

Patients Name: MR. BHARAT GOHEL

Age : 60 yrs / Male

A PRESENT HISTORY

- 1 Complaints of loss of Weight from last 4 to 5 months (total 17 lbs weight loss)
- 2 Complaints of loss of Appetite from last 4 to 5 months.
- 3 History of Low grade fever from 1st Aug, 2015 was treated-First with Antibiotics. Fever was subsided for a while but there was history of lot of weakness since Aug-2015.

B PAST HISTORY

- 1 History of Smoking – 40-45 Cigarettes from last 40 years.
- 2 History of consuming Alcohol from age 25 – 45 years - Thrice in a week – 4 pegs.

Then from age 45 – 55 years – Once in a week – 2 pgs.

Then from age 55 – 60 years – Once in 2 weeks – 1 peg.

NO HISTORY OF MAJOR ILLNESS TILL NOW.

We are attaching herewith

- 1 Blood Reports
- 2 CT Scan Reports
- 3 Pet Scan Reports
- 4 Biopsy Reports.

He has been diagnosed as **CARCINOMA OF LUNGS** and advised Chemo Therapy.

The Paper of Chemo Therapy treatment is attached. (5)

Kindly review this and opine about his treatment.

Dr. Sanjay Mehta
M.D. Path



震球醫學化驗所有限公司 Thomas Medical Laboratory

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RM. 101-2, 1/F., TAK SHING HOUSE,
20, DES VOEUX ROAD, CENTRAL,
HONG KONG. 2523 2445 2522 1537
FAX: 2526 9448

To: **AIDS LTD**

To:

Patient: **GOHEL BHARAT**

Sample: **S,U,EDTA,CB,FB**

Collection : **09/09/2015 10:20**

Registration : **09/09/2015 10:17:36**

Lab No. : **1591196**

HKID / Ref # : **XD136517(2)**

Age/Sex : **60Y / M** Page: 1 of 5

First Reported Date : **09/09/2015**

Report Printing Time : **09/09/2015 14:43:58**

Test 測試名稱		S.I. Unit		Conventional Unit			
		Result 結果		Ref. 參考值	Result 結果	Ref. 參考值	
-----BIOCHEMISTRY-----							
Sodium (Na+) (by Architect)	鈉	136	mmol/L	135 - 145	136	mmol/L	135 - 145
Potassium (K+) (by Architect)	鉀	4.3	mmol/L	3.5 - 5.1	4.3	mmol/L	3.5 - 5.1
Chloride (by Architect)	氯化物	105	mmol/L	98 - 107	105	mmol/L	98 - 107
Bicarbonate* (by Architect)	碳酸氫鹽	23	mmol/L	22 - 29	23	mmol/L	22 - 29
Urea (by Architect)	尿素	3.8	mmol/L	3.0 - 9.2	23	mg/dL	18 - 55
Creatinine (by Architect)	肌酸肝	81	umol/L	64 - 111	0.92	mg/dL	0.72 - 1.25
eGFR for Asian*		>60	ml/min/SSA	> 60			
eGFR for Caucasian		>60	ml/min/SSA	> 60			

Ref. Range:

Cut-off Point = 60

Significant Low <= 30

Typical Non-significant >= 90

Reference : National Kidney Foundation Education Program Jan 2007

Total Bilirubin (by Architect)	總膽紅素	10.3	umol/L	<20.5	0.6	mg/dL	<1.2
Direct Bilirubin (by Architect)	直接膽紅素	3.4	umol/L	< 8.6	0.2	mg/dL	< 0.5
Indirect Bilirubin (by Architect)	間接膽紅素	6.8	umol/L	<17.1	0.4	mg/dL	<1.0
AST (GOT) (by Architect)	谷草轉氨酶	14	U/L	5 - 34	14	U/L	5 - 34
ALT (GPT) (by Architect)	谷丙轉氨酶	7	U/L	< 55	7	U/L	< 55
Alk. Phosphatase (by Architect)	鹼性磷酸酶	94	U/L	40 - 150	94	U/L	40 - 150
Total Protein (by Architect)	總蛋白質	80	g/L	62 - 81	80	g/L	62 - 81
Albumin (by Architect)	白蛋白	39	g/L	35 - 52	39	g/L	35 - 52
Globulin (by calculation)	球蛋白	41	g/L		41	g/L	
A/G Ratio (by calculation)	白蛋白及球蛋白比率	1.0			1.0		
Gamma-GT (by Architect)	丙種谷氨酰轉氨酶	64	U/L	12 - 64	64	U/L	12 - 64
Creatine Kinase (by Architect)	肌酸磷酸酶	61	U/L	30 - 200	61	U/L	30 - 200
Troponin-I hs (by i1000SR)*	肌鈣蛋白	1.1	ng/L	< 33.0	1.1	pg/mL	<33.0

Ref. range: >= 400 ng/L diagnostic cutoff for AMI patients

(>= 400 pg/mL diagnostic cutoff for AMI patients)

Ref : Third universal definition of Myocardial Infarction

EUROPEAN HEART J.2013:2551-628

Please note this is a new high sensitive Cardiac biomarker assay with reference range adjusted to pg/mL level instead of ng/mL with effective from 13-03-2015

Calcium (by Architect)	鈣	2.42	mmol/L	2.10 - 2.55	9.7	mg/dL	8.4 - 10.2
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Reg. MLT 1

