

# MEHERBAI TATA MEMORIAL HOSPITAL

STOCKING ROAD, JAMSHEDPUR - 831001



## Diagnostic Services - Department of Pathology

Report Run Date : 22/OCT/2025

Patient Name : URMILA DEVI

Age: 33

Sex: F

MR No : MT/25/003568

Patient No : OP/31/135082

Sample received Date : 17/OCT/25 17:38:21

Sample No : FNAC/07025

Report Date : 18/OCT/25 18:21:46

Ref Dr : DR. AADITYA PRAKASH

### Primary Sample-Ascitic Fluid

### Histopathology

F.N.A.C. SLIDE REVIEW UPTO 3 SLIDE/I

Specimen:

F.N.A.C smear for review. F-7025/25

Gross:

Received 02 F.N.A.C smears no- cyto170/25, on-17.10.25, at- 5:30 pm for review.

Site- Multiple left posterior cervical lymphadenopathy.

No. of Section prepared:

02

Microscopic Exam:

Smears show haemorrhagic aspirate with scattered conspicuous discrete lymphoid cells with blastoid appearance.  
Also present are mature lymphocytes & lymphoglandular bodies.

IMPRESSION:

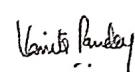
Cells positive for malignancy.  
Lymphoproliferative disorder possibly Non Hodgkins lymphoma, high grade.

Examined By:

Dr. Vanita Pandey.

Remarks:

Excision / core biopsy for further workup suggested.

  
Dr. Vanita Pandey  
DNB, Pathology  
Senior Consultant & HOD  
MTMH Pathology

End of the Report

✓

Page 1 of 1

0657 - 2427910, 6641366

info@mtmh.co.in

www.mtmh.org.in

Registered Under the Societies Registration Act 21 of 1860 No. - 717 of 2008-2009

MEHERBAI TATA MEMORIAL HOSPITAL  
STOCKING ROAD, JAMSHEDPUR - 831001



Diagnostic Services - Department of Pathology

Report Run Date : 22-OCT-25 12:44:39

MR No : MT/25/003568

Pat No : OP/31/135082

Name : URMILA DEVI

Ward :

Ref Dr : DR. AADITYA PRAKASH

Age : 33Yr Sex : F  
Room :

Sample Receive Date: 17-OCT-25 14:44:47  
Report Date : 17-OCT-25 16:32:18

Primary Sample-Blood

Haematology

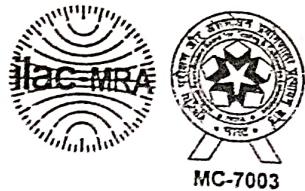
Parameter Name	Result	Biological Reference Range	UOM	Method
URGENT CBP Haemoglobin	12.10 ✓	11.5 - 16.5	gm/dl	Non cyanide haemoglobin analysis/Spectrophotometry
Total leucocyte count	14380 ✓	4000 - 11000	per cumm	DC Detection Method/Impedance
Neutrophils	73.20	60 - 70	%	Flowcytometry
Lymphocytes	22.6	30 - 40	%	Flowcytometry
Monocytes	2.70	2 - 8	%	Flowcytometry
Eosinophils	1.30	1 - 6	%	Flowcytometry
Basophils	0.20	0 - 1	%	Flowcytometry
RBC	4.62 ✓	4.5 - 5.5	mil/cumm	DC Detection Method/Impedance
HCT	39.40	37 - 47	%	Calculated
MCV	85.30	76 - 96	f1	Calculated/Impedance
MCH	26.20	27 - 32	pg	Calculated
MCHC	30.70	31.5 - 34.5	pg	Calculated
RDW (CV)	13.50	11.5 - 14.5	%	Calculated
MPV	10.70	-	fq	Impedance
Platelet count	511000 ✓	150000 - 410000	per cumm	DC Detection Method/Manual/Impedance

Vanita Pandey

Dr. Vanita Pandey  
DNB, Pathology  
Senior Consultant & HOD  
MTMH Pathology

End of the Report

Page 2 of 2



## Diagnostic Services - Department of Pathology

Report Run Date : 29/OCT/2025

Patient Name : URMILA DEVI

MR No : MT/25/003568

Age: 33

Sex: F

Patient No : OP/31/135082

Sample No : HISTOP/08840

Sample received Date : 17/OCT/25 15:32:28

Ref Dr : DR. AADITYA PRAKASH

Report Date : 27/OCT/25 14:27:22

### Primary Sample-Tissue

### PARAFFIN 2-5 BLOCKS FOR REVIEW

Specimen:

### Histopathology

HPE Slide and block for review. H-8840/25

Site- Nasopharyngeal mass with neck lump.

