

Dear Sir

Date : 05.05.2016

I am sending u detail h/o with investigation done of Mr. Malik Arif.

Pt is showing Rt side pleural effusion with thickened pleura after having 6 cycles of chemotherapy

He has been advised for

1. Surgery i.e. right side Pneumonectomy with removal of pleura or  
or
2. Extensive chemo therapy and Radiotherapy

Pls give your opinion on this. If pt is not willing for surgery then suggest us regarding newer line of chemotherapy and radiotherapy if needed.



**Quality to lead, Services to deliver...**

Name : AREF MALIK  
Case ID : 10037111115 Pt. ID : 10037111115  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:41	Sample Type : SERUM	
Sample Date & Time : 27-Nov-2015 17:40	Sample Collected By : NON STMP L *	
Report Date & Time : 27-Nov-2015 18:40	Accessioning Remarks :	

TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
------	---------	------	-----------------	---------

**ADENOSINE DEAMINASE FROM BODY FLUIDS (BIOCHEMICAL)**

Adenosine Deaminase From Body Fluids	20.6	U/L	0 - 40
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(Enzymatic)

The test has been carried out from CSF, Pericardial fluid, Ascitic fluid or other biological Fluids. Tuberculosis occurs worldwide and is rampant in many countries. Through curable, its infection is on the rise. The most specific test is the positive bacterial culture of a patient's sputum sample. This is cumbersome and time consuming. X-rays, smears for AFB and Tuberculin tests through comparatively rapid are not conclusive. Adenosine Deaminase (ADA) is an enzyme widely distributed in mammalian tissues, particularly in T Lymphocytes. Increased levels of ADA are found in various forms of tuberculosis making it a marker for the same. Through ADA is also increased in various infectious diseases like infectious Mononucleosis, Typhoid, Viral, Hepatitis, initial stages of HIV and in cases of malignants, the same can be ruled out clinically.

**BIOCHEMICAL INVESTIGATIONS BY COBAS INTEGRA 400 ( ROCHE )**

LDH	H	630.3	U/L	230 - 460
-----	---	-------	-----	-----------

(ENZYMATIC)

\* For test performed on specimens received or collected from non-STMP L locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

\* STMP L will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

\*Note: (LL= Very low, L-Low, H-High, HH-Very High)

Printed On : 30-Nov-2015 09:53

**Dr. Sandip Shah**  
M.D. (Path. & Bact.)  
Consultant Pathologist

**Dr Archit**  
M.D. ( Patho)



*Quality to lead, Services to deliver...*

Name : AREF MALIK  
Case ID : 10037111115 Pt. ID : 10037111115  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:41  
Sample Date & Time : 27-Nov-2015 17:40  
Report Date & Time : 27-Nov-2015 19:38

Sample Type : FLUID  
Sample Collected By : NON STMP \*  
Accessioning Remarks :

TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
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**FLUID FOR BIOCHEMICAL AND MICROSCOPIC EXAMINATION**

**Specimen**

**PLEURAL FLUID**

PHYSICAL EXAMINATION

Quantity : 50 ML  
Color : YELLOW

MICROSCOPIC EXAMINATION

Total Cells : 400 /ul 0 - 5  
Polymorphs : 10.0 %  
Lymphocyte : 90.0 %  
Red Blood Cells : 0.0 /CUMM  
Abnormal Cells : -  
Albumin Fluid : 3.10 GM/DL 0.00 - 2.00  
(BCG)

BIOCHEMICAL EXAMINATION

Glucose (U) : 128.0 MG/DL  
(HEXOKINASE)  
Protein Fluid : 3.93 GM/DL 0 - 2  
(BIURET)

MICROBIAL EXAMINATION

Gram Stain : No microorganisms seen.  
Z.N Stain : AFB Not Detected

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\* STMP will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

*Bhavini*

**Dr. Bhavini Shah**  
Ph.D. (Med. Micro)  
Director Microbiology

*Archit*

**Dr Archit**  
M.D. ( Patho)

Printed On : 30-Nov-2015 09:53



**NABL**

Certificate Number M-0195

**BIOCHEMISTRY**

<b>Name</b> : Arif Malik	<b>Sample Collected On</b>	<b>MR No.</b> : 271861
<b>Age / Gender</b> : 46.00.02 / Male	16/11/2015 - 11:56:00	<b>Bill No.</b> : 03-OB-15-017092
<b>Referred By</b> : Dr. Alpa Dalal	<b>Reported On</b>	<b>Pat ID</b> : 439226
<b>Specimen</b> : Blood	16/11/2015 - 14:23:16	<b>Result No</b> : LB-15-321535

Investigations	Methods	Result	Unit	Biological Ref. Interval
Creatinine	Alkaline Picrate-Kinetic	0.7	mg/dl	0.5 - 1.3
S.G.O.T.	UV With p - 5 - p	8	U/L	15 - 37
S.G.P.T.	UV With p - 5 - p	22	U/L	30 - 65
Total Bilirubin	Jendrassik and Grof	0.70	mg/dl	0.2 - 1
Direct Bilirubin	Diazo	0.10	mg/dl	0.000 - 0.24
Indirect Bilirubin	Calculated	0.60	mg/dl	-

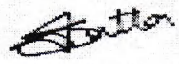
**Biological Reference Range**

Creatinine- mg/dl

Age	Male	Female
Birth to 30 days:	0.5 - 1.2	0.5 - 0.9
31 days to 3yrs :	0.4 - 0.7	0.4 - 0.7
4 - 6 yrs	: 0.5 - 0.8	0.5 - 0.8
7 -12 yrs	: 0.6 - 1.0	0.6 - 1.0
13 - 15 yrs	: 0.6 - 1.2	0.6 - 1.1
16 to 18 yrs	: 0.8 - 1.4	0.8 - 1.2

**Comment :**

-----End of Report-----

  
**Dr. Supriya Dutta**  
**MBBS, MD (PATH)**
**Checked By**  
**Manju Vishwakarma**

The tests with asterisk (\*) are not included under NABL Scope.

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**NABL**

Certificate Number M-0195


**HAEMATOLOGY**

<b>Name</b> : Arif Malik	<b>Sample Collected On</b>	<b>MR No.</b> : 271861
<b>Age / Gender</b> : 46.00.02 / Male	16/11/2015 - 11:56:07	<b>Bill No.</b> : 03-OB-15-017092
<b>Referred By</b> : Dr. Alpa Dalal	<b>Reported On</b>	<b>Pat ID</b> : 439226
<b>Specimen</b> : Whole Blood	16/11/2015 - 13:17:12	<b>Result No</b> : LB-15-321322

Investigations	Methods	Result	Unit	Biological Ref. Interval
<b>Complete Blood Count</b>				
Hemoglobin	SLS	17.3	g/dl	13 - 18
Red Cell Count	DC Detection	<b>6.55</b>	10 <sup>6</sup> /ul	4.5 - 6.5
Hematocrit	Pulse Detection	50.0	%	40 - 54
MCV	Calculated	76.3	fl	76 - 96
MCH	Calculated	<b>26.4</b>	pg	27 - 32
MCHC	Calculated	34.6	g/dl	30 - 35
RDW*	Calculated	14.5	%	11.5 - 14.5
WBC Count	Flowcytometry	10.53	10 <sup>3</sup> /ul	4 - 11
Platelet Count	Impedence	322	10 <sup>3</sup> /ul	150 - 450
MPV*		10.1	fl	4 - 11
<b>Diff. WBC Count</b>				
Neutrophils	Standard Method			-
	Flowcyto/Manual	70	%	40 - 70
Eosinophils	Flowcyto/Manual	<b>01</b>	%	2 - 6
Lymphocytes	Flowcyto/Manual	21	%	15 - 40
Monocytes	Flowcyto/Manual	08	%	2 - 8
Basophils	Manual	00	%	0.000 - 2
<b>Peripheral Smear</b>				
Erythrocytes	Standard Method			-
	Manual	Normocytic Normochromic		-
Leucocytes	Manual	Normal		-
Platelets	Manual	Adequate On Smear.		-

**Comment :**

-----End of Report-----

  
**DR SUPRIYA DUTTA**  
 MBBS,M.D.(PATH)

**Checked By**  
**Rashmi Desai**

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# PARAS IMAGING CENTRE

DIGITAL X-RAY, OPG, PATHOLOGY

**Portable Facilities Available**

**Shreenathji Polyclinic**

49, Ridge Road, Near Teen Batti, Malbar Hill, Mumbai - 400 006.

Tel.: 91 22 2367 9712 / 2363 1017 / 6664 8055

E-mail : sanjay.mehta@srl.in, pointimaging@gmail.com, meenakothari@hotmail.com

<b>Name :- Mr. Arif Mallik</b>	<b>Date :- 30/10/2015</b>
<b>Refer By :- Dr.Sanjay Mehta</b>	<b>Age :- 45 yrs.</b>

## Chest - Pa View.

**Evidence of large homogenous haziness seen in right lower and mid zone which devoid of lung markings and silhouetting with right heart boarder and right dome of diaphragm suggestive of moderate right sided pleural effusion.**

**Suggest USG guided pleural tapping.**

No hilar or mediastinal mass is seen.

