



## PATIENT APPLICATION FORM

### PATIENT'S DETAILS



NAME:	<b>AJIZA KHATUN</b>
FATHER NAME:	<b>MD. FAIYAZ</b>
DATE OF BIRTH / AGE:	<b>15 Years</b>
SEX:	<b>FEMALE</b>
ADDRESS:	<b>Darbhanga, Bihar-847337</b>
DISEASE:	<b>Osteosarcoma (Bone Cancer)</b>
HOSPITAL DEPARTMENT TREATMENT	<b>AIIMS(New Delhi) ONCOLOGY Chemotherapy</b>

For CANCER CARE TRUST

  
Authorise • Signatory

Authorized Sign



Parent's Sign



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit Ortho-2  
विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 107818038

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Ajizakhatun		F	15	

निदान/Diagnosis

OAS @ distal fem

दिनांक/Date

2/12/24

उपचार/Treatment

Cl. OAS left distal fem

Completed

Biopsy done in Sefdarjung Hospital

Slide reviewed in MMS → Confirmed osteosarcoma

Completed 3 cycles of chemotherapy

last on 18/11/24

Dr.

+ X - @ distal fem & hip

- AP

lat

+ CBC, CRP, RFT, BUN, UOP

1 PFT, PFT, PFT, PFT, PFT, PFT, PFT, PFT

शरीरमाद्यं खलु धर्मसाधनम्



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

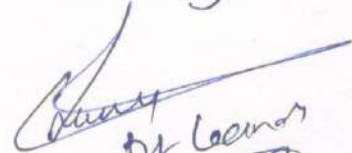
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



My Hospital  
meraapatal.nhp.gov.in

→ MKI @ whole team  
Σ Scale

→ MS done on  
Friday

  
Dr. Lemos

Cancer Care Trust



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
**Dr. B.R. Ambedkar Institute Rotary Cancer Hospital**  
 अ.मा.आ.सं अस्पताल/A.I.I.M.S. Hospital

OPR-6

बहिरंग रोगी विभाग / Out Patient Department

DR. B.R.A. IRCH, AIIMS, NEW DELHI / SMOKING PROHIBITED IN HOSPITAL PREMISES

ID: 107818038



IRCH No. \_\_\_\_\_

PH No. 329290

General

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पति/पुत्री / D of	लिंग / Sex	आयु / Age	जन्म तिथि / Date of Birth
ने AJIZA KHATUN - FAIYAZ	Sex/Age M/15Y			
Address DURBHANGA, BIHAR, Pin:0, INDIA	29-10-2024, 23			

निदान / Diagnosis

OGS

(RAH)

दिनांक / Date

उपचार / Treatment

21/11/24  
 Absent  
 12:00 PM

Ref to Dr. Saah Alam Khan /  
 Dr. Venkatesh  
 for S.  
 Now C#3  
 Cancer Saah

Cancer Care

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

A.I.I.M.S. Hospital

Out Patient Department

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 329290

Reg. Date-30/09/2024

Clinic Paediatric Medical Oncology Clinic

Clinic No. 2024/7830

Deptt. MEDICAL ONCOLOGY

General



ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 529290

नाम

UHID-107818038

पुत्री of

लिंग Sex

आयु Age

जन्म तिथि/Date of Birth

Name AJIZA KHATUN

S/O- FAIAZ

Sex/Age M/15Y

Room Board Room (Shift Morning)

Address DURBHANGA, BIHAR, Pin:0, INDIA

निदान/ Diagnosis

OHS

दिनांक/Date

उपचार/ Treatment

30/11/24

C#2

1. Inj. CISPLATIN in 10 NS + 200 cc Mannitol

d1 - 40mg

d2 - 40mg

d3 - 30mg

2. Inj. DOXORUBICIN in 10 NS

d1 - 25mg

d2 - 25mg

d3 - 25mg

3. Inj. MgSO4 1 Amp + 20mcg KCL in 10 DNS d1-3

4. Inj. Zofec 8mg IV ] d1-3

5. Inj. Doxona 8mg IV (2 बार) (खाना) पेठ (सही तक)

6. T. Zofec 8mg (3 बार) | d1-5

7. T. Becaman 4mg (3 बार) | d1-5



Date: 6/11/24 Time: 7:30 AM



Date: 7/11/24 Time: 7:30 AM



Date: 5/11/24 Time: 7:30 AM

(Daycare)

