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डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ.भा.आ. सं. नए दिल्ली
वहिरंग
अस्पताल के अन्दर

OPR-6

एकक/Unit Dr SR
विभाग/Dept. onc
नाम/Name

DR. B.R.A. IRCIARMS, NEW DELHI
IRCH No. 257289
Clinic: Radiotherapy Evaluation
Dept: RADIATION ONCOLOGY
Gender:
Reg. Date: 12/11/2021
Clinic No.: 115693/2021
UHID: 105450724
Date of Birth
Name: उर्वशी पंत
Name: URVASHI PANT
D/O: BHUWAN CHANDRA PANT
Phone No.: 8171430899
Sex/Age: F/27Y
Room: 6 (Shift Morning)
Address: DEVI NIWAS, LAI BAZAR, ALMORA, UTTARAKHAND,
Pin: 263601, INDIA

निदान/Diagnosis

m MPNST (NF related) 3rd line IE

दिनांक/Date

3/10/23

उपचार/Treatment

C# 1 757 docc

Cycle... metastatic / non metastatic

Inj Emeset 8mg iv O.D D1 and D2

Inj Dexamethasone 8 mg iv O.D. D1 and D...2

(केमो से 30 मिनट पहले + 3 दिन लगातार) C Aprecap 125mg, 80mg, 80mg D1, 2 and 3 - half hour before chemotherapy

Inj Ifosfamide 2 gm in 1 unit NS iv over 1 hour D1 to D...5

(बाहर से साथ लाना) Inj mesna 600 mg IV 0, 4, 8 hours D1 to D...5

2mg Etoposide 110 up / 10 D5/2hr

Post Chemotherapy (केमो के बाद)

Tablet Emeset 8mg B.D. X 3 days (दिन में दो बार-3 दिन)

Tab Dexamethasone 8 mg OD X 3 days (दिन में एक बार-3 दिन)

(इंजेक्शन) Inj GCSF 300 ug (समझे पर) subcutaneous daily starting from D...7 for 6 days

(ओपीडी में आइए, सीबीसी चिकित्सा रिपोर्ट अपने साथ लाना)

To come in OPD on 19/10/23 with CBC and ESR/UR

(आपातकालीन संपर्क) Emergency contact number 9868398310

(केमो के बाद कुछ सामान्य दुष्प्रभाव-बुखार, उल्टी, मुँह के छाले, बकान, पेट चला, कब्ज, कम रक्त गणना-कृपया आपातकाल संख्या से संपर्क करें।)

Aush

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



Accession No.	16232684	Registration Date	25/09/2023 09:21:52
Patient ID	P16100001906	Sex+Age	Female 28 Yrs
Patient Name	Ms. URVASHI PANT	Report Released on	25/09/2023 15:56:09
Client Name		Analyst/ Passport No	
Ref. By	AIIMS NEW DELHI		

18F - FDG WB PET CT

Clinical History: Known case of NF1 with MPNST, post-surgery and post chemoradiotherapy (2021-2022). Now on targeted therapy. Previous PET/CT scan dated 18.04.2023 is available for comparison. PET/CT study for disease status evaluation.

Procedure: 6.0 mCi of ¹⁸F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight. Serum Creatinine and blood glucose was 0.82 mg/dL and 95 mg/dL, respectively. CT scanning was performed using non-ionic intravenous and oral contrast. No adverse reaction was observed during the scan.

Observations:

Brain: -

Tiny calcific foci in right posterior parietal lobe-Likely calcified granuloma.

Normal physiological radiotracer distribution noted in rest of the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

(NOTE: If there is a strong suspicion for brain metastases / lesion, 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.)

Head and Neck: -

Non FDG avid mucosal thickening is seen in left maxillary sinus-Likely sinusitis.

Asymmetrical FDG uptake is seen involving bilateral tonsillar fossa region (R>L)- Likely infective / inflammatory.

Mildly FDG avid subcentimeter sized bilateral level II cervical lymph nodes noted - likely infective / inflammatory.

Mildly FDG avid (SUVmax: 1.42) subcutaneous nodular lesion measuring-13 x 6 mm) with specks of calcification noted in left posterior parietal region of scalp (Previously - 15 x 12 mm, SUV max: 3.03)- Mild reduction in size and uptake.

Nasopharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.