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FAX: 2526 9448

To: **AIDS LTD**

To:

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Registration : **09/09/2015 10:17:36**

Lab No. : **1591196**

HKID / Ref # : **XD136517(2)**

Age/Sex : **60Y /M** Page: 2 of 5

First Reported Date : **09/09/2015**

Report Printing Time : **09/09/2015 14:44:05**

Test 測試名稱		S.I. Unit		Ref. 參考值	Conventional Unit		Ref. 參考值
		Result 結果			Result 結果		
Inorganic Phosphorus (by Architect)	無機磷	1.07	mmol/L	0.74 - 1.52	3.3	mg/dL	2.3 - 4.7
Magnesium (by Architect)	鎂	0.82	mmol/L	0.66 - 1.07	2.0	mg/dL	1.6 - 2.6
HbA1c (NGSP)	糖化血紅蛋白				5.9	%	4.6 - 6.4
HbA1c (IFCC)		41	mmol/mol	27 - 46			
Glucose (Fasting) (by Architect)	葡萄糖	↑ 5.66	mmol/L	< 5.6	↑ 102	mg/dL	< 101
	{ Impaired Fasting Glucose (IFG)						
	101-124 mg/dl						
	5.6-6.9 mmol/L						
	(Reference : "Diabetes Care" 2003;26:3160-67)						
	{ Diabetes mellitus (DM)						
	>= 125 mg/dl						
	>=7.0 mmol/L }						
Uric Acid (by Architect)	尿酸	↑ 0.434	mmol/L	0.208 - 0.428	↑ 7.3	mg/dL	3.5 - 7.2
	Please note that the reference range has been re-adjusted(29-10-2010)						
HDL - Cholesterol (by Architect)	高密度膽固醇	↓ 0.85	mmol/L	> 1.56	↓ 33	mg/dL	>60
Direct LDL Chol (by Architect)	低密度膽固醇	↑ 2.72	mmol/L	< 2.6	↑ 105	mg/dL	< 100
Cholesterol Total (by Architect)	膽固醇	4.14	mmol/L	< 5.2	160	mg/dL	< 200
Triglycerides (by Architect)	三酸甘油脂	1.19	mmol/L	< 1.7	105	mg/dL	< 150.0
	Cholesterol	< 5.2	Desirable				
		5.2 - 6.2	Borderline high				
		> 6.2	High				
	Triglycerides	< 1.7	Desirable				
	HDL Cholesterol	< 1.04	(Add 1 positive risk factor)				
		>=1.56	(Add 1 negative risk factor)				
	LDL Cholesterol	< 2.6	for persons with CHD or CHD risk equivalents				
		< 3.4	2 or more risk factors				
		< 4.1	0-1 risk factor				
	Non HDL Cholesterol (for persons with triglycerides > 2.3)	< 3.4	with CHD or CHD risk equivalents				
		< 4.2	2 or more risk factors				
		< 4.9	0-1 risk factor				
	Adopted from NCEP ATP III. JAMA 2001;285(19) : 2486-96						
Lp (a) (by IMMAGE 800)*	脂蛋白(a)	**Pending**			**Pending**		
C-Reactive Protein (Q).v	丙種反應蛋白 (定量)	↑ 47.70	mg/L	<5.0	↑ 4.77	mg/dL	<0.50
Iron (by Architect)	血清鐵	↓ 8.1	umol/L	11.6 - 31.3	↓ 45	ug/dL	65 - 175
	Please note that the Ref.range has been revised as from 8-4-2013.						
Homocysteine (by ci 8200)	同型半胱氨酸	13.84	umol/L	5.08 - 15.39			

** The sample tube for Homocysteine Assay should be chilled in the refrigerator before the blood collection procedure. The sample after collection should be placed in a vessel with ice in the refrigerator until it is collected by our courier. The level of Homocysteine in the sample will be raised if the above instruction is not adhered to. The sample should be spun within 6 hours after collection.

If the sample collection did not meet the instruction given above, the result should be interpreted with caution.**

Please note that the reference range has been re-adjusted(15-04-2011)



[Signature]
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To: **AIDS LTD**

To:

Patient: **GOHEL BHARAT**

Sample: S,U,EDTA,CB,FB

Collection : 09/09/2015 10:20

Registration : 09/09/2015 10:17:36

Lab No. : 1591196

HKID / Ref # : XD136517(2)

Age/Sex : 60Y /M Page: 3 of 5

First Reported Date : 09/09/2015

Report Printing Time : 09/09/2015 14:44:11

Test 測試名稱		S.I. Unit		Ref. 參考值	Conventional Unit		Ref. 參考值
		Result 結果			Result 結果		
25-Hydroxyvitamin-D	(by i1000SR)	64.5	nmol/L		25.8	ng/mL	
		(Ref. range :					
		Summer : 15.7 -60.3 ng/mL					
		(39.3 - 150.8 nmol/L)					
		Winter : 8.8 - 46.3 ng/mL					
		(22.0 - 115.8 nmol/L)					

-----IMMUNOLOGY-----

Vitamin B 12 (by ci 8200)	維生素B 12	**Pending**			**Pending**		
Folate (by ci 8200)	葉酸	**Pending**			**Pending**		
Free T4	游離甲狀腺素	13.1	pmol/L	9.0 - 19.0	1.02	ng/dL	0.70 - 1.48
TREP. p Ab for Syphilis	梅毒試驗	Non-Reactive					
RF Test (Q) (by IMAGE 800)*	風濕性關節炎測試(定量)	**Pending**			**Pending**		
α- Fetoprotein	α- 胎兒蛋白	1.54	IU/mL	0.74 - 7.29	1.85	ng/mL	0.89 - 8.78

