

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

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

Page 1/2



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

Amol Deshmukh, D.M.R.D., D.N.B.
Consultant Radiologist
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CONCLUSION:

- 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 ? mucinous cystadenocarcinoma.
- 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.

Helix Scan : Old Gitanjali Jewellers Show Room, Behind TVS
Service Centre & Vijayanad Society, Beside Getwell Hospital
and Institute of Chartered Accountants, Dhantoli, Nagpur - 440012
☎ 0712-2424042 ☎ Mob: 9158997303
✉ E-mail : helixscan@gmail.com

PATIENT NAME : INDU ANDEKAR
 WORK NAME & ADDRESS : C000002363 - SRL PSC
 S6 PSC PANCHSHEEL WALK-IN
 SHOP NO. 6-D/7, GHATATE BUILDING, OPP.
 PANCHSHEEL THEATRE, RAMDASPETH
 MAGPUR 440012
 743013939 8237868986

ACCESSION NO : 0284W/003030
 PATIENT ID : 98M6FH33226460
 CLIENT PATIENT ID : 99900661075
 ABIA NO

REF. DOCTOR : DR. DESHMUKH SUDHIR

AGE/SEX : 58 Years Female
 DPAVIN : 30/01/2023 13:43:58
 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. PRESCRIPTION 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 :

SRL Ltd
 PRIME SQUARE BUILDING, PLOT NO 1, GAIWADI INDUSTRIAL ESTATE, S.V. ROAD, GOREGAON (W)
 Mumbai, 400062
 MAHARASHTRA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC04595



View Details



View Report



Patient Ref. No. 775000002237430

NAME: INDU ANDE
ADDRESS: COOOO
WHEEL WALK-IN

(Faint handwritten numbers)

QUANTITY OF MATERIAL : BIOPSY NO:0303HW00367^17 BLOCKS, 19 SLIDES
DESCRIPTION WITH HISTORY ATTACHED
ADDITIONAL INFORMATION :
BLOCKS 19 SLIDES (

ACCESSION NO : 0284WA003030
PATIENT ID : 9BM6F883226460
CLIENT PATIENT ID: 99900061075
ABHA NO :

AGE/SEX : 58 Years Female
DRAWN : 30/01/2023 13:43:58
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PATH NO : 0303HW00367

IMPRESSION:

Right ovarian mass : -
High grade serous Adenocarcinoma, right ovary.

IHC carried out on formalin-fixed, paraffin embedded sections.
DETECTION SYSTEM FOR IHC : ENVISION FLEX DETECTION SYSTEM ON DAKO AS LINK 48 PLATFORM
All controls (i.e. Internal Negative patients tissue and External Positive control) show appropriate reactivity.

The done for CK7 antibody is "OV TL".
The done for P53 antibody is "DO-7".
The done for P16 antibody is "E6H4".
The done for WT-1 antibody is "6F-H2".
The done for CK20 antibody is "Ks20.8".

*H&E slides and blocks prepared from the tissue sample processed can be requisitioned by the patient at any time during the retention period by sending an email at connect@srl.in or calling on 91115 91115. The same will be made available at the prevailing conditions".

Our panel of histopathologists at SRL-COE include :Dr.Kunal Sharma & Dr. Vishakha Tikeykar.

Outside blocks and slides received at SRL are dispatched with the hard copy of the report to the concerned centre.

Comments

Dr. Yashakha Tikaykar, MD
(Reg. No. MMC2009123807)
Histopathologist

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[View Details](#)

View Re

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

Clin. 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.

Microscopic 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.

Grade serous carcinoma.

PTO,

DISEASE / STAGE :

AIM : CURE / PALLIATION / OTHER

IN/BC

15W - 616P

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment			
23/4/15	Lymphadenopathy	1 DC 5 th	2 x 2 cm			
20/3/15	MRM	No nodules 15/15 neg	Cx 1 Wish Bare scan			
20 Echo 65%	20G 1.8 x 1.6 x 1.8	Adjuvant 500mg Chem long term follow up See Dr CMC				
60kg 154	Plan 10.2/ 87ca 166/2.00	Cx 5 pr 20 Dr 18	13/5/15 ① FEC.			
1.6						
20/5/15	A female Pulse 90/min regular Bp 144/96 mmHg RIS clear HIA soft	<table><tr><td>10.6</td><td>2280 N33L65</td><td>1.86</td></tr></table>	10.6	2280 N33L65	1.86	3/6/15
10.6	2280 N33L65	1.86				
60kg 154 no morbid B1B 20						

Name: T. J. N. M.
 DISEASE / STAGE: TN BC
 AIM: CURE / PALLIATION / OTHER

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
2/6/15	Cyfar ECHO wt 60 kg 9.4/7.4/3.62 AOC 5.4	Ca 6.5 Pr 18	(II) FEC
24/6/15	Cyfar ECHO wt 60 kg 9.2/5.5/4.01 Mild Conjunctival	Ca 6.68 Pr 28 AOC 4.0 metastasis	(III) FEC
15/7/15	Cyfar ECHO wt 60 kg 10.0/6.5/4.23	Ca 6.75 Pr 21	(IV) FEC
15/8/15	Cyfar ECHO wt 60 kg 9.0/5.0/3.69	Ca 6.9 Pr 23	(V) FEC
26/8/15	Cyfar ECHO wt 60 kg 8.6/5.4/4.80 BP 13/8	Ca 6.74 Pr 17	(VI) FEC

DISEASE / STAGE: TNBC T₁/T₂ N₀M₀

mrm 26/3/2015-

AIM : CURE / PALLIATION / OTHER

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
16/1/2023.	<p>Seen today</p> <p>ECOG</p> <p>Present</p>	<p>Post mastectomy bleedings</p> <p>MC</p> <p>① MRM Scan N</p> <p>(R) Breast & axilla w</p> <p>USA. 23/10/22</p>	
5944		<p>② adnexal Complex Cyst</p> <p>9.3 x 7.7 x 6.3 cm</p> <p>③ CA 125 → 32.8</p> <p>CT scan Pelvis / abdomen</p> <p>chest</p> <p>removal of 5 nodes</p>	

3.02

Name: Indu Andalkar

DISEASE / STAGE: L4 . TNBC T₁ / T₂ N₀ M₀

AIM: CURE / PALLIATION / OTHER

MRM 26/3/2023

Date	CBC / Chemistry	Markers / X Rays / Scan	Treatment
10/2/2023	19/1/2023. GPTic No. FIGCIC	SX → High grade Serous Carcinoma B12 yellow nodes. Negative for mets peritoneal fluid cytology - No Malignant Cells. The HGS BRCA 0303K WCC367	Gm/2023/354 & C-182.
10/3/2023	10/3/2023	na 314	
10/3/2023 wt 60kg 1.6m	Seen today Removal from lung Bleeding Plan. BRCA transferrin	PC x6	① Tamoxifen Carbo.
11/3/2023	10.5/8500 P - 61/3.60	Cr - 0.62 SGOT - 30 SGPT - 27	

3.