



MEHERBAI TATA MEMORIAL HOSPITAL

STOCKING ROAD, JAMSHEDPUR - 831001



MC-7003

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/

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

✓

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 :

Bed :

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	fl	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



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

Ref Dr : DR. AADITYA PRAKASH

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

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

Primary Sample-Tissue

Histopathology

PARAFFIN 2-5 BLOCKS FOR REVIEW

Specimen:

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:

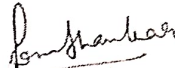
Dr. Vanita Pandey
Dr Somshankar Chowdhury

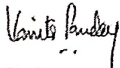
Remarks:

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



MC-7003

Diagnostic Services - Department of Pathology

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Primary Sample-Ascitic FluidHistopathologyF.N.A.C. SLIDE REVIEW UPTO 3 SLIDE/

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Lymphoproliferative disorder possibly Non Hodgkins lymphoma, high grade.

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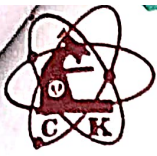
Dr. Vanita Pandey.

Remarks:

Excision / core biopsy for further workup suggested.

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

End of the Report



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

Dr. Rohit Pathlak

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 (Mediun)

RPL NO.

HISTOPATHOLOGY

133/25

Clinical note: Nasopharyngeal mass with neck lump

Specimen: Neck mass (level V)

Gross: Received 8 grey white irreguklar 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 folow up at higher centre)

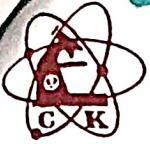
↓
IHC
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**** END OF REPORT ****

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

Participant of EQAS (CMC Vellore)

ies Available : Histopathology, Cytopathology, Bone Marrow, Pap Smear, Biochemistry, Hematology, Microbiology, Hormone Etc.
Important Instruction : Incase 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
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FINE NEEDLE ASPIRATION CYTOLOGY FNAC

F. NO: CYTO 170/25

CYTOPATHOLOGY

Clinical Notes: Multiple left posterior cervical lymphadenopathies

Nature of aspirate: Blood mixed aspirate

Microscopic examination: Cytosmear show relatively monomorphous 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)

Participant of EQAS (CMC Vellore)

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

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

¹⁸F - FDG PET-CT STUDY

EXAMINATION: ¹⁸F-FDG PET-CT scan

PROCEDURE:

6.20 mCi of ¹⁸F-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.

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. 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

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

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

MTMH/F/21

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/3745/25

- 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 SUVmax 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

Kun2

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

☎ 0657 - 2427910, 6641366

✉ info@mtmh.co.in

www.mtmh.org.in

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ENT Dept

राजेन्द्र आयुर्विज्ञान संस्थान, राँची

शीर्ष शय्या टिकट

Dr. Ajit Kishuwalu ईकाई

MTMH/PR/01

रोगी का नाम	Urmila Devi	उम्र	334	लिंग	F
पिता/पति/अभिभवक का नाम					
धर्म	पंजीयन संख्या : 20250066938	Provisional Diagnosis : Ca Nasopharynx C NHL			
पेशा :	भर्ती होने की तिथि :	Diagnosis :			
ग्राम/मोहल्ला रु	भर्ती होने का समय :				
पोस्ट :	नाम काटने का तिथि :				
थाना : Onco &	नाम काटने का कारण :				
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 PGDD/SROD Dept. of ENT RIMS, Ranchi</p> <p>Sir/Ma'am, 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 Shubhraj JRAI Dept. of Onco &</p>

Dr. ADITYA
HOSPITAL
R SOCIETY
27910
1389/2025
Date 17/10/25
EVI
Age 33
Date Time

Rajendra Institute of Medical Science

RANCHI - 834009



INVESTIGATION REQUISITION FORM

Unit Dr. Ajit Kumar Kuchwaha.

Patient's Name Umila Devi Age 33Y Sex F

Ward Sx Onco Bed No. Regd. No. 2500 67232

Clinical history : S/c/o : NHL (DLBCL)

Request for :

IHC for
CD20,
Lymphoma,
Carcinoma

डॉ अजीत कुमार कुशवाहा / Dr. Ajit Kumar Kuchwaha
सह प्रध्यापक एवं दिनागम्यता / Associate Professor and
सर्जिकी विभाग / Dept of Surgical Oncology
Signature of Unit I/c.



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 Kushiwaha

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



WHL (DLBCL)

per

T. Nam 2 m T10

To
Consultant
Radiation therapy

Respectful Madam

Kindly transfer the patient to your side

per

डॉ० अजीत कुमार कुशुवाहा, एम.बी.बी.एस., एम.डी., एम.एच.ए.
उप प्राध्यापक एवं निगरानाया/Associate Professor & NC
कैंसर सर्जरी विभाग/Dpt. of Surgical Oncology
रिश्त, राँची/RIMS, Ranchi

31/10/25

Thanks for referral

Adv: —

- IHC for CD20, Lymphoma, Carcinoma
- 2D-ECHO
- Transfer patient in Radiation oncology

1 Dr
31/10/25

31/10/25

- IHC reports will awaited
- review & pending reports

Adv: —

- T. Wysolone - 20mg - TDS - 5 days
- T. Zylmarc 100mg - TDS - 5 days
- T. Ultracet - 1x2 - 5 days
- T. Pan 40 - 1x1 - BBF

1 Dr
31/10/25