Please note that the reference range has been re-adjusted(11-4-2013)

CEA (by ci 8200)	癌胚抗原	2.6	ug/L		2.6	ng/mL	
	Ref. range :	Non-smoker : 0-3 ug/L (ng/mL)					
		Smoker : 0-5 ug/L (ng/mL)					
	% Distribution of CEA values >	5.0 ug/L (ng/mL)					
	MALIGNANT DISEASES	%			NONMALIGNANT DISEASES	%	
	Colorectal	58			Cirrhosis	27	
	Pulmonary	45			Ulcerative Colitis	4	
	Mammary	25			Rectal Polyps	9	
	Gastric	38			Pulmonary	14	
	Ovarian	0			Hepatitis	15	
	Other Gynecologic	21					

CA 19.9 (by ci 8200)	糖鎖抗原19.9	10	kU/L	< 37	10	U/mL	< 37
	% Distribution of CA 19.9 values >	37.0 kU/L (U/mL)					
	MALIGNANT DISEASES				NONMALIGNANT DISEASES		
	Colorectal	60%			Gastrointestinal	16%	
	Pancreatic	74			Pancreatitis	50	
	Gastric	49			Diabetes	16	
	Hepatic	67			Cirrhosis	52	
	Mammary	23			Hepatitis	36	
	Pulmonary	21			Gallbladder	9	
					Pulmonary	20	
					Autoimmune	0	
					Renal	12	

EBV Antibodies	鼻咽癌病毒抗體	**Pending**			**Pending**		
Total PSA (by ci 8200)	前列腺癌抗原	0.9	ug/L	< 4.0	0.9	ng/mL	< 4.0
SCC (by i1000SR)	鱗狀上皮癌關連抗原	**Pending**			**Pending**		

-----HAEMATOLOGY-----



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Collection : 09/09/2015 10:20

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Lab No. : 1591196

HKID / Ref # : XD136517(2)

Age/Sex : 60Y /M Page: 4 of 5

First Reported Date : 09/09/2015

Report Printing Time : 09/09/2015 14:44:15

Test 測試名稱		Result 結果	S.I. Unit	Ref. 參考值	Conventional Unit	
					Result 結果	Ref. 參考值
Haemoglobin	血紅蛋白	135	g/L	130 - 170		
PCV	血球壓積量	0.40	Ratio	0.40 - 0.50		
RBC Count	紅血球數量	4.78	X10 ¹² /L	4.50 - 5.50		
MCV	紅血球平均體積	83.5	fL	82.4 - 98.3		
MCH	紅血球平均血紅蛋白	28.2	pg	27.0 - 32.0		
MCHC	紅血球平均血紅蛋白濃度	338	g/L	300 - 350		
RDWCV	紅血球體積分佈	13.9	%	11.6 - 14.0		
Platelet	血小板	↑ 522	X10 ⁹ /L	150 - 400		
WBC Count	白血球數量	↑ 11.1	X10 ⁹ /L	4.0 - 11.0		
Neutrophils Count	嗜中性白血球	59.5	%	40.0 - 75.0		
Lymphocytes Count	淋巴球	30.7	%	20.0 - 40.0		
Monocytes Count	單核球	6.3	%	2.0 - 10.0		
Eosinophils Count	嗜酸性白血球	2.9	%	1.0 - 6.0		
Basophils Count	嗜鹼性白血球	0.6	%	0.0 - 2.0		
Absolute Neutrophils Count		6.6	X10 ⁹ /L	2.0 - 7.5		
Absolute Lymphocytes Count		3.4	X10 ⁹ /L	1.5 - 4.0		
Absolute Monocytes Count		0.7	X10 ⁹ /L	0.2 - 0.8		
Absolute Eosinophils Count		0.32	X10 ⁹ /L	0.04 - 0.40		
Absolute Basophils Count		0.07	X10 ⁹ /L	0.02 - 0.10		
Blood Film	全血像	Platelets increased RBC morphology normal				
ESR	血球沉降率	↑ 86	mm in 1 hr	0 - 12		
Blood Group	血簇檢定	**Pending**				
Rh D Factor	恆河猴因子	**Pending**				

MICROBIOLOGY

Urinalysis*: Colour	顏色	Yellow	
Turbidity	透明度	Clear	
S. G.	比重	1.015	1.003 - 1.025
Glucose	葡萄糖定性	Negative	Negative
Bilirubin	膽紅素定性	Negative	Negative
Ketone	醋酮定性	Negative	Negative
Blood	血紅蛋白定性	Negative	Negative



