a rind of enhancing soft tissue in its lateral aspect measuring about 6mm in maximum thickness.

Hypoenhancing predominantly cystic lesion with irregular walls is noted involving the right lobe of liver, in segment 7 which measures approximately 5.0 x 4.5 cm. (This lesion measured about 9 cm on the previous CT scan).

There is no intra or extra hepatic biliary dilatation. The hepatic & portal veins appear normal.

The gall bladder is physiologically distended, appears normal.

Spleen is normal in size. There is no evidence of focal lesion.

Pancreas and both adrenals are normal.

Both the kidneys are normal in size, shape and show good prompt function.

Both ureters are normal in course and calibre.

Urinary bladder is normal.

The bowel loops are unremarkable.

Visualised CT sections of lower chest are unremarkable.

Irregular lytic lesions are noted involving the inferior aspect of L3 vertebra, along the inferior articular surface and along the either side of the D10/11 disc.

Impression: In this follow-up case of non-Hodgkin's lymphoma,

- The right inguinal mass and the hepatic lesion are significantly reduced in size compared to previous PET/CT dated 17/11/2015. These lesions appear predominantly cystic with significant regression of the solid components.
- The lytic lesions in vertebra described above appear to be a sequelae of old infective aetiology rather than metastasis.
- No other significant abnormalities noted.
- Above features are suggestive of favourable response to treatment.

---END OF REPORT---

HINAV RANWAKA,
NB
CONSULTANT RADIOLOGIST

DR KUSHAL KOLI,
MD, DNB
CONSULTANT RADIOLOGIST

DR AMOL KHANDELWAL,
DMRD, DNB
CONSULTANT RADIOLOGIST

DR RUCHIRA MARWAH,
MD (Radio-Diagnosis, PGI)
CHIEF CONSULTANT RADIOLOGIST

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

NAME: KETAN AGARWAL
REF BY: DR.S.H. ADVANI

AGE/SEX: 18 YEARS/M
DATE: 31.03.2016

Technique:

Scanner: Siemens Biograph HD MDCT with LSO detector technology

Radioisotope: ^{18}F FDG, 370 mBq. Uptake period was 50 minutes. Mannitol (0.3%) diluted in 1000 ml of water was given as oral contrast. Non-ionic intravenous contrast was administered.

Extent of study: Vertex to upper mid-third of thigh. SUV max was calculated using lean body mass.

Note: All tumors are not FDG avid. In the absence of metabolically active disease reported on the scan, if there are other evidences to suggest presence of disease, complimentary investigations should be undertaken. Investigations have their limitations. Solitary pathological/radiological and other investigations never confirm the final diagnosis of disease. They help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

PET-CT Scan findings:

Physiological uptake of radiotracer (FDG) is seen in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

The brain parenchyma appears normal.

Neck:

The endolaryngeal apparatus appears normal.

The oral tongue appears normal.

The nasopharynx, oropharynx and hypopharynx appear normal.

Major salivary glands appear normal.

Polypoidal mucosal thickening is seen involving bilateral maxillary sinuses. This is persistent.

Mastoids appear normal.

Major neck vessels are unremarkable.

Thyroid gland appears normal.

Few subcentimetre sized bilateral level Ib, bilaterally level II and bilateral level V lymph nodes are seen showing very low-grade FDG uptake, SUV Max of reference node in left level II is 1.30 (previous SUV Max 3.27).

Thorax:

Lung parenchyma appears normal.

Pleural spaces appear normal.

Cardia and great vessels appear normal.

Multiple subcentimetre sized non-FDG avid bilateral axillary lymph nodes are seen (previous SUV Max 2.28).

No size significant or FDG avid adenopathy is seen in the mediastinum.

Contd on Page 2

R. ATUL MARWAH,
D (AIIMS),
RECTOR

DR RUCHIRA MARWAH,
MD (PGI)
SR. CONSULTANT

DR ROHIT RANADE,
DRM
CONSULTANT

DR KUSHAL KOLI,
MD
CONSULTANT

DR ABHINAV RANWAKA,
MD, DNB
CONSULTANT

**DEPARTMENT OF NUCLEAR MEDICINE & PET-CT**NAME: KETAN AGARWAL
REF BY: DR.S.H. ADVANIAGE/SEX: 18 YEARS/M
DATE: 31.03.2016

Contd from page 1

Abdomen:

A 3.5 x 2.9 x 2.7 cm sized irregular hypodense hypoenhancing lesion is seen in segment 6/7 of liver without demonstrable FDG uptake (previously the lesion measured 7.2 x 8.7 x 5.7 cm with SUV Max 15.51)

Gallbladder is partially distended and appears normal. Intrahepatic biliary radicles and common bile duct are not dilated.

