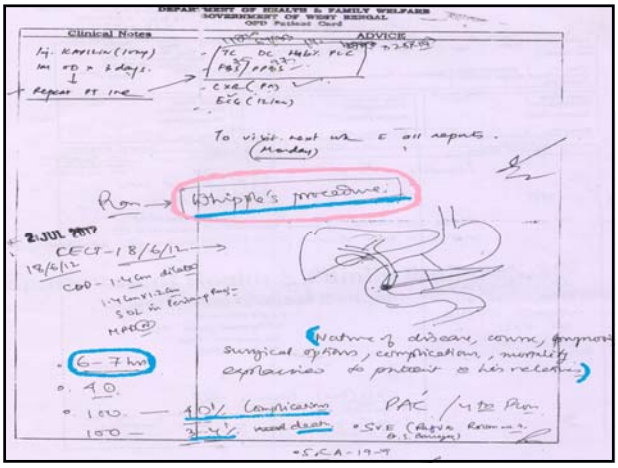
The cases of cancer

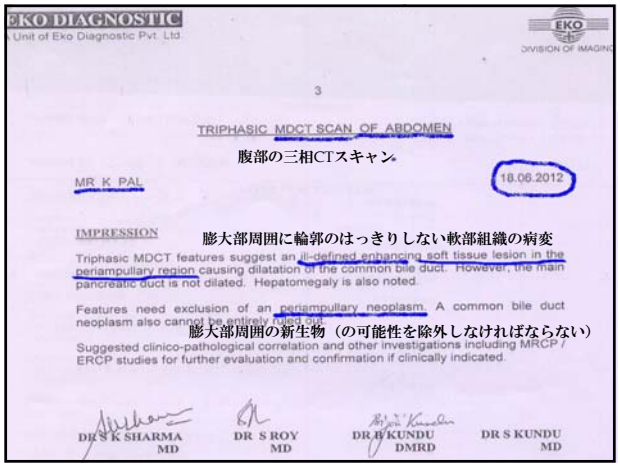
Dr. Sunirmal Sarkar

癌の症例
Dr.スニルマル・サルカー

Case 1

- Cholangiocarsinoma
- Whipple's operation was suggested by allopath
- Patient:
  - Age: 48 years old
  - Sex: Male
- *Medicine prescribed was* ***AESCULUS HIP***
- 胆管癌
- アロパスにホイップル手術を勧められた。（十二指腸と膵臓の全部または一部を切除）
- 患者：
  - ４８歳
  - 男性
- ***処方されたレメディ AESCULUS HIP***





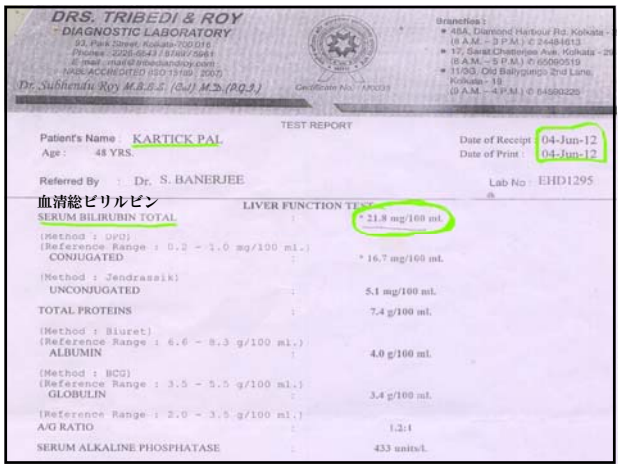
Change of Total bilirubin
総ビリルビン量の変化

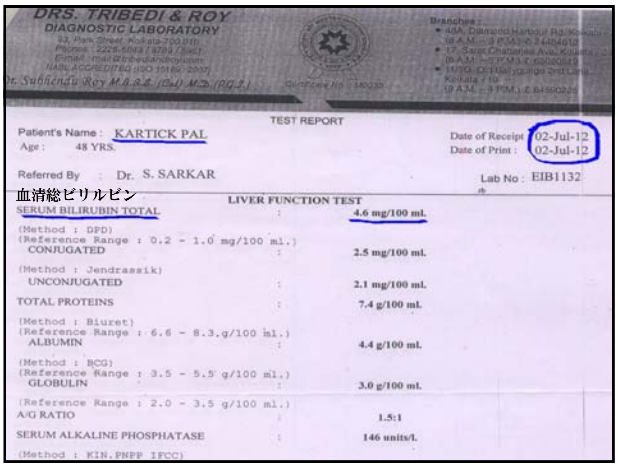
- **Patient came for treatment on 22.6.2012**
  患者の初診は22.6.2012だった

Total bilirubin: 21.8mg/100ml (on 4.6.2012)

Total bilirubin: 4.6mg/100ml (on 2.7.2012)

Total bilirubin: 1.9mg/100ml (on 18.7.2012)




DRS. TRIBEDI & ROY
DIAGNOSTIC LABORATORY

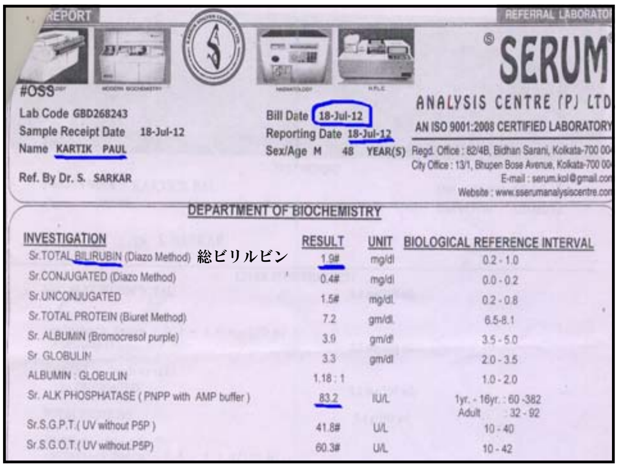
TEST REPORT

Patient's Name : KARTICK PAL
Age : 48 YRS.
Date of Receipt 02-Jul-12
Date of Print : 02-Jul-12
Referred By : Dr. S. SARKAR
Lab No : EIB1132

血清総ビリルビン

LIVER FUNCTION TEST

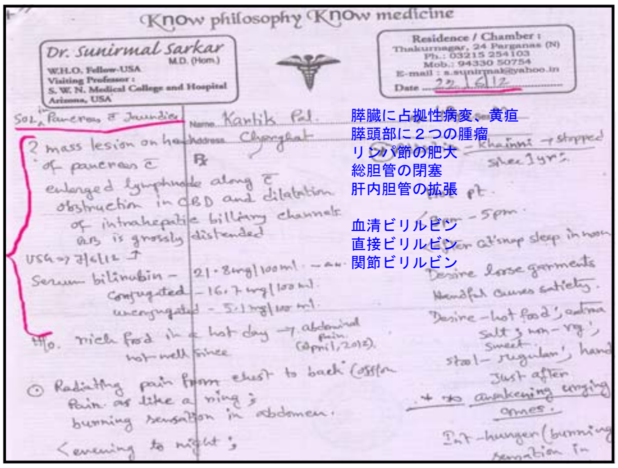
SERUM BILIRUBIN TOTAL	:	4.6 mg/100 ml.
(Method : DPD) (Reference Range : 0.2 - 1.0 mg/100 ml.) CONJUGATED	:	2.5 mg/100 ml.
(Method : Jendrassik) UNCONJUGATED	:	2.1 mg/100 ml.
TOTAL PROTEINS	:	7.4 g/100 ml.
(Method : Biuret) (Reference Range : 6.6 - 8.3 g/100 ml.) ALBUMIN	:	4.4 g/100 ml.
(Method : BCG) (Reference Range : 3.5 - 5.5 g/100 ml.) GLOBULIN	:	3.0 g/100 ml.
(Reference Range : 2.0 - 3.5 g/100 ml.) A/G RATIO		1.5:1
SERUM ALKALINE PHOSPHATASE	:	146 units/l.
(Method : KIN.PNPP IFCC)		


REPORT
SERUM ANALYSIS CENTRE (P) LTD
AN ISO 9001:2008 CERTIFIED LABORATORY

Lab Code GBD268243
Sample Receipt Date 18-Jul-12
Name KARTIK PAUL
Bill Date 18-Jul-12
Reporting Date 18-Jul-12
Sex/Age M 48 YEAR(S)
Ref. By Dr. S. SARKAR

DEPARTMENT OF BIOCHEMISTRY

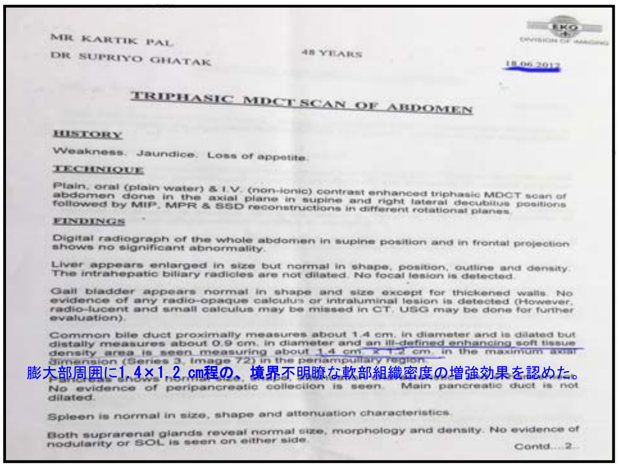
INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sr.TOTAL BILIRUBIN (Diazo Method) 総ビリルビン	1.9#	mg/dl	0.2 - 1.0
Sr.CONJUGATED (Diazo Method)	0.4#	mg/dl	0.0 - 0.2
Sr.UNCONJUGATED	1.5#	mg/dl	0.2 - 0.8
Sr.TOTAL PROTEIN (Biuret Method)	7.2	gm/dl	6.5-8.1
Sr. ALBUMIN (Bromocresol purple)	3.9	gm/dl	3.5 - 5.0
Sr. GLOBULIN	3.3	gm/dl	2.0 - 3.5
ALBUMIN : GLOBULIN	1.18 : 1		1.0 - 2.0
Sr. ALK PHOSPHATASE (PNPP with AMP buffer)	83.2	IU/L	1yr. - 16yr. : 60 -382 Adult : 32 - 92
Sr.S.G.P.T.(UV without P5P)	41.8#	U/L	10 - 40
Sr.S.G.O.T.(UV without P5P)	60.3#	U/L	10 - 42



Prognosis 予後

- C.T.SCAN on 18.06.12 shows an ill-defined enhancing soft tissue density area is seen measuring about 1.4×1.2 cm in the peri-ampullary region.
  18.06.12に膨大部周囲に1.4×1.2 cm程の、境界不明瞭な軟部組織の増強効果がCT検査で見られた。
- C.T.SCAN on 03.11.12 shows an ill-defined soft tissue mass in peri-ampullary region measuring 1.1×0.9 cm mildly projecting into the lumen of duodenum.
- 03.11.12のCT検査では1.1×0.9 cmの、境界不明瞭な軟部組織の腫瘤が膨大部周囲から十二指腸の内腔へわずかに隆起しているのを確認。

After comparison with previous CT on 18.06.12, now suggest regression of the size of soft tissue lesion.
前回18.06.12のCTと比較すると軟部組織の病変の後退を示唆する。


MR KARTIK PAL
DR SUPRIYO GHATAK
48 YEARS
18.06.2012

TRIPHASIC MDCT SCAN OF ABDOMEN

HISTORY
Weakness. Jaundice. Loss of appetite.

