.V.DIAGNOSTICS
(SANT VILLAYATRAI DIAGNOSITC CENTRE)

• 37, Taj Market, In Front of Gandhi Medical College, Sultania Road, Bhopal (M.P.)

Phone :
0755-4205081, 2543094

Dr. Mrs. Rashmi Nichalani, MD, DCP, MIAC, FUICC
Consultant Surgical Pathologist.
Trained at - Kerolinska Institute Sweden
Oncopathology- University of Sheffield, UK. T.M.H. (Mumbai)

Emergency Biopsy Reporting 3-6 Hours (By Latest) Microwave Technique

PAP SMEAR

Near Patient FNAC Report in 1-2 Hours

Frozen Section in 40 Minutes

Anaemia Typing Automatic Cell Counter

Bone Marrow Boipsy

Liquid Based Cytology (L.B.C.)
Gynee - PAP
Non Gynee - Urin, BAL, C.S.F.

Urgent Urine Culture by dedicated Machine (Report in 6 hours)

Name : MRS. SARLA BAGMARE **Age : 58 YEAR Sex : F**

Adv. by : Shree Shubh Hospital **No. : 7 Date : 08/05/2023**

CYTO NO : C/2305/08-D

REPORT OF CYTOLOGY

Site

FNAC Lt breast (lump at 3'o clockperiareolar)

Gross Examination

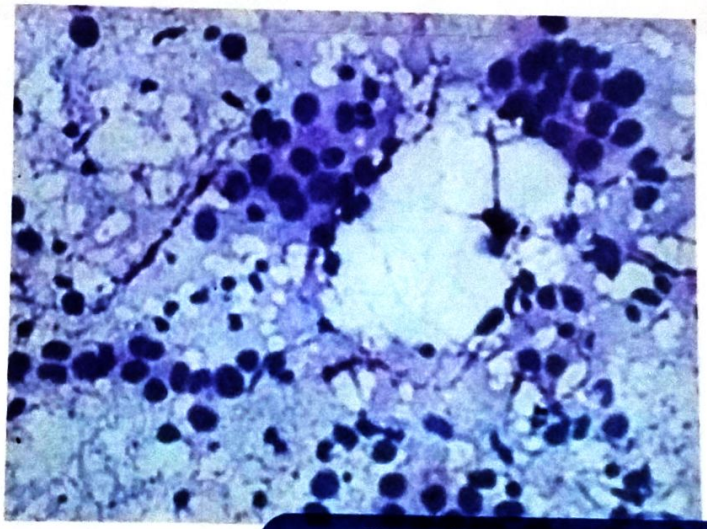
Greyish white.

Microscopic Examination

Cytosmears reveal many loosely cohesive clusters of large pleomorphic cells with hyperchromatic nuclei arranged in adenoid pattern.
Smears are positive for malignant cells.

Path Diagnosis

Duct carcinoma Lt breast
Nuclear grade III
Breast group grade C5 (malignant)



Note Please Collect Slides & blocks if needed for review within one month from the date of Submission.
Facility for collection of samples is also available on call.

DEPARTMENT OF RADIO DIAGNOSIS
INDIRA GANDHI GOVT. MEDICAL COLLEGE & HOSPITAL, NAGPUR

Name :	Savita Wagh	Age/Sex :
Referred by :	Dr Medical IV	Date : 12/5/22
Protocol :		Time
	USG ABDOMEN	REG. No.

Liver :-

The liver is normal in size, and shapes an echo texture and has smooth margins.
Biliary and portal radicals are normally distributed and are normal size.
No e/o Solid or cystic mass lesion or calcification.

Gallbladder :-

The Gallbladder is well distended, with uniformly thin and regular walls.
No e/o gall stones or mass lesion.

Common bile ducts :- 3 (N)

IHBR

Portal vein :-

The portal vein is normal in caliber,
It measure ..... mm at porta hepatis,
It Shows normal Phasic variation and PSV measures _____

Pancreas :-

The pancreas is normal in size, shape, contours and echo texture.
No e/o any solid cystic mass lesion, MPD not dilated.

Spleen :-

The Spleen is normal in size, shape and homogenous echo texture.
No e/o Focal lesion. It measures .....8.5..... cm in longest axis.

Kidneys :- Rk - 9X0.1cm Lk - 9.2X4.8cm

Kidneys are normal in size, shape, position and have smooth margins.
Cortical echo texture is normal.
No e/o calculus or hydronephrosis.

Retroperitoneum :-

No e/o of enlarged pre and para aortic lymph nodes.
The great vessels mainly arota IVC and its visualized branches are normal.

Urinary bladder :-

The Urinary bladder is well distended. It shows uniformly thin walls and mucosa.
No e/o of calculus or diverticulum is noted.

Bowel loops :-

Visualized bowel loops are of normal course, caliber and peristalsis.
No e/o free fluid/lymphadenopathy in abdomen.

IMPRESSION :-SONOGRAPHY OF ABDOMEN WITHIN NORMAL LIMITS.

GPN—O-666-IGGMC&HN-11-2022-15,000 Copies (loose) PA4.

Usk to call

- c/o few ill defined microlobulated lesion of size 1.8 × 1.6 cm at 6'o clock position in left breast
- another similar morphology lesion of size 1.2 × 1.4 cm. adjacent to it.
- another adjacent lesion of size 0.8 × 0.4 cm.

→ no calcification within
→ no distortion of architecture
→ situated in mammary zone
→ not parallel to surface.
→ indistinct margins.