Spleen appears normal in size and attenuation.

Pancreas shows no focal lesion within. Pancreatic duct is not dilated.

Both the kidneys and adrenals appear normal. Pelvic/lyceal system and ureters on both sides appear normal. Urinary bladder is partially distended and appears normal.

Small and large bowel loops are partially distended and appear grossly normal.

No free fluid is seen in the abdomen and pelvis.

A partially necrotic 4.2 x 3.6 cm sized (previous size 8.2 x 6.6 cm) nodal mass showing heterogenous FDG uptake is seen in the right superficial inguinal region, SUV Max 3.37 (previous SUV Max 35.63).

Musculoskeletal:

Heterogenous FDG uptake is seen in the marrow of the visualised bones, SUV Max 4.03. This is most likely due to post chemotherapy marrow stimulation.

Mild decrease in the sclerosis of the D7 vertebral body is noted as compared to previous study.

Impression:

This is a case of non-Hodgkin's lymphoma. Post chemotherapy status. For response evaluation. Comparison has been made with previous PET CT dated 17/11/2015. The present PET-CT scan reveals:

- The previously seen hypermetabolic bilateral axillary lymph nodes show complete metabolic resolution with morphologic residue (Deauville's score 1).
- The previously seen large hypermetabolic lesion in the right lobe of the liver shows complete metabolic resolution with morphologic residue (Deauville's score 3).
- Near complete metabolic and partial morphologic resolution of the previously described hypermetabolic cervical lymph nodes (Deauville's score 2).
- Partial metabolic and morphologic resolution of the previously described enlarged partially necrotic right inguinal nodal mass (Deauville's Score 4).
- Complete metabolic and morphologic resolution of the previously seen hypermetabolic focus seen in the right proximal humerus (Deauville's score 1).

Imaging findings are suggestive of partial metabolic response to treatment.

DR. ATUL MARWAH,
MD (AIIMR),
DIRECTORDR RUCHIRA MARWAH,
MD (PGI)
SR. CONSULTANTDR ROHIT RANADE,
DRM
CONSULTANTDR KUSHAL KOLI,
MD
CONSULTANTDR ABHINAV RANWAK,
MD, DNB
CONSULTANT



TATA MEMORIAL CENTRE

TATA MEMORIAL HOSPITAL

Dr. Ernest Borges Marg, Parel, Mumbai - 400012, INDIA

Tel : 91-22-2417 7000 (Extn : 4162 / 4172) Fax : 91-22-24146937

E-mail : biu@tmc.gov.in

Website : <http://tmc.gov.in>

DEPARTMENT OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

CASENO : CM/33977

Requisition No.

WAA/PT/16/004696

Name Mr. KETAN AGARWAL

Sex/Age : M / 18 Years

Category/Status : B/ Out Patient

DMG : DMG ADULT HEMATOLOGY

Service Desc Outside Reporting of PET / PET-CT

Reqn Date : 06-04-2016

Provisional Diagnosis

Final Report

Report Date : 29-04-2016

Review of the outside PET CT scans done on 17/11/16 and 31/03/16

Case of high grade NHL- and underwent chemotherapy (no details available). To compare the baseline and 1st chemo response PET.

17/11/16- Baseline PET

Findings:

FDG uptake noted in bulky necrotic right inguinal node- 8cm-SUVmax-40.15

FDG uptake noted in large hypodense mass in the right lobe of the liver- 8.3cm-SUVmax-19.66

Focal FDG uptake noted in the marrow in the right humerus (SUVmax-6.93)

Low grade FDG uptake noted in enlarged right external iliac nodes- SUVmax-4.54

Rest of the scan shows physiological radiotracer distribution.