TECHNIQUE
Plain, oral (plain water) & I.V. (non-ionic) contrast enhanced triphasic MDCT scan of abdomen done in the axial plane in supine and right lateral decubitus positions followed by MIP, MPR & SSD reconstructions in different rotational planes.

FINDINGS
Digital radiograph of the whole abdomen in supine position and in frontal projection shows no significant abnormality.

Liver appears enlarged in size but normal in shape, position, outline and density. The intrahepatic biliary radicles are not dilated. No focal lesion is detected.

Gall bladder appears normal in shape and size except for thickened walls. No evidence of any radio-opaque calculus or intraluminal lesion is detected (However, radio-lucent and small calculus may be missed in CT. USG may be done for further evaluation).

Common bile duct proximally measures about 1.4 cm. in diameter and is dilated but distally measures about 0.9 cm. in diameter and an ill-defined enhancing soft tissue density area is seen measuring about 1.4 cm. x 1.2 cm. in the maximum axial dimension (Series 3, Image 72) in the periampullary region.

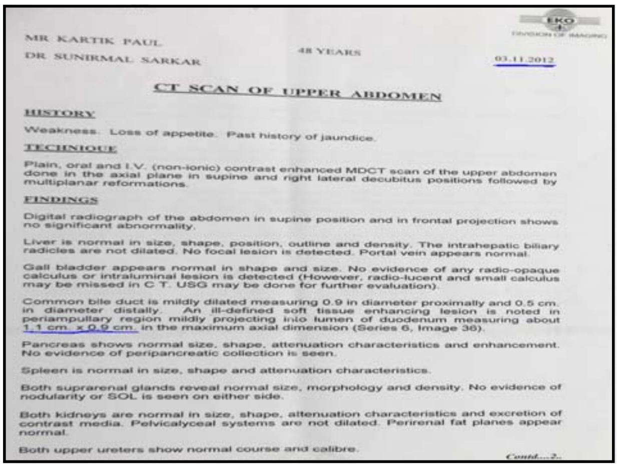
膨大部周囲に1.4×1.2 cm程の、境界不明瞭な軟部組織密度の増強効果を認めた。

No evidence of peripancreatic collection is seen. Main pancreatic duct is not dilated.

Spleen is normal in size, shape and attenuation characteristics.

Both suprarenal glands reveal normal size, morphology and density. No evidence of nodularity or SOL is seen on either side.

Contd....2..


MR KARTIK PAUL
DR SUNIRMAL SARKAR
48 YEARS
03.11.2012

CT SCAN OF UPPER ABDOMEN

HISTORY
Weakness. Loss of appetite. Past history of jaundice.

TECHNIQUE
Plain, oral and I.V. (non-ionic) contrast enhanced MDCT scan of the upper abdomen done in the axial plane in supine and right lateral decubitus positions followed by multiplanar reformations.

FINDINGS
Digital radiograph of the abdomen in supine position and in frontal projection shows no significant abnormality.

Liver is normal in size, shape, position, outline and density. The intrahepatic biliary radicles are not dilated. No focal lesion is detected. Portal vein appears normal.

Gall bladder appears normal in shape and size. No evidence of any radio-opaque calculus or intraluminal lesion is detected (However, radio-lucent and small calculus may be missed in C T. USG may be done for further evaluation).

Common bile duct is mildly dilated measuring 0.9 in diameter proximally and 0.5 cm. in diameter distally. An ill-defined soft tissue enhancing lesion is noted in periampullary region mildly projecting into lumen of duodenum measuring about 1.1 cm. x 0.9 cm. in the maximum axial dimension (Series 6, Image 36).

Pancreas shows normal size, shape, attenuation characteristics and enhancement. No evidence of peripancreatic collection is seen.

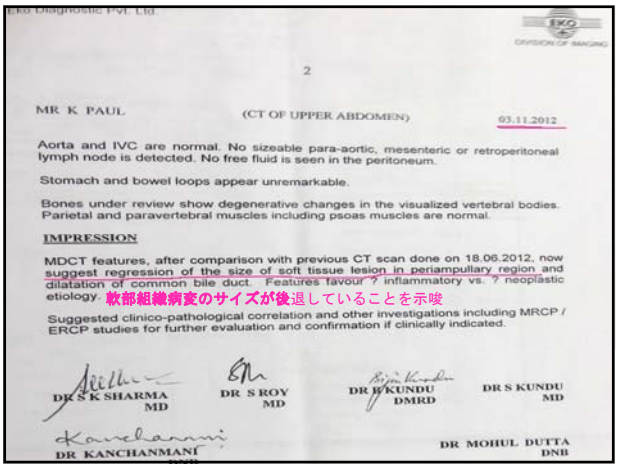
Spleen is normal in size, shape and attenuation characteristics.

Both suprarenal glands reveal normal size, morphology and density. No evidence of nodularity or SOL is seen on either side.

Both kidneys are normal in size, shape, attenuation characteristics and excretion of contrast media. Pelvicalyceal systems are not dilated. Perirenal fat planes appear normal.

Both upper ureters show normal course and calibre.

Contd....2..



2

MR K PAUL (CT OF UPPER ABDOMEN) 03.11.2012

Aorta and IVC are normal. No sizeable para-aortic, mesenteric or retroperitoneal lymph node is detected. No free fluid is seen in the peritoneum.

Stomach and bowel loops appear unremarkable.

Bones under review show degenerative changes in the visualized vertebral bodies. Parietal and paravertebral muscles including psoas muscles are normal.

IMPRESSION

MDCT features, after comparison with previous CT scan done on 18.06.2012, now suggest regression of the size of soft tissue lesion in periampullary region and dilatation of common bile duct. Features favour ? inflammatory vs. ? neoplastic etiology. 軟部組織病変のサイズが後退していることを示唆

Suggested clinico-pathological correlation and other investigations including MRCP / ERCP studies for further evaluation and confirmation if clinically indicated.

DR S K SHARMA MD | DR S ROY MD | DR B KUNDU DMRD | DR S KUNDU MD | DR KANCHANMANI | DR MOHUL DUTTA DNB

Case 2

- CASE OF GB MASS & LIVER SOL
- 胆嚢の腫瘤＆肝臓の占拠性病変

Pt. Came on 23.5.11 with a mass like area in the region of GB fundus, heterogenously enhancing area seen in pericholecystic liver tissue infiltrating the adjacent GB mass (C.T.Scan on 10.5.2011)

- 患者は23.5.11に初診を受け、胆嚢底に腫瘤様病変あり。10.5.2011のCT検査で不均一な増強効果が胆嚢周囲の肝組織に見られた。隣接の胆嚢腫瘤に浸潤。

Medicine prescribed was -ARSENICUM ALBUM on 23.5.11

- ARSENICUM ALBUM を 23.5.11に処方。

Prognosis 予後

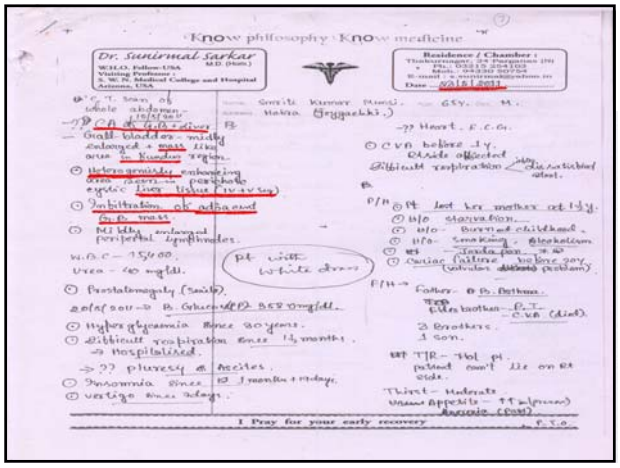
- C.T.SACN ON 24.9.2011 SHOWS PERICHOLECYSTIC LIVER TISSUE HASMARKEDLY REDUCED IN SIZE, IMPROVEMENT OF LESION LOAD IN COMPARISON TO PREVIOUS CT.
- 24.9.2011付C.T.検査では、前回のCTと比べて胆嚢周囲の肝組織の病変の顕著なサイズの縮小が見られ、病変細胞量の減少を認めた。

USG ON 7.3.2012 SHOWS CHOLECYSTITIS WITH CHOLELITHIASIS.

- 7.3.2012付け超音波検査で胆石症に伴う胆嚢炎を認めた。

C.T.SCAN ON 13.11.2012 SHOWS MILD FOCAL WALL THICKENING IN FUNDUS, NO OTHER OBVIOUS FOCAL LESION DETECTED.

- 13.11.2012 のC.T.検査では胆嚢底に軽度の限局性肥厚が見られたが、その他の巣状病変はなかった。



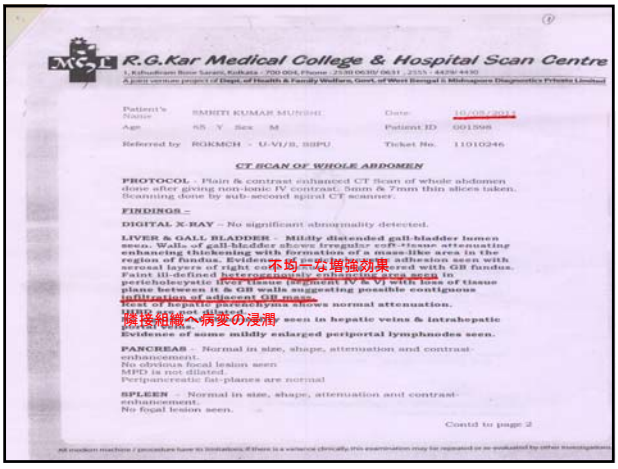
Know philosophy : Know medicine

Dr. Sunirmal Sarkar M.D. (Hom.)

