Dr. Bijm - 9946723829

LOURDES HOSPITAL
RADIOLOGY & IMAGING CENTRE
COCHIN – 682 012, KERALA, INDIA
Phone : 0484-4123456, Fax: 0484-2393720
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ULTRA SOUND SCAN REPORT

Patient Name : Dr.Suchetha 62/F
Referring Doctor : Dr.Ithamma Antony
Date of scan : 29-02-2012
Hosp.No. : 912222

Radiologists :
DR.GEORGE JOSEPH M.D.,D.M.R.D.
DR.ANUSHA VARGHESE M.D.
DR.AMITA DESHMUKH MBBS, DMRD.
DR.AMBILY CHANDRAN M.D., FRCR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Liver Span 17.6cm, diffuse increase in echotexture. No focal lesions are seen in the liver. No IHBR dilatation. Portal vein is normal in course, caliber and outline.
Gall Bladder is normal in outline distension and caliber. Wall thickness is normal. No calculi. No pericholecystic fluid noted.
CBD is normal in course, caliber and outline.
Pancreas Is normal in size, shape and parenchymal echotexture; with no duct dilatation or calcifications. Peripancreatic fat is normal.
Spleen Normal with no focal lesions.
Right kidney : Measures 10.2 x 3.8cm, evidence of heterogenous well defined mass measuring 4.1 x 4.5cm noted at lower pole. No significant vascularity on doppler. Another similar exophytic mass measuring 3.3 x 5.2cm noted at lower pole.
Left kidney : Measures 11.1 x 4.3cm is normal in size, shape and position with smooth regular outline. Cortical echoes normal. Corticomedullary differentiation well maintained. Pelvicaliceal system normal. No calculi / hydronephrosis is seen.
Urinary Bladder is normal in distension, caliber and outline. No focal lesions. No calculi.
Uterus Measures 8.2 x 3.6cm, anterior wall fibroid measuring 1.7 x 1.7cm noted. Endometrium is thickened up to 6.2mm.
Ovaries Both ovaries obscured.
Aorta Is normal in calibre.
Para aortic region is normal.
There is no ascites / pleural effusion.

IMPRESSION:

- **Well defined heterogenous echotexture mass lesions at lower pole of right kidney.**
Needs further characterisation by CECT Abdomen and Histopathologic correlation.
- **Anterior wall uterine fibroid.**

DR.BRIGHT THOMAS DMRD, DNB (RD).
CONSULTANT RADIOLOGIST

Dr. Suchetha
OP. 9439

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ERNAKULAM

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OP-Visit Record

Department of Nephrology

Dr.BINU UPENDRAN,MDDNB(MED) DMDNB(NEPHRO)
Sr. Consultant and HOD Nephrology
Mob 9946723829

Patient No	0000912222	**Visit Date :** 29-Feb-2012
Patient Name	Dr.. SUCHETHA	F/62Years,11Months
Address	Kavyanjali,Powathil Lane,Ayyappankavu	

BP (mm/Hg) : 130/ 90

Follow Up	No Edema Normal urin
Complaints	Noted recurrent dysuria for the past 6 months
Present History	Noted recurrent dyuria for the past 6 months
Past History	Bronchial asthma from 15th years of age on inhalational agents
General Exam	No Edema No Pallor Normal Lung Sounds Normal Heart Sounds
Diagnosis	**Cystitis, unspecified(N30.9)**

Advice

Urine C&S
Urine RE
Urea
Creatinine

Dr.BINU UPENDRAN,MDDNB(MED) DMDNB(NEPHRO)
(Notes Prepared By)

ADIOLOGY
&IMAGING
SCIENCES

MEDALL

Name	DR.SUJATHA CHANDRAN	ID	IRS17794
Age & Gender	65Y/FEMALE	Visit Date	15/10/2013
Ref Doctor	DR. GEORGE P. ABRAHAM		

3.0 TESLA MRI Abdomen & Pelvis (Contrast) with Screening of Thorax, Brain and Spine

(T1 & T2 axial and coronal T2 Fat Sat axial. Post contrast T1 FS axial, coronal and sag)