Left Domes of diaphragm are normal in position and contour.

No skeletal abnormality is seen.

  
**Dr. Siddharth Ponkiya**  
**M.B.B.S.DMRE**

**NABL**

Certificate Number M-0195

**SEROLOGY**


<b>Name</b> : Arif Malik	<b>Sample Collected On</b>	<b>MR No.</b> : 271861
<b>Age / Gender</b> : 46.00.02 / Male	16/11/2015 ■ 11:56:15	<b>Bill No.</b> : 03-OB-15-017092
<b>Referred By</b> : Dr. Alpa Dalal	<b>Reported On</b>	<b>Pat ID</b> : 439226
<b>Specimen</b> : Serum	16/11/2015 ■ 13:55:16	<b>Result No</b> : LB-15-321475

Investigations	Methods	Result	Unit	Biological Ref. Interval
*C-reactive Proteins(quantitative)	PETIA	6.0	mg/l	0.000 - 5

C-Reactive Protein is one of the acute phase proteins which increases in response to infections and non-infectious inflammatory processes such as rheumatoid arthritis, cardiovascular disease and peripheral vascular disease. Increases in CRP values should be interpreted with a complete clinical history. Quantitative determination of CRP is done using particle enhanced turbidimetric immunoassay (PETIA) technique.

**Comment :**

-----End of Report-----

  
**DR KASHMIRA LIMAYE**  
MBBS.MD(MICRO)**Checked By**  
**Manju Vishwakarma**

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Name : Mr. ARIF MALIK  
Age/Gender : 46.00.02/Male  
Referred By :  
Examination: CT Chest Contrast  
DT :

MR No. : 271861  
Bill No. : 04-OB-15-013739  
Result No. : RB-15-321697  
Result Date : 16/11/2015 13:21:01

### CT SCAN OF CHEST

Plain and contrast scan of the thorax done.

Sequential, axial 5 mm section evaluated. Mediastinal and lung windowing done for evaluation of pleuro-parenchymal and mediastinal compartments.

Study reveals:

Large right sided pleural effusion is seen with underlying collapse/consolidation. Mild contralateral mediastinal shift is noted.

Left lung demonstrates normal attenuation.

There is no evidence of parenchymal infiltration or interstitial thickening.

The trachea and major bronchi appears normal.

There are no enlarged mediastinal lymphnodes.

Cardiac chambers and aorto-pulmonary trunk appear normal.

There is no evidence of pleural effusion.

Bony thorax appears normal.

### Impression:

Large right sided pleural effusion with underlying collapse/consolidation.

Dr. M. L. Rokade. (M.D., D.N.B.)  
FMK UK Certification for Early Anomaly Scan  
Consultant Radiologist

  
Dr. Kalashree Bandekar, D.N.B.

Dr. Archana Ahire, M.D.

Reported by : Dr. Kalashree  
Checked By : Kalashree



## Discharge Summary

**Patient Name** : MALIK ARIF HUSSAIN

**Age** : 46 Yr 0 Mth 0 Day

**Address** : GHATIMAULA

**Sex** : Male

DUNGARPUR(RAJASTHAN)

INDIAN

**phone No.** : 9414104585

**Ward** : 8TH FLOOR

**IPD No.** : 1100998

**Ptn. No.** : 222264

**Admn. Dt.&tm** : 15/12/2015 14:30

**Disch.**

**Dt.&tm.:** 22/12/15

**Treating Doc.** : Dr. AJAY NAVINCHANDRA SHAH (M.D.)

### Diagnosis

- Right sided malignant mesothelioma
- Pleurodesis done

### Present Illness and Hospital Course

A 46 years old male patient, nondiabetic, normotensive, known case of tuberculosis pleural effusion on AKT was presented with history of fever with cough & cold with pain in right chest off & on since 6 months associated with significant weight loss. Required investigations were done. ICD insertion was done in OPD on 05/12/15 by Dr. Ajay Shah. Patient was treated with IV fluids, IV antibiotics, & other supportive treatment. Patient is shifted to Samved hospital for chemotherapy.

### Treatment

Inj. Zoact, Inj. Levoflox, Inj. Emset, Inj. Vitcofol

### Pathological Investigations

Hb	19/12/15	15.1
TC	19/12/15	7, 000
Platelet Count:	19/12/15	3, 15, 000
DC	19/12/15	77/15/03/05
SGPT	19/12/15	10.8
S. Creat	19/12/15	0.52

## Discharge Summary

**Patient Name** : MALIK ARIF HUSSAIN

**Age** : 46.Yr 0 Mth 0 Day

**Address** : GHATIMAULA

**Sex** : Male

DUNGARPUR(RAJASTHAN)

INDIAN

**phone No.** : 9414104585

**Ward** : 8TH FLOOR

**IPD No.** : 1100998

**Ptn. No.** : 222264

**Admn. Dt.&tm** : 15/12/2015 14:30

**Disch.**

**Dt.&tm.:** 22/12/15

**Treating Doc.** : Dr. AJAY NAVINCHANDRA SHAH (M.D.)

### Discharge Plan:


1. Condition upon discharge: On discharged patient is hemodynamically stable.

### Discharge Medicine

Rx,	Strength	M	E	N	Duration
Tab. Sulbacin		1	1	1	For 3 days ✓
Tab. Dolo	650 mg	1 sos if pain	- 5 tabs		
Syp. Corex XX		5 ml	5 ml	5 ml	①

### Follow Up

Follow up with Dr. Ajay Shah with prior appointment after 10 days.

Prepared by	Medical Officer	Checked by	Consultant
Daxa K Manwar	Dr. Deepak Patel 		Dr. AJAY NAVINCHANDRA SHAH (M.D.)





Prince Aly Khan Hospital Mumbai - 400 010.

ISO 9001 : 2008 Certified

ONCOLOGY CLINIC

Patient's Name

Mr Anj Malik

Reg. No.

Age 46 / Male

DATE

28/4/16

Kldo Rt. Malignant Mesothelioma

detected on 17/12/15



Taken 5 cycles of CT in Gujarat  
[Pemetrexed & Cisplatin]

Adv

① To take Dr Shavindra  
Agarwal Madani's opinion  
for possibility of  
Radiotherapy

② To take med Oncology  
opinion for further  
chemotherapy.

PET scan (25/4/16)

[Gujarat]

- Diffuse thickening  
Inv. RT-pleura

CT Throat (22/12/15)

- Diffuse RT-pleural  
thickening

- Mild @ pleural effusion  
[Significant regression  
in effusion compared to  
previous scan on 16/11/15]

pleural Bx (15/12/15)

- Atypical Mesothelial cells  
s/o Mesothelioma

IHC:- Immunopositive for  
Calretinin & Mesothelin



DATE

Arif Malik

30/11/16

46yr old male, Ayurvedic Doctor  
from Rajasthan.

No other comorbidities

presented with

Cough

breathlessness

Since Sep 2015

↓  
Aced as Pl. effusion @ R side

↓  
Red c ACT x 1½ months

↓  
No benefit

↓  
5 litres pleural fluid tapped

Pleural biopsy done

Pleurodesis done

CT Chest: @ sided large P. effusion c underlying  
collapse/consolidation  
16/11/15

H/P: malignant mesothelioma  
17/12/15  
Ahmedabad  
Calretinin +  
mesothelin +

CK7  
TTF1  
CEA } neg







Prince Aly Khan Hospital Mumbai - 400 010.

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ONCOLOGY CLINIC

Patient's Name

Arif Malik

Reg. No.

46 yr / M

DATE

30/4/16

Treated with 6 cycles of biweekly Pemetrexed + Cisplatin  
900mg 120mg

↓

Tolerated well

↓

Now 40 dyspnoea on climbing stairs

↓

PET CT : Diffuse hypermetabolism & thickening involving  
25/4/16 (R) pleura consistent with active residual disease  
Ahmedabad

Seems

Diagnosed as Rt pleural effusion Sept 2015

Diagnosed 17/12/15 → malignant mesothelioma  
(pleural biopsy)

Pemetrexed 900mg

28/12/15 to 6/7/2016.

Cisplatin 120mg

Interim CT scan S/O partial response (22/2/16)

PET CT scan (25/4/16) → Rt pleural ↑ uptake & thickening  
S/O active disease

No mediastinal LN  
no new focus of mets.



DATE

Mr Atif Malik

→ Presently  
has partial response

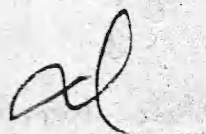
←  
Surgery  
(if feasible)  
Yes.

↓  
RT  
(? role)

→  
Chemotherapy

↓  
If surgery is not  
possible then  
to consider for  
monomelic chemo Rx.

→ discussed in detail with  
patient & relatives.

  
Dr. Agave.

4/5/16

Thanks for ref Dr Advaita/ sir,

• Only radiotherapy as radical therapy  
not a great option

• Most of the times its after ~~PD~~ EPP  
Surgery as an adjuvant Rx in case of  
+ve margins, R<sub>1</sub> disease.

after PD → role is controversial,

to Rx 1/2 one hemithorax (lung T<sub>1</sub>)

In this case, in view of good







Prince Aly Khan Hospital Mumbai - 400 010.

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ONCOLOGY CLINIC

Patient's Name

Reg. No.