Residence / Chamber

Pt. lost his mother at 14 y.

I Pray for your early recovery



R.G.Kar Medical College & Hospital Scan Centre

CT SCAN OF WHOLE ABDOMEN

PROTOCOL - Plain & contrast enhanced CT Scan of whole abdomen done after giving non-ionic IV contrast. 5mm & 7mm thin slices taken. Scanning done by sub-second spiral CT scanner.

FINDINGS :-

DIGITAL X-RAY - No significant abnormality detected.

LIVER & GALL BLADDER - Mildly distended gall-bladder lumen seen. Wall of gall-bladder shows irregular soft-tissue attenuating enhancing thickening with formation of a mass-like area in the region of fundus. Evidence of pericholecystic adhesion seen with serosal layers of right colon. Fundus is closely related with GB fundus. Faint ill-defined heterogenously enhancing area seen in pericholecystic liver tissue (segment IV & V) with loss of tissue plane between it & GB walls suggesting possible contiguous infiltration of adjacent GB mass.

Rest of hepatic parenchyma shows normal attenuation.

No significant ductal dilatation seen in hepatic veins & intrahepatic portal radicles.

Evidence of some mildly enlarged periportal lymphnodes seen.

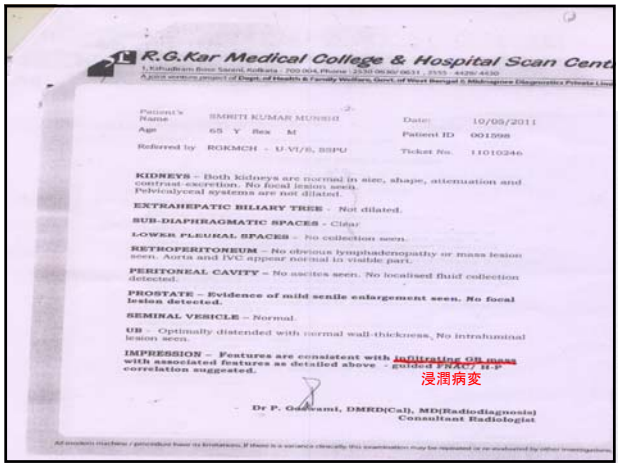
PANCREAS - Normal in size, shape, attenuation and contrast-enhancement.
No obvious focal lesion seen.
MPD is not dilated.
Peripancreatic fat-planes are normal

SPLEEN - Normal in size, shape, attenuation and contrast-enhancement.
No focal lesion seen.

Contd to page 2

不均一な増強効果

胆嚢底への病変の浸潤



R.G.Kar Medical College & Hospital Scan Cent

KIDNEYS - Both kidneys are normal in size, shape, attenuation and contrast-excretion. No focal lesion seen. Pelvicalyceal systems are not dilated.

EXTRAHEPATIC BILIARY TREE - Not dilated.

SUB-DIAPHRAGMATIC SPACES - Clear

LOWER PLEURAL SPACES - No collection seen.

RETROPERITONEUM - No obvious lymphadenopathy or mass lesion seen. Aorta and IVC appear normal in visible part.

PERITONEAL CAVITY - No ascites seen. No localised fluid collection detected.

PROSTATE - Evidence of mild senile enlargement seen. No focal lesion detected.

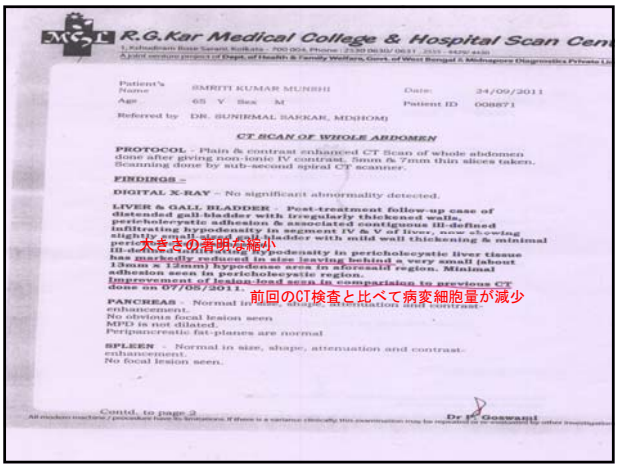
SEMINAL VESICLE - Normal.

UB - Optimally distended with normal wall-thickness. No intraluminal lesion seen.

IMPRESSION - Features are consistent with infiltrating GB mass with associated features as detailed above - guided FNAC / H-P correlation suggested.

Dr P. Goswami, DMRD(Cal), MD(Radiodiagnosis) Consultant Radiologist

浸潤病変


R.G.Kar Medical College & Hospital Scan Cen

Patient's Name: SMRITI KUMAR MUNSHI Date: 24/09/2011
Age: 65 Y Sex: M Patient ID: 008871
Referred by: DR. SUNIRMAL SARKAR, MD(HOM)

CT SCAN OF WHOLE ABDOMEN

PROTOCOL - Plain & contrast enhanced CT Scan of whole abdomen done after giving non-ionic IV contrast. 5mm & 7mm thin slices taken. Scanning done by sub-second spiral CT scanner.

FINDINGS –

DIGITAL X-RAY – No significant abnormality detected.

LIVER & GALL BLADDER - Post-treatment follow-up case of distended gall-bladder with irregularly thickened walls, pericholecystic adhesion & associated contiguous ill-defined slightly small-sized gall bladder with mild wall thickening & minimal peri-cholecystic hypodensity in pericholecystic liver tissue has markedly reduced in size leaving behind a very small (about 13mm x 13mm) hypodense area in aforesaid region. Minimal adhesion seen in pericholecystic region. Improvement of lesion-load seen in comparision to previous CT done on 07/05/2011.

大きさの著明な縮小

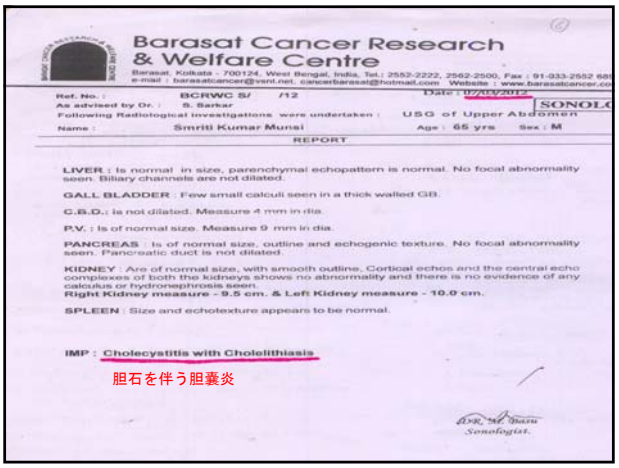
前回のCT検査と比べて病変細胞量が減少

PANCREAS - Normal in size, shape, attenuation and contrast-enhancement. No obvious focal lesion seen. MPD is not dilated. Peripancreatic fat-planes are normal

SPLEEN - Normal in size, shape, attenuation and contrast-enhancement. No focal lesion seen.

Contd. to page 2

Dr P. Goswami


Barasat Cancer Research & Welfare Centre

Barasat, Kolkata - 700124, West Bengal, India, Tel.: 2552-2222, 2562-2500, Fax : 91-033-2552 68
e-mail : barasatcancer@vsnl.net, cancerbarasat@hotmail.com Website : www.barasatcancer.co

Ref. No. : BCRWC S/ /12 Date : 07/03/2012
As advised by Dr. : S. Sarkar
Following Radiological investigations were undertaken : USG of Upper Abdomen
Name : Smriti Kumar Munsi Age : 65 yrs Sex : M

REPORT

LIVER : Is normal in size, parenchymal echopattern is normal. No focal abnormality seen. Biliary channels are not dilated.

GALL BLADDER : Few small calculi seen in a thick walled GB.

C.B.D.: is not dilated. Measure 4 mm in dia.

P.V. : Is of normal size. Measure 9 mm in dia.

PANCREAS : Is of normal size, outline and echogenic texture. No focal abnormality seen. Pancreatic duct is not dilated.

KIDNEY : Are of normal size, with smooth outline. Cortical echos and the central echo complexes of both the kidneys shows no abnormality and there is no evidence of any calculus or hydronephrosis seen.
Right Kidney measure - 9.5 cm. & Left Kidney measure - 10.0 cm.

SPLEEN : Size and echotexture appears to be normal.

IMP : Cholecystitis with Cholelithiasis

胆石を伴う胆嚢炎

Dr. M. Sarin
Sonologist.


Midnapore Diagnostics Private Limited at R.G.Kar Medical College (Scan Centre)

A joint venture project with: Dept. of Health & Family Welfare, Govt. of West Bengal
Regd. Office: 38, Bentick Street, 1st Floor, Room No. - 4, Kolkata - 700069

Patient's Name: SMITI KUMAR MUNSHI Date: 13.11.2012
Age: 71 Y Sex: M Patient ID: 012294
Referred by: DR. SUNIRMAL SARKAR, MD(HOM)

CT SCAN OF WHOLE ABDOMEN

PROTOCOL - Plain & contrast enhanced CT Scan of whole abdomen done after giving gastrointestinal and non-ionic IV contrast. 5mm, 7mm & 10mm thin slices taken.

FINDINGS –

LIVER & GALL BLADDER – Post treatment follow-up case, now showing contracted thick walled gall bladder with mild focal wall thickening in fundus. No obvious enhancing lesion seen at present.

Hepatic parenchyma shows normal attenuation and contrast enhancement pattern except minimal ill-defined hypodensity in segment IV. No other obvious focal lesion detected.
IHBD are not dilated.

胆嚢底壁の軽度の肥厚

肝実質は正常な減衰効果を示す

低密度

PANCREAS - Normal in size, shape, attenuation and contrast-enhancement. No obvious focal lesion seen. MPD is not dilated. Peripancreatic fat-planes are normal

SPLEEN - Normal in size, shape, attenuation and contrast-enhancement. No focal lesion seen.