Above c/o BIRADS VI lesion. (FNAC proven)

~~suggested FNAC. consultation.~~

- Left axilla - no c/o enlarged LN in left axilla.

INDIRA GANDHI GOVT. MEDICAL COLLEGE AND HOSPITAL NAGPUR

DEPT. OF GENERAL SURGERY – Unit 4 (Dr. Vishal Nandagawali)

Discharge Summary

NAME Sarla Waghmare AGE/SEX 58/F

MRD NO 10882

DATE OF ADMISSION: 13/5/2023 DATE OF PROCEDURE: 15/5/2023

DATE OF DISCHARGE: 18/5/2023

ADDRESS:

PHONE NO

DIAGNOSIS: Left sided Carcinoma of Breast

PROCEDURE: Modified Radical Mastectomy + GA on 15th May 2023

CASE SUMMARY

A 58 yr old female came to OPD c clo lump in the Lt. breast since 1 month. Lump ~~apy~~ origin is sudden in onset. It is associated with weightloss of 4-5kg in 1 month.
no h/o fever / trauma / pain / vomiting.
no h/o nipple discharge
no h/o cough / dyspnoea
no h/o DM / HTN / Asthma
K/C/O HTN since 3 years on medication T. olmesartan + chlorthalidone 12.5mg OD
O/C/O ? lumpectomy 18 years ago
O/C/O hysterectomy in elder sisters at same age

GENERAL EXAMINATION

GC Mod.

P 82/min

BP 110/70 mm Hg

SPO2 99%

PALLOR ⊖

ICTERUS ⊖

PEDAL EDEMA ⊖

SYSTEMIC EXAMINATION

CVS S_1S_2 ⊕

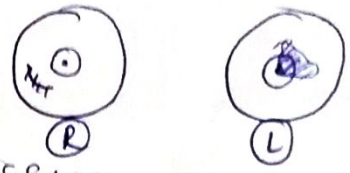
RS BEBE

P/A Soft NT, G/R ⊖, BS +/+

CNS Conc. oriented.

LOCAL EXAMINATION:

- 3x2 cm of irregular lump palpable in outer quadrant of Lt. breast
- Scar mk on Lt. breast
- Firm to hard lump in consistency
- Immobile, fixed to underlying tissues
- no signs of inflammation. Mild tenderness ⊕



OPERATIVE DETAILS:

Diagnosis :- Carcinoma of left breast

Surgery :- Left modified radical mastectomy ↓ GA

Surgeons :- Dr. Vishal sir (HOD), Dr. Vaishnavi, Dr. Sarang

→ AAP, WIC, Betadine P & D done ↓ GA

- Elliptical incision given over left breast medially from medical aspect of 2nd, 3rd ICS & (Lat. border of sternum) extending laterally upto anterior axillary fold (& Latissimus dorsi)
- Upper & lower skin flaps were raised; Medially upto sternal Lat. border, laterally upto anterior margin of latissimus dorsi; Superiorly upto clavicle, inferiorly upto 3cm below Infraumbilical fold & excised.
- Pectoralis muscles were exposed.
- Axillary LN dissection was done inferior to axillary vessels.
- Hemostasis was achieved at all steps
- Two limbs of suction drain were kept in situ.
- WCIL
- Sterile dressing done.

Rx
- Inj. Piptaz 4.5 g iv TDS
- Inj Tramadol 100mg iv TDS
- Inj Pan 40 mg OD
- Inj Ondem 4mg iv BD
- Nebulization TDS
- Inj vit K 10mg IV BD

} 3 days

x 3 days.

MEDICINES ON ADMISSION INVESTIGATIONS:

CBC:

HB 14	WBC 14.4	PLT 74	HCT
PS			

KFT

BUN 29	CREAT 0.8	NA+ 149	K+ 4.8

LFT

SGOT 19	SGPT 20	ALP 65	T.PRO: 7.
ALBUMIN 4	T.BIL 04	D.BIL 0.2	I.BIL 02

BLOOD GRP

HIV AND HBSAG Negative **X RAY** CXR-WNL.

SONOLOGY:

Lt breast - BIRADS 5 lesion (FNAC proven) no calcification / distortion.
Lt. axilla - no elo large LN.
Rt. breast - WNL

~~CT SCAN:~~

FNAC - Duct carcinoma of Lt. breast
Nuclear grade III
Breast grade 5 (Malignant).

HISTOPATHOLOGY REPORT:

CONDITION OF PATIENT AT THE TIME OF DISCHARGE:

P	88/min	**CVS**	S_1S_2 ⊕
BP	130/80 mmHg	**RS**	AEBE
SPO₂	99%	**CNS**	conc. oriented
Staplersite healthy Sterile dressing done		**PA**	Soft NT, G/R ⊖ BS ⊕

CONSULTATION (IF ANY)

DISCHARGE MEDICATION AND ADVICE

- ~~T. Augmentin 625 mg BD~~ | x 5d
- ~~T. Zerodol. SP BD~~
- ~~T. Pan 40 mg OD~~
- T. phlogam BD
- Pt. discharged c suction drain in site
- Drain care explained to relative
- F/U in OPD 40 on Thursday 25/5/23
- F/U with HPE report (to be collected from no 24)

Mahendra

Dr. Mahendra sir (Asst)

Dr. Siddharth
~~Dr. Rajshree~~
Dr. Rajshree
Dr. Vaishnavi
Dr. Sarang
} JR

- Tab. Chymoral forte 1-1-1-1 5 d AF

EP
PF
HEP-2