DATE

Surgery should be 1st option if not  
Chemo Therapy to Dr A. Gore

Ans





## GUJARAT IMAGING CENTRE

(POST GRADUATE INSTITUTE OF RADIOLOGY & IMAGING)

NAME: Mr. ARIF HUSSAIN

M/ 46 YRS.

DATE: 22/02/2016

REF.BY: DR. PANKAJ SHAH

Clinical profile: Follow-up case of malignant mesothelioma.

### MSCT SCAN OF THORAX:

MSCT imaging was performed using sub-millimeter thin scan of thorax from thoracic inlet to diaphragm with & without non-ionic contrast. Lung window images were obtained.

The study reveals evidence of inhomogeneously enhancing pleural thickening with nodular surface involving the costal, diaphragmatic and mediastinal pleura on right side.

A few calcified pleural plaques are noted along the costal and mediastinal pleura.

Mild right-sided pleural effusion is seen.

Fibrotic bands are seen involving bilateral lung fields, predominantly involving bilateral lower lobes.

Subcentimeter-sized lymphnodes are seen in bilateral paratracheal and left paraaortic regions.

A few subcentimeter-sized nodules are seen in bilateral lung fields (of indeterminate etiology).

No evidence of pericardial effusion is seen.

Arch of aorta & great vessels appear normal.

Trachea & main bronchi appear normal.

Visualised portion of oesophagus appears normal.

Mild hepatomegaly is seen.

Both adrenal glands appear normal.

1 The bone window settings reveal bone-island involving D4 vertebral body & a hemangioma involving D11 vertebral body.

1 A well-defined, lytic lesion with sclerotic margin is seen involving D6 vertebral body suggest benign etiology most likely.

(CIN NO.U74999GJ1994PTC023929)





## GUJARAT IMAGING CENTRE

(POST GRADUATE INSTITUTE OF RADIOLOGY & IMAGING)

### IMPRESSION:

The CT findings are:

- Inhomogeneously enhancing pleural thickening with nodular surface involving the costal, diaphragmatic and mediastinal pleura on right side.
- A few calcified pleural plaques along the costal & mediastinal pleura.
- Mild right-sided pleural effusion.
- Subcentimeter-sized lymphnodes in bilateral paratracheal and left paraaortic regions.

*As compared to previous CT dated 16/11/2015, there is significant regression in the right-sided pleural effusion suggest improvement.*

DR.MRUGESH DOCTOR  
M.D.,D.M.R.E

DR.HEMANT PATEL  
M.D.,DMRE,DNB

DR. SHIKHA KHANDELWAL  
D.M.R.D., DNB

DR. DRUSHI PATEL  
M.D.

DR. DHARA PATEL  
M.D.

**Dr. Prem Madan**

M.D. (Path. & Bact.)  
Consultant Pathologist  
98252 50280

**Sukoon**

**PATHOLOGY LABORATORY**

Histopathology & Cytology Centre

www.sukoonpathlab.com | www.drpremmadan.com

Patient Name : Arif Malik

Ref. by : Dr. Ajay N Shah

:

Age : 46 Years Sex : Male

Date : 15/12/2015

Ref. No : HP7404

## **HISTOPATHOLOGY REPORT**

### **Specimen**

- : I. Pleural biopsy for HPE.
- II. Pleural fluid for cytology.

### **Gross**

### **Description**

- : I. Specimen consists of multiple, greyish and whitish, soft tissue, aggregate measure 0.9 x 0.6 x 0.2 cm. All taken.
- II. 5.0 ml. pale yellow fluid received.

### **Microscopy**

- : I. Sections reveal tumor to be composed of glands and sheets of cells having round to oval nuclei, inconspicuous nucleoli and pinkish cytoplasm. At places apical snouts are seen. Nuclear atypia is moderate.
- II. Smears reveal groups & glands of mesothelial cells.

### **Diagnosis**


- : I. Suggestive of Mesothelioma.\*

\* IHC is necessary to confirm.

- II. Atypical mesothelial cells.  
S/o Mesothelioma.

### **Note**

- : Slides and blocks are returned with this report, please preserve carefully.

  
**Dr. Prem Madan**  
(MD Path.)

**Dr. Prem Madan**

M.D. (Path. & Bact.)  
Consultant Pathologist  
98252 50280

**Sukoon**

**PATHOLOGY LABORATORY**

Histopathology & Cytology Centre

www.sukoonpathlab.com | www.drpremmadan.com

Patient Name : Arif Malik  
Ref. by : Dr. Ajay N Shah

Age : 46 Years Sex : Male  
Date : 17/12/2015  
Ref. No : HP7468

**IMMUNOHISTO CHEMISTRY**

**SPECIMEN :**

Slide and block for Immunohistochemistry,  
Pleural biopsy.  
One slide and one block numbered as 7404/15.

**Microscopy :**

Tumour cells are Immunopositive for Calretinin,  
Mesothelin and are Immunonegative for CK 7,  
TTF 1 and CEA.

**DIAGNOSIS :**

Malignant mesothelioma, pleural biopsy.

The slide (s) and block (s) are issued with this report.  
Please preserve carefully.

  
Dr. Prem Madan  
MD(Path.)





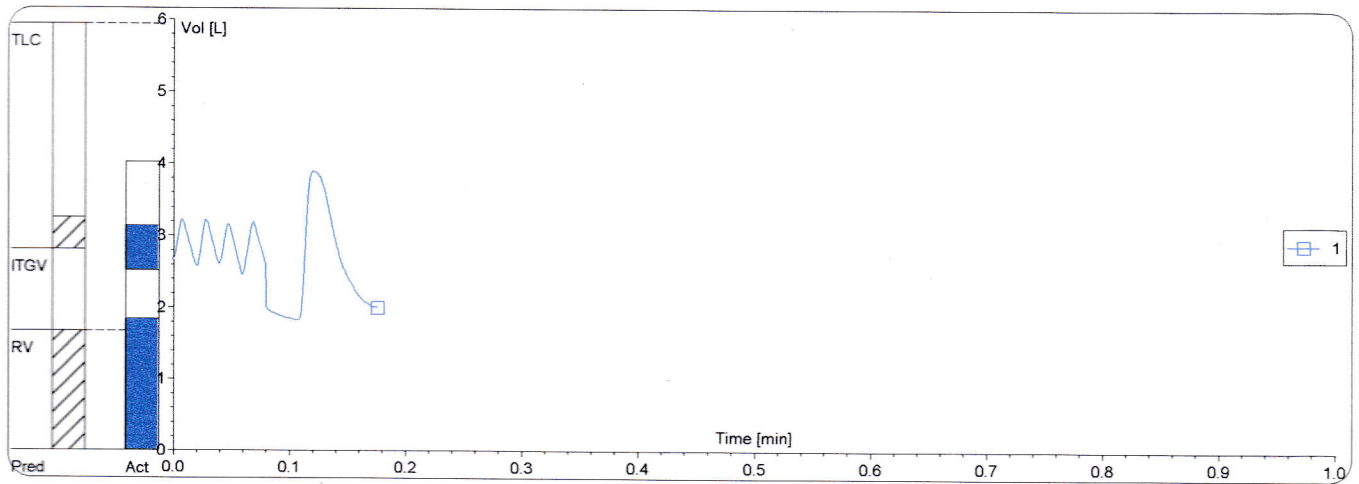
# SAIFEE HOSPITAL

under the auspices of Saif Hospital Trust Reg. No. E-5448 (Bom)