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Test 測試名稱	S.I. Unit		Conventional Unit	
	Result 結果	Ref. 參考值	Result 結果	Ref. 參考值
pH	酸鹼度	6.5	4.6 - 8.0	
Protein	蛋白定量	Negative	Negative	
Urobilinogen	尿膽原定性	Not in excess	Not in excess	
Nitrite	亞硝酸鹽	Negative	Negative	
WBC (by UF1000)	白細胞	3 /uL	0 - 11	
RBC (by UF1000)	紅細胞	6.0 /uL	0.0 - 11.0	
(Remark : For conversion 1/HPF = 5.56/uL)				
E Cells (by UF1000)	上皮細胞	3.3 /uL	0.0 - 6.0	
Bacteria (by UF1000)	細菌	13.6 /uL	< 4000	
Sperm C. (by UF1000)	精子	0 /uL		
Yeast (by UF1000)	酵母菌	0.00 /uL	<10	
Stool Routine*:Colour	顏色	Brown		
Consistence	黏稠度	Soft		
Ova & Parasite	寄生蟲及蟲卵	None detected		
Stool Occult blood	隱血	Negative		

-----SEROLOGY-----

Myco. TB Ab

Negative

** This test is a screening test for Mycobacterium tuberculosis Antibodies. It is specific for Mycobacterium tuberculosis and should not react with antibodies due to BCG vaccination. There is always a possibility of false positive test result and it should be double-checked by a confirmatory test. **



End of Report

Reg. MLT 1

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Report to : Dr. Pei Kee Wai Conrad 邊其偉醫生
Name : GOHEL, BHARAT
HKID/Passport : XD1365172 Age/Sex : 60Y/M
Date : 11/09/2015
Our Ref. : CA1509-0605 Ref. :

CT THORAX (PLAIN & CONTRAST)

Mild pericardial effusion is detected measuring about 0.8cm abutting the anterior wall of the right lateral ventricle.

An irregular cavitating lesion is found at the anterior aspect of the left upper lobe, measuring 5.2 x 2.3 x 2.7cm. It is abutting the pleura and is associated with peripheral multiple cavitations. It is irregular in margin and it is mildly enhancing. No gross chest wall invasion is detected. Finding is non-specific and suspicious of malignancy.

A few other nodules are found at the left lingular lobe, left upper lobe and left lower lobe, lower anterior part of right upper lobe and right middle lobe, measuring up to 1.1cm, suggestive of metastases.

Emphysematous change and fibrosis are found in both lungs.

Multiple lymphadenopathies are found at the prevascular (5.1 x 2cm), upper mediastinum (2 x 1.4cm), paratracheal (3.3 x 1.8cm), aortopulmonary window (2.3 x 1.5cm), subcarinal (2.8 x 2.2cm), left hilar (1.7 x 1.2cm), right hilar (2.1 x 1.7cm), left supraclavicular (1.2 x 1.2cm) and right supraclavicular (0.9 x 0.7cm) regions.

Trachea, main bronchi and lobar bronchi are patent. Thoracic aorta and its branches are unremarkable.

Both adrenals are not enlarged.

No gross destructive bony lesion is detected in the skeleton system included in this study.

Dr Lai Chi Wing
Specialist in Radiology
MBBS(HK), DMRD, FRCR, FHKCR,
FHKAM(Radiology)

Page 1 of 2



Report to : Dr. Pei Kee Wai Conrad 譚其偉醫生
Name : GOHEL, BHARAT
HKID/Passport : XD1365172 Age/Sex : 60Y/M
Date : 11/09/2015
Our Ref. : CA1509-0605 Ref. :

IMPRESSION

An irregular enhancing lesion with peripheral cavitation at the anterior aspect of left upper lobe abutting pleura, suspicious of malignancy. Please correlate with cytology/ histology.

Multiple small lung nodules at both lungs, suspicious of metastases.