31/03/16- Response evaluation PET

Low grade FDG uptake noted in enlarged right inguinal nodes- largest 3.8cm-SUVmax-4.14

Non FDG avid hypodense lesion noted in right lobe liver- measuring about 3cm

Resident (Nuclear Medicine) : PIYUSH K CHANDRA

Radiologist (Consultant) : N C PURANDARE

Nuclear Medicine (Consultant) : SNEHA SHAH

Nuclear Medicine



TATA MEMORIAL CENTRE

TATA MEMORIAL HOSPITAL

Dr. Ernest Borges Marg, Parel, Mumbai - 400012, INDIA

Tel : 91-22-2417 7000 (Extn : 4162 / 4172) Fax : 91-22-24146937

E-mail : biu@tmc.gov.in

Website : <http://tmc.gov.in>

DEPARTMENT OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

CASENO : CM/33977

Requisition No.

WAA/PT/16/004696

Name Mr. KETAN AGARWAL

Sex/Age : M / 18 Years

Category/Status : B/ Out Patient

DMG : DMG ADULT HEMATOLOGY

Service Desc Outside Reporting of PET / PET-CT

Reqn Date : 06-04-2016

Provisional Diagnosis

Final Report

Report Date : 29-04-2016

Rest of the scan shows physiological radiotracer distribution.

IMPRESSION

Can findings of scan dated March 2016 compared to the baseline PET done in Nov 2015 reveals;

Increase in the size and metabolic activity in the enlarged left inguinal node.

Decrease in the size and complete metabolic regression in the liver lesion in the right lobe.

Metabolic regression in the marrow lesion in right humerus.

No new lesions.

Residual disease in right inguinal region.

Resident (Nuclear Medicine) : PIYUSH K CHANDRA

Radiologist (Consultant) : N C PURANDARE

Nuclear Medicine (Consultant) : SNEHA SHAH

Nuclear Medicine

MEDCARE

Institute of Diagnostics

A Unit of Medicare MSPL

**Sushrut
Hospital**

Research centre

A Unit of Chembur Hospital Project Trust

Name :- KETAN AGARWAL
Age / Sex :- 18/MALE
Ref. By :- DR S H ADVANI

Date: - 16.05.2016

MDCT SCAN OF ABDOMEN AND PELVIS**Protocol:**

Helical CT scan of abdomen and pelvis was performed with oral and IV (non-ionic) contrast. Retrospective 3D reconstruction of volumetric data was performed to obtain coronal and sagittal MPR images.

Observation:

Patient is a known case of non-Hodgkin's lymphoma.

This is a follow-up CT scan.

Comparison was made with previous PET/CT scan dated 31/03/16.

→ An ill-defined minimally enhancing hypodense lesion is seen in the segment 7 and 8 of the liver and measures approximately 3.5 x 3.2 x 3.5 cm in size.

An ill-defined peripherally enhancing predominantly hypodense lesion is seen in the right inguinal region and measures approximately 3 x 2.8 x 3 cm in size.

The liver is normal in size, shape and density. No other focal area of altered attenuation is seen in the liver. There is no intra or extra hepatic biliary dilatation. The hepatic & portal veins appear normal.

The gall bladder is physiologically distended, appears normal.

Spleen is normal in size. There is no evidence of focal lesion.

Pancreas and both adrenals are normal.

Both the kidneys are normal in size, shape and show good prompt function.

Both ureters are normal in course and calibre.

There is no free fluid.

Urinary bladder is normal.

The bowel loops are unremarkable.

Visualised CT sections of lower chest are unremarkable.

Continued on page 2

R ABHINAV RANWAKA,
ID, DNB
CONSULTANT RADIOLOGIST

DR KUSHAL KOLI,
MD, DNB
CONSULTANT RADIOLOGIST

DR AMOL KHANDELWAL,
DMRD, DNB
CONSULTANT RADIOLOGIST

DR RUCHIRA MARWAH,
MD (Radio-Diagnosis, PGI)
CHIEF CONSULTANT RADIOLOGIST



Name :- KETAN AGARWAL
Age / Sex :- 18/MALE
Ref. By :- DR S H ADVANI

Date: - 16.05.2016

Conduit from page 1

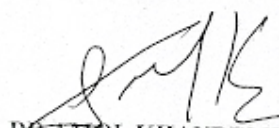
IMPRESSION:

- Patient is a known case of non-Hodgkin's lymphoma.
- This is the follow up CT scan.
- Comparison was made with previous PET/CT scan dated 31/03/16.
- As compared with the previous PET/CT scan, the liver lesions appear unchanged.
- There is slight reduction in the size of the right inguinal legion.
- Multiple lesions in the vertebral bodies appear unchanged.