KIDNEYS – Both kidneys are normal in size, shape, attenuation and contrast-excretion. No focal lesion seen. Pelvicalyceal systems are not dilated.

EXTRAHEPATIC BILIARY TREE - Not dilated.

Cont to page 2

Case 3

- CASE OF –***ADVANCED CARCINOMA GB NECK WITH INFILTRATION*** (KLATSIN'S TUMOUR) (CT SCAN-ON **21.8.2012**)
- 浸潤を伴う胆嚢頸部の進行性癌腫（クラツキン腫瘍）(CT検査 **21.8.2012)**

  with **total bilirubin – 5.3mg/dl**
  & **ALP- 386.0 U/I, SGPT-569.0 gm/dl, SGOT- 323.0 gm/dl**
  CA-19.9 = 106.51 u/ml (20.8.12)
- **総ビリルビン– 5.3mg/dl**
  ALP- 386.0 U/I, SGPT-569.0 gm/dl, SGOT- 323.0 gm/dl
  CA-19.9 = 106.51 u/ml (20.8.12)
- **First prescription on 21.8.12- Am-mur**
- **21.8.12に第１回目の処方：Am-mur.**

Changes of Total bilirubin
総ビリルビンの変化

- **ON 25.11.12 TOTAL BILIRUBIN -0.8mg/dl**

  on 04.05.13 TOTAL BILIRUBIN – 0.6mg/dl

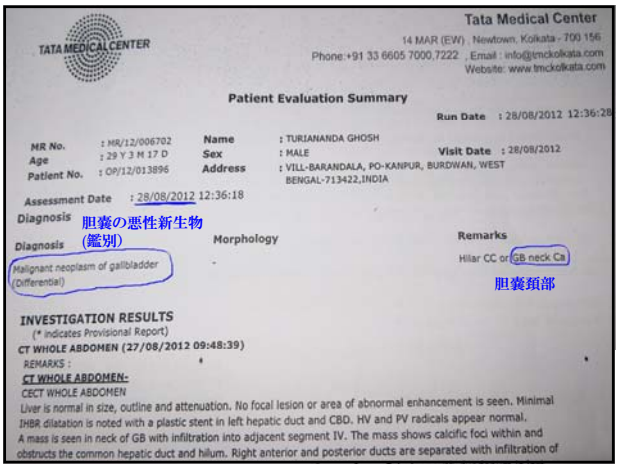
  CA-19.9 ON 12.10.2012 = 12.08 U/ml.

  ALP – 108.2 IU/L ON 2.10.12
  SGPT- 20.6U/L, SGOT-28.9 U/L ON 2.10.12

  ON 4TH MAY 2013 ALP-105.6 U/L
  & SGPT – 34.2 U/L, SGOT – 30.7 U/L

Prognosis　予後

- **ON USG- CHOLELITHIASIS(calculus- 1.20 cm seen)- 09.08.12**
  09.08.12 超音波検査：胆石症（結石の大きさ1.20cm）
- **C.T.SCAN ON 29.10.12 shows mass arising from neck of GB measuring abt 28 × 30 × 40 mms.**
  29.10.12CT検査では約28 × 30 × 40 mmの腫瘤を胆嚢頸部に確認。
- **C.T.SCAN ON 20.03.13 shows calculus in GB lumen 9 mms & extension of wall thickening at biliary tree showing mass like appearance measuring 21× 15 mms.**
  20.03.13のCT検査で、胆嚢内腔に9mmの胆石と、胆道系に肥厚した範囲と、大きさ21× 15 mmの腫瘤様陰影が見られた。
- ***GB mass reveals radiological improvement in comparison with previous C.T of 29.10.12.***
  29.10.12のCT検査では前回の放射線画像診断に比べて胆嚢の腫瘤の縮小が認められた。



Tata Medical Center

14 MAR (EW) , Newtown, Kolkata - 700 156
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Patient Evaluation Summary

Run Date : 28/08/2012 12:36:28

MR No. : MR/12/006702
Age : 29 Y 3 M 17 D
Patient No. : OP/12/013896
Name : TURIANANDA GHOSH
Sex : MALE
Address : VILL-BARANDALA, PO-KANPUR, BURDWAN, WEST BENGAL-713422,INDIA
Visit Date : 28/08/2012

Assessment Date : 28/08/2012 12:36:18

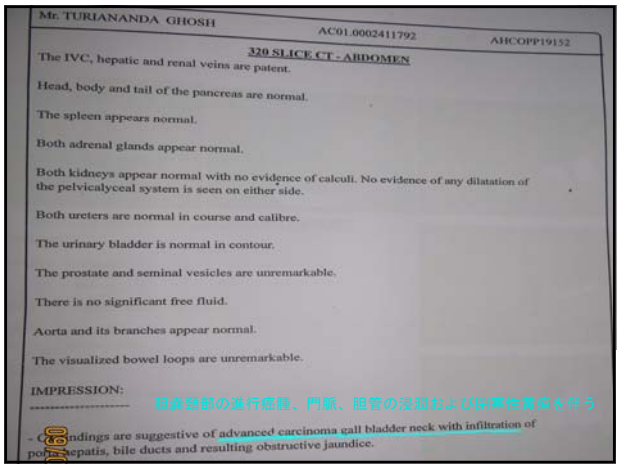
Diagnosis

胆嚢の悪性新生物（鑑別）

Diagnosis: Malignant neoplasm of gallbladder (Differential)
Morphology:
Remarks: Hilar CC or GB neck Ca

胆嚢頚部

INVESTIGATION RESULTS
(* indicates Provisional Report)
CT WHOLE ABDOMEN (27/08/2012 09:48:39)
REMARKS :
CT WHOLE ABDOMEN-
CECT WHOLE ABDOMEN
Liver is normal in size, outline and attenuation. No focal lesion or area of abnormal enhancement is seen. Minimal IHBR dilatation is noted with a plastic stent in left hepatic duct and CBD. HV and PV radicals appear normal. A mass is seen in neck of GB with infiltration into adjacent segment IV. The mass shows calcific foci within and obstructs the common hepatic duct and hilum. Right anterior and posterior ducts are separated with infiltration of



Mr. TURIANANDA GHOSH AC01.0002411792 AHCOPP19152

320 SLICE CT - ABDOMEN

The IVC, hepatic and renal veins are patent.

Head, body and tail of the pancreas are normal.

The spleen appears normal.

Both adrenal glands appear normal.

Both kidneys appear normal with no evidence of calculi. No evidence of any dilatation of the pelvicalyceal system is seen on either side.

Both ureters are normal in course and calibre.

The urinary bladder is normal in contour.

The prostate and seminal vesicles are unremarkable.

There is no significant free fluid.

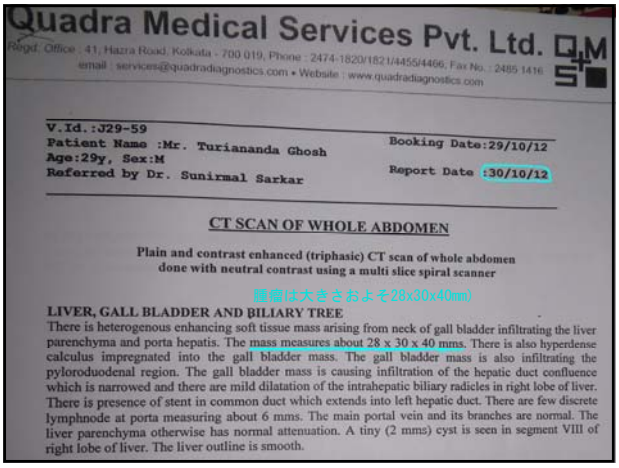
Aorta and its branches appear normal.

The visualized bowel loops are unremarkable.

IMPRESSION:

胆嚢頚部の進行癌腫、門脈、胆管の浸潤および閉塞性黄疸を伴う

- Findings are suggestive of advanced carcinoma gall bladder neck with infiltration of portahepatis, bile ducts and resulting obstructive jaundice.



Quadra Medical Services Pvt. Ltd.

Regd. Office : 41, Hazra Road, Kolkata - 700 019, Phone : 2474-1820/1821/4455/4466, Fax No. : 2485 1416
email : services@quadradiagnostics.com • Website : www.quadradiagnostics.com

V.Id.:J29-59
Patient Name :Mr. Turiananda Ghosh
Age:29y, Sex:M
Referred by Dr. Sunirmal Sarkar

Booking Date:29/10/12
Report Date :30/10/12

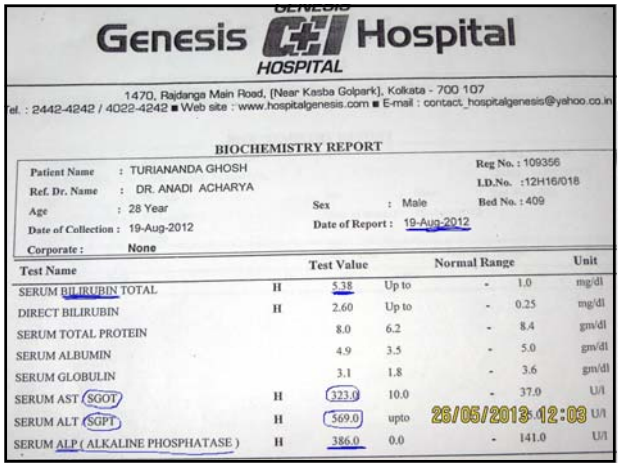
CT SCAN OF WHOLE ABDOMEN

Plain and contrast enhanced (triphasic) CT scan of whole abdomen done with neutral contrast using a multi slice spiral scanner

腫瘤は大きさおよそ28x30x40mm

LIVER, GALL BLADDER AND BILIARY TREE

There is heterogenous enhancing soft tissue mass arising from neck of gall bladder infiltrating the liver parenchyma and porta hepatis. The mass measures about 28 x 30 x 40 mms. There is also hyperdense calculus impregnated into the gall bladder mass. The gall bladder mass is also infiltrating the pyloroduodenal region. The gall bladder mass is causing infiltration of the hepatic duct confluence which is narrowed and there are mild dilatation of the intrahepatic biliary radicles in right lobe of liver. There is presence of stent in common duct which extends into left hepatic duct. There are few discrete lymphnode at porta measuring about 6 mms. The main portal vein and its branches are normal. The liver parenchyma otherwise has normal attenuation. A tiny (2 mms) cyst is seen in segment VIII of right lobe of liver. The liver outline is smooth.