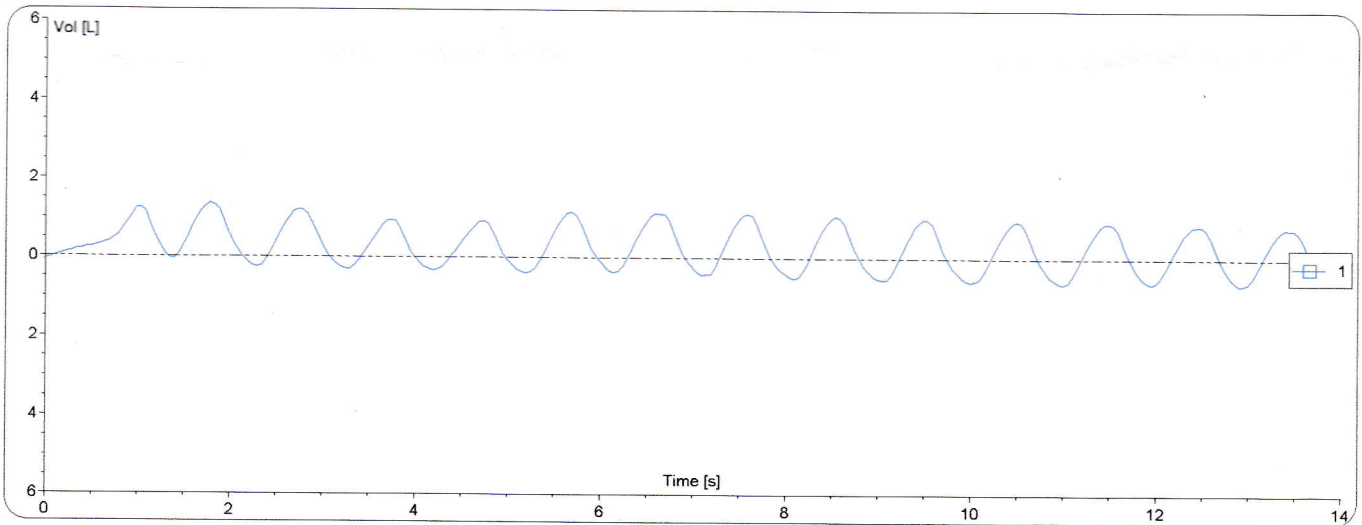
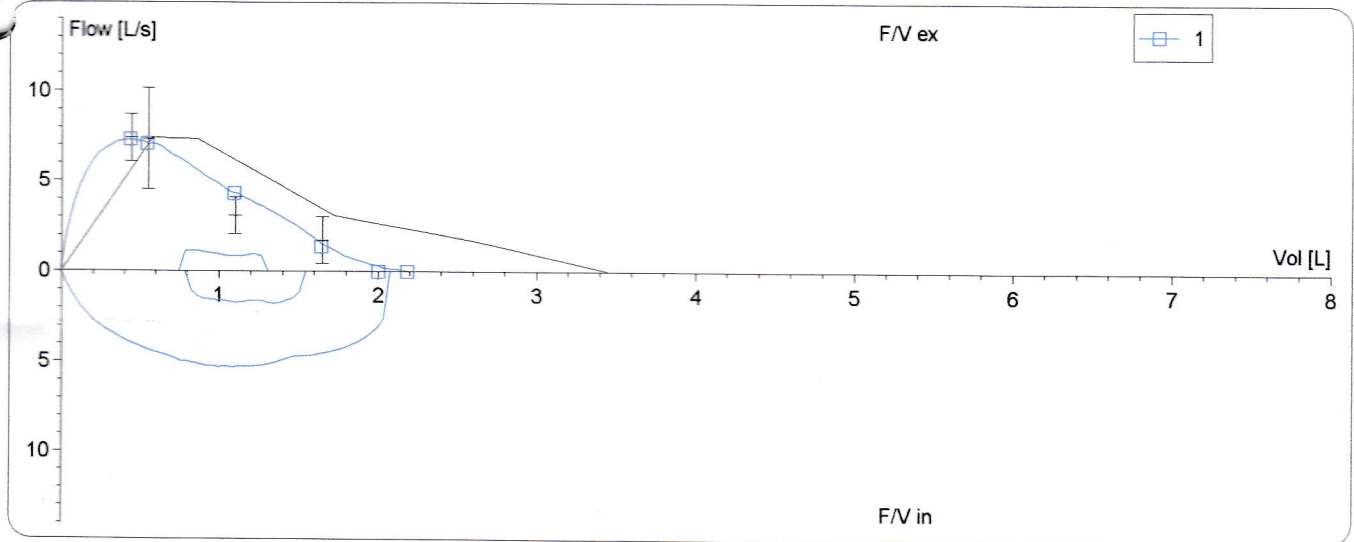
Last Name:	Malik	First Name:	Arif
Identification:	625375	Date of Birth:	14/11/1959
Sex:	male	Age:	56 Years
Height:	172 cm	Weight:	64 kg
Physician:	Dr. Mehul Shah	Ref. Physician:	Dr. Mehta Sanket Sharad
Smoker:	No	Operator:	Liji Skariah
Patient History:	Pre Op		

		Pred	Pre	%(Pre/Pred)
VT	[L]	0.46	0.63	137.5
VC IN	[L]	4.27	2.07	48.5
IC	[L]	3.09	1.50	48.6
ERV	[L]	1.14	0.69	60.1
VC EX	[L]	4.27	2.19	51.2
VC MAX	[L]	4.27	2.19	51.2
FEV 0.5	[L]		1.78	
FEV 1	[L]	2.48	2.01	80.9
FVC	[L]	3.45	2.19	63.5
FEV 1 % FVC	[%]		91.82	
FEV 1 % VC MAX	[%]	77.13	91.82	119.0
FEF 25	[L/s]	7.30	7.05	96.7
FEF 50	[L/s]	3.05	4.29	140.9
PEF	[L/s]	7.36	7.28	98.9
MMEF 75/25	[L/s]	2.31	3.40	147.4
MVV	[L/min]	102.01	94.59	92.7
TLCO S <sub>B</sub>	[mmol/min/kPa]	8.08	5.98	74.0
TLCO/V <sub>A</sub>	[mmol/min/kPa/L]	1.41	1.64	116.8
VA	[L]	6.51	3.63	55.8
TLCOc S <sub>B</sub>	[mmol/min/kPa]	8.08	5.98	74.0
TLCOc/V <sub>A</sub>	[mmol/min/kPa/L]	1.41	1.64	116.8
VIN	[L]	4.27	2.06	48.2

# Slow Spirometry Graph:

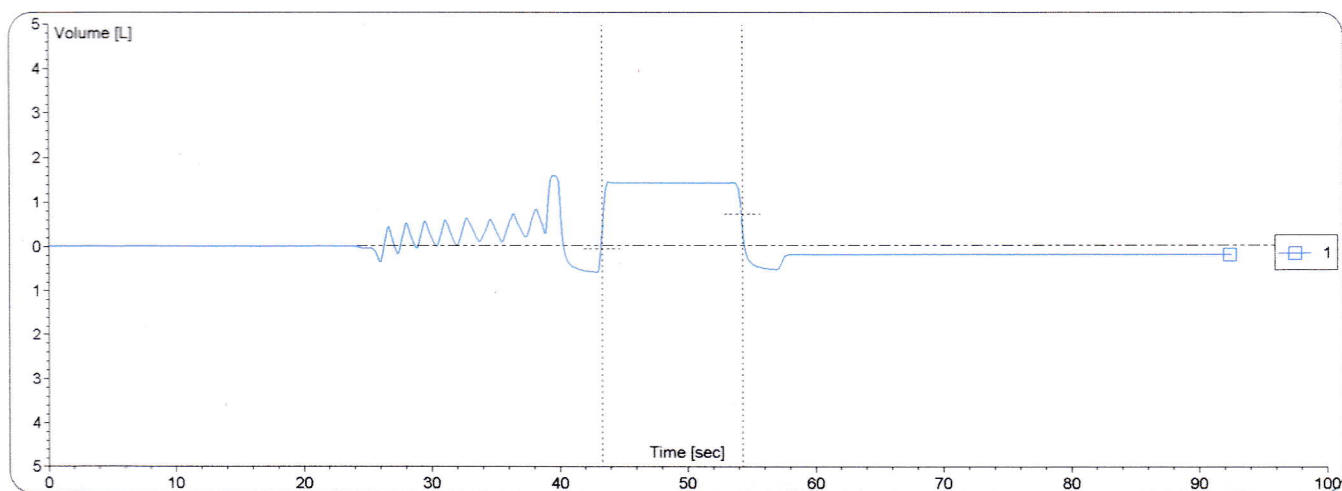


## Flow Volume Graph:





# Difusion Single Breath:



## COMMENTS:

- Normal FEV<sub>1</sub> , mildly reduced FVC , Normal FEV<sub>1</sub>/FVC

- mildly reduced diffusion

*Mehul* - spirometry is normal ; FVC is reduced probably due to suboptimal performance

Dr. Mehul Shah M.D., D.N.B.



# SAIFEE HOSPITAL

under the auspices of Saifee Hospital Trust Reg. No. E-5448 (Bom)

NABL Accredited



Certificate No.: M-0322

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..  
Ordered Loc : OPD  
Referred By : Dr. Sanket Sharad Mehta  
Class : OPD

IP / OP No 625375  
Gender : Male  
Age : 46 Y  
Vch No : 2336616

Requisition Dt  
Sample Recd. Dt 03/05/2016 10:59

### COMPLETE BLOOD COUNT

Test Description	Value	Unit	Reference Range
Sample No 13778730			
Erythrocytes	4.68	Mill/C.mm.	4.20- 5.60
Haemoglobin	13.2	gm/dL	13.1- 17.2
Haematocrit	<u>36.7</u>	%	39.0- 50.0
MCV	<u>78.4</u>	fl	80.0- 100.0
MCH	28.2	pg	27.0- 35.0
M.C.H.C.	36.0	gm/dL	32.0- 36.0
R.D.W.	<u>14.4</u>	%	12.0- 14.0
Total Leucocyte Count	<u>4010</u>	/C.mm	4500- 11000

### Differential Leucocyte Count

Neutrophils	64	%	35- 80
Lymphocytes	26	%	18- 44
Monocytes	8	%	1- 10





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NABL Accredited



Certificate No.: M-0322

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..

IP / OP No 625375

Sample Recd. Dt : 03/05/2016 10:59

### Requisition Dt

Eosinophils	2	%	1 - 6
Basophils	0	%	0 - 1
Abnormalities of Erythrocytes	Nil		
Abnormalities of Leucocytes	Nil		
PLATELET	Adequate		
Platelets Count	199	$10^3/\text{ul}$	150 - 440
Parasites	Not seen in given sample		

Note:

Test done on SYSMEX XN 1000 Automated Six Part Cell Counter. All Abnormal Haemograms are reviewed and Confirmed Microscopically.