End of report.

R ABHINAV RANWAKA,
MD, DNB
CONSULTANT RADIOLOGIST

DR KUSHAL KOLI,
MD, DNB
CONSULTANT RADIOLOGIST


DR AMOL KHANDELWAL,
DMRD, DNB
CONSULTANT RADIOLOGIST

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CHIEF CONSULTANT RADIOLOGIST

Ground Floor, Sushrut Hospital, 365 Swastik Park, Chembur (E), Mumbai - 71.

Tel: 8080818822 / 81085300000 / 022-25230565 / 2523 0522 / 2529 0588 • website : www.medcarediagnostics.com

Follow-Up / Discharge Summary

Date: 9/3/16.

Name: Mr. Ketan Agarwal

Age: 18 Yrs. Sex: M Doctor's Name: Dr. S. H. Advani

Diagnosis: High grade NHL.

Bed No.:

Current Cycle: 6th

Completed:

Complaints/Allergies:

History:

IV / PORT / PICC

Triple H:-

Chemotherapy Protocol: - Cycle - 6th

1. T₁: Redlix 600mg jv Day 1

2. T₁: Endoxan 1400mg jv Day 1

3. T₁: Adm^oargin 90 mg jv Day 1

4. T₁: VCR 2mg jv Day 1

5. T₁: MTX 12mg IT Day 1.

6. T₁: Prednisolone 100mg x 5 days

Advice on Discharge:

1. Tab Graniset 1mg 1-0-1 x 5 days (half hour before meals)

2. Cap. Petiol D 1-0-1 x 5 days (half hour before meals)

3. Xerom - M gargles 1-0-1

T₁: Pegasta 6mg s/c day 2

Follow Up:

Next Cycle:

Due on:

To do CBC, S, Creatinine on:

Review c Dr. Advani
on 1/9/16

Dr. Suresh H. Advani

Follow-Up / Discharge Summary

Date: 28/4/16

Name: Mrs. Ketan Agarnwal

Age: 18 Yrs. Sex: Male Doctor's Name: Dr. Advani

Diagnosis: High grade NHL Bed No.: _____

Current Cycle: 2nd # Completed: _____

Complaints/Allergies: _____

History: _____

IV / PORT / PICC

Triple H:-

Chemotherapy Protocol: — Cycle — 2nd #

1. Inj. Rituximab 600 mg IV day 1
2. Inj. Dexona 40 mg IV day 1,2,3,4
3. Inj. Arabose 3gm IV day 1
4. Inj. Cisplatin 70mg IV day 1,2
5. IV Hydration Day 3.
6. Inj. Pegasta 6mg slc day 4.

Advice on Discharge: Tab. Sepmax i-i (mlw/f)

1. Tab Graniset 1mg 1-0-1 x 5 days (half hour before meals)
2. Cap. Petiol D 1-0-1 x 5 days (half hour before meals)
3. Xerom - M gargles 1-0-1

Follow Up:

Next Cycle: 3rd #

Due on: 16/5/16

To do CBC, S. Creatinine on: 15/5/16

OBH

Dr. Suresh H. Advani

Follow-Up / Discharge Summary

Date: 18/5/16

Name: Mrs. Ketan Agarwal

Age: 18 Yrs. Sex: M Doctor's Name: Dr. S.H. Advani

Diagnosis: High grade NHL Bed No.:

Current Cycle: 1st # D₁ Completed:

Complaints/Allergies:

History:

IV / PORT / PICC

Triple H:-

Chemotherapy Protocol: - Cycle - 1st # D₁

1. Inj. Rituximab 60mg IV Day 1
2. Inj. Gemcitabine 1.4gm IV Day 1
3. Inj. Cisplatin 50mg IV Day 1, 2, 3
4. Inj. Dexona 40mg IV Day 1, 2, 3
5. Inj. Pegaster 6mg SC Day 5
6. Tab. Auradex 40mg OD Day 4.

IN hydⁿ 2500cc + m.v.
Day 1, 2, 3, 4.