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O.AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs. service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/ Dharamshala facility is available for outstation patients

8. Cap. Aprevacap  $d_1 - 125 \text{ mg}$  (पहले दिन)  
 $d_2 - 80 \text{ mg}$  (दूसरे दिन)  
 $d_3 - 80 \text{ mg}$  (तीसरे दिन)

9. Trj. G-CSF 300 mcg s/c OD x 8 days  
 from d # 4. (कम्य-15)

*D1 4/11/24*  
*8/11*  
*D2 11/11/24*  
*13/11/24*  
*D6 14/11*  
*D7 16/11*  
*D8 18/11*

10. FV with CBC + LFT + RFT on 21/11/2024

*Sanjeev Bhatnagar*

*21/11/24*  
 C#3 - 25/11/24

- Apt. above cycle to  
 G-CSF (कम्य-15)  
 - Fv with CBC + LFT + RFT on  
 16/12/24

*Sanjeev Bhatnagar*

DAYCARE 12/3/INC1  
 MEDICAL ONCOLOGY  
 AIIMS  
 Date 25/11/24  
 Time 7:30 AM

DAYCARE 04  
 MEDICAL ONCOLOGY  
 AIIMS  
 Date 26/11/24  
 Time 7:30 AM

DAYCARE 04  
 MEDICAL ONCOLOGY  
 AIIMS  
 Date 27/11/24  
 Time 7:30 AM

wt-42.6kg



शरीरमादां खलु धर्मसाधनम्

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



Ro No 213 (Dec S.B / D.P)

UHID  
107818038

OPR-6

एकक / Unit \_\_\_\_\_  
विभाग / Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता / Address
Ajiza Khafun	Faiyaj	F	154	Ward-No-11-Chhawan Darbhanga Bihar.

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
Dear JR, Pl. do a work up <u>Scan</u> 29-9-24	<p>dx -&gt; Lt Knee Swelling, for 5 months</p> <p>No h/o Trauma / TB</p> <p>dx -&gt; G3 high grade Conventional osteosarcoma (Outsider)</p> <p>No h/o any other comorbidity</p> <p><u>Exam</u> (Lt Knee)</p> <p>Skin -&gt; Erythema (+)</p> <p>Temp -&gt; Raised</p> <p>Swelling -&gt; ill defined circumferential swelling.</p> <p>Tenderness (+) Non-adherent to skin</p> <p>Road at knee -&gt; Restricted &amp; Painful.</p>



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

मेरा अस्पताल

My Hospital  
meraaspatal.nhp.gov.in

1. Act Bring Prev. HPE slide and Submit in Room No. 1085

1st floor.  
old RAK Building

2. IRCH opinion

3. CBC/LFT/RFT/ESR/CRP/Calcitriol/Vit D3

4. PET - Scan

5. T. Ultracet BP x10d.

6. T. Calcium OD x30d.

7. Sachet D3 60K weekly for 4 weeks



*(Signature)*  
JR (Dr. Arora)

ATMS FREE GENERAL MEDICINE RECEIVED  
Dept. of Orthopaedics  
A.I.M.S., New Delhi-29

NAME: \_\_\_\_\_  
DATE: 23/9/24  
1mk3

30/9/24

Registration for  
Sd MOC - 162  
Rameerbalan  
Deepansu



( Dr. Tanima Dwivedi )( ritulabnci )

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW  
NATIONAL CANCER INSTITUTE

UHID:	107818038	Name:
Age :	15 years 1 month 25 days	Sex :
Reg Date :		Verification Time:
Ward Name:		Lab Ref No:
Unit Name :	Unit-I	Unit Incharge :
Department :	Medical Oncology	Sample Collection Date:
Lab Name:	NCI CORE LAB	Lab Sub Centre:
Report Generated Date:	18/11/2024 07:54 pm	Dept / IRCH No:
Recommended By:	Dr. Amlesh Seth	Sample Recieved Date:

**Sample Details : E181124695****Report**

Test Name	Result	Comment	Normal Range
Hemoglobin (Cyanide Free Colorimetric)	<b>9.200 g/dL</b>		• 13 - 17 g/dL 0Y - 100Y (M)
Hematocrit (Calculated)	<b>29.4152 %</b>		• 40 - 50 % 0Y - 100Y (M)
RBC Count (Isovolumetric Sphering)	<b>3.320 10<sup>16</sup>/μL</b>		• 4.5 - 5.5 10 <sup>6</sup> /μL 0Y - 100Y (M)
WBC Count (Flowcytometric)	5.550 10 <sup>13</sup> /μL		• 4 - 10 10 <sup>3</sup> /μL 0Y - 100Y (A)
Platelet Count (Optical Analysis)	177 10 <sup>3</sup> /μL		• 150 - 400 10 <sup>3</sup> /μL 0Y - 100Y (A)
MCV (Optical Analysis)	88.600 fL		• 83 - 101 fL 0Y - 100Y (A)
MCH ( Calculated)	27.7108 pg		• 27 - 32 pg 0Y - 100Y (A)
MCHC ( Calculated)	<b>31.2763 g/dL</b>		• 31.5 - 34.5 g/dL 0Y - 100Y (A)
RDW ( Calculated)	<b>20.500 %</b>		• 11.6 - 15 % 0Y - 100Y (A)
Neutrophils (Flocytometry)	77.000 %		• 40 - 80 % 0Y - 100Y (A)
Lymphocytes (Flocytometry)	<b>17.100 %</b>		• 20 - 40 % 0Y - 100Y (A)
Eosinophils (Flocytometry)	0.400 %		• 0 - 7 % 0Y - 100Y (A)
Monocytes (Flocytometry)	4.000 %		• 3 - 11 % 0Y - 100Y (A)
Basophils (Flocytometry)	0.300 %		• 0 - 2 % 0Y - 100Y (A)
Neutrophils - Abs (Flocytometry)	4.2735		• 2 - 7 10 <sup>3</sup> /μL 0Y - 100Y (A)
Lymphocytes - Abs (Flocytometry)	<b>0.94905</b>		• 1 - 3 10 <sup>3</sup> /μL 0Y - 100Y (A)
Eosinophils - Abs (Flocytometry)	0.0222		• 0.02 - 0.5 10 <sup>3</sup> /μL 0Y - 100Y (A)
Monocytes - Abs (Flocytometry)	0.222		• 0.2 - 1 10 <sup>3</sup> /μL 0Y - 100Y (A)
Basophils-Abs (Flocytometry)	0.01665		• 0 - 0.1 10 <sup>3</sup> /μL 0Y - 100Y (A)

**Overall Comment :****Authorised Signatory****Verified By**



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
NATIONAL CANCER INSTITUTE

UHID:	107818038	Name:	Mr AJIZA KHATUN
Age :	15 years 1 month 25 days	Sex :	Male
Reg Date :		Verification Time:	18/11/2024 08:51 pm
Ward Name:		Lab Ref No:	2201
Unit Name :	Unit-I	Unit Incharge :	
Department :	Medical Oncology	Sample Collection Date:	18/11/2024 01:48 pm
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Report Generated Date:	18/11/2024 08:51 pm	Dept / IRCH No:	329290
Recommended By:	Dr. Amlesh Seth	Sample Recieved Date:	18/11/2024 05:15 PM

**Sample Details : S181124693**

**Report**

Test Name	Result	Comment	Normal Range
Albumin ( BCG Dye Binding)	4.200 g/dL		• 3.2 - 4.8 g/dL 0Y - 100Y (A)
Gamma-Glutamyl Transferase	33		• < 73 U/L 0Y - 100Y (M)
Uric Acid ( Uricase/Paroxidase)	<b>3.500 mg/dL</b>		• 3.7 - 9.2 mg/dL 0Y - 100Y (M)
UREA (Urease with GLDH)	17.100 mg/dL		• < 50 mg/dL 0Y - 65Y (A)
CREATININE (Jaffe- Alkaline Picrate)	<b>0.390 mg/dL</b>		• 0.7 - 1.3 mg/dL 0Y - 100Y (M)
CALCIUM (Arsenazo III)	8.900 mg/dL		• 8.7 - 10.4 mg/dL 0Y - 100Y (A)
PHOSPHOROUS (Phosphomlybdate/UV)	<b>2.100 mg/dL</b>		• 2.4 - 5.1 mg/dL 0Y - 100Y (A)
SODIUM (NA ) ( ISE)	136 mmol/L		• 132 - 146 mmol/L 0Y - 100Y (A)
POTASSIUM (K ) ( ISE)	3.500 mmol/L		• 3.5 - 5.5 mmol/L 0Y - 100Y (A)
CHLORIDE(CL-) ( ISE)	<b>97 mmol/L</b>		• 99 - 109 mmol/L 0Y - 100Y (A)
TOTAL BILIRUBIN ( Vanadate Oxidation)	0.300 mg/dL		• 0.3 - 1.2 mg/dL 0Y - 100Y (A)
DIRECT BILIRUBIN ( Vanadate Oxidation)	0.120 mg/dL		• < 0.3 mg/dL 0Y - 100Y (A)
INDIRECT BILIRUBIN ( Calculated)	0.18 mg/dL		• < 0.9 mg/dL 0Y - 100Y (A)
SGPT/ALT (IFCC)	<b>60 U/L</b>		• 10 - 49 U/L 0Y - 100Y (A)
SGOT/AST (Modified IFCC)	25 U/L		• < 34 U/L 0Y - 100Y (A)
TOTAL PROTEIN (Biuret)	7.000 g/dL		• 5.7 - 8.2 g/dL 0Y - 100Y (A)
ALKALINE PHOSPHATASE	<b>133 I.U.</b>		• 46 - 116 U/L 0Y - 100Y (A)
GLOBULIN ( Calculated)	2.8 g/dL		• 2.5 - 3.4 g/dL 0Y - 100Y (A)
A/G Ratio ( Calculated)	1.5 ratio		• 1.2 - 2.2 ratio 0Y - 100Y (A)
Overall Comment :			

**Authorised Signatory**

**Verified By**

**ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT**

**NAME** : Ms. Ajiza Khatun  
**AGE / SEX** : 15 Yrs./ F

**DATE** : 30<sup>th</sup> Sept 24  
**REG. NO.** :

**Quality of Imaging** : Good / Fair / Poor.

MEASUREMENTS	ABSOLUTE VALUE		NORMALS (Adult)
			ABSOLUTE / m <sup>2</sup>
Aortic Root Diameter	26.5		20 - 37 mm < 22 mm / m <sup>2</sup>
Aortic Valve Opening	17.0		15 - 26 mm
Left Atrial Dimension	27.6		19 - 40 mm < 22 mm / m <sup>2</sup>
RV Dimension (basal)	N		20 - 28 mm
RV Thickness	N		03 - 05 mm
LV ED Dimension	42.5		37 - 56 mm < 32 mm / m <sup>2</sup>
LV ES Dimension	28.1		22 - 40 mm
IVS Thickness	ED- 07.2	ES - 10.5	06 - 11 mm
LVPW Thickness	ED- 07.2	ES - 10.5	06 - 11 mm
IVS / LVPW Ratio	N		< 1.25
Pulmonary Artery	N		15 - 21 mm
Inferior Vena Cava	N		12 - 17 mm
IVC inspiratory collapse	> 50 %		> 50 %

INDICES OF LV FUNC.		
EPSS	N	< 9 mm
FS %	33	24 - 42 %
LV Ejection fraction	62	60 ± 6 %

**M MODE / 2D IMAGING:**

1. LV normal in size. No concentric LVH. Good contractility. No thrombus.
2. LA normal in size. No LA clot.
3. RV & RA normal in size. RV contractility normal (TAPSE 15 – 20 mm).
4. Mitral valve leaflets and motion normal. No annular calcification.
5. Normal tricuspid & pulmonic valves.
6. Aortic valve tricuspid. Leaflets normal with normal opening.
7. IAS accessible by TTE & IVS appear intact. No PDA.
8. Pericardium normal.

2

**NAME** : Ms. Ajiza Khatun  
**AGE / SEX** : 15 Yrs./ F

**DATE** : 30<sup>th</sup> Sept 24  
**REG. NO.** :

**RWMA** - No LV RWMA at rest.

**DOPPLER:**

MV	E	0.65	m / sec	A	0.51	m / sec	MR	0/4
TV		0.50	m / sec				TR	1/4
AV		1.16	m / sec				AR	0/4
PV		0.69	m / sec				PR	0/4

**PA pressure** : Normal.

**COLOUR FLOW MAPPING:**

Trace TR.

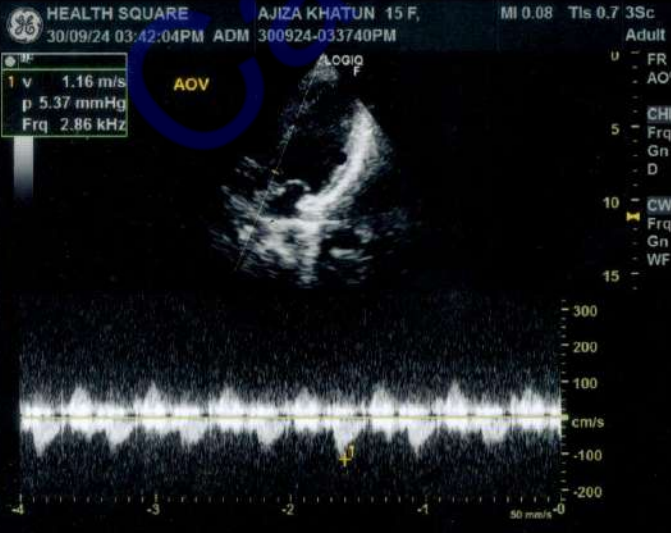
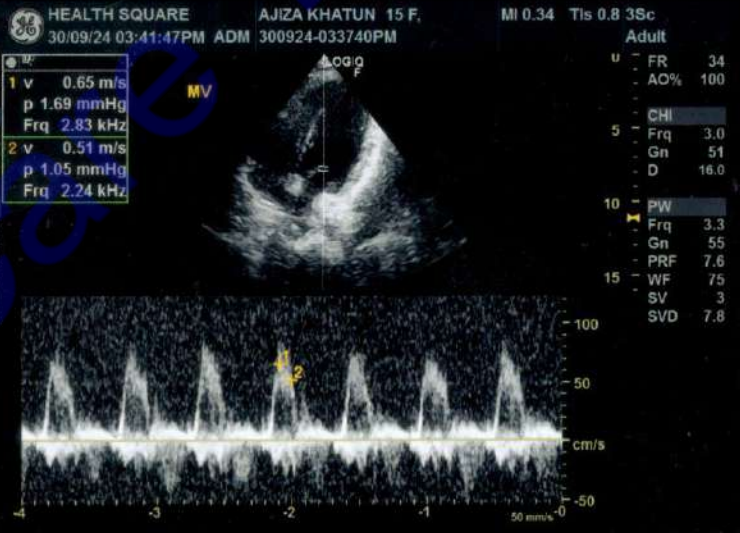
**FINAL IMPRESSION:**

- Normal cardiac chambers and valves.
- No LV RWMA at rest.
- Normal LV systolic function.
- Normal forward flow velocities across the valves. Trace TR.
- Normal pericardium.

**DR. NEERAJ MALIK MD**  
SR. CONSULTANT

*This is only professional opinion and not the final diagnosis. It should be clinically interpreted by the referring clinician.*

# AS HEALTH SQUARE





Permanent ID :	P10176667		
<b>Registration No.:</b>	<b>102411539</b>	Mobile No.	9899661060
Patient Name:	Ms. AJIZA KHATUN	Registration Dt./Tm.:	24/09/2024 10:56:11
Age/Sex:	15 Yrs Female	Report Dt./Tm.:	25/09/2024 13:52:06
ID Card No.:		Validation Dt./Tm.:	25/09/2024 13:52:06
Referred By:	Dr. AIIMS	Printed Dt./Tm.:	26/09/2024 14:49:26
Referring Hosp.:	AIIMS Hospital		

### WHOLE BODY FDG PET-CT SCAN

#### PROTOCOL:

WHOLE BODY PET-CT scan (base of skull to mid-thigh) was done after I.V. injection of ~ 7.5 mCi of <sup>18</sup>F-FDG, using a whole body full-ring dedicated DISCOVERY 600 PET-CT SCANNER WITH 16 SLICE CT. CT based attenuation correction was done. Images were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. No immediate contrast allergic reaction was noted. Serum glucose at the time of injection was 90 mg/dl. SUV values are in lean body mass.

**Clinical history:** - Patient is a case of osteosarcoma left distal femur . PET-CT scan is being done for further evaluation.

#### FINDINGS:

##### Brain:-

- The overall biodistribution of FDG is within normal physiological limits.
- The visualized portions of the brain are normal in appearance on CT. No evidence of abnormal hypo or hypermetabolism noted in the visualized brain parenchyma. The ventricular system appears normal.

(NOTE: If there is a strong suspicion for brain metastases, then MRI is suggested for further evaluation as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

##### Neck:-

- The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.
- Salivary glands are unremarkable with no abnormal FDG uptake
- No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or laryngopharynx/hypopharynx.
- *Low grade FDG avid subcentimetric sized bilateral level II cervical lymph nodes – likely reactive/ Benign/ inflammatory.*
- **Low grade FDG avid subcentimetric sized left supraclavicular region, largest measuring 10mm (SUVmax~1.0).**

##### Thorax:-

- Low grade FDG avid subcentimetric sized bilateral axillary lymph nodes showing preserved fatty hilum – reactive.

Contd...2

"HEALTHCARE BEYOND IMAGINATION"

**Diagnostic Facilities:**

H-10, Green Park Extension, New Delhi -16

Website: [www.panaceamedicalinstitute.com](http://www.panaceamedicalinstitute.com)


Email: [info@panaceamedicalinstitute.com](mailto:info@panaceamedicalinstitute.com)

Helpline Numbers For Laboratory Medicine Report / Sample Collection queries : +91 11 42199991, +91 11 42199992

Helpline Numbers for Appointments / Queries

+91 11 4219 9991 • +91 11 4219 9992



Permanent ID :	P10176667		
<b>Registration No.:</b>	<b>102411539</b>	Mobile No.	9899661060
Patient Name:	Ms. AJIZA KHATUN	Registration Dt./Tm.:	24/09/2024 10:56:11
Age/Sex:	15 Yrs Female	Report Dt./Tm.:	25/09/2024 13:52:06
ID Card No.:		Validation Dt./Tm.:	25/09/2024 13:52:06
Referred By:	Dr. AIIMS	Printed Dt./Tm.:	26/09/2024 14:49:26
Referring Hosp.:	AIIMS Hospital		

- The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal and showing no abnormal FDG uptake.
- Bilateral breast/ axillae appear unremarkable showing no abnormal FDG uptake.
- There is no significant mediastinal/ hilar lymphadenopathy and showing no abnormal FDG uptake.
- Bilateral lung fields are clear with no focal pulmonary parenchymal lesion and showing no abnormal FDG uptake.
- There is no evidence of pleural effusion noted.

#### Abdomen:-

- The liver is normal in size, shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the liver parenchyma.
- The gall bladder is well distended with no evidence of an intraluminal radio-opaque calculus noted (USG is the modality of choice to evaluate for cholelithiasis / choledocholithiasis).
- The spleen is normal in size and demonstrates physiological FDG uptake.
- The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.
- Both adrenal glands demonstrate near normal size, homogeneous enhancement on CT and no abnormal FDG uptake.
- Bilateral kidneys appear normal in size, shape and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted.
- The stomach, small bowel and large bowel loops appear normal in calibre and fold pattern. No focal lesion / abnormal FDG uptake is seen in relation to them.
- **Low grade FDG avid and non avid bilateral lymph nodes, largest measuring 8.6mm (SUVmax~3.0) - ? reactive.**
- No free peritoneal fluid is seen.

#### Pelvis:-

- Urinary bladder is well distended. No abnormal FDG uptake/wall thickening noted in the urinary bladder.
- **Non FDG avid cystic lesion seen in left ovary measuring 25 x 17mm.**

#### Musculoskeletal:

- **FDG avid lytic / destruction changes with lobulated soft tissue component seen in left distal femur measuring 111 x 121 x 101mm (SUVmax~10.5).**
- No abnormal FDG avid lytic/ sclerotic lesions in the whole body bone surveyed.

Contd...3

"HEALTHCARE BEYOND IMAGINATION"

#### Diagnostic Facilities:

H-10, Green Park Extension, New Delhi -16

Website: [www.panaceamedicalinstitute.com](http://www.panaceamedicalinstitute.com)

Email: [info@panaceamedicalinstitute.com](mailto:info@panaceamedicalinstitute.com)

Helpline Numbers For Laboratory Medicine Report / Sample Collection queries : +91 11 42199991, +91 11 42199992

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+91 11 4219 9991 • +91 11 4219 9992




# PANACEA INSTITUTE OF RADIOLOGY AND MEDICAL SERVICES (P) LTD.

• NUCLEAR MEDICINE • DIAGNOSTIC RADIOLOGY • NON-INVASIVE CARDIOLOGY • NEURO-ELECTROPHYSIOLOGY • PREVENTIVE HEALTH CARE • LABORATORY MEDICINE



PET-CT SUITE / MRI 3T / CARDIAC CT / 4D ULTRASOUND / COLOR DOPPLER / ECHO / TMT / DIGITAL X-RAY / MAMMOGRAPHY / BMD / EEG / EMG / NCY / VEP / ECG / LABORATORY MEDICINE

Permanent ID :	P10176667	
<b>Registration No.:</b>	<b>102411539</b>	Mobile No. 9899661060
Patient Name:	Ms. AJIZA KHATUN	Registration Dt./Tm.: 24/09/2024 10:56:11
Age/Sex:	15 Yrs Female	Report Dt./Tm.: 25/09/2024 13:52:06
ID Card No.:		Validation Dt./Tm.: 25/09/2024 13:52:06
Referred By:	Dr. AIIMS	Printed Dt./Tm.: 26/09/2024 14:49:26
Referring Hosp.:	AIIMS Hospital	

### IMPRESSION:

#### PET-CT SCAN REVEALS:

- Metabolically active lytic / destruction changes with lobulated soft tissue component seen in left distal femur –likely mitotic.
- Metabolically inactive subcentimetric sized left supraclavicular region .
- Mild metabolically active and inactive bilateral lymph nodes - ? reactive.
- No other abnormal FDG avid lesion seen in rest of the body region surveyed.

**Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.**

Please correlate clinically / biochemical reports / Histopathology.

(Disclaimer): The science of diagnostic imaging is based on the interpretation of various shadows produced by both the normal and abnormal tissues and is neither complete nor accurate. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/ other discrepancy, please contact. Hard copy is attached for review). FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective etiology. Few of the malignant tumors like HCC, mucinous & signet cell can be low grade / metabolically inactive. For interpretation by Registered Medical Practitioner only. Not for medico legal cases.

Cancer Care Trust

**Dr. Umar Mohd Siddiqui**  
M.B.B.S, D.R.M, FICMR  
Consultant Nuclear Medicine  
DMC Reg. No.: 17077

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