--- End Of Report ---

Dr. Rupa Jain M.D., D.N.B.



# DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..

IP / OP No 625375

Requisition Dt

Sample Recd. Dt : 03/05/2016 10:59

## Patient Cumulative Report

Test Name	May 3 2016 10:59AM 13747938	Ref Range	Units
Erythrocytes	4.68	4.2 - 5.6	Mill/C.mm
Haemoglobin	13.2	13.1 - 17.2	gm/dL
Haematocrit	36.7 L	39 - 50	%
MCV	78.4 L	80 - 100	fl
MCH	28.2	27 - 35	pg
M.C.H.C.	36.0	32 - 36	gm/dL
R.D.W.	14.4 H	12 - 14	%
Total Leucocyte Count		4500 - 11000	/C.mm
Total Leucocyte Cou	4010 L	4500 - 11000	/C.mm
Platelets Count	199	150 - 440	10 <sup>3</sup> /ul





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Certificate No.: M-0322

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..  
Ordered Loc : OPD  
Referred By : Dr. Sanket Sharad Mehta  
Class : OPD

IP / OP No 625375  
Gender : Male  
Age : 46 Y  
Vch No : 2336616

Requisition Dt  
Sample Recd. Dt 03/05/2016 10:59

### EXAMINATION OF BLOOD

Test Description	Value	Unit	Reference Range
------------------	-------	------	-----------------

Sample No 13778729

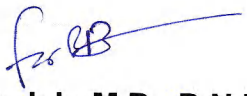
#### PROTHROMBIN TIME

Control Prothrombin Time	13	Seconds	
Patient Prothrombin Time	13.4	Seconds	
Prothrombin Index	97.01	Percent	
INR Plasma, by Viscosity	1.04		1.0 - 1.3

#### PARTIAL THROMBOPLASTIN TIME

Control Partial Thromoplastin Time :	37	Seconds	
Patient Partial Thromboplastin Time : Plasma, by Viscosity	30.5	Seconds	30 - 44

--- End Of Report ---

  
**Dr. Rupa Jain M.D., D.N.B.**



# SAIFEE HOSPITAL

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NABL Accredited



Certificate No.: M-0322

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..  
Ordered Loc : OPD  
Referred By : Dr. Sanket Sharad Mehta  
Class : OPD

IP / OP No 625375  
Gender : Male  
Age : 46 Y  
Vch No : 2336616

Requisition Dt  
Sample Recd. Dt 03/05/2016 10:59

### EXAMINATION OF BLOOD

Test Description	Value	Unit	Reference Range
Sample No 13778728			
<b>Liver Profile.</b>			
TOTAL BILIRUBIN <i>Serum, by Diazonium Salt</i>	0.33	mg/dL	0.10- 1.20
DIRECT BILIRUBIN <i>Serum, by Diazo with Sulphanilic acid</i>	0.10	mg/dl	upto 0.4
INDIRECT BILIRUBIN	0.23	mg/dl	0.00- 0.60
TOTAL PROTEINS <i>Serum, by Biuret Colorimetric</i>	6.81	gm/dL	6.00- 7.80
SERUM ALBUMIN <i>Serum, by BCG Colorimetric</i>	4.37	gm/dL	3.20- 4.50
SERUM GLOBULIN	2.44	gm/dL	2.30- 3.50
Alb.: Glob. Ratio	1.79		0.90- 2.10
G. G. T. P. <i>Serum, by SZASZ, Standardized to IFCC Colorimetric</i>	20.80	U/L	2.00- 35.00
ALKALINE PHOSPHATASE <i>Serum, by Kinetic (Modified IFCC Colorimetric)</i>	75.59	U/L	53.00- 128.00
S.G.O.T <i>Serum, by kinetic (Modified IFCC UV)</i>	17.70	U/L	<35
S.G.P.T <i>Serum, by kinetic (Modified IFCC UV)</i>	19.60	U/L	0.00- 45.00

--- End Of Report ---

**Dr. Rupa Jain M.D., D.N.B.**





# SAIFEE HOSPITAL

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Certificate No.: M-0322

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name :MR. MALIK ARIF ..

IP / OP No 625375

Requisition Dt

Sample Recd. Dt : 03/05/2016 10:59

Test Description	Value	Unit	Reference Range
Sample No 13778728			
SERUM CREATININE <i>Serum, by Alkaline Picrate kinetic</i>	<u>0.73</u>	mg/dl	0.90- 1.30
BLOOD UREA NITROGEN <i>Serum, by Calculation (GLDH, UV)</i>	18.42	mg/dL	8.00- 23.00

--- End Of Report ---

  
Dr. Rupa Jain M.D., D.N.B.

Authorise By: Atul Shinde on 03 May 2016 15:29:32:683

Printed By : Aes on 03/05/2016 15:29



## DEPARTMENT OF LABORATORY MEDICINE

**Patient Name :MR. MALIK ARIF ..**
**IP / OP No 625375**
**Requisition Dt**
**Sample Recd. Dt : 03/05/2016 10:59**

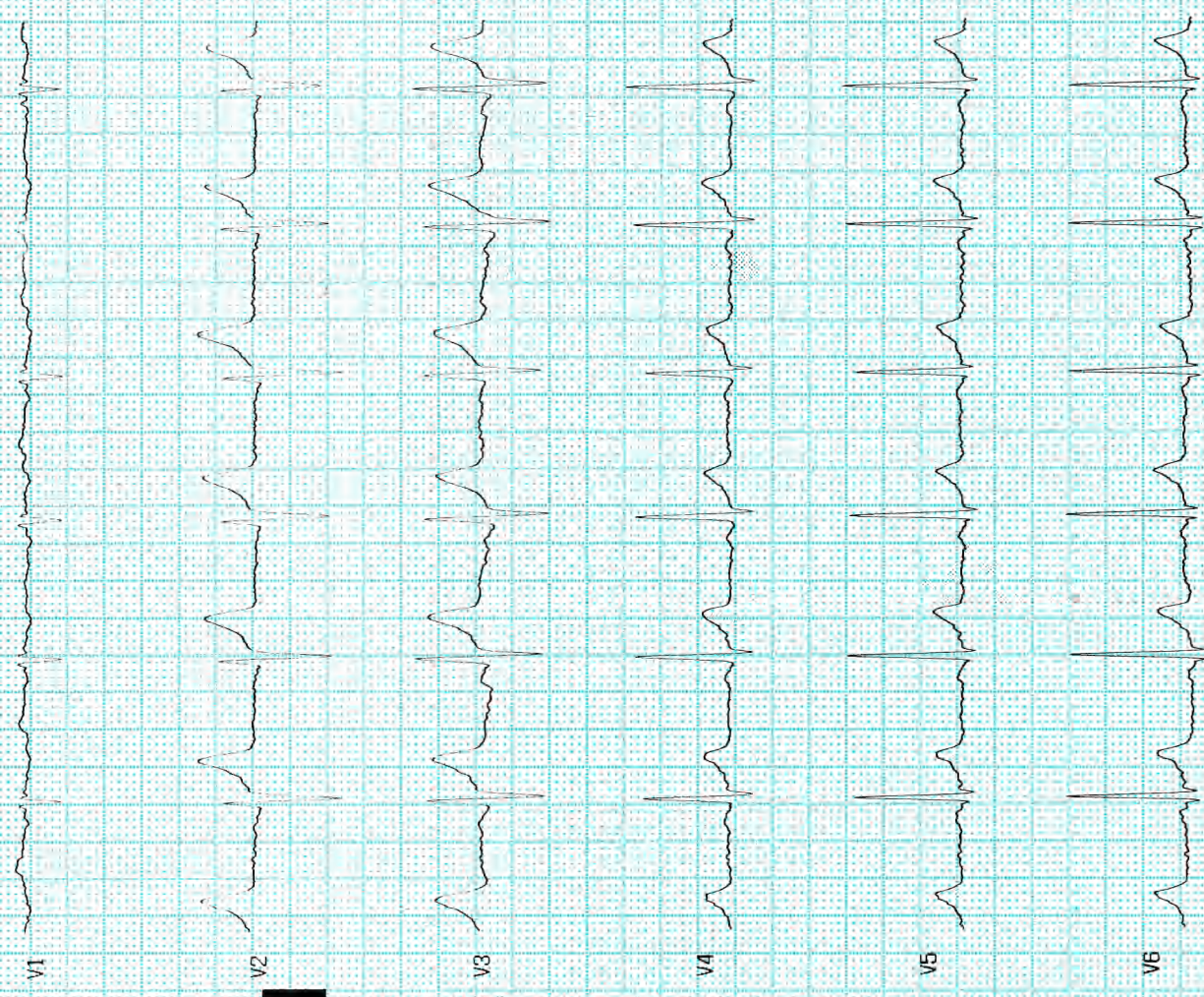
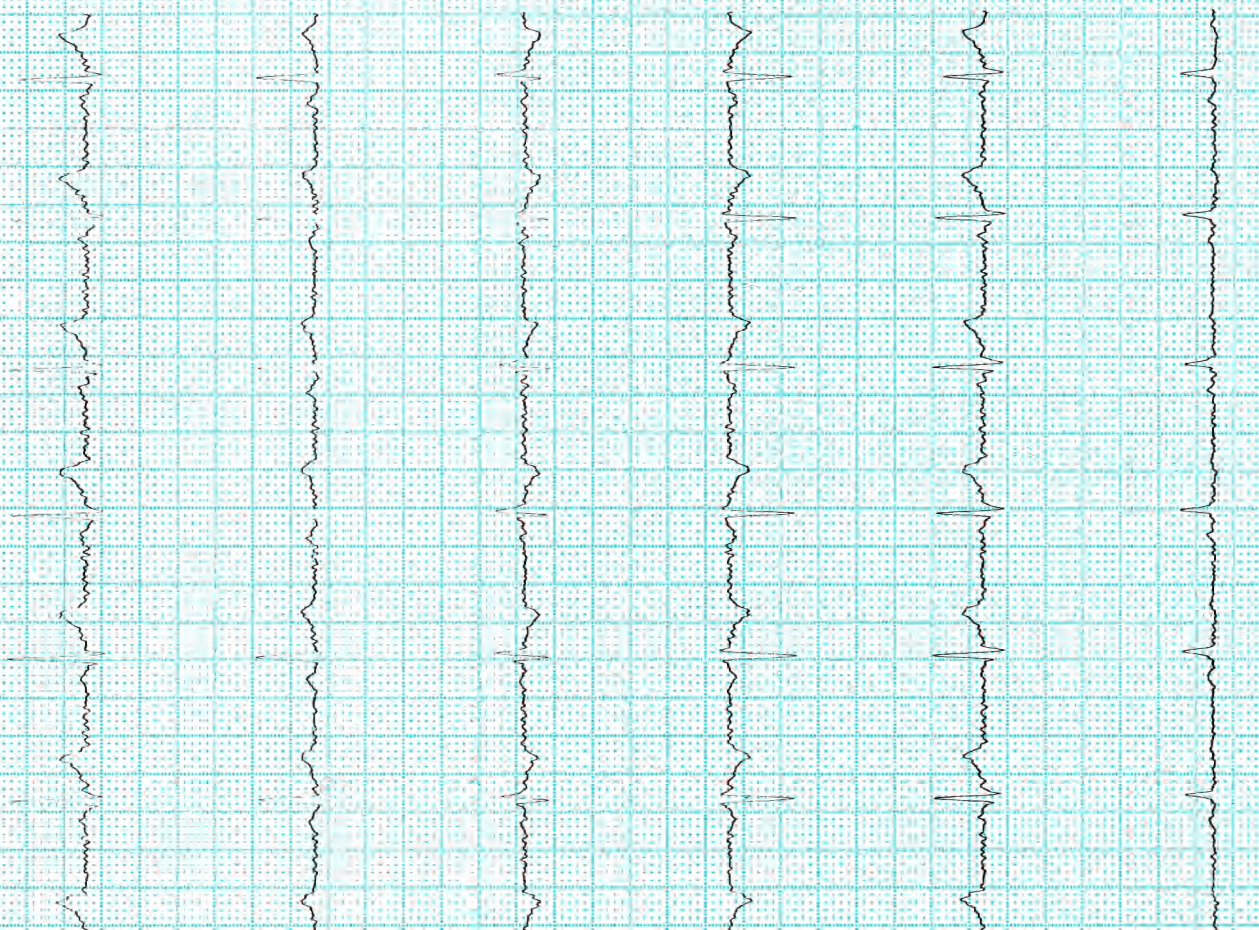
### Patient Cumulative Report