Gross:

Received 02 HPE slide and 02 paraffin blocks no-RPL133/25 on 17.10.2025 at 5.30 pm for review.

No. of Section prepared:

07

Microscopic Exam:

Sections show parts of tumor comprising sheets of neoplastic cells, undifferentiated cells, nucleus with prominent nucleolus, dispersed against polymorphous inflammatory background. Mitotic activity conspicuous. No native tissue identified.

Examined By:

Dr. Vanita Pandey  
Dr Somshankar Chowdhury

Remarks:

Differentials-

- ✓ 1) Undifferentiated Carcinoma.  
2) Poorly differentiated Malignant tumor favoring lymphoproliferative disorder.

IHC results awaited for confirmation.

Dr Somshankar Chowdhury  
Consultant Pathologist

Dr. Vanita Pandey  
DNB, Pathology  
Senior Consultant & HOD  
MTMH Pathology



## Diagnostic Services - Department of Pathology

Report Run Date : 29/OCT/2025

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Dr. Vanita Pandey  
DNB, Pathology  
Senior Consultant & HOD  
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End of the Report

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Above HDFC Bank, Masjid Road,  
(Holding No. 11), Golmuri, Jamshedpur

**Dr. Rohit Pathlab**  
Your health..... Our Mission...

E-mail : rakeshrohit74@rediffmail.com  
Ph. No. : 0657-2340152, Mob : 7292925679

Name : Mrs. URMILA DEVI  
Patient No : 20657  
Age/Gender : 33 Y / Female  
Bill No : 19508  
Referred By : DR. S MANDAL

Registered Date : 07-Oct-2025 03:53:00 PM  
Reported Date : 15-Oct-2025 05:20:35 PM  
Report Printed on : 15-Oct-2025 05:26:28 PM



**BIOPSY (Medium)**

RPL NO.

### HISTOPATHOLOGY

133/25

**Clinical note:** Nasopharyngeal mass with neck lump

**Specimen:** Neck mass (level V)

**Gross:** Received 8 grey white irregular tissue pieces largest measuring 2.2x1.4x0.5 cm. Partially submitted.

**Microscopy:** Section studied shows undifferentiated tumor cells showing syncytial non-cohesive growth pattern admixed with reactive lymphoplasmacytic infiltrate. Tumor cells have moderate eosinophilic to amphophilic cytoplasm, round nuclei, prominent eosinophilic nucleoli and vesicular chromatin. No significant keratinization seen. Apoptosis and brisk mitotic activity are present.

**Comment :** Advised IHC for categorisation of lesion and esp. to rule out :

- Non-Hodgkin's lymphoma / DLBCL
- Nonkeratinizing, undifferentiated nasopharyngeal carcinoma

(Slide and respective block provided for review and follow up at higher centre)

↓  
IHC  
, *dr*

\*\*\*\*\* END OF REPORT \*\*\*\*\*

*Rohit*  
**Dr. Rakesh Rohit**  
M.B.B.S., M.D. (Path)

### Participant of EQAS (CMC Vellore)

Services Available : Histopathology, Cytopathology, Bone Marrow, Pap Smear, Biochemistry, Hematology, Microbiology, Hormone Etc.  
Important Instruction : In case of unexpected Test Results, Please Contact the Laboratory Immediate for re-evaluation.  
Timing : 7:30 am To 8:00 pm Sunday : Till 1:30 pm



# Dr. Rohit Pathlab

Your health.... Our Mission..