Genesis CHI Hospital
HOSPITAL

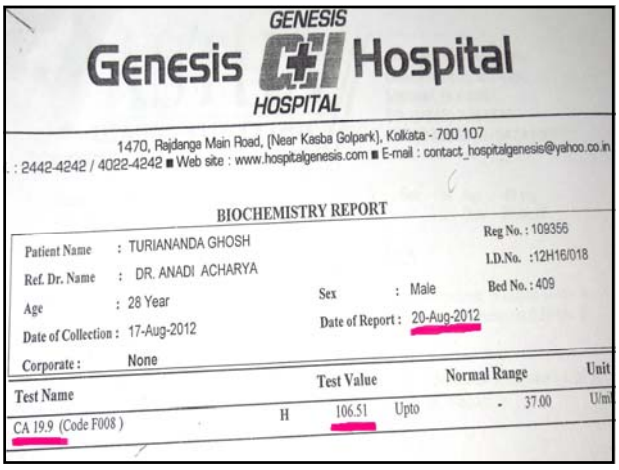
1470, Rajdanga Main Road, (Near Kasba Golpark), Kolkata - 700 107
Tel. : 2442-4242 / 4022-4242 ■ Web site : www.hospitalgenesis.com ■ E-mail : contact_hospitalgenesis@yahoo.co.in

BIOCHEMISTRY REPORT

Patient Name : TURIANANDA GHOSH
Ref. Dr. Name : DR. ANADI ACHARYA
Age : 28 Year
Sex : Male
Date of Collection : 19-Aug-2012
Date of Report : 19-Aug-2012
Corporate : None
Reg No. : 109356
I.D.No. :12H16/018
Bed No. : 409

Test Name		Test Value	Normal Range			Unit
SERUM BILIRUBIN TOTAL	H	5.38	Up to	-	1.0	mg/dl
DIRECT BILIRUBIN	H	2.60	Up to	-	0.25	mg/dl
SERUM TOTAL PROTEIN		8.0	6.2	-	8.4	gm/dl
SERUM ALBUMIN		4.9	3.5	-	5.0	gm/dl
SERUM GLOBULIN		3.1	1.8	-	3.6	gm/dl
SERUM AST (SGOT)	H	323.0	10.0	-	37.0	U/l
SERUM ALT (SGPT)	H	569.0	upto	-	5.12:03	U/l
SERUM ALP (ALKALINE PHOSPHATASE)	H	386.0	0.0	-	141.0	U/l

26/05/2013



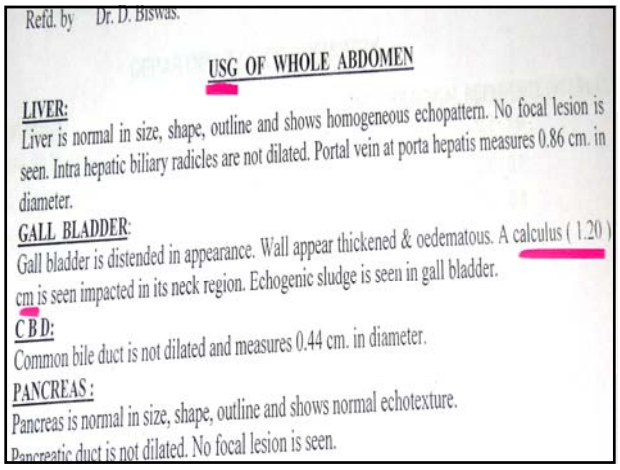
GENESIS
Genesis CHI Hospital
HOSPITAL

1470, Rajdanga Main Road, (Near Kasba Golpark), Kolkata - 700 107
: 2442-4242 / 4022-4242 ■ Web site : www.hospitalgenesis.com ■ E-mail : contact_hospitalgenesis@yahoo.co.in

BIOCHEMISTRY REPORT

Patient Name : TURIANANDA GHOSH
Ref. Dr. Name : DR. ANADI ACHARYA
Age : 28 Year
Sex : Male
Date of Collection : 17-Aug-2012
Date of Report : 20-Aug-2012
Corporate : None
Reg No. : 109356
I.D.No. :12H16/018
Bed No. : 409

Test Name		Test Value	Normal Range			Unit
CA 19.9 (Code F008)	H	106.51	Upto	-	37.00	U/ml



Refd. by Dr. D. Biswas.

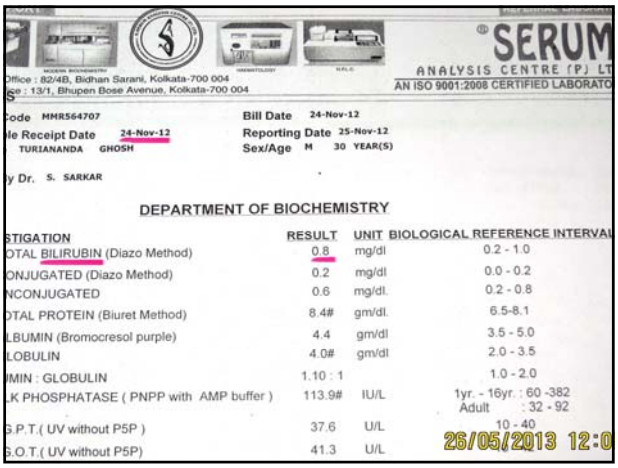
USG OF WHOLE ABDOMEN

LIVER:
Liver is normal in size, shape, outline and shows homogeneous echopattern. No focal lesion is seen. Intra hepatic biliary radicles are not dilated. Portal vein at porta hepatis measures 0.86 cm. in diameter.

GALL BLADDER:
Gall bladder is distended in appearance. Wall appear thickened & oedematous. A calculus (1.20) cm is seen impacted in its neck region. Echogenic sludge is seen in gall bladder.

CBD:
Common bile duct is not dilated and measures 0.44 cm. in diameter.

PANCREAS :
Pancreas is normal in size, shape, outline and shows normal echotexture.
Pancreatic duct is not dilated. No focal lesion is seen.



SERUM
ANALYSIS CENTRE (P) LT
AN ISO 9001:2008 CERTIFIED LABORATO

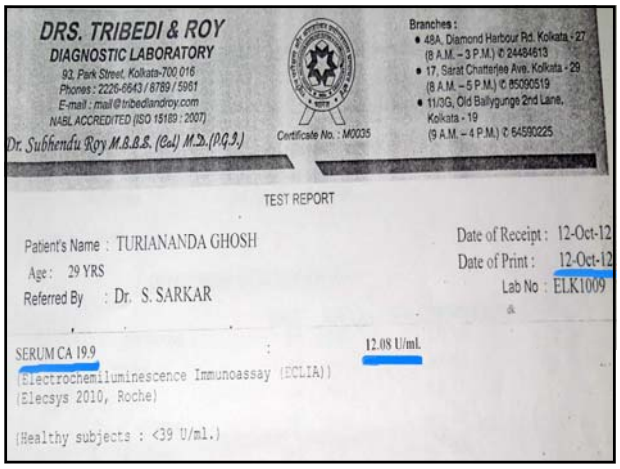
Office : 82/4B, Bidhan Sarani, Kolkata-700 004
Office : 13/1, Bhupen Bose Avenue, Kolkata-700 004

Code MMR564707
Sample Receipt Date 24-Nov-12
Name TURIANANDA GHOSH
Bill Date 24-Nov-12
Reporting Date 25-Nov-12
Sex/Age M 30 YEAR(S)
Ref. By Dr. S. SARKAR

DEPARTMENT OF BIOCHEMISTRY

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TOTAL BILIRUBIN (Diazo Method)	0.8	mg/dl	0.2 - 1.0
CONJUGATED (Diazo Method)	0.2	mg/dl	0.0 - 0.2
UNCONJUGATED	0.6	mg/dl.	0.2 - 0.8
TOTAL PROTEIN (Biuret Method)	8.4#	gm/dl.	6.5-8.1
ALBUMIN (Bromocresol purple)	4.4	gm/dl	3.5 - 5.0
GLOBULIN	4.0#	gm/dl	2.0 - 3.5
A/G RATIO : GLOBULIN	1.10 : 1		1.0 - 2.0
ALK PHOSPHATASE (PNPP with AMP buffer)	113.9#	IU/L	1yr. - 16yr. : 60 -382 Adult : 32 - 92
S.G.P.T.(UV without P5P)	37.6	U/L	10 - 40
S.G.O.T.(UV without P5P)	41.3	U/L	

26/05/2013 12:0



DRS. TRIBEDI & ROY
DIAGNOSTIC LABORATORY
92, Park Street, Kolkata-700 016
Phones : 2226-6643 / 8789 / 5961
E-mail : mail@tribedisandroy.com
NABL ACCREDITED (ISO 15189 : 2007)
Dr. Subhendu Roy M.B.B.S. (Cal.) M.D.(P.G.S.)
Certificate No. : M0035

Branches :
- 48A, Diamond Harbour Rd. Kolkata - 27 (8 A.M. – 3 P.M.) ✆ 24484613
- 17, Sarat Chatterjee Ave. Kolkata - 29 (8 A.M. – 5 P.M.) ✆ 65090519
- 11/3/G, Old Ballygunge 2nd Lane, Kolkata - 19 (9 A.M. – 4 P.M.) ✆ 64590225

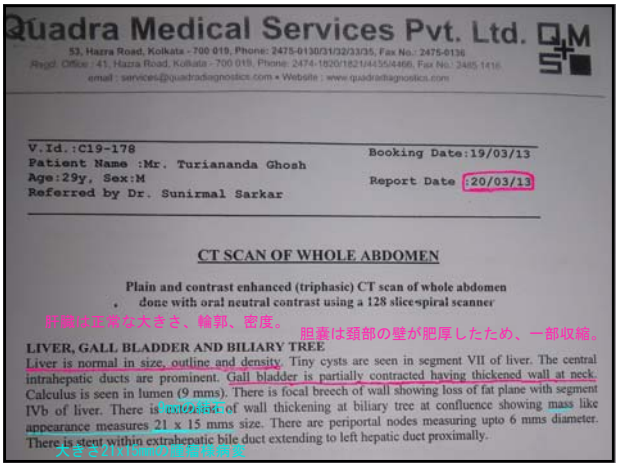
TEST REPORT

Patient's Name : TURIANANDA GHOSH
Age : 29 YRS
Referred By : Dr. S. SARKAR

Date of Receipt : 12-Oct-12
Date of Print : 12-Oct-12
Lab No : ELK1009

SERUM CA 19.9 : 12.08 U/ml.
(Electrochemiluminescence Immunoassay (ECLIA))
(Elecsys 2010, Roche)

(Healthy subjects : <39 U/ml.)