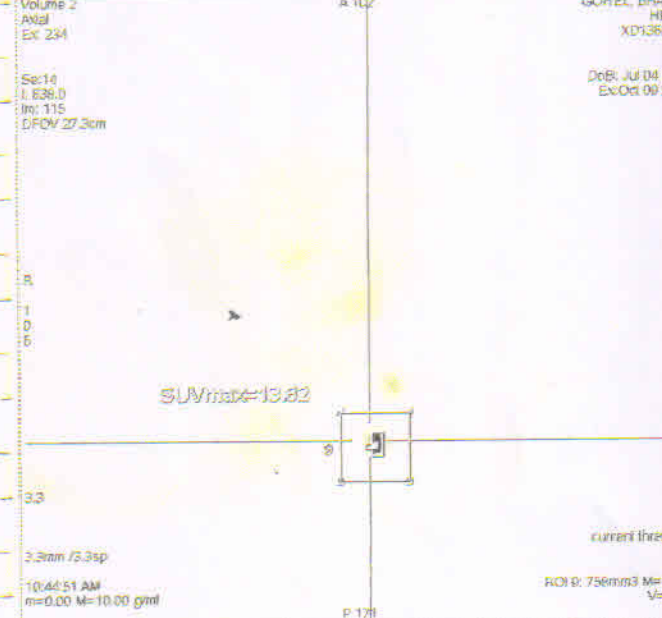
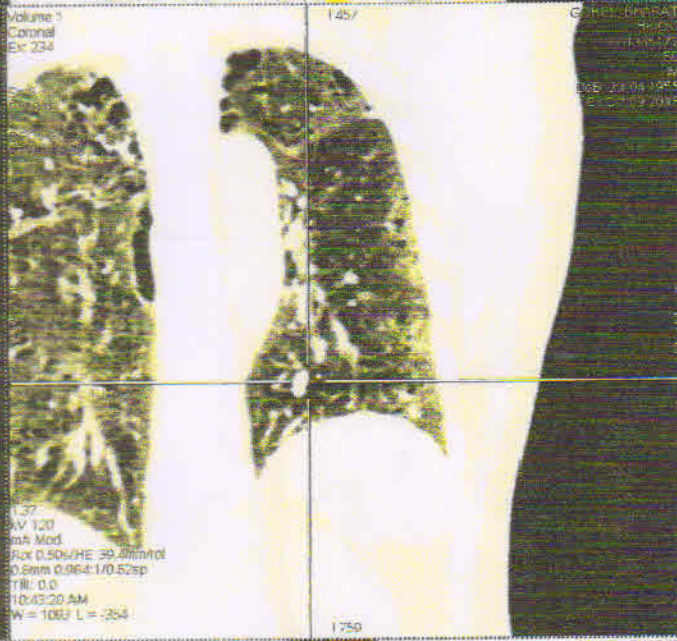
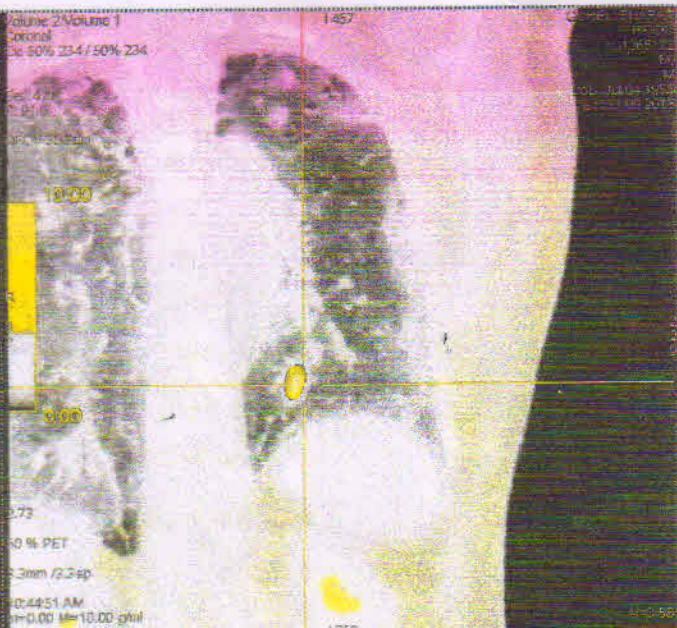
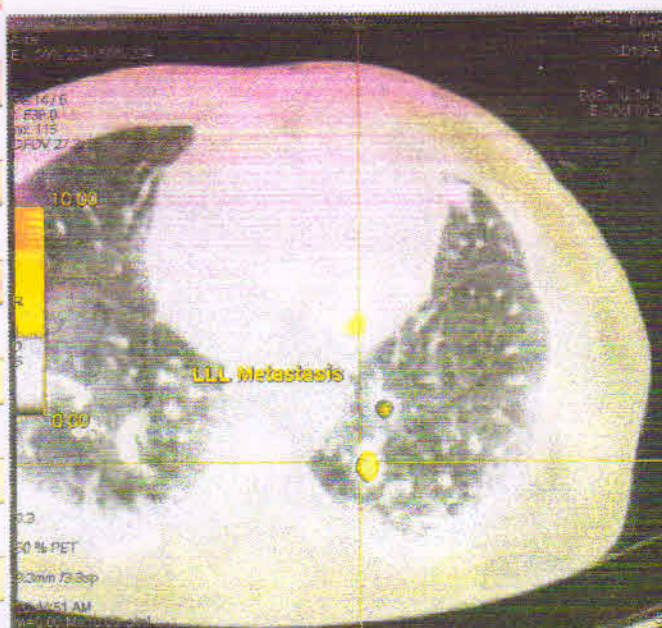
Multiple lymphadenopathies at the mediastinum, both hila and both supraclavicular fossae, suggestive of metastatic lymphadenopathies.

Mild pericardial effusion.

/s/whn

Dr Lai Chi Wing
Specialist in Radiology
MBBS(HK), DMRD, FRCR, FHKCR,
FHKAM(Radiology)

Page 2 of 2





REF./TO : DR. YAU TSZ KOK
PATIENT NAME : GOHEL, BHARAT
PATIENT HKID : XD1365172
SEX/AGE : M/60Y
EXAM. DATE : 09/10/2015

D.O.B. : 04/07/1955
REF. NO. :
CASE NO. : HK1510-00100

RADIOLOGY REPORT

¹⁸F-FDG PET-CT WHOLE BODY (PLAIN)

CLINICAL HISTORY:

Clinically carcinoma of lung with extensive intrathoracic nodal secondaries. Also right ankle numbness of unknown cause.

IMAGING FACTORS:

PET Radiopharmaceutical	11.9 mCi of ¹⁸ F-FDG IVI
Fasting Blood Glucose Level	5.8 mmol/dL
Uptake Time	60 minutes
Body Region Cover (CT)	Dedicated PET-CT diagnostic images from the skull base to the groin
Post-processing	PET, CT & Fusion images reconstructed in axial, coronal and sagittal
SUVmax References	Normal liver: 3.22; Mediastinal blood-pool: 2.62

Head and Neck

- Bilateral supraclavicular nodal metastasis seen.
- Hypermetabolic small right cervical level II node could be post inflammatory or metastasis.
- No vocal cord palsy. Symmetrical vocal cords.

Normal uptake at the scanned regions of brain and skull base.