Above HDFC Bank, Masjid Road,  
(Holding No. 11), Golmuri, Jamshedpur

E-mail : rakeshrohit74@rediffmail.com  
Ph. No. : 0657-2340152, Mob : 7292925679

Name : Mrs. URMILA DEVI  
 Patient No : 20393 Registered Date : 23-Sep-2025 03:54:00 PM  
 Age/Gender : 33 Y / Female Reported Date : 23-Sep-2025 05:30:12 PM  
 Bill No : 19244 Report Printed on : 23-Sep-2025 05:30:15 PM  
 Referred By : DR. S MANDAL



Test Description	RESULT	UNITS	Reference Range
CYTOPATHOLOGY			

#### FINE NEEDLE ASPIRATION CYTOLOGY FNAC

F. NO: CYTO 170/25

**Clinical Notes:** Multiple left posterior cervical lymphadenopathies

**Nature of aspirate:** Blood mixed aspirate

**Microscopic examination:** Cytosmear show relatively monomorphic population of atypical intermediate sized lymphoid cells amidst small lymphoid cells. Atypical lymphoid cells shows scanty cytoplasm few of them showing small vacuolations, large round nuclei with inconspicuous nucleoli. No evidence of granulomatous or epithelial lesion detected.

**Impression:** Suggestive of Lympho-proliferative lesion likely Non-Hodgkin's Lymphoma

**Comment :** Advised Biopsy followed by IHC for confirmation and further management.

\*\*\*\* END OF REPORT \*\*\*\*

Dr. Rakesh Rohit  
M.B.B.S., M.D. (Path)

Services Available : Histopathology, Cytopathology, Bone Marrow, Endoscopy, etc.

Participant of EQAS (CMC Vellore)

**MEHERBAI TATA MEMORIAL HOSPITAL**  
**JAMSHEDPUR CANCER SOCIETY**  
**STOCKING ROAD, JAMSHEDPUR - 831001, JHARKHAND**

PATIENT'S NAME : Mrs. Urmila devi  
 REF. BY : Dr. A Prakash  
 MR. No. : MT/25/003568  
 Bill No. : OR/25/036825

AGE/SEX : 33 Y/F  
 EXAM. DATE: 23/10/25  
 SCAN ID : PETWB/9746/25

**<sup>18</sup>F - FDG PET-CT STUDY**

**EXAMINATION:** <sup>18</sup>F-FDG PET-CT scan

**PROCEDURE:**

6.20 mCi of <sup>18</sup>F-fluorodeoxyglucose was administered intravenously. The patient was allowed to rest quietly for 60-90 minutes in a shielded room to allow the distribution and uptake of radiotracer. Imaging was performed on an integrated 16-slice PET-CT scanner (SEIMENS BIOGRAPH 16). CT images for attenuation correction and anatomic localization followed by PET images were obtained. Breath hold CT scan of the thorax was also done.

Serum blood glucose at the time of the injection was measured at 86 mg/dL. Serum blood Creatinine was noted a 0.61 mg/dL. CT scanning was performed using non-ionic 65 ml intravenous contrast. No adverse reaction was observed during the scan.

**Region of Scan:** Vertex to Mid-Thigh.

**Comments:**

- No significant findings in the head, neck, mediastinum, abdomen, pelvis, and extremities.
- No significant findings in the lungs.
- No significant findings in the heart.
- No significant findings in the liver.
- No significant findings in the kidneys.
- No significant findings in the bones.

**Other Findings:**

- No significant findings in the heart.
- No significant findings in the lungs.
- No significant findings in the liver.
- No significant findings in the kidneys.
- No significant findings in the bones.

**Dose Administration by:** Dr. Sujata Mitra / G S Muthu

# MEHERBAI TATA MEMORIAL HOSPITAL

JAMSHEDPUR CANCER SOCIETY  
STOCKING ROAD, JAMSHEDPUR - 831001, JHARKHAND

MTMH/F/31

PATIENT'S NAME : Mrs. Urmilla devl  
REF. BY : Dr. A Prakash  
MR. No. : MT/25/003568  
BILL No. : OR/25/036825

