

NAME OF THE PATIENT: MRS. INDU ANDELKAR DATE: 16.01.2023
AGE & SEX: 59 YR / F
REFERRED BY: DR. A. PATHAK

CECT THORAX- ABDOMEN - PELVIS WITH MRI PELVIS

Protocol - 7 mm plain and post IV contrast sections were taken. Multiplanar MR imaging of the pelvis was performed using T1, T2 weighted & STIR sequences on 3.0 Tesla MR Scanner.

Clinical profile - K/C/O Ca left breast – post MRM status.

LUNGS AND PLEURAE:

Both lungs show normal expansion, attenuation and bronchovascular pattern.
No abnormal parenchymal attenuation, consolidation, collapse or mass lesion noted.
No e/o cavitary lesions seen.
No e/o any pleural effusion, thickening or calcifications on either side.
Bilateral intrapulmonary arteries appear normal in course and caliber. No e/o thrombosis seen.

MEDIASTINUM:

The Trachea and major bronchi are patent and apparently normal.
There is no evidence of mediastinal or hilar lymphadenopathy.
Thoracic esophagus appears normal.
No gross abnormality noted in heart and great vessels.
Pericardium and the pericardial fat appear normal.

The Chest wall appears normal. No e/o residual / recurrent lesion noted at operative site. Right breast appear unremarkable with no obvious focal lesion.

ABDOMEN - PELVIS

A multiloculated cystic lesion measuring 10 x 7.3 x 8.3 cm is seen in pelvis and lower abdomen in midline anterior to uterus and superior to urinary bladder. It shows few mildly enhancing solid nodular components along its inferior and posterior walls, largest measuring 2 cm. Multiple thin internal septations noted. On MRI study, the cystic component of lesion appears iso to hypointense on T1 W images, hyperintense on T2 W images and shows blood fluid level in one of the largest cyst. The solid component of lesion, wall & internal septations appears hypointense on T1 & T2 W images. The lesion abuts anterior surface of uterus, indents on fundus of urinary bladder and displaces adjacent bowel loops with no e/o invasion. Atrophic right ovary is seen posterior to above described lesion.

Left ovary is not seen separately.

Liver appears normal in size, shape, position attenuation and enhancement. A hypodense cyst with subtle peripheral enhancement measuring 9 mm is seen in segment VII.

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Dr. Payal Lakhwani, M.D.
Consultant Radiologist
M: 90286 66164

CONCLUSION:

① Helix Scan : Old Gitanjali Jewellers Show Room, Behind TVS Service Centre & Vijayanad Society, Beside Getwell Hospital and Institute of Chartered Accountants, Dhanoli, Nagpur - 440012
② 0712-2424042 ③ Mob.: 9158997303
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- A multiloculated cystic lesion in pelvis and lower abdomen in midline with few mildly enhancing solid nodular components, multiple thin internal septations, blood fluid level in largest cyst as described above is s/o cystic neoplasm of ovarian origin ?
- The lesion abuts anterior surface of uterus, indents on fundus of urinary bladder and displaces adjacent bowel loops with no e/o invasion, however adhesions cannot be ruled out.
- Mildly thickened endometrium.
- A hypodense cyst with suspicious peripheral enhancement in segment VII of liver ? simple hepatic cyst / metastases.
- No e/o residual / recurrent lesion at operative site.
- Thorax appears unremarkable with no e/o pleuro-pulmonary metastasis.

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ACCESSION NO	REF. DOCTOR	DR. DESHMUKH SUDHIR
PATIENT ID	10284W/003030	AGE/SEX : 58 Years Female
CLIENT PATIENT ID	9BM6H03226460	DRAWN : 30/01/2023 13:43:58
ABHIA NO	9990061075	RECEIVED : 30/01/2023 15:26:58
		REPORTED : 03/02/2023 11:53:35

PATH NO : 0303HW00367

NATURE OF MATERIAL : BIOPSY NO:0303HW00367^17 BLOCKS, 19 SLIDES
 DR. PRISCIPTION WITH HISTORY ATTACHED

CLINICAL INFORMATION :

17 BLOCKS, 19 SLIDES (

REFERRAL MATERIAL / REVIEW (ONWARDS 15 TO 20 PARA)

CASE NO

Case received on 31/1/2023 at SRL COE.

SPECIMEN TYPE:

17 paraffin blocks, 17 stained slides (GM-354/23-A. A1 to A3, B, B1, C, D, D1 & 354-1 to 7) & 2 stained smears (GM-C-182) of hysterectomy with left salpingo-oophorectomy, right ovarian tumor, omentum, bilateral pelvic nodes & peritoneal fluid

COE Path no. : 0303HW00367

MICROSCOPY:

Sections examined from the right ovarian mass display a malignant neoplasm with features suggestive of High grade serous Adenocarcinoma.

IHC:

The tumor cells express of CK-7, P 53, P 16 & WT-1.

CK 20 is negative.