Test Name	May 3 2016 10:59AM 13747938	Ref Range	Units
TOTAL BILIRUBIN	0.33	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.10	0 - 0.4	mg/dl
INDIRECT BILIRUBIN	0.23	0 - 0.6	mg/dl
TOTAL PROTEINS	6.81	6 - 7.8	gm/dL
SERUM ALBUMIN	4.37	3.2 - 4.5	gm/dL
ALKALINE PHOSPHATASE	75.59	53 - 128	U/L
SERUM CREATININE	0.73 L	0.9 - 1.3	mg/dl
S.G.O.T	17.70	0 - 35	U/L
S.G.P.T	19.60	0 - 45	U/L



ID: .....  
/N: .....  
NoB: ..... (M) ..... kg

Medic: .....  
Note: .....



10mm/mV 25mm/s ~ Aut  
01 Aug 2003 11:25:13  
Reg.No: 222264 Ip No: 1100998  
MR. ARIF HUSSAIN MALIK  
Dr. AJAY NAVINCHANDRA SHAH - 0

CARDIETTE ar2100bview

CARDIART





# SAL SCIENTIFIC & DIAGNOSTIC CENTRE

Opp. Doordarshan, Dirve-in Road, Ahmedabad - 380 054. Ph: +91 79 6611 5974 / 987 Fax: +91 79 6611 5620

Email: pathology@salhospital.com

# SAL HOSPITAL

Healthcare With Human Touch

Open 24 Hours

Patient Name : MR. MALIK ARIF HUSSAIN  
Referred By : Dr. SHAH AJAY NAVINCHANDRA  
Date : 17/12/2015 10:42

I.P. / OPD NO : 1100998 Age : 46 Yrs  
Bed No : 808.01 Sex : M  
Vch No. 4352616 Ward : 8TH FLOOR  
Smpl. No : 675284,675284

Sample collection time: 9:15

Sample receiving time: 9:20

## COMPLETE BLOOD COUNT

Done by Fully automated 5-part cell counter XT-1800i

TEST	RESULT	REFERENCE INTERVAL
<b>Hemoglobin</b> (SLS Hemoglobin Method)	16.0 g/dL	M:13 - 17 ; F: 12 - 15
<b>Total R.B.C.</b> (Hydro Dynamic Focusing Method)	5.75 mill/cmm	Neonate:14-22;Infant:11.1-14.1 M:4.5-6.5;F:3.8-4.8
<b>Total W.B.C. Count</b> (Flow Cytometry method)	10260 /cmm	Neonate:5-7;Infant:3.9-5.1 4,000 - 10,000
<b>Platelet Count</b> (Hydro Dynamic Focusing Method)	241000 /cmm	Neonate:10,000 - 26,000 Infant: 6,000 - 16,000 1,40,000-4,10,000
<b>Differential Leucocyte Count</b> (By: Flow Cytometry method)		
Polymorphs	85 %	40 - 80
Lymphocytes	09 %	20 - 40
Eosinophils	01 %	01 - 06
Monocytes	05 %	02 - 10
Basophils	00 %	00 - 01
<b>Blood Indices</b>		
H.C.T.	43.9 %	M:40 - 50; F: 36 - 46
M.C.V.	76.3 fl	Neonate:45-75;Infant:30-38 83 - 101
M.C.H.	27.8 pg.	Neonate:100-120;Infant:72-84 27-32
M.C.H.C.	36.4 %	Neonate:31-37;Infant:25-29 31.5-34.5
R.D.W.	14.7 %	Neonate:30-36;Infant:32-36 11.6-14.0

### Smear Study

Smear shows hypochromic microcytic picture.

Anisocytosis(+)

Platelets are adequate in number.

No premature cells are seen.

No parasites are seen.





# SAL SCIENTIFIC & DIAGNOSTIC CENTRE

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Email: pathology@salhospital.com

# SAL HOSPITAL

Healthcare With Human Touch  
Open 24 Hours

Patient Name : MR. MALIK ARIF HUSSAIN  
Referred By : Dr. SHAH AJAY NAVINCHANDRA  
Date : 17/12/2015 10:42

I.P. / OPD NO : 1100998 Age : 46 Yrs  
Bed No : 808.01 Sex : M  
Vch No. 4352616 Ward : 8TH FLOOR  
Smpl. No : 675284,675284

Sample collection time: 9:15  
Sample receiving time: 9:20

## COMPLETE BLOOD COUNT

Done by Fully automated 5-part cell counter XT-1800i

TEST	RESULT	REFERENCE INTERVAL
<b>Hemoglobin</b> (SLS Hemoglobin Method)	16.0 g/dL	M:13 - 17 ; F: 12 - 15 Neonate:14-22;Infant:11.1-14.1
<b>Total R.B.C.</b> (Hydro Dynamic Focusing Method)	5.75 mill/cmm	M:4.5-6.5;F:3.8-4.8 Neonate:5-7;Infant:3.9-5.1
<b>Total W.B.C. Count</b> (Flow Cytometry method)	10260 /cmm	4,000 - 10,000 Neonate:10,000 - 26,000 Infant: 6,000 - 16,000 1,40,000-4,10,000
<b>Platelet Count</b> (Hydro Dynamic Focusing Method)	241000 /cmm	
<b>Differential Leucocyte Count</b> (By: Flow Cytometry method)		
Polymorphs	85 %	40 - 80
Lymphocytes	09 %	20 - 40
Eosinophils	01 %	01 - 06
Monocytes	05 %	02 - 10
Basophils	00 %	00 - 01
<b>Blood Indices</b>		
H.C.T.	43.9 %	M:40 - 50; F: 36 - 46 Neonate:45-75;Infant:30-38
M.C.V.	76.3 fl	83 - 101
M.C.H.	27.8 pg.	Neonate:100-120;Infant:72-84
M.C.H.C.	36.4 %	27-32 Neonate:31-37;Infant:25-29
R.D.W.	14.7 %	31.5-34.5 Neonate:30-36;Infant:32-36

### Smear Study

Smear shows hypochromic microcytic picture.