Advice on Discharge:

1. Tab Graniset 1mg 1-0-1 x 5 days (half hour before meals)
2. Cap. Petiol D 1-0-1 x 5 days (half hour before meals)
3. Xerom - M gargles 1-0-1

Follow Up:

Next Cycle: 1st # D₈

Due on: 24/05/2016

To do CBC, S. Creatinine on: 23/05/16

7/6/16. 31/5/16 (ICC-R)

Dr. Suresh H. Advani

LILAVATI HOSPITAL
AND RESEARCH CENTRE

Mr./Ms.

Age

Years

Date

18/9/16

Dear Sir

Many thanks for referral.
Mr Ketan Agarwal. I would have
advised R-Hyper CVAD or the BL
MCP pediatric NHL protocol but
since some of the drugs already
used hence we could
consider R-ICB followed by
Auto/Allo transplant - if he becomes
PBT - we.

Thank you
Sir
Anil
Bose

OPD Timings

Hospital OPD : 8 a.m. to 4 p.m.

Private OPD : 4 p.m. to 10 p.m.

Tel: 2675 1000, 2656 8000 Extn.: 8050 / 8051

Ref. Dr.

Reg. No.

For Grnd. Floor OPD Appointments Only : 2645 5947

For 2nd Floor Health Check-up Appointments Only : 2642 9911

A-791, Bandra Reclamation, Bandra (W), Mumbai 400 050. Tel. : 2675 1000, 2656 8000

Fax : (91-22) 2640 7655 Email : info@lilavatihospital.com Website : www.lilavatihospital.com



More than Health Care. Human Care.

Mr./Ms. _____

Age _____

Years _____

Date _____

18/5/2016

Mr. Ketan Agarwal.

- ST IV H.G. B-cell lymphoma
Burkitt like.

- Ideally R-Hybrid - CVAD or
R-MCP (Pediatric lymphoma
protocol).

- Hinner since ADR Endoxan
Cytarabine already
used.

→ R-ICB → ABMT (if PRT -ve).

Hinner
Hsm

OPD Timings

Hospital OPD : 8 a.m. to 4 p.m.

Private OPD : 4 p.m. to 10 p.m.

Tel: 2675 1000, 2656 8000 Extn.: 8050 / 8051

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For 2nd Floor Health Check-up Appointments Only : 2642 9911

A-791, Bandra Reclamation, Bandra (W), Mumbai 400 050. Tel. : 2675 1000, 2656 8000

Fax : (91-22) 2640 7655 Email : info@lilavatihospital.com Website : www.lilavatihospital.com



More than Health Care, Human Care



LILAVATI HOSPITAL
AND RESEARCH CENTRE

Mr./Ms. Mr Ketan Agarwal Age 19 Years Date Nov 2015

Rx - Smelly Rv groin
no fur wtlm.

→ PBT CT: Bilat Cervical node
Linen Len. Sq VIII VII
Rt ingu 8.9 x 5.2 x
Rt axil 10x7.5 L4, Rung 5x7.1
800 26.

→ TMH H&G NHL DLBCL
Dr Bng: High grade abn to BL

→ R-CHOP 3 cycles resp (Lins)
→ 3 R-CHOP ~~pass~~

→ PBT-CT Axilly resolved.
Linen Len. 2.5 x 2.9 x 2.7 L.
NO PAG uptake

→ R-DHAP. 2→ CT Linen Len same
R-GC D Rt ingu 3 x 2.8 x 3
cm

OPD Timings

Hospital OPD : 8 a.m. to 4 p.m.

Private OPD : 4 p.m. to 10 p.m.

Tel: 2675 1000, 2656 8000 Extn.: 8050 / 8051

Ref. Dr. _____

Please Print

Reg. No. _____

For Grnd. Floor OPD Appointments Only : 2645 5947

For 2nd Floor Health Check-up Appointments Only : 2642 9911

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Chm No cervical nodes / axilla
Rt inguinal node +
Lm sple w.p.

→ smie Buskitt like
HCL lymphoma.

→ will need the like
R-Hyper CVAD or R-MCP protocol
for BL (pediatric)

However - since pt has received ADP before
cytarabine
already.

R-ICE therapy & if PBT -ve
then ABMT or Allo.