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अ.भा.आ.क.
बहिरंग

अस्पताल के अन्दर

OPR-6

रोगी/रोगिनी B. S. C.
दिनांक/दिनांक 19/10/23
नाम/Name

DR. B.R.A. DCI, ALMORA, NEW DELHI
Reg. Date: 12/11/2021
Clinic No.: 1150843021
UHID: 105450324
Date of Birth
Sex/Age: F/57Y
Room: 5 (Shift: Morning)
Name: I RVASHI PANT
DAS-BHUVAN CHANDRA PANT
Phone No.: 8171458099
Address: DEVENYAS, 1st BAZAR, ALMORA, UTTARAKHAND.
PIN: 263001, INDIA

विदान/ Diagnosis Mx MPNST (NF2 Related) 3rd line IE

दिनांक/Date	उपचार/Treatment
<u>2/10/23</u>	<p>Cycle... metastatic/ non metastatic</p> <p>Inj Emeset 8mg iv O.D. D1 and D2 Inj Dexamethasone 8 mg iv O.D. D1 and D2 (केमो से 30 मिनट पहले + 3 दिन लगाकर) C Aprecap 125mg, 80mg, 80mg D1, 2 and 3 - half hour before chemotherapy</p> <p>Inj Ifosfamide <u>2</u> gm in 1 unit NS iv over 1 hour D1 to D <u>5</u> (बाहर से साथ लाना) Inj mesna <u>600</u> mg IV 0, 4, 8 hours D1 to D <u>5</u> <u>2mg Atropine 110 up 10 05/2hr</u></p> <p>Post Chemotherapy (केमो के बाद) Tablet Emeset 8mg B.D. X 3 days (दिन में दो बार-3 दिन) Tab Dexamethasone 8 mg OD X 3 days (दिन में एक बार-3 दिन) (इन्जेक्शन) Inj GCSF 300 ug (बगटे बर) subcutaneous daily starting from D <u>7</u> for 6 days (प्रोटीन में जाइए, सीबीसी रिपोर्ट अपने साथ लाना) To come in OPD on <u>19/10/23</u> with CBC and <u>EA/LFT</u></p> <p>(आपातकालीन संपर्क) Emergency contact number 9868398310 (केमो के बाद कुछ सामान्य दुष्प्रभाव- बुखार, उल्टी, मुँह के छाले, थकान, पेट बल्ला, कमजोर, कम रक्त गणना- दुष्प्रभाव आघातकाल लाना से संपर्क करें।)</p>

MPN
Change your date
2/10/23
OR

A. S. C.



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

अ. मा. आ.
बहिरंग
अस्पताल के अन्दर

OPR-8

रजि. सं./Unit DR. SR
विभाग/Dept. MR
नाम/Name

DR. B.R.A. INCLADMC/NEW DELHI
IRCH No. 257289 Reg. Date: 12/11/2003
Chief Radiotherapy Evaluation C-Base No. 1198890022
Dept. RADIATION ONCOLOGY General
Barcode
I-BID-105410724 1/Date of Birth
Name: URVASHI PANT
DOB: 1981/WAN CHANDRA PANT Sex/Age: F/37Y
Phone No. 8171430891 Room: 11 (Shift Morning)
Address: DEVINARAY LAL BAZAR, ALMORA, UTTARAKHAND
PIN: 249001, INDIA

Urvashi Pant

रिपोर्ट/Diagnosis

K/L/L0 in NF T MFNST

दिनांक/Date

उपचार/Treatment

5/10/23

96T CD 213u112

Stop + follow up - 4/10/23

S
01/10



Accession No. : 16232684	Registration Date : 25/09/2023 09:21:52
Patient ID : P16100001906	Sex / Age : Female 28 Yrs
Patient Name : Ms. URVASHI PANT	Report Released on : 25/09/2023 15:56:09
Client Name :	Aadhar/ Passport No :
Ref. By : AIIMS NEW DELHI	

- Minimal loculated effusion noted adjacent to the lesion.

FDG avid (SUVmax: 4.74) peritoneal thickening measuring- 14 x 7 mm noted adjacent to the anterior chest wall between the 7th and 8th intercostal space adjacent to the left 7th costochondral junction- New finding.

No significant FDG avid abdominal lymphadenopathy noted.

Diffuse FDG uptake noted along the small bowel loops- Likely physiological. The stomach and rest of the bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution.

Uterus and bilateral adnexae appear unremarkable (USG is the modality of choice for pelvic organs evaluation).

Musculoskeletal: -

Mildly FDG avid (SUVmax: 2.02) heterogeneously enhancing lobulated soft tissue density lesion (measuring - 6.3 x 5.6 cm in the largest dimension) with irregular border and adjacent fat stranding noted involving the paravertebral muscles of the dorsal and lumbar vertebrae from D4- L5 vertebral levels predominantly at the lumbar vertebral levels (Previously - 6.5 x 5.3 cm, SUV max: 2.61)- No significant interval change.

- Superiorly the lesion is extending into the intercostal muscle and latissimus dorsi muscle.
- Inferiorly the lesion is reaching upto the sacrum.
- On the left side, the lesion is reaching upto the subcutaneous plane with adjacent fat stranding.

Diffuse osteopenia noted.

Thoracolumbar scoliosis noted.