Quadra Medical Services Pvt. Ltd.
53, Hazra Road, Kolkata - 700 019, Phone: 2475-0130/31/32/33/35, Fax No.: 2475-0136
Regd. Office : 41, Hazra Road, Kolkata - 700 019, Phone: 2474-1820/1821/4455/4466, Fax No.: 2465 1416
email : services@quadradiagnostics.com • Website : www.quadradiagnostics.com

V.Id.:C19-178
Patient Name :Mr. Turiananda Ghosh
Age:29y, Sex:M
Referred by Dr. Sunirmal Sarkar

Booking Date:19/03/13
Report Date :20/03/13

CT SCAN OF WHOLE ABDOMEN

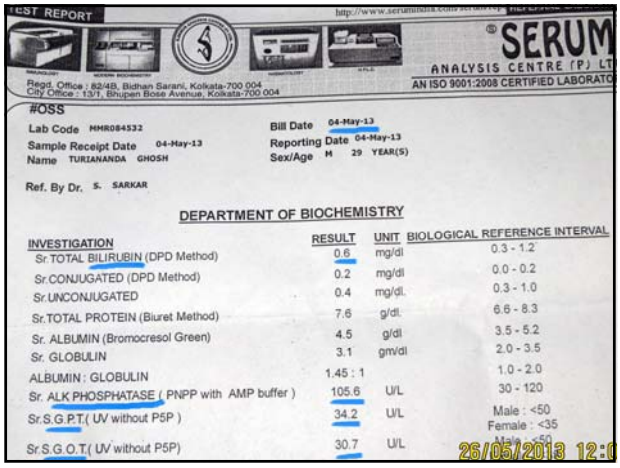
Plain and contrast enhanced (triphasic) CT scan of whole abdomen done with oral neutral contrast using a 128 slice spiral scanner

肝臓は正常な大きさ、輪郭、密度。

胆嚢は頸部の壁が肥厚したため、一部収縮。

LIVER, GALL BLADDER AND BILIARY TREE

Liver is normal in size, outline and density. Tiny cysts are seen in segment VII of liver. The central intrahepatic ducts are prominent. Gall bladder is partially contracted having thickened wall at neck. Calculus is seen in lumen (9 mms). There is focal breech of wall showing loss of fat plane with segment IVb of liver. There is extension of wall thickening at biliary tree at confluence showing mass like appearance measures 21 x 15 mms size. There are periportal nodes measuring upto 6 mms diameter. There is stent within extrahepatic bile duct extending to left hepatic duct proximally.



TEST REPORT

SERUM
ANALYSIS CENTRE (P) LT
AN ISO 9001:2008 CERTIFIED LABORATO

Regd. Office : 82/4B, Bidhan Sarani, Kolkata-700 004
City Office : 13/1, Bhupen Bose Avenue, Kolkata-700 004

#OSS
Lab Code MMR084532
Sample Receipt Date 04-May-13
Name TURIANANDA GHOSH
Bill Date 04-May-13
Reporting Date 04-May-13
Sex/Age M 29 YEAR(S)
Ref. By Dr. S. SARKAR

DEPARTMENT OF BIOCHEMISTRY

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sr.TOTAL BILIRUBIN (DPD Method)	0.6	mg/dl	0.3 - 1.2
Sr.CONJUGATED (DPD Method)	0.2	mg/dl	0.0 - 0.2
Sr.UNCONJUGATED	0.4	mg/dl.	0.3 - 1.0
Sr.TOTAL PROTEIN (Biuret Method)	7.6	g/dl.	6.6 - 8.3
Sr. ALBUMIN (Bromocresol Green)	4.5	g/dl	3.5 - 5.2
Sr. GLOBULIN	3.1	gm/dl	2.0 - 3.5
ALBUMIN : GLOBULIN	1.45 : 1		1.0 - 2.0
Sr. ALK PHOSPHATASE (PNPP with AMP buffer)	105.6	U/L	30 - 120
Sr.S.G.P.T.(UV without P5P)	34.2	U/L	Male : <50 Female : <35
Sr.S.G.O.T.(UV without P5P)	30.7	U/L	Male : <50

26/05/2013 12:0

Case 4

- A PT. WITH PCOD, ENDOMETRIOSIS, INCREASED CA-125 CAME ON 22.10.2006
- ON 8.3.2006 CA-125 WAS 286.66 U/ml.
- USG ON 3.7.07 SHOWS COARSE MYOMETRIUM & BILATERAL MULTICYSTIC OVARIES WITH COMPLEX CYSTS LIKELY ENDOMETRIOTIC.
- THE TREATMENT WAS STARTED WITH APIS MELIFICA.
- 22.10.2006に多嚢性卵巣症、子宮内膜症、CA-125高値の患者が来院。
- 8.3.2006に CA-125値は286.66 U/ml.
- 3.7.07の超音波検査で、粗い子宮筋層と左右に恐らく子宮内膜症による多嚢胞卵巣が認められた。
- APIS MELIFICAで治療を開始した。

Prognosis 予後

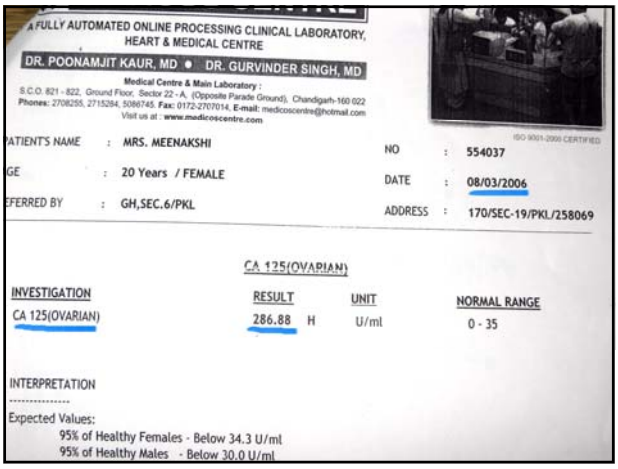
- CA-125 ON 24.6.07 was 54.76 ng/ml.

  on 31.3.08 CA-125 came down to 19.99 ng/ml.

  USG on 31.3.08 shows BILATERAL NORMAL SIZED MULTIFOLLICULAR OVARIES.

  USG ON 25.02.2011 shows EARLY PREGNANCY OF 5W 2DAYS , INTRAUTERINE GESTATION SAC VISUALISED.

  ON 28.09.11 SHE DELIVERED A BABY BOY.
- 24.6.07 CA-125値 が 54.76 ng/ml.
- 31.3.08 CA-125値 が 19.99 ng/ml まで下がっていた。
- 31.3.08 超音波検査で左右ともに正常の大きさの多発性卵胞の卵巣が見られた.
- 25.02.2011 超音波検査では子宮内の胎嚢が認められ、初期妊娠の5週2日目(5w2d)であることがわかった。
- *28.09.11 男の子の赤ちゃんを出産。*



A FULLY AUTOMATED ONLINE PROCESSING CLINICAL LABORATORY,
HEART & MEDICAL CENTRE

DR. POONAMJIT KAUR, MD ● DR. GURVINDER SINGH, MD

Medical Centre & Main Laboratory :
S.C.O. 821 - 822, Ground Floor, Sector 22 - A, (Opposite Parade Ground), Chandigarh-160 022
Phones: 2708255, 2715284, 5086745. Fax: 0172-2707014. E-mail: medicoscentre@hotmail.com
Visit us at : www.medicoscentre.com

ISO 9001-2000 CERTIFIED

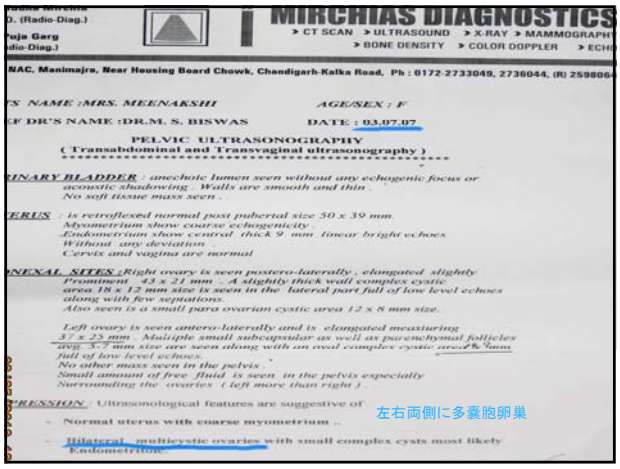
PATIENT'S NAME : MRS. MEENAKSHI
NO : 554037
AGE : 20 Years / FEMALE
DATE : 08/03/2006
REFERRED BY : GH,SEC.6/PKL
ADDRESS : 170/SEC-19/PKL/258069

CA 125(OVARIAN)

INVESTIGATION	RESULT	UNIT	NORMAL RANGE
CA 125(OVARIAN)	286.88 H	U/ml	0 - 35

INTERPRETATION

Expected Values:
95% of Healthy Females - Below 34.3 U/ml
95% of Healthy Males - Below 30.0 U/ml



MIRCHIAS DIAGNOSTICS
> CT SCAN > ULTRASOUND > X-RAY > MAMMOGRAPH
> BONE DENSITY > COLOR DOPPLER > ECH

NAC, Manimajra, Near Housing Board Chowk, Chandigarh-Kalka Road, Ph : 0172-2733049, 2736044, (R) 259806

S NAME :MRS. MEENAKSHI AGE/SEX : F
F DR'S NAME :DR.M. S. BISWAS DATE : 03.07.07

PELVIC ULTRASONOGRAPHY
(Transabdominal and Transvaginal ultrasonography)

INARY BLADDER : anechoic lumen seen without any echogenic focus or acoustic shadowing . Walls are smooth and thin .
No soft tissue mass seen .