Anisocytosis(+)

Platelets are adequate in number.

No premature cells are seen.

No parasites are seen.



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Email: pathology@salhospital.com



**SAL**  
HOSPITAL  
Healthcare With Human Touch  
Open 24 Hours

<b>Patient Name :</b>	<b>MR. MALIK ARIF HUSSAIN</b>	<b>I.P. / OPD NO :</b>	<b>1100998</b>	<b>Age :</b>	<b>46 Yrs</b>
<b>Referred By :</b>	<b>Dr. SHAH AJAY NAVINCHANDRA</b>	<b>Bed No :</b>	<b>807</b>	<b>Sex :</b>	<b>M</b>
<b>Date :</b>	<b>19/12/2015 13:14</b>	<b>Vch No.</b>	<b>4352865</b>	<b>Ward :</b>	<b>8TH FLOOR</b>
		<b>Smpl. No :</b>	<b>675738</b>		

## COMPLETE BLOOD COUNT

Done by Fully automated 5-part cell counter XT-1800i

TEST	RESULT	REFERENCE INTERVAL
<b>Hemoglobin</b> (SLS Hemoglobin Method)	15.1 g/dL	M:13 - 17 ; F: 12 - 15 Neonate:14-22;Infant:11.1-14.1
<b>Total R.B.C.</b> (Hydro Dynamic Focusing Method)	5.33 mill/cmm	M:4.5-6.5;F:3.8-4.8 Neonate:5-7;Infant:3.9-5.1
<b>Total W.B.C. Count</b> (Flow Cytometry method)	7060 /cmm	4,000 - 10,000 Neonate:10,000 - 26,000 Infant: 6,000 - 16,000
<b>Platelet Count</b> (Hydro Dynamic Focusing Method)	318000 /cmm	1,40,000-4,10,000
<b>Differential Leucocyte Count</b> (By: Flow Cytometry method)		
Polymorphs	77 %	40 - 80
Lymphocytes	15 %	20 - 40
Eosinophils	03 %	01 - 06
Monocytes	05 %	02 - 10
Basophils	00 %	00 - 01
<b>Blood Indices</b>		
H.C.T.	40.8 %	M:40 - 50; F: 36 - 46 Neonate:45-75;Infant:30-38
M.C.V.	76.5 fl	83 - 101 Neonate:100-120;Infant:72-84
M.C.H.	28.3 pg.	27-32 Neonate:31-37;Infant:25-29
M.C.H.C.	37.0 %	31.5-34.5 Neonate:30-36;Infant:32-36
R.D.W.	14.2 %	11.6-14.0

### Smear Study

Smear shows normochromic normocytic picture.  
Platelets are adequate in number.  
No premature cells are seen.  
No parasites are seen.

*Handwritten signature*





# SAL SCIENTIFIC & DIAGNOSTIC CENTRE

Opp. Doordarshan, Dirve-in Road, Ahmedabad - 380 054. Ph: +91 79 6611 5974 / 987 Fax: +91 79 6611 5620  
Email: pathology@salhospital.com



**SAL**  
HOSPITAL  
Healthcare With Human Touch  
Open 24 Hours

Patient Name : MR. MALIK ARIF HUSSAIN  
Referred By : Dr. SHAH AJAY NAVINCHANDRA  
Date : 19/12/2015 13:15  
krppl-19/12/2015-13:16

I.P. / OPD NO : 1100998 Age : 46 Yrs  
Bed No : 807 Sex : M  
Vch No. 4545968 Ward : 8TH FLOOR  
Smpl. No : 675738,675738

## SERUM CREATININE

DONE BY FULLY AUTOMATED BIO-CHEMISTRY ANALYSER COBAS INTEGRA 400 plus

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
SERUM CREATININE	0.52 mg/dl	0.4-1.2 mg/dl

## SERUM ALANINE AMINOTRANSFERASE(SGPT)

DONE BY FULLY AUTOMATED BIO-CHEMISTRY ANALYSER COBAS INTEGRA 400 plus

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
SGPT	10.8 U/L	0 - 41 U/L
REMARK	Ssmple collection 12:10 charge post at 12:20	

*Handwritten signature*

Patient Name : MR. MALIK ARIF HUSSAIN  
Referred By : Dr. SHAH AJAY NAVINCHANDRA  
Date : 22/12/2015 13:17  
tppmt-22/12/2015-13:18

I.P. / OPD NO : 1100998  
Bed No : 807  
Vch No. : 4996480  
Smpl. No : 676290  
Age : 46 Yrs  
Sex : M  
Ward : 8TH FLOOR

X-RAY CHEST (PA): DATE: 22.12.2015

- . Both Lung fields are clear.
- . Right pleural effusion is seen.
- . ICD seen in situ.
- . Cardiac size is within normal limit.
- . Both domes of diaphragm appear Normal.
- . Bony thorax under vision appear normal.



Dr Avani Jhaveri

[MD, DMRE]



Name : AREF MALIK  
Case ID : 10037151115 Pt. ID : 10037111115  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:46  
Sample Date & Time : 27-Nov-2015 17:45  
Report Date & Time :

Sample Type : PLEURAL FLUID  
Sample Collected By : NON STMPL \*  
Accessioning Remarks :

TEST

RESULTS

**CULTURE FOR FUNGUS**

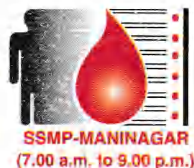
Specimen	PLEURAL FLUID
KOH Preparation:	Fungal Elements are not seen
Gram - Stain :	Few pus cells, no organisms seen
Z.N.Stain	AFB NOT DETECTED
Organism	Not Applicable
Colony Count	Not applicable

\* For test performed on specimens received or collected from non-STMPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

\* STMPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

*Burhan*



*Quality to lead, Services to deliver...*

Name : AREF MALIK  
Case ID : 10037131115 Pt. ID :  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:44	Sample Type : PLEURAL FLUID
Sample Date & Time : 27-Nov-2015 17:43	Sample Collected By : NON STMP L *
Report Date & Time : 07-Dec-2015 18:46	Accessioning Remarks :

TEST

RESULTS

**AFB CULTURE ( BACTEC MGIT 960 )**

Specimen	PLEURAL FLUID
Z.N.Stain By Petroffs Method	AFB NOT DETECTED
AFB Primary Report	AFB Culture Negative After 10th Day of Incubation

For test performed on specimens received or collected from non-STMP L locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

STMP L will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

Note: (LL=Very low, L=Low, H=High, HH=Very High)  
Denotes Test not in NABL Scope

Page 1 of 1

Printed On : 08-Dec-2015 10:15

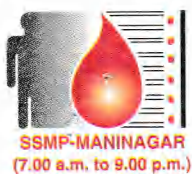
*Bhavini*

*Dr. Jignesh Panchal*

Dr Jignesh Panchal

Dr. Bhavini Shah  
Ph.D. (Med. Micro)  
Director Microbiology





Name : AREF MALIK  
Case ID : 10037121115 Pt. ID : 10037111115  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:42  
Sample Date & Time : 27-Nov-2015 17:42  
Report Date & Time :

Sample Type :  
Sample Collected By : NON STMP \*  
Accessioning Remarks :

TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
------	---------	------	-----------------	---------

**MTB/RIF Detection ( Xpert Assay )**

Specimen

PLEURAL FLUID

Result Of Genexpert-TB

MTB NOT DETECTED.

**Principle :**

The CE-marked Xpert MTB/RIF (Xpert) test (Cepheid Inc.), based on nested real-time PCR and molecular beacon technology, has been shown to be rapid, with a result for TB and RIF resistance in under 2 hrs.

**This note(advice), is aimed towards educating patients about the lab's participation in IPAQT and about the test results.:**

**If result is TB negative:**

This indicates no tuberculosis. However, if the clinical picture is strongly suggestive of TB, a repeat test can be suggested by your referring doctor.

**If result is TB positive, and Rifampicin resistance negative:**

This indicates tuberculosis that can be treated with commonly used drugs. Please seek assistance from the referring doctor for treatment of tuberculosis, which is a highly curable disease.

**If result is Rifampicin resistance positive AND you have previously taken TB treatment:**

This indicates drug resistance - tuberculosis that is difficult to treat with commonly used drugs. Please seek assistance from the referring doctor for treatment of multidrug resistant tuberculosis (MDR TB) which requires specialized management, including additional drug-susceptibility testing.

**If result is Rifampicin resistance positive and you have NOT previously taken TB treatment:**

This may indicated drug resistance, but requires confirmation.

This lab is participating in an initiative to make TB tests affordable.

\*Validation study has been done on specimens other than sputum.