- The liver is of normal signal size and shape with smooth margins. No focal lesion seen. There is no evidence of any dilatation of intra hepatic biliary radicles. CBD is not dilated.
- Gall bladder shows normal wall thickness .
- Pancreas is of normal size and shape with homogenous signal pattern. There is no evidence of any focal lesion or ductal dilatation. Peri pancreatic fat appear normal.
- Spleen show normal size and signal intensity.
- Large 10.4 x 10.8 x 9.8 cm (AP, TA, CC) size heterogenous signal intensity mass lesion with predominant exophytic component noted arising from the interpolar and lower pole of right kidney. The lesion show cystic areas and haemorrhage within.
- The lesion show heterogenous enhancement on post contrast study with nonenhancing areas within. No major vessel encasement noted. Rest of renal parenchyma shows normal enhancement.
- The bowel loops are displaced antero-laterally by the lesions.
- The main renal artery and right renal vein appear normal. No renal venous thrombosis.
- IVC is mildly compressed and displaced medially by the mass lesion. No invasion or thrombosis noted.
- The fat plane between the lesion and right psoas muscle is preserved.
- The lesion does not cross the midline.
- Mild hydronephrosis of upper calyx noted with the right upper ureter compressed by the mass lesion medially.
- Gerota's fascia appear intact.
- Left kidney shows normal size and signal intensity. The pelvicalyceal system is not dilated. Visualized ureter shows no abnormal dilatation.
- Bilateral adrenal glands appears normal in size, shape and signal intensity.
- The retroperitoneal spaces shows no evident lymphadenopathy . Aorta shows normal calibre.
- There is no free fluid in the abdomen.
- Anteverted uterus with intramural fibroids.
- Visualized bowel loops show no evident mass. Urinary bladder shows normal wall and lumen.
- Visualised pelvic bones and femur appear normal.

Screening Thorax

- Visualised lung fields appear normal. No focal lesion noted.
- No mediastinal lymphadenopathy.

Screening of brain appear normal. No ICSOL / haemorrhage / acute infarcts.

Screening of Spine

- No focal lesion, suggestive of metastasis.

(.....2)

DIOLOGY
& IMAGING
SCIENCES

MEDALL

Name	DR.SUJATHA CHANDRAN	ID	IRS17794
Age & Gender	65Y/FEMALE	Visit Date	15/10/2013
Ref Doctor	DR. GEORGE P. ABRAHAM		

IMPRESSION

- Malignant heterogenous enhancing mass lesion with necrosis involving the lower and interpolar region of right kidney with large exophytic component extending into perinephric and pararenal space, suggestive of renal cell carcinoma.
- No major arterial encasement noted.
- Right renal vein appear normal. No thrombosis.
- IVC is displaced and mildly compressed medially by the lesion. No evidence of invasion or thrombosis.
- No retroperitoneal lymphnode. Bilateral adrenal glands appear normal.
  - Stage T3a No Mo.
- Screening of thorax, spine and brain appear normal. No focal lesion, suggestive of metastases.
- Intramural fibroid in uterus.

Dr. Anil Kumar MD DNB Dr. Amel Antony MD DNB MNAMS Dr.Randall Varghese DMRD, DNB

Dr. Unnikrishnan. R MD Dr. Reena M. M. D'Couto MD

Note: This report is a professional opinion and not the final diagnosis and it should be interpreted in the light of clinical background and other relevant investigations. Dimensions, vertebral levels, location of lesion, vascularity etc may be reconfirmed prior to surgery. Histopathological diagnosis if possible may also be obtained prior to surgery.

OP.9439

CA - R.C.C

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LABORATORY TEST REPORT

Reports online : www.medivision.in

PATIENT'S NAME	: Dr. SUCHETHA	Pat. ID	: 1013114486	Sample Coll.	: 13/11/2013 19:04
AGE	: 64 Years / FEMALE	Reg. DATE	: 13/11/2013	Sample Acc.	: 13/11/2013 21:52
REFERRED BY Dr	: S. KRISHNAKUMAR	IP/ OP No.	:	Report Auth.	: 20/11/2013 09:14
Client Name	: NA			Report Status	: FINAL

Department Of Biochemistry

PARAMETER		OBSERVED VALUE	UNITS	REFERENCE RANGE
Chromogranin A	:	H 807.06	ng/ml	< 100

Comments
Chromogranin A is a major soluble protein present in chromaffin cells of adrenal medulla, sympathetic neurons and various neuroendocrine organs. About 80% patients of pheochromocytoma show elevated levels of Chromogranin A. The major use of this test is in the post operative monitoring for recurrence of these tumors. It is a preferred marker in hind gut Carcinoid tumors which commonly are non-functional and have lost the ability to secrete serotonin, but retain the ability to secrete CgA.