Dr. Vishakha Tikuykar, MD
 (Reg. No. MMC2009123807)
 Histopathologist

PERFORMED AT :

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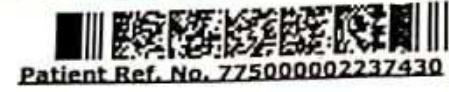
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View Details



View Report



Patient Ref. No. 775000002237430

Mrs. Indu Andelkar

58 yrs.
Referred by: Dr. Sudhir Deshmukh, MS.
Date of reception of specimen : 19/01/2023
Path. ref. no.: GM / 2023 / 354 & C - 182

Clinical features: Right ovarian tumour. Excision of ovarian tumour, hysterectomy with left salpingophorectomy, omentectomy & pelvic nodal dissection was performed.

Material received: i) Specimen of right ovarian tumour,
ii) Hysterectomy with left salpingophorectomy,
iii) Omentum,
iv) Right pelvic nodes,
v) Left pelvic nodes,
vi) Peritoneal fluid for cytology.

Gross examination: The ovarian tumour measured about 11x 8x 6.8 cm in size. Externally, the capsule was breached. On cutting open, it was predominantly solid, soft with small cysts containing serous fluid.

The specimen of hysterectomy measured 10x 7x 6 cm. On cutting open, the endometrium had a small sessile polyp. The rest of endometrium measured 2 mm in thickness. The cervix was unremarkable. The left ovary was normal in size & unremarkable on cut surface.

The omentum measured 16x 12x 2.5 cm. It had gritty cut surface.

Right pelvic nodes : Three unremarkable nodes were dissected. The largest node measured 1 cm in diameter.

Left pelvic nodes : Two unremarkable nodes.

The fluid was reddish and turbid. Smears prepared after centrifugation.

Cytoscopic examination: The ovarian tumour is composed of flat lining and papillae lined by multi-layered columnar epithelium of serous type. The solid areas have more complex architecture with compactly placed small glands. The lining of the glands is more stratified, but less than four cells in thickness. Stromal invasion seen. Necrosis is seen.

The endometrial polyp has features of adenomatous polyp.

The rest of endometrium shows unremarkable, atrophic glands.

The left ovary has carcinoma over ovarian surface.

The cervix shows chronic cervicitis.

The omental fat is uninvolved.

Right pelvic nodes : Three nodes are negative for metastasis.

Left pelvic nodes : Two negative nodes.

The fluid smears have good cellularity and a background of blood-mixed fluid. There are plenty inflammatory cells - lymphocytes & mesothelial cells.

..... serous carcinoma.

PTO.

DISEASE / STAGE :

AIM : CURE / PALLIATION / OTHER

TINSC

ISW - 6167.

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
23/11/15	Lymphadenopathy 20/3/15	MRM 1.8 x 1.6 + 1.8	1DC Gr II 2x2Cv. No Aden 15/15 Neg Cet Cet Done Scan
1/12/15	2D Echo 65% Plan	Adjunct Systemic Chem long term follow up Sel Rx Cet	
6/12/15	10.2 / 8700 RBC / 2.00	6.0 x 1.20 0.18	13/12/15 C/FEC.
20/12/15	Adjunct Pulse = 90/min BP = 144/96 mmHg. R/L, clear PA, soft.	10.6 2280 N33L65	1.84 3/1/15

Name: T.M. K.

DISEASE / STAGE: TNBC T1/2 N M1

AIM: CURE / PALLIATION / OTHER

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
3/6/15	Cytan Elow WT 60 kg 9.2/5.5/3.62 RBC 5.4	Ca 6.5 Pr 18	(n) FEC
2/6/15	Cytan Elow WT 60 kg 9.2/5.5/4.01 Mod Cervical metast	Ca 0.68 Pr 28	(m) FEC.
15/7/15	60 kg Cytan Elow 9.0/5.5/4.23	Ca 6.75 Pr 21	(iv) FEC.
8/15	9.0 5.0 9.82/3.69 60 kg	Ca 6.9 Pr 23	(v) FEC.
26/8/15	Cytan Elow WT 61 kg 8.6/5.5/4.80 RBC 3.8	Ca 6.74 Pr 17	(vi) FEC.

DISEASE / STAGE: TNBC T₁T₂N₀M₀

MRM 26/3/2015

AIM : CURE / PALLIATION / OTHER

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
16/11/2013	Dear lady 81000 Review	Post mammogram findings NC	
5/9/14	① MRM Scan (R Breast & axilla)		
	MRM 23/10/12		
	② adrenal 9.3 x 7.7 x 6.3 cm	Complex Gr	
	③ Ax - CT 125 CT Ax 125 Ax	33.5 CT Ax 125 Ax	
	Review	adrenal Mass CT Ax 125 Ax	
		④ Sudden	

Name : Trichy Andelkar

DISEASE / STAGE : 2A - TNBC T₁ / T₂ N₀ M₀

AIM : CURE / PALLIATION / OTHER

MRM 26/3/2015

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
10/2/2023	10/1/2023 gM1c N0 FIGO IC	SX → High grade Dukes Carcinoma B1x pelvic nodes - Negative for Mets peritoneal fluid cytology - No Malignant Cells.	Gm/2023/354 & C - 18.2.
10/3/2023	Mon 31/4	Give HOSC	SRI 0358KWC0367
10/3/2023	wt 60kg 1.6m	Adenoid Removed from Patient Bilateral Plan.	PC x6
11/3/2023	10.5/8500 R - 61/ 3.60	BRCA 1 negative Cr - 0.62 SGOT - 30 SGPT - 27	① Mammary Carb.