AGE/SEX : 33 Y/F  
EXAM. DATE: 23/10/25  
SCAN ID : PETWB/9746/25

**CLINICAL HISTORY:** Case of left side neck swelling. PET CT for evaluation of disease status and staging.

**COMPARISON:** None.

## **FINDINGS:**

### **Head and Neck:**

- FDG avid large homogeneously enhancing soft tissue mass in the nasopharynx, infiltrating the posterior nasal cavity, sphenoid sinus and left side tonsillar fossa, measuring approx 8.0 x 9.8 cm (SUVmax 29.6) noted.
- The mass is abutting the basisphenoid, without obvious bony erosion.
- FDG avid multiple discrete and conglomerate enlarged left retropharyngeal, left parapharyngeal, bilateral level II, III, V and left level IV cervical lymph nodes, the largest measuring 5.7 x 5.3 cm (SUVmax 25.3) noted.
- Soft tissues and glandular structures of rest of the neck appear normal without abnormal tracer metabolism.
- FDG uptake is seen in the bilateral palatine tonsils – likely reactive / inflammatory.
- Both the lobes of thyroid appear normal.
- No definitive enhancing lesion is seen in the visualized portions of the brain. No abnormal FDG avid brain lesion is seen. (Brain lesions may be missed on CT, MRI imaging is modality of choice for detection and evaluation of brain lesions)

### **Chest:**

- FDG avid few enlarged bilateral axillary lymph nodes, the largest measuring 1.5 x 1.4 cm (SUVmax 3.7) noted.
- There is no significant adenopathy in the mediastinum or hilum by size criteria or metabolic activity.
- No evidence of bilateral pleural effusion noted.
- The lung parenchyma does not reveal any obvious pulmonary nodules.
- No abnormal FDG avid lesion is seen in the bilateral breasts.

### **Abdomen and Pelvis:**

- Liver is mildly enlarged (cranio-caudal span 16.2 cm). No abnormal FDG avid lesion in the liver parenchyma noted.
- Spleen appears normal in size (cranio-caudal span 9.5 cm) and shows normal homogeneous physiological FDG uptake.
- There is normal distribution of the radiotracer within the gastrointestinal and genitourinary system without focal areas of abnormal metabolism.
- There is no adenopathy or nodal hypermetabolism in the abdomen or pelvis.
- The liver, gallbladder, pancreas and spleen appear unremarkable.

Page 2 of 3

PATIENT'S NAME : Mrs. Urmila devi  
REF. BY : Dr. A Prakash  
MR. No. : MT/25/003568  
Bill No. : OR/25/036825

AGE/SEX : 33 Y/F  
EXAM. DATE: 23/10/25  
SCAN ID : PETWB/9745/25

- Bilateral kidneys are unremarkable. There are no adrenal nodules.
  - Mild diffuse increased FDG uptake in the endometrial cavity noted - likely physiological. Non-FDG avid small cystic lesion in the left adnexa measuring 2.7 x 2.3 cm noted - Likely physiological ovarian cyst.
  - FDG avid few enlarged bilateral inguinal lymph nodes, the largest measuring 1.3 x 1.0 cm (SUVmax 3.5) noted.
  - Urinary bladder is unremarkable.
  - No evidence of ascites noted.

## Musculoskeletal:

- Mild diffuse heterogeneous increased FDG uptake in the bone marrow (sacrum region SUV<sub>max</sub> 3.0) noted.
  - There are no suspicious hypermetabolic osteolytic or osteosclerotic lesions.

### IMPRESSION:

- Hypermetabolic large homogeneously enhancing soft tissue mass in the nasopharynx, infiltrating the posterior nasal cavity, sphenoid sinus and left side tonsillar fossa - Malignant mass.
  - Hypermetabolic multiple discrete and conglomerate enlarged left retropharyngeal, left parapharyngeal, bilateral level II, III, V and left level IV cervical lymph nodes - Malignant nodes.
  - Hypermetabolic few enlarged bilateral axillary lymph nodes - Malignant nodes.
  - Hypermetabolic few enlarged bilateral inguinal lymph nodes - Likely malignant nodes.
  - Mild diffuse heterogeneous increased FDG uptake in the bone marrow - suspicious for disease involvement.
  - No other definitive abnormal FDG avid lesion noted in rest of PET CT.

DDx: Lymphoma (Histopathological and IHC correlation is advised)

*Please correlate*

Dr. Kunal Kumar

## MD (Nuclear Medicine)

Reg. No. DMC/R/07766

(Note: In case of typographical error please get it rectified immediately. This report is a professional opinion and not diagnosis.)