Increased Levels
Malignant causes - Carcinoid tumor, Pheochromocytoma, Medullary carcinoma thyroid, Small cell lung carcinoma & Epithelial cancers with neuroendocrine differentiation.
Non malignant causes - Renal impairment (creatinine clearance < 80 mg/mL/min), Liver disease, Inflammatory bowel disease, atrophic gastritis & stress.

*** END OF REPORT ***

426471

Riju Mathew M.Sc., (Med. Biochemistry)
Laboratory Director & QM

NOTE : - * L= Low
* H= High

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o.p 9439

LABORATORY TEST REPORT

PATIENT'S NAME	: Dr. SUCHETHA	Pat. ID	: 101408591	Sample Coll.	: 27/01/2014 17:11
AGE	: 64 Years / FEMALE	Reg. DATE	: 27/01/2014	Sample Acc.	: 27/01/2014 20:22
REFERRED BY Dr	: S. KRISHNAKUMAR	IP/ OP No.	:	Report Auth.	: 28/01/2014 06:46
Client Name	: NA			Report Status	: FINAL

Department Of Biochemistry

PARAMETER	OBSERVED VALUE	UNITS	REFERENCE RANGE
Technique used: CLIA			
** Serum CA 125 (Ovarian Cancer Marker)	5.80	U/ml	Upto 35
Technique used: CLIA			
** Serum CA 15.3 (Breast Cancer Marker)	4.70	U/ml	Upto 35
Technique used: ELFA			
** Serum Carcino Embryonic Antigen :	2.21	ng/ml	0 - 3.0
Technique used: CLIA			
** Serum Beta 2 Microglobulin :	H 2.83	mg/l	0.81 - 2.19
Technique used: ELFA			

*** END OF REPORT ***

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Riju Mathew M.Sc.,Med.Biochemistry,
Chief Biochemist & QM

NOTE : - * Low, H - High, ** The tests marked with ** are not accredited by NABL.

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CIN: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

Reports online : www.medivision.in

LABORATORY TEST REPORT

PATIENT'S NAME	: Dr. SUCHETHA	Pat. ID	: 101472576	Sample Coll.	: 13/10/2014 11:44
AGE	: 63 Years / FEMALE	Reg. DATE	: 13/10/2014	Sample Acc.	: 13/10/2014 13:08
REFERRED BY Dr	: S. KRISHNAKUMAR	IP/ OP No.	:	Report Auth.	: 13/10/2014 16:36
Client Name	: NA			Report Status	: FINAL

Department Of Biochemistry

PARAMETER		OBSERVED VALUE	UNITS	REFERENCE RANGE
* Serum Beta 2 Microglobulin	:	H 2.50	mg/l	0.81 - 2.19
Technique used: ELFA				

*** END OF REPORT ***

Riju Mathew M.Sc.,Med.Biochemistry,
Chief Biochemist & QM

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NOTE : - L= Low , H= High, ** The tests marked with * are not accredited by NABL.

AMALA JOSHY 17/10/2014 11:33:38AM

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Dr. Suchetha
op. 9439

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LABORATORY TEST REPORT

Reports online : www.medivision.in

PATIENT'S NAME	: Dr. SUCHETHA	Pat. ID	: 101420164	Sample Coll.	: 06/03/2014 15:56
AGE	: 64 Years / FEMALE	Reg. DATE	: 06/03/2014	Sample Acc.	: 06/03/2014 21:02
REFERRED BY Dr	: S. KRISHNAKUMAR	IP/ OP No.	:	Report Auth.	: 14/03/2014 20:47
Client Name	: NA			Report Status	: FINAL

Department Of Biochemistry

PARAMETER		OBSERVED VALUE	UNITS	REFERENCE RANGE
** Chromogranin A	:	2.80	ng/ml	1.9 - 15.0

Comments
Chromogranin A is a major soluble protein present in chromaffin cells of adrenal medulla, sympathetic neurons and various neuroendocrine organs. About 80% patients of pheochromocytoma show elevated levels of Chromogranin A. The major use of this test is in the post operative monitoring for recurrence of these tumors. It is a preferred marker in hind gut Carcinoid tumors which commonly are non-functional and have lost the ability to secrete serotonin, but retain the ability to secrete CgA.

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Non malignant causes - Renal impairment (creatinine clearance < 80 mg/mL/min), Liver disease, Inflammatory bowel disease, atrophic gastritis & stress.

*** END OF REPORT ***

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Riju Mathew M.Sc.,Med.Biochemistry,
Chief Biochemist & QM

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ANJU MOHANDAS : 15/03/2014 10:07:27AM

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