No imaged skull vault or skull base erosions.

Pharyngeal lymphoid FDG activity within physiological limits.

No abnormal soft tissue uptake in the tonsillar region, nasopharynx, hypopharynx or larynx.

No focal FDG-avid thyroid lesion. No thyroid nodule or calcification on CT.

Anterior Chest Wall

No hypermetabolic axillary lymphadenopathy.

There is no FDG-avid lesion detected at the anterior wall.

No focal FDG-avid lesion along the internal mammary chain.

Thorax

- Hypermetabolic lung mass with lobulated borders at anterior segment of the left upper lobe suggest radiological lung carcinoma. It abuts onto the pleural with local reaction and thickening. No chest wall invasion. No FDG avid pleural mass. No effusion is seen. No cavitation of the lung mass but is due to surrounding para-septal emphysema. The presence of hypermetabolic left lower lobe nodules suggest a pT4 disease.
- Bilateral hypermetabolic lung metastasis seen. The one at right upper lobe anterior segment close to mediastinum is recommended for future comparison.



REF./TO : DR. YAU TSZ KOK

PATIENT NAME : GOHEL, BHARAT

PATIENT HKID : XD1365172

SEX/AGE : M/60Y

EXAM. DATE : 09/10/2015

D.O.B. : 04/07/1955

REF. NO. :

CASE NO. : HK1510-00100

RADIOLOGY REPORT

The index lesions are summarized as below:

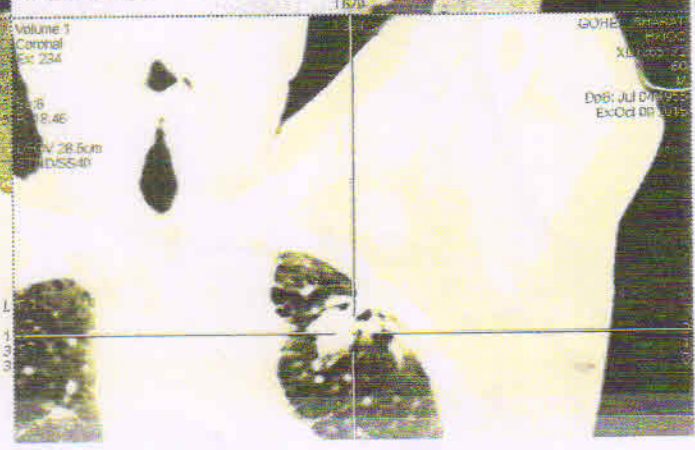
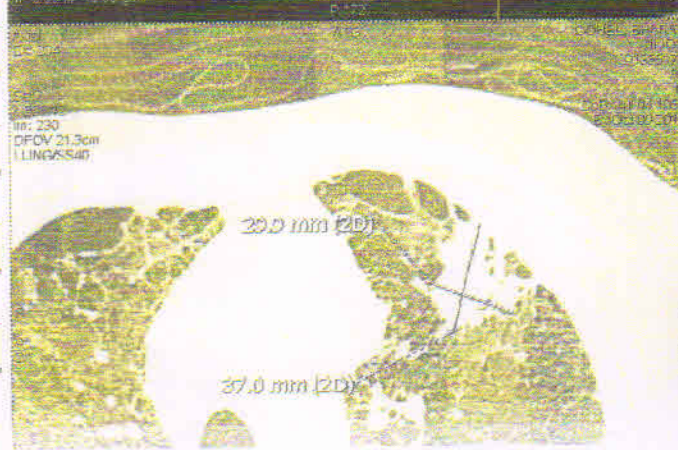
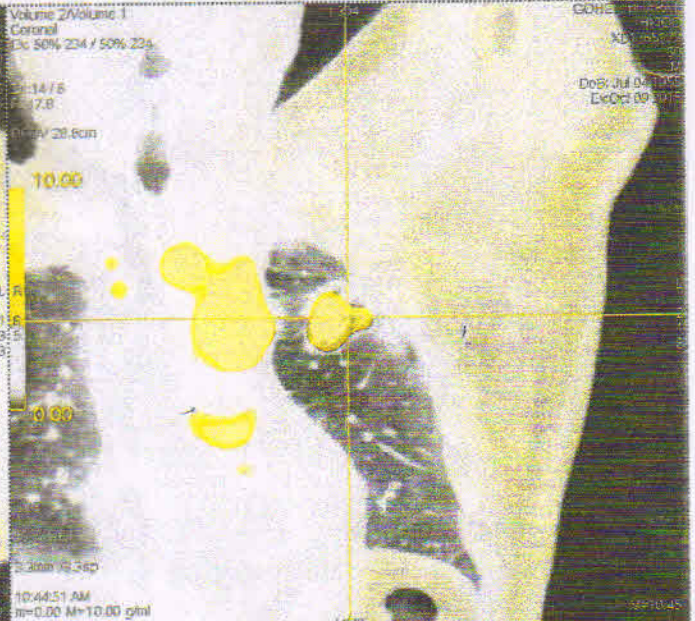
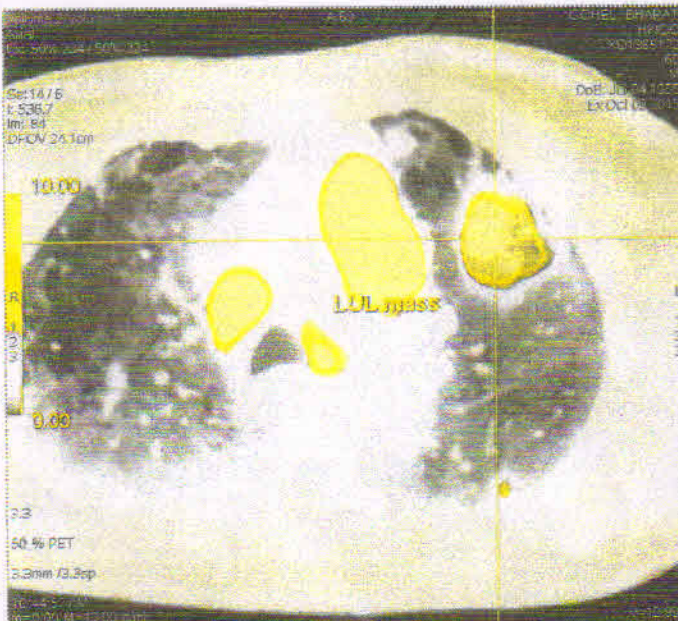
Page	Site	LD x PD or SA (mm)	SUVmax
1	LUL radiological CA lung	37.0 x 29.9	16.65
2	LLL metastasis	14.4 x 7.2	13.82
3	Contralateral lung metastasis RUL anterior segment next to mediastinum	8.8 x 8.4	11.11
4	R supraclavicular LN	22.2 x 13.9	13.55
5	L supraclavicular LN	16.2 x 11.1	25.69
6	L perivascular matted with APW LN	59.5 x 28.2	31.94
7	R paratracheal LN	21.9 x 61.4	25.64
8	Subcarinal LN	43.3 x 43.3	25.61
9	R hilar LN	19.9 x 15.6	7.43
10	L hilar LN	21.8 x 15.6	20.42
11	Right level II cervical lymph node	6.7 x 6.3	12.05