No abnormal FDG uptake noted in rest of the axial and visualized appendicular skeleton.

OPINION:

PET-CT study reveals: -

- Mildly metabolically active subcutaneous nodular lesion in left posterior parietal region of scalp- Residual disease.
- Mildly metabolically active subcutaneous nodular lesion in midline of the posterior chest wall- Residual disease.
- Metabolically active heterogeneously enhancing pleural based soft tissue lesion in left lung

MOLECULAR

MAGING & THERAPY

A unit of Vitano Healthcare LLP



Accession No. : 16232684
Patient ID : P16100001906
Patient Name : Ms. LIRVASHI PANT
Client Name :
Ref. By : AIIMS NEW DELHI

Registration Date : 25/09/2023 09:21:52
Sex / Age : Female 28 Yrs
Report Released on : 25/09/2023 15:56:09
Aadhar / Passport No :

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

No significant FDG avid supraclavicular lymphadenopathy.

Thorax:-

Bilateral breasts appear unremarkable. Few mildly FDG avid subcentimeter sized bilateral axillary lymph nodes, most with preserved fatty hilum are seen - likely infective / inflammatory.

Fibrotic changes in bilateral lung apex. Pleural based fibronodule noted in left lung lower lobe. Rest of the lung fields appear unremarkable.

Mildly FDG avid (SUVmax:1.45) subcutaneous nodular lesion measuring ~ 2.8 x 1.3 cm noted in midline of the posterior chest wall with coarse calcifications within (previously ~ 3.0 x 1.2 cm, SUV max: 2.32). No significant interval change.

FDG avid (SUVmax: 2.47) heterogeneously enhancing pleural based soft tissue lesion measuring ~ 5.0 x 1.6 cm noted in left lung lower lobe. (Previously ~ 4.8 x 1.7 cm, SUV max: 2.89)-No significant interval change.

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear normal.

No obvious pleural thickening / effusion seen.

No significant FDG avid mediastinal lymph nodes.

Abdomen and Pelvis:-

Tiny non FDG avid few hypodense lesions noted in segment V of the liver- Likely benign cyst. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins appear unremarkable.

Gallbladder, pancreas, spleen, adrenals glands and bilateral kidneys appear unremarkable. (USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis)

FDG avid (SUVmax: 5.77) soft tissue density lesion measuring ~ 3.9 x 2.5 cm noted in the retrosplenic and splenic hilar region closely abutting the tail of the pancreas (previously ~ 2.9 x 1.8 cm, SUV max: 6.8)- Increase in extent of the disease.

- The lesion is closely abutting the renal fascia of the left kidney.

Page No: 2 of 4

Ghazipur G.I.B.
Plot No. 14 & 15, Block P, Sector 28
Sangay Nagar, Ghazipur U.T.
Phone : 011-4744655



Prasthna Vihar, Dwarca, New Delhi.
Plot No. 22 Poochani Vihar Extn
Opposite Metro Pillar No. 37a
Phone : 011-49041255



Green Park Extn, South Delhi
H-2, Basement & Ground Floor
Ch. Nuhum Choudhary Marg, New Delhi, 110016
Phone : 011-41071538

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DUAL IMAGING
C: 754 272 5861, 754 292 5882

DUAL PATHLAB
C: 754 264 1150, 901 909 7574

14/01/2023

NF - MPHST

PET-DIAG - New pleural deposit (F) - PD
(13/01/23)

Adv :- to start T. PAZOPANIB - 400mg x OD

- Cap. Imodium 2 mg x SOS (loose stools)

- B.P monitoring once weekly

- To FU on 20/04/2023 = WB PET-CT
+ CBC/LFT/INR

20/4/2023

PET-CT :- S/O - Partial Response
(18/4/23)

Adv :- Continue T. Pazopanib - 400mg x OD

- FU on 05/10/2023 = WB - PET-CT

5/8/23 - Metformin - 150

- Mo 31/8/23 = WB PET CT, CBC/LFT/INR

- Continue T. Pazopanib 400mg OD



भारत सरकार

Government of India



उर्वशी पन्त
Urvashi Pant

जन्म तिथि/DOB: 02/06/1995

महिला/ FEMALE

473 [REDACTED] 967



मेरा आधार, मेरी पहचान



भारतीय तारांकन प्रणाली प्राधिकरण

Unique Identification Authority of India

पता:

D/O भुवन चंद्र पंत, तल्ला कसून, तल्ला कसून, अल्मोड़ा,
अल्मोड़ा,
उत्तराखण्ड - 263601

Address:

D/O Bhuwan Chandra Pant, Talla Kasoon, Talla
Kasoon, Almora, Almora,
Uttarakhand - 263601



47 [REDACTED] 967



help@uidai.gov.in

www

www.uidai.gov.in