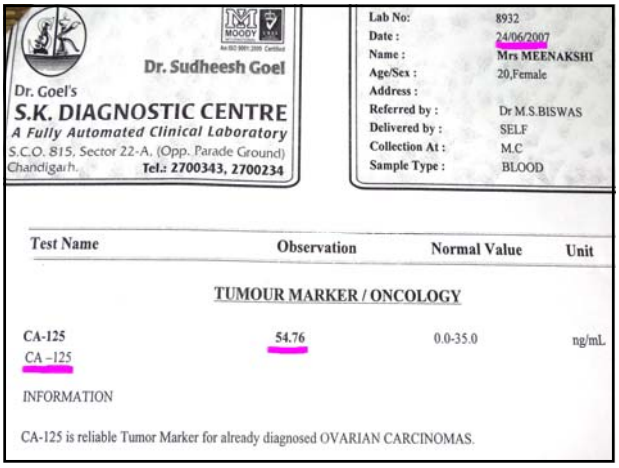
ERUS : is retroflexed normal post pubertal size 50 x 39 mm.
Myometrium show coarse echogenicity .
Endometrium show central thick 9 mm linear bright echoes
Without any deviation .
Cervix and vagina are normal

NEXAL SITES : Right ovary is seen postero-laterally , elongated slightly
Prominent 43 x 21 mm . A slightly thick wall complex cystic
area 18 x 12 mm size is seen in the lateral part full of low level echoes
along with few septations.
Also seen is a small para ovarian cystic area 12 x 8 mm size.

Left ovary is seen antero-laterally and is elongated measuring
37 x 25 mm . Multiple small subcapsular as well as parenchymal follicles
avg. 5-7 mm size are seen along with an oval complex cystic area 8x5mm
full of low level echoes.
No other mass seen in the pelvis .
Small amount of free fluid is seen in the pelvis especially
Surrounding the ovaries (left more than right) .

RESSION : Ultrasonological features are suggestive of
- Normal uterus with coarse myometrium .
- Bilateral multicystic ovaries with small complex cysts most likely Endometriotic

左右両側に多嚢胞卵巣



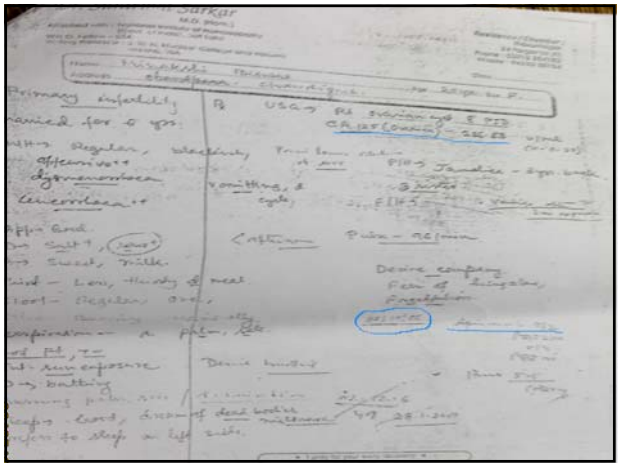
Dr. Sudheesh Goel
Dr. Goel's
S.K. DIAGNOSTIC CENTRE
A Fully Automated Clinical Laboratory
S.C.O. 815, Sector 22-A, (Opp. Parade Ground)
Chandigarh. Tel.: 2700343, 2700234

Lab No: 8932
Date : 24/06/2007
Name : Mrs MEENAKSHI
Age/Sex : 20,Female
Address :
Referred by : Dr M.S.BISWAS
Delivered by : SELF
Collection At : M.C
Sample Type : BLOOD

Test Name	Observation	Normal Value	Unit
TUMOUR MARKER / ONCOLOGY			
CA-125	54.76	0.0-35.0	ng/mL
CA -125			

INFORMATION

CA-125 is reliable Tumor Marker for already diagnosed OVARIAN CARCINOMAS.



M.D. (Radio-Diag.)
Dr. (Mrs.) Puja Garg
MD (Radio-Diag.)

MIRCHIAS DIAGNOSTICS
> CT SCAN > ULTRASOUND > X-RAY > MAMMOGRAPH
> BONE DENSITY > COLOR DOPPLER > ECH

S.C.O. 912, NAC, Manimajra, Near Housing Board Chowk, Chandigarh-Kalka Road, Ph : 0172-2733049, 2736044, (R) 259806

PT'S NAME: MRS MEENAKSHI AGE/SEX: F
REF. DR'S NAME:DR M.S BISWAS DATE: 31.03.2008

PELVIC ULTRASONOGRAPHY
(Transabdominal ultrasonography)

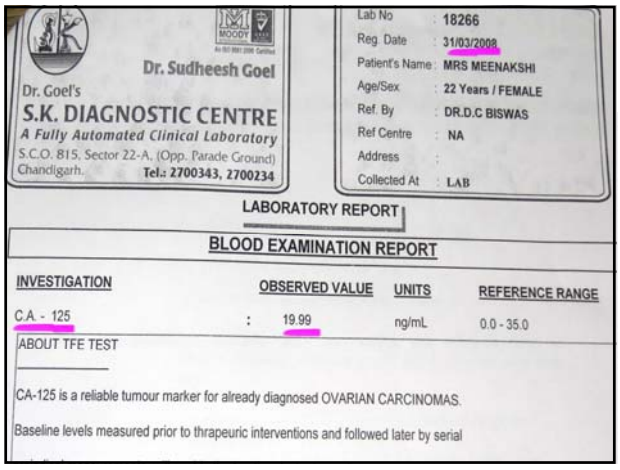
URINARY BLADDER: Anechoic lumen seen without any echogenic focus or acoustic shadowing. Walls are smooth and thin. No soft tissue mass seen.

UTERUS: is retroflexed normal post pubertal size measuring 44 x38 mm
Myometrium show coarse echogenicity.
Endometrium cavity shows thick8mm central linear bright echoes without any deviation.
Cervix and Vagina are normal.

ADNEXAL SITES: Both ovaries are seen laterally and show normal size & echotexture.
Right ovary is measuring about 27 x17 mm.
Left ovary is measuring about 38 x21 mm.
Small subcapsular follicles are seen in both.
A thick wall complex cyst 16 x16 mm is seen full of low level echoes on left .
No other mass seen in the pelvis.
Small amount of fluid is seen in the cul de sac.

IMPRESSION: Ultrasonological features are s/o
Normal uterus
Bilateral normal sized multifollicular ovaries.

左右両側は正常の大きさの多発性卵胞の卵巣



Dr. Sudheesh Goel
Dr. Goel's
S.K. DIAGNOSTIC CENTRE
A Fully Automated Clinical Laboratory
S.C.O. 815, Sector 22-A, (Opp. Parade Ground)
Chandigarh. Tel.: 2700343, 2700234

Lab No : 18266
Reg. Date : 31/03/2008
Patient's Name : MRS MEENAKSHI
Age/Sex : 22 Years / FEMALE
Ref. By : DR.D.C BISWAS
Ref Centre : NA
Address :
Collected At : LAB

LABORATORY REPORT

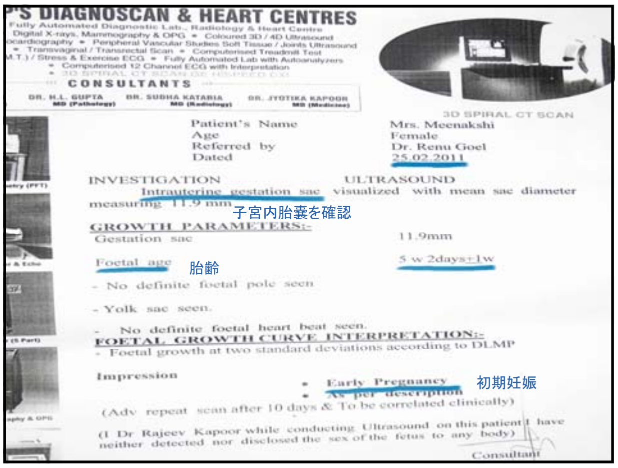
BLOOD EXAMINATION REPORT

INVESTIGATION	OBSERVED VALUE	UNITS	REFERENCE RANGE
C.A. - 125	19.99	ng/mL	0.0 - 35.0

ABOUT TFE TEST

CA-125 is a reliable tumour marker for already diagnosed OVARIAN CARCINOMAS.

Baseline levels measured prior to thrapeuric interventions and followed later by serial


'S DIAGNOSCAN & HEART CENTRES

CONSULTANTS

3D SPIRAL CT SCAN

Patient's Name Mrs. Meenakshi
Age Female
Referred by Dr. Renu Goel
Dated 25.02.2011

INVESTIGATION ULTRASOUND

Intrauterine gestation sac visualized with mean sac diameter measuring 11.9 mm

子宮内胎嚢を確認

GROWTH PARAMETERS:-

Gestation sac 11.9mm

Foetal age 胎齢 5 w 2days±1w

- No definite foetal pole seen
- Yolk sac seen.
- No definite foetal heart beat seen.

FOETAL GROWTH CURVE INTERPRETATION:-

Foetal growth at two standard deviations according to DLMP

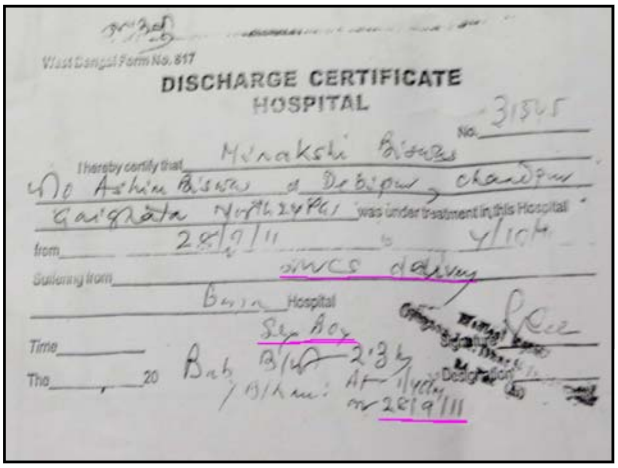
Impression

- Early Pregnancy 初期妊娠
- As per description

(Adv repeat scan after 10 days & To be correlated clinically)

(I Dr Rajeev Kapoor while conducting Ultrasound on this patient I have neither detected nor disclosed the sex of the fetus to any body)

Consultant


West Bengal Form No. 817

DISCHARGE CERTIFICATE

HOSPITAL

No. 31845

I hereby certify that Minakshi Biswas

was under treatment in this Hospital

from 28/2/11 to 1/3/11

Suffering from

Hospital

Time

The 20

Designation

Case 5

- **A CASE OF OVARIAN CARCINOMA WITH METASTASIS CAME ON 17.5.11**

MOSTLY PRESCRIBED MEDICINES ARE CISPLATIN & IGNATIA

17.5.11　転移を伴う卵巣癌の症例の初診

処方したレメディは主に*CISPLATIN* と *IGNATIA*

Changes of Tumor marker
腫瘍マーカー値の変化

- CA-125 on 16.4.11 was 710.2 U/ml.