(SUV = Standardized Uptake Value; LD = largest diameter; PD = perpendicular diameter; SA short axis for lymph node)

SUMMARY:

- Radiological hypermetabolic lung carcinoma, pT4 (different ipsilateral lung nodules).
- Hypermetabolic nodal disease involve at least bilateral hilar, bilateral mediastinal and bilateral supraclavicular stations, pN3. FNAC of left supraclavicular node can be considered.
- Hypermetabolic contralateral lung metastasis, pM1a.
- No other hypermetabolic metastasis shown within the scan range. The axial skeletal or lower limbs metabolic lesion to account for the lower limb numbness. Contrast MRI brain and spine can be considered.
- No SVCO. Mild pericardial effusion of ~10 mm thick. No hypermetabolic pericardial deposits.
- Hypermetabolic small right cervical level II node could be post inflammatory or metastasis.

DR YANG KWOK WAI MICHAEL
Specialist in Diagnostic Radiology
MBBS FRCR FHKCR FHKAM (Radiology)



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FHKAM (Pathology), FRCPath, QMR (RCSEd)

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FRCR (Path), DABPath

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FHKAM (Pathology)

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MBChB (UK), FRCPath,
FHKAM (Pathology)

Dr. Daniel Lau Hon Wing 柳漢榮醫生

Rm 1902, Melbourne Plaza
33 Queen's Road Central
Hong Kong

Patient: Gohel Bharat
Sex / Age: M / 60 (Y) DOB: 04 Jul 1955
HKID: XD1365172
Clinic No: 005462

Lab No. 2015 - 821924 - 2

Received: 14 Oct 2015

Reported: 15 Oct 2015

Printed: 15 Oct 2015

TISSUE PATHOLOGY CONSULTATION REPORT

CLINICAL NOTES

Clinically and imaging - Cancer of lung. Left SCF lymph node for core biopsy.

GROSS EXAMINATION

Received in formalin labelled as 'L SCF' are 3 cores of tissue measure from 0.5 to 1.4 cm in length, 0.1 cm in diameter. All embedded in 1 paraffin block (P). (K)

MICROSCOPIC EXAMINATION

Sections (6 levels) show 3 cores of fibrofatty tissue and skeletal muscle in which a tiny piece of tumour tissue (0.5 mm) is included. Tumour cells are intermediate in size, polygonal in shape, squamoid in appearance and are arranged in loosely arranged clusters. There is moderate amount of eosinophilic cytoplasm. Nuclei are moderately to markedly pleomorphic and hyperchromatic. The N:C ratio is high. The adjoining fatty tissue is infiltrated by some inflammatory cells. Elsewhere, focal fibrosis and inflammatory reaction are seen. No intact lymph node detected.

PATHOLOGICAL DIAGNOSIS

Core biopsy, left supraclavicular fossa lymph node
- Metastatic non-small cell carcinoma.

COMMENT

The tumour is likely to be squamous carcinoma. Immunohistochemistry is essential to confirm its nature and origin.


Dr. Chan Keung Wai

Hong Kong Accreditation Service (HKAS) has accredited this laboratory under Hong Kong Laboratory Accreditation Scheme (HOKLAS) for performing examinations and, in some cases, for providing clinical interpretation as listed in its scope of accreditation. The examinations are conducted in accordance with the terms of accreditation for this laboratory.

This document is issued in accordance with NATA/RCPA accreditation requirements. Accredited for compliance with ISO 15189.