Report Printed by: Nitesh Kumar

Page 3 of 3

ENT Dept

# राजेन्द्र आयुर्विज्ञान संस्थान, राँची

शीर्ष शाय्या टिकट

Dr. Ajit Kushwaha इकाई

MTMH/PR/01

रोगी का नाम	Urmila Beni	उम्र 33	लिंग F
-------------	-------------	---------	--------

पिता/पति/अभिभवक का नाम	
------------------------	--

धर्म	पंजीयन संख्या : 20270066938	Provisional Diagnosis :
पेशा :	भर्ती होने की तिथि :	
ग्राम/मोहल्ला रु.	भर्ती होने का समय :	
पोस्ट :	नाम काटने का तिथि :	
थाना :	नाम काटने का कारन :	
जिला :	मृत्यु की तिथि :	
राज्य :	मृत्यु का कारण :	
		ICD - 10

पूर्व में इलाज के स्थान का विवरण :

ENT CALL

तारीख	Patient's Complain, C/F and Findings	चिकित्सीय परामर्श
30/10/25	<p>To The PGOD/SRHD Dept. of ENT RIMS, Ranchi</p> <p>Sir/Madam, Here is a pt. admitted to our side for Ca. nasopharynx C NHL.</p> <p>kindly evaluate the pt. and consider for emergency tracheostomy if required.</p>	<p>Thanking You</p> <p>Shubham JPA I Dept. of Oncol.</p>

1. 2025  
3 yrs. M/F  
for evaluation

Dr. ADITYA  
R HOSPITAL  
R SOCIETY  
R 27910  
1389/2025  
68 Date 17/10/2025  
EVI  
L  
IENT Age 33  
Date Time

**Rajendra Institute of Medical Science**  
RANCHI - 834009



**INVESTIGATION REQUISITION FORM**

Unit ..... Dr. Ajit Keshwaria

Patient's Name Urmila Devi Age 33 Sex F

Ward Sx On 10 Bed No. ..... Regd. No. 250067237

Clinical history : S/c lo. : NHL (DLBCL)

Request for :

TuC for  
CD20,  
Lymphoma,  
Carcinoma

दॉ. अजीत कुमार कुरायाहा | Dr. Ajit Kumar Kuryaha  
राजेन्द्र चिकित्सा | Associate Professor, IIT ROP  
Signature | Dept. of Surgical Oncology  
Signature of Unit I/c. | IIT Ropanchi



ADMISSION TICKET

Department : Surgical Oncology

Ward / Bed No : Surgical Oncology /

IPD ID : 250067237

ABHA ID :

Patient Name : Mrs. URMILA DEVI

Age / Sex : 33 Yr / Female

Guardian Name : NARESH SAW

Address : AT TAMULIYA BARI COLONY PARDIH 8271681909, EAST SINGHBUM, JHARKHAND

Billing Type : General

Scheme :

Diagnosis :

Admission Type : GENERAL

Attendant Name : N A

Unit : Unit 1

Admitting Doctor : Dr. Ajit Kushwaha

Admission Date : 30/10/2025 09:37 PM

Admission Fee : ₹ 0

UHID : 20250374264

Mobile : 8271681909

Patient and Guardian Relation : Husband

MLC Patient : No

Reason for admission : Emergency

Prepared By : Pratik Lakra



WTL (DLBCL)

sdm

7. Decm 2025 T.O

To : Dr. [unclear]  
Consultant  
Rajendra Devi

Repetes madam

Kendly transfer the patient to your side

Dr. Ajit Kushwaha, M.B.B.S., M.D., M.S., D.M., M.Ch.  
Chp. Pradhikarik E&V, Vinayak Hospital, A-Block, Jharkhand P.G. Inst. & H.C.  
Kendly transfer the patient to your side  
Rajendra Devi, M.B.B.S., Dept. of Surgical Oncology  
Rajendra Institute of Medical Sciences, Ranchi

3/11/10/25

Thanks for reference

Now:-

- IHC free CD20, lymphoma, Carcinoma
- 2D-BCHO
- Transfer patient in Radiation oncology

1 Dr  
3/11/10/25

3/11/10/25

- IHC report will awaited
- review & pending reports

Now:-

- T. Wysolone - 20mg - TDS - 5 days
- T. Zytellic 100mg - TDS - 5 days
- T. Ultracet - 1X2 - 5 days
- T. Pan 40 - 1X1 - BBF

1 Dr  
3/11/10/25