**REFERENCES**

1. Agarwal, S. P., and L. S. Chauhan. 2005. Tuberculosis control in India. Directorate General of Health Services/Ministry of Health and Family Welfare, New Delhi, India.
2. Agresti, A., and B. Coull. 1998. Approximate is better than "exact" for interval estimation of binomial proportions. Am. Stat. 52:119-126.
3. Alonzo, T. A., and M. S. Pepe. 1999. Using a combination of reference tests to assess the accuracy of a new diagnostic test. Stat. Med. 18:2987-3003.
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*Bhavani*

**Dr. Bhavini Shah**  
Ph.D. (Med. Micro)  
Director Microbiology

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# GUJARAT PET-CT CENTRE

NUCLEAR MEDICINE

POST GRADUATE INSTITUTE OF RADIOLOGY & IMAGING



NAME : MALIK ARIF HUSSAIN

AGE : M/46 YRS.

REF. BY : DR. PANKAJ SHAH

DATE : 25/04/16

## CLINICAL PROFILE:

**A case of malignant mesothelioma.  
Post chemotherapy status.  
For evaluation.**

## PROTOCOL:

Scanner: BGO plus, Full Ring PET-CT (GE Discovery STE).  
Radio-isotope: 18 F – FDG – 370 MBq & 45 minutes uptake periods.  
Study Mode: PET-3D mode and CT: 120 Kv AutomA.  
Extent of Study: Vertex to mid thigh.  
The SUV values mentioned are in gm/ml.  
Contrast: Diluted oral contrast and water given with I.V contrast.

## FINDINGS:

Normal biodistribution of tracer noted in the brain, parapharyngeal region, liver, spleen, kidneys and urinary bladder.

- High grade FDG avid nodular pleural thickening is seen involving the mediastinal, costal and diaphragmatic pleura on right side with resultant of right lung volume (Max. SUV: 8).
- Minimal right sided pleural effusion is seen.
- A few subcentimeter-sized low grade FDG avid lymphnodes are seen at right upper and lower paratracheal regions.
- A few non-FDG avid calcified pleural plaques are seen involving right hemi-thorax.
- Non-FDG avid lytic lesion with sclerotic margin is seen involving inferior endplate of D6 vertebral body - benign etiology (? Schmorl's node).
- Bony island is seen involving D4 vertebral body. Hemangioma is seen at D11 vertebral body.
- Liver appears normal.
- No obvious ring enhancing / focal FDG-avid lesion is seen involving the brain.
- No FDG evident bony lesions are made out in the present scan.
- No other abnormal FDG uptake is seen elsewhere in the body.





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NAME : MALIK ARIF HUSSAIN

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## IMPRESSION:

The PET-CT findings reveal:

- Diffuse hypermetabolism and thickening involving the right pleura consistent with active residue disease.
- No evidence of bulky hypermetabolic mediastinal lymphadenopathies.
- No evidence of FDG avid metastatic disease made out.

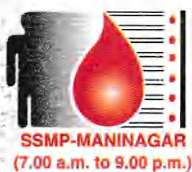
*As compared to previous CT scan dated 22/02/16, minimal CT evident regression is seen.*

DR. MANAS MAYANK  
M.D., D.R.M.

DR. ASHISH GHULI  
D.R.M., DNB

DR MRUGESH DOCTOR  
M.D., D.M.R.E.

DR HEMANT PATEL  
M.D., DMRE, DNB



*Quality to lead, Services to deliver...*

Name : AREF MALIK  
Case ID : 10037141115 Pt. ID : 10037111115  
Sex/Age : M / 47 Years Ph / Mo : /  
Ref By : RAM LOHANO  
Bill. Loc. : Tapan Hospital

**LABORATORY REPORT**



Registration Date & Time : 27-Nov-2015 17:45	Sample Type : PLEURAL FLUID
Sample Date & Time : 27-Nov-2015 17:44	Sample Collected By : NON STMP *
Report Date & Time :	Accessioning Remarks :

TEST

RESULTS

**CULTURE AND SENSITIVITY FOR BACTERIA**

Specimen	PLEURAL FLUID
Gram - Stain :	Few pus cells, no organisms seen
Z.N.Stain	AFB NOT DETECTED
KOH Preparation:	Fungal Elements are not seen
Organism	Not Applicable
Colony Count	Not applicable
Note	Sensitivity reporting has not been done as there was no growth of any bacteria.

• E-coli and Pseudomonas species have a typical character of changing their drug sensitivity pattern for their survival through their Plasmids. Therefore a repeat in culture and sensitivity after one week is warranted.

• In case of Growth of Candida on a bacterial medium, colony count should be considered / Expected to be higher on fungal medium.  
Ref. : CLSI M100 guidelines

\* For test performed on specimens received or collected from non-STMP locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

\* STMP will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

*Bishah*

Dr. Bhavini Shah  
Ph.D. (Med. Micro)  
Director Microbiology

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Name : Mr. ARIF MALIK  
Age/Gender : 46.00.21/Male  
Referred By :  
Examination: X-ray Chest P.A.  
DT :

MR No. : 271861  
Bill No. : 04-OB-15-014969  
Result No. : RB-15-350561  
Result Date : 05/12/2015 13:01:16

### **RADIOGRAPH OF THE CHEST**

Homogeneous opacification of right mid lower zone obscuring right costophrenic angle and right hemidiaphragm noted.

Rest of the visualized lung fields are clear.

Bilateral hila appear normal.

Cardiac and mediastinal silhouette appears unremarkable.  
There is no mediastinal shift.

Left costophrenic and cardiophrenic angles are clear.

Both the domes of diaphragm are normal.

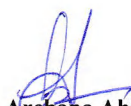
Bony thorax appears unremarkable.

### **Impression:**

Right pleural effusion.

**Dr. M. L. Rokade. (M.D., D.N.B.)**  
*FMK UK Certification for Early Anomaly Scan*  
Consultant Radiologist

**Dr. Kalashree Bandekar**  
D.N.B.



**Dr. Archana Ahire**  
M.D.

**Dr. Shubhra Gupta**  
D.N.B.

**Dr. Sneha Zanje**  
D.N.B.

**Dr. Onkar Auti**  
D.N.B.

Reported by : Dr. Archana

Checked by : PVD

Name : Mr. ARIF MALIK  
Age/Gender : 46.00.02/Male  
Referred By :  
Examination: Usg Abdomen & Pelvis  
DT :

MR No. : 271861  
Bill No. : 04-OB-15-013718  
Result No. : RB-15-323214  
Result Date : 16/11/2015 11:43:10

### ULTRASOUND OF ABDOMEN AND PELVIS

The liver is normal in size and echo reflectivity. There is no intrahepatic biliary dilation noted. There is no evidence of any focal mass lesion. The hepatic and portal veins appear normal.

The gall bladder is physiologically distended and reveals normal wall thickness. There is no evidence of any calculus or peri-cholecystic collection. The common bile duct is of normal caliber.

The pancreas reveals normal size and morphology. There is no evidence of any peri-pancreatic collection. The pancreatic duct is of normal caliber.

The splenic span is normal. The spleen reveals normal echo reflectivity. There is no evidence of any focal mass lesion seen.

Both the kidneys are normal in size and position. They show normal cortical reflectivity and cortical thickness. The cortico-medullary differentiation is maintained. The right kidney measures: 11.1 x 4.1 cms. The left kidney measures: 11.2 x 5.0 cms. There is no evidence of hydronephrosis, obvious calculus or mass lesion seen.

The retroperitoneum and paraaortic regions appear normal. There is no evidence of any lymph-adenopathy or ascites.

The bladder is physiologically distended. There is no evidence of any wall thickening or mass lesion seen in the bladder lumen.

The prostate gland shows normal dimensions. It measures 3.8 x 3.5 x 3.5 cms corresponding to 25 grams.


Moderate right pleural effusion with mobile internal echoes seen.

### Impression:

Moderate right pleural effusion with echoes.  
No other significant findings.

Dr. M. L. Rokade. (M.D., D.N.B.)  
Consultant Radiologist

Dr. Kalashree Bandekar  
D.N.B.

  
Dr. Archana Ahire  
M.D.

Dr. Shubhra Gupta  
D.N.B.

Study done by Dr. Archana  
Checked by : RAK

Dr. Sneha Zanje  
D.N.B.

Dr. Onkar Auti  
D.N.B.





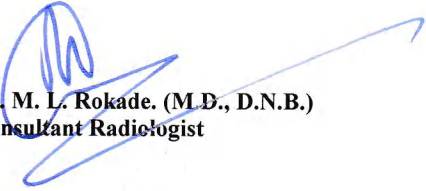
Name : Mr.ARIF MALIK  
Age/Gender : 46.00.21/Male  
Referred By :  
Examination: USG CHEST  
DT :

MR No. : 271861  
Bill No. : 04-OB-15-014996  
Result No. : RB-15-350613  
Result Date : 05/12/2015 16:11:22

**ULTRASOUND OF CHEST**

There is large right sided pleural effusion causing atelectasis of the lung.

No evidence of loculation or septation.

  
Dr. M. L. Rokade. (M.D., D.N.B.)  
Consultant Radiologist

Dr. Kalashree Bandekar  
D.N.B.

Dr. Archana Anire  
M.D.

Dr. Shubhra Gupta  
D.N.B.

Dr. Sneha Zanje  
D.N.B.

Dr. Onkar Auti  
D.N.B.

Checked by : RAK

Note: All radiological tests assist in diagnosis and need correlation.