Information & Consent for Chemotherapy Carboplatin

Drug Used:

Carboplatin

(Intravenous)

Treatment Course:

One cycle every 3 weeks

Possible side effects and management :

	Side effects	Interventions
1	Lowered body resistance (suppressed marrow function)	<ul style="list-style-type: none"> Observe for signs and symptoms of infection. Seek medical advice immediately if fever occurs. Maintain personal hygiene and nutritional status by a balanced diet. Avoid people who are sick or having a cold, and stay away from crowds and animals. Blood tests will be scheduled to monitor your marrow function.
2	Nausea, vomiting, and decreased appetite	<ul style="list-style-type: none"> Try small frequent meals and maintain a balanced diet. Avoid spicy and greasy foods. Drugs will be given to alleviate the symptoms.
3	Sore mouth	<ul style="list-style-type: none"> No tobacco and alcohol. Avoid hot, spicy and acidic food. Maintain good mouth hygiene, e.g. frequent mouth wash with normal saline during daytime and before and after meal. You may prepare your own normal saline by dissolving half teaspoon of salt in 500 c.c. water.
4	Diarrhoea	<ul style="list-style-type: none"> If it occurs, avoid milk products and high fibre diet. Drink plenty of fluid to prevent dehydration. Take the anti-diarrhoeal drugs as instructed. Seek medical advice as soon as possible if it is severe.
5	Hair loss	<ul style="list-style-type: none"> It is temporary. Hair will grow back once treatment is completed. You may cut your hair short before treatment starts or use wigs, caps, or scarves if you wish. Further information about wigs is available at our Cancer Patient Resource Centre.
6	Fatigue	<ul style="list-style-type: none"> You may become fatigued after each treatment. Have enough rest and avoid overworking.
7	Numbness, tingling in hands & feet	<ul style="list-style-type: none"> Inform us if you have these symptoms.

(To be continued)

8	Infertility	▪ Anticancer therapy may cause infertility. Discuss with the doctors or nurses if you are concerned about it.
9	Hepatitis	▪ It is more common among patients who are hepatitis B carriers.
10	This treatment scheme may lead to severe complications that result in treatment related death. The mortality rate is less than 3%. Very rarely, anticancer therapy can induce cancer.	

Note: The side effect profile listed above is not exhaustive. Unpredictable complications may also occur and the risks vary among individuals.

Remarks:

1. You should return for blood tests as instructed. These results are necessary for arranging your treatment and monitoring your condition.
2. You should avoid other anticancer drugs, including Chinese herbs, that are not prescribed by our doctors during treatment. They may have unpredictable adverse effects.
3. You may have normal sex life during treatment but no matter you are man or woman, you should practice contraception. Barrier method of contraception (e.g. condom) is the recommended way. Once pregnancy is suspected, you should inform the doctors or nurses immediately.
4. Female patients should avoid breast feeding during treatment and 6 months thereafter because the anticancer drugs may pass into the human milk and harm the baby.
5. You should consult your doctor before having any vaccination.
6. For all dispensed or reconstituted medications, request for refund would be declined. The amount of drug contained in individual drug packing may not exactly match the dose of drug needed. In such case, the amount remained after each drug reconstitution will not be returned to the patient or to be reimbursed.
6.1 The drug cost would be adjusted according to the market price without prior notice.

Unicovell Tel: 37582150 Fax: 37881450
001344
COOHEL BHARAT
NTD13651 T-2 Male 04/07/1985

I understand the above information, and consent to undergo treatment.

Signature of Patient (Name)

Signature of Doctor (Name)

Signature of Patient's Parent / Guardian /
Next-of-kin (Name)

Date:

Information & Consent for Anticancer Therapy

Gemcitabine

Drug Used:

Gemcitabine (also called : Gemzar)~

(Intravenous)

Treatment Course:

One cycle every 3 weeks

P1, P8

Possible side effects and management:

	Side effects	Interventions
1	Lowered body resistance (suppressed marrow function)	<ul style="list-style-type: none"> Observe for signs and symptoms of infection. Seek medical advice immediately if fever occurs. Maintain personal hygiene and nutritional status by a balanced diet. Avoid people who are sick or having a cold, and stay away from crowds and animals. Blood tests will be scheduled to monitor your marrow function.
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6	Hair loss	<ul style="list-style-type: none"> It is temporary. Hair will grow back once treatment is completed. You may cut your hair short before treatment starts or use wigs, caps, or scarves if you wish. Further information about wigs is available at our Cancer Patient Resource Centre.
7	Skin rash	<ul style="list-style-type: none"> Acne like rash may appear. Inform your doctor for assessment.
8	Infertility	<ul style="list-style-type: none"> Anticancer therapy may cause infertility. Discuss with the doctors or nurses if you are concerned about it.
9	Hepatitis	<ul style="list-style-type: none"> It is more common among patients who are hepatitis B carriers.

(To be continued)

8	Infertility	• Anticancer therapy may cause infertility. Discuss with the doctors or nurses if you are concerned about it.
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- 6.1 The drug cost would be adjusted according to the market price without prior notice.

Clinical
001344

Tel: 37582050 Fax: 31881456

GOHEL BHARAT

ND136517-2 Male 04/07/1955

I understand the above information, and consent to undergo treatment.

Signature of Patient (Name)

Signature of Doctor (Name)

Signature of Patient's Parent / Guardian /
Next-of-kin (Name)

Date: