



The miracle foundation



Dr. B. R. AMBEDKAR INSTITUTE CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

IRCH No - 30187	Ward-D/C - 3	
Patient Name - Sanjiv Bhak		
Admission for	DOA	DOD
CHEMOTHERAPY	27/06/2024	27/06/2024

PATIENT TOLERATED CHEMOTHERAPY WELL


3 inj Paclitaxel 420mg

3 inj Trastuzumab 390mg

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Advice

Re-appointment on


Dr. NAVIN BHATT
Senior Resident
Department of Medical Oncology
Dr. B.R. Ambedkar Institute of Medical Sciences, IRCH
All India Institute of Medical Sciences, New Delhi-110029
Dr. Bhatt, M.D. (AIIMS), MCh, FRCR, FRCR
Department of Medical Oncology

DAYCARE ^{M7} ~~12~~ ~~12~~ ~~12~~
 MEDICAL ONCOLOGY
 AIIMS

Time: 7:30 AM

DAYCARE ^{M8} ~~12~~ ~~12~~ ~~12~~
 MEDICAL ONCOLOGY
 AIIMS

Date: _____
 Time: 7:30 AM

DAYCARE ^{M9} ~~12~~ ~~12~~ ~~12~~
 MEDICAL ONCOLOGY
 AIIMS

Date: _____
 Time: 7:30 AM

2514 ∴ { Same treatment to be given as written above }

{ CBC
 U27
 RFT } - each # (3 weeks) ✓

M6 :- 2514
 M7 :- 1415
 M8 :- 6/6
 M9 :- 27/6
 M10 :- 18/7/4

- Pertuzumab = 420
 Trastuzumab = 390

• 2D Echo :: Every 3 m. ✓

- T. Capecitabine
 2 tabs (m) d1-14
 2 tabs (e) x 3 wks.

• PET-CT Scan: Oct 2024

2D Echo 2514: (W)

14/15 (CBC
 LFT
 RFT)

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2D Echo

9:30 P



डॉ. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं
 बहिरंग रं
 अस्पताल के अन्दर घुसपान

OPR-6

एकक/Unit Yr. 1st Reg. 1st
 विभाग/Dept. Medicine

IRCH No. 301821
 Clinic NHL/MM/CLL Clinic
 Dept. MEDICAL ONCOLOGY
 General

Reg. Date-01/02/2025
 Clinic No. 2024/2951



नाम/Name

नाम
 Name SAROJ BIHATT
 W/O- PRAMOD CHANDRA BIHATT

UHID-10692547

Year of Birth

Sex/Age F/42y

Room 4 (Shift Afternoon)

Address RZ 89 B MOHAN BLOCK WEST SAGARPUR GALI NO 6 and 7,
 DELHI, Pin 110046, INDIA
 Paid Online

B15

निदान/Diagnosis

MBC ER-1k-Her2+ P/6PTH-PA

दिनांक/Date

① Maintenance उपचार/Treatment
 Pertu + trastu Patient - Palliative

→ १. Tril 24 sup

१. Hydrocort 100mg sup

↓

→ १. pertuzumab 420mg sup

= १. trastuzumab 390mg sup infusion

- Tab Capecitabine (500mg) ~~2 tabs~~ → 1 tab 2 tabs
 every 2 tabs → 1 tab on 7d off

- Hapooz Cream C/A 30 / 1% Volingel

- Cap ammodium 2mg sup

Every month 3 fern.

- १. Zoledronate 4mg / 100ml NS / 30min - (Chlodhuk)

- T. shebal 500mg on / vit D 60000 U once monthly

30 for (M5 - Ms Chell - 2 Delhi
 M6 -)

PE: C.I.: 12th Nov.

• Same dx
 4 cycles to
 begin
 as written
 for 6th

• १. 3m: 2D Eho

• १. 3m: CBR
 LA
 R.I.

Dr. Nilans
 27/11/24

Next date

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

16.5, 6.C, 27.C

Flu
 (18/11/24): 2D Eho

2 CBU LEFT / AFT

DR. RAJIV MOHAN
 Director, Institute
 Dept. of Medical Oncology
 Dr. B.R.A.I.R.C.H.
 AIIMS, New Delhi-110029

23-38947



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

23, 24 & 25, 27 B MIDIAN BLOCK, WEST SAGARPUR GATE NO 6 and 7,
DELHI, Pin 110046, INDIA

OSPITAL
tment
SPITAL PREMISES

OPR-6

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

DR. B.R.A. IRCI(AHMS), NEW DELHI

IRCI No. 301821

Reg. Date - 09/08/2024

Clinic PAC & Palliative Care Clinic

Clinic No. 70813/2024

Dept. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE(OAPM)
General

O.P.D. Regn. No. _____

जन्म तिथि/Date of Birth _____



UHID-106925475

नाम
Name SAROJ BHATT
W/O- PRAMOD CHANDRA BHATT

निदान/Diagnosis :

दिनांक/Date

उपचार/Treatment

Bob

Metastatic Breast Cancer

ER+, PR+, HER2 NEGATIVE
Action core

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ESS

Peritumour → mantle
840 → 420

Trastuzumab → mnt
520 → 520

% Docetaxel = 75mg → 120

① Block Review

② Treatment - PTH

③ 2D Echo

④ FO | 10th Aug
9:30
RN:314

11th Aug
9:30
RN:1

Am Gy

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

Patient Name : SAROJ BHATT
Age / Sex : 42 Y / F
Referred By : Dr. RAJESH JAIN
Patient ID : URJG.0000060215
Centre : RAJOURI GARDEN

Lab No. : RJG2308117925
Registration On : 01-08-2024
Collection Date :
Received Date :
Approved Date : 02/Aug/2024 03:47PM

appendicular skeleton.

IMPRESSION: PET-CT SCAN REVEALS:

- Metabolically active soft tissue lesion seen in the lower half of the right breast, as described above – Carcinoma of right breast.
- Metabolically active right infraclavicular, mediastinal & bilateral hilar lymph nodes, bilateral pulmonary nodules and sternal bone lesion – Metastatic disease.
- Mildly metabolically active subcentimetric sized right axillary lymph nodes seen, few showing fatty hilum – Likely metastatic.
- No any other abnormal metabolic activity noted elsewhere in the region of body survey.

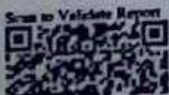
Kindly correlate clinically.

(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 within seven days. Hard copy is attached for review. FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective aetiology like tuberculosis. Few of the malignant tumors like HCC, RCC, well differentiated NET, mucinous & signet cell variety can be low grade & metabolically inactive. For interpretation by Registered Medical Practitioner only. Not for medico legal cases.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

Dr. Shuvro Ghosal
Consultant – Nuclear Medicine
M.B.B.S., M.D., D.R.M. (Nuclear Medicine)
DMC Reg. No.: 8607





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Patient Name : SAROJ BHATT
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Left axilla appear unremarkable.

The trachea and both main bronchi appear normal.

FDG avid pleural based subpleural & pulmonary nodules in both the lungs (right lung lower lobe ~ 1.1 x 0.9 cm, SUV max- 2.5). ✓

Bilateral pulmonary parenchyma otherwise appears unremarkable.

There is no evidence of pleural effusion on either side.

FDG avid pretracheal, prevascular (~ 1.9 x 0.7 cm, SUV max- 5.4), subcarinal, bilateral hilar lymph nodes are seen.

Abdomen & Pelvis:

The liver is normal in size, shape and attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the hepatic parenchyma.

The gall bladder is partially distended with no evidence of intraluminal radio-opaque calculi, abnormal wall thickening or abnormal FDG uptake. (USG is the modality of choice for calculi detection).

The spleen is normal in size, shape and shows no abnormal FDG uptake.

The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.

Both adrenal glands demonstrate near normal size, attenuation pattern and no abnormal FDG uptake.

Bilateral kidneys appear normal in size, shape and show physiological cortical FDG uptake. No evidence of hydronephrosis is noted.

The stomach, small bowel and large bowel loops appear normal in calibre and fold pattern with no evidence of abnormal FDG uptake.

There is no evidence of significant abdomino-pelvic lymphadenopathy with abnormal FDG uptake.

No free peritoneal fluid is seen.

Urinary bladder is partially distended with no obvious FDG avid intraluminal pathology.

The uterus is bulky in size measures ~ 5.6 x 5.1 cm.

Bilateral adnexae are unremarkable with no abnormal FDG uptake.

Musculo-skeletal System:

FDG avid (SUV max- 5.1) lytic lesion of the sternum is seen.

No other obvious focal lytic / sclerotic lesion with abnormal FDG uptake is seen in the visualized axial and



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F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH CECT SCAN

F18 – FDG Positron Emission Scan with a diagnostic high resolution CT scan was performed from the vertex to mid-thigh using the GE Discovery dedicated PET scanner with Multidetector Computerised Tomography (MDCT). Oral contrast was administered for bowel opacification. Non-ionic intravenous contrast injection was administered. Specific dose optimization protocols were used on CT to reduce radiation dose to the patient. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient body weight. The blood sugar at the time of tracer injection was 110 mg/dl.

Clinical History: Patient is referred as a case of carcinoma of right breast. Right breast lump FNAC (31.07.2024) – Ductal carcinoma. PET-CT scan is being done for baseline evaluation.

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

Brain:

No focal abnormally increased FDG concentration seen in bilateral cerebral or cerebellar hemispheres.

Note: If there is strong suspicion for brain metastasis then MRI is suggested for further evaluation as smaller lesion may not be detected on FDG PET CT.

Head & Neck:

Metallic streak artifacts are seen in dental implant region bilaterally, causing obscuration of loco-regional anatomy.

No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx, hypopharynx or larynx.

The thyroid gland is sharply demarcated and shows normal attenuation pattern. No abnormal FDG uptake is seen in the thyroid.

FDG avid right infraclavicular lymph node is seen (~ 0.8 cm, SUV max- 3.4).

Thorax:

FDG avid soft tissue lesion is seen in the lower half of the right breast with perilesional strandings (~ 2.4 x 2.1 cm, SUV max- 6.3). The lesion is abutting the overlying skin and free from underlying pectoralis muscle.

Mildly FDG avid subcentimetric sized right axillary lymph nodes are seen, few showing fatty hilum (largest ~ 0.6 cm, SUV max- 1.0).

Left breast appear unremarkable and shows no abnormal FDG uptake.



Scan to Validate Report



सत्यमेव जयते

भारत सरकार

Government of India



आधार

Issue Date: 19/10/2011



सरोज भट्ट

Saroj Bhatt

जन्म तिथि / DOB : 24/04/1981

महिला / Female



7335 5626 1041

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



7335 5626 1041

मेरा आधार, मेरी पहचान



DR. VERMA'S DIAGNOSTIC CLINIC

DR. RAJAN VERMA
DNB (PATH.), MNAMS
DMC Reg. No. : 21374

FOUNDER : DR. R. N. VERMA
(ONCOPATHOLOGIST)
MD (PATH.), DCP, MNAMS, FIC Path.

DR. ANJALIE VERMA
DNB (RADIOLOGIST)
DMC Reg. No. : 21373

C2B/93A, JANAK PURI, NEW DELHI-110058
TEL. : 46025197, 45025197,
E-mail : drvermalabs@gmail.com
Web. : www.drvermalabs.com

Lab Serial No. : 012307000674	Age/Sex : 42 YRS / F
Patient Name : Ms. SAROJ BHAT	Reg. Date : 31-Jul-2024 11:50 AM
Referred By : S R GANAPATHY	Report Date : 31-Jul-2024 01:08PM
IPD No. :	Ward No. :
Sample Date : 31-Jul-2024 11:50 AM	Status : Approved
Barcode : 250817	

CYTOLOGY

F.N.A.C. ((Light Microscopy with Interpretation))

FN/8651/24

SITE :A.RIGHT BREAST LUMP. B.RIGHT AXILLA

GROSS EXAMINATION :

Aspirate adequate and blood mixed from A&B

MICROSCOPIC EXAMINATION:

A:Shows cellular yield material comprising of few loose clumps and sheets of malignant ductal cells with marked degree of pleomorphism. Background shows RBCs.

B.Smears shows fibrofatty stroma with few clusters of benign ductal cells.No lymphoid tissue seen.No malignant cells seen.

OPINION:

A.DUCTAL CARCINOMA -BREAST.

B.BENIGN BREAST ASPIRATE -AXILLA.

*** End Of Report ***

Dr. Rajan Verma
DNB(Path.)
DMC No. 21374