  CA-125 on 27.5.11 was 162.10 U/ml.

  CA-125 on 8.6.11 was 102.30 U/ml

  CA-125 on 5.9.11 was 43.50 U/ml

  CA-125 on 13.12.11 was 97.60 U/ml

  CA-125 on 11.2.12 was 58.65 U/ml

  CA-125 on 5.5.12 was 30.60 U/ml

  CA-125 on 18.10.12 was 21.60 U/ml

Effect of emotion…
情動の効果

- ROLE OF EMOTION TO STIMULATE THE CANCER MARKER

  AFTER AN EMOTIONAL TRAUMA AGAIN CA-125 RAISED ON 13.12.11

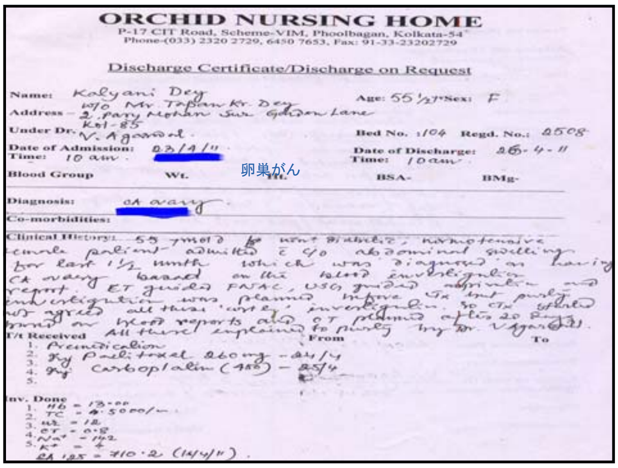
  AFTER MEDICATION AGAIN LEVEL OF CA-125 REDUCED ON 11.2.12.

- 腫瘍マーカー値に与える刺激における情動の役割
- 13.12.11 感情的トラウマのあと、CA-125の値が上昇。
- 11.2.12　レメディ再投与後CA-125のレベルは再び下がった。

Present state
現在の状態

- Patient IS NOW IMPROVED WITH HOMOEOPATHIC TREATMENT AND MAINTAINING NORMAL LIFE-STYLE WITH SOUND HEALTH.

- ホメオパシーによる治療後、患者は良好な健康状態を維持し、ふつうに生活を送っている。



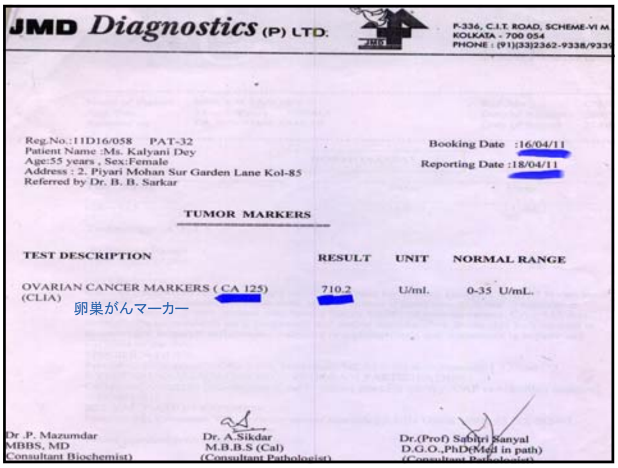
ORCHID NURSING HOME
P-17 CIT Road, Scheme-VIM, Phoolbagan, Kolkata-54
Phone-(033) 2320 2729, 6450 7653, Fax: 91-33-23202729

Discharge Certificate/Discharge on Request

Name: Kalyani Dey   Age: 55 yrs   Sex: F
W/O Mr Tapan Kr. Dey
Address – 2 Pary Mohan Sur Garden Lane
Kol-85
Under Dr. V. Agarwal   Bed No.: 104   Regd. No.: 2508
Date of Admission: 03/4/11   Date of Discharge: 26-4-11
Time: 10 am   Time: 10 am
Blood Group   Wt.   Ht.   BSA-   BMg-

卵巣がん

Diagnosis: CA ovary
Co-morbidities:
Clinical History: 55 yrs old non diabetic, normotensive female patient admitted c/o abdominal swelling for last 1½ month which was diagnosed as having CA ovary based on the blood investigation report. ET guided FNAC, USG guided aspiration and investigation was planned before Cx but party not agreed all these 'costly' investigation. So Cx started based on blood reports and OT planned after 20 days. All these explained to party by Dr. V. Agarwal.
T/t Received   From   To
1. Premedication
2. Inj Paclitaxel 260 mg – 24/4
3.
4. Inj Carboplatin (450) – 25/4
5.
Inv. Done
1. Hb = 13.00
2. TC = 4500/–
3. Ur = 12
4. Cr = 0.8
5. Na⁺ – 142
K⁺ = 4
CA 125 = 710.2 (14/4/11)



JMD Diagnostics (P) LTD.
P-336, C.I.T. ROAD, SCHEME-VI M
KOLKATA - 700 054
PHONE : (91)(33)2362-9338/9339

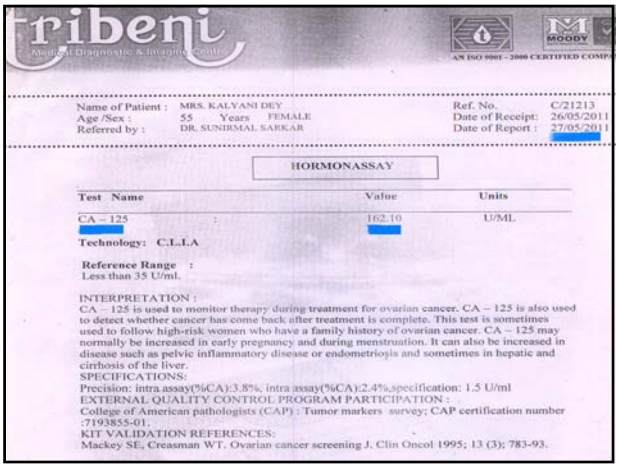
Reg.No.:11D16/058   PAT-32
Patient Name :Ms. Kalyani Dey
Age:55 years , Sex:Female
Address : 2. Piyari Mohan Sur Garden Lane Kol-85
Referred by Dr. B. B. Sarkar
Booking Date :16/04/11
Reporting Date :18/04/11

TUMOR MARKERS

TEST DESCRIPTION	RESULT	UNIT	NORMAL RANGE
OVARIAN CANCER MARKERS (CA 125) (CLIA)	710.2	U/ml.	0-35 U/mL.

卵巣がんマーカー

Dr .P. Mazumdar, MBBS, MD (Consultant Biochemist)
Dr. A.Sikdar, M.B.B.S (Cal) (Consultant Pathologist)
Dr.(Prof) Sabitri Sanyal, D.G.O.,PhD(Med in path) (Consultant Pathologist)



tribeni
Medical Diagnostic & Imaging Centre
AN ISO 9001 - 2000 CERTIFIED COMPANY

Name of Patient : MRS. KALYANI DEY   Ref. No. C/21213
Age /Sex : 55 Years FEMALE   Date of Receipt: 26/05/2011
Referred by : DR. SUNIRMAL SARKAR   Date of Report : 27/05/2011

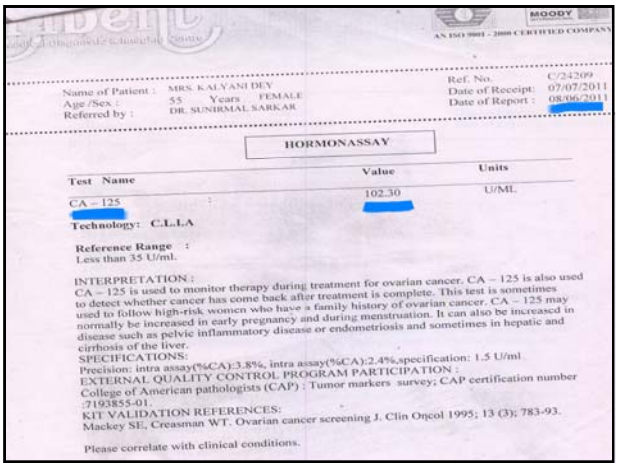
HORMONASSAY

Test Name		Value	Units
CA – 125	:	162.10	U/ML

Technology: C.L.I.A

Reference Range : Less than 35 U/ml.

INTERPRETATION :
CA – 125 is used to monitor therapy during treatment for ovarian cancer. CA – 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA – 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.
SPECIFICATIONS:
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.
KIT VALIDATION REFERENCES:
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.



AN ISO 9001 - 2000 CERTIFIED COMPANY

Name of Patient : MRS. KALYANI DEY   Ref. No. C/24209
Age /Sex : 55 Years FEMALE   Date of Receipt: 07/07/2011
Referred by : DR. SUNIRMAL SARKAR   Date of Report : 08/06/2011

HORMONASSAY

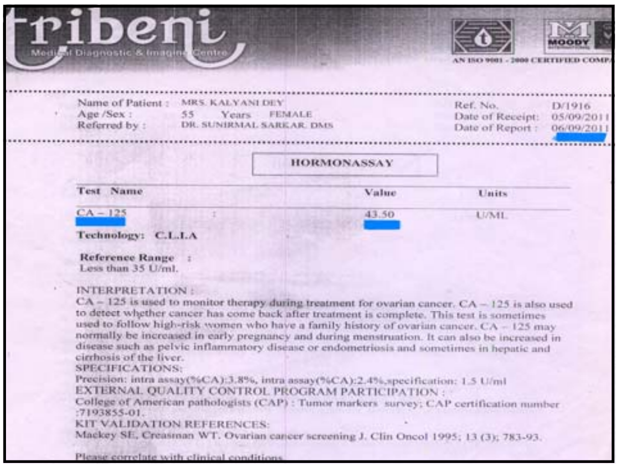
Test Name		Value	Units
CA – 125	:	102.30	U/ML

Technology: C.L.I.A

Reference Range : Less than 35 U/ml.

INTERPRETATION :
CA – 125 is used to monitor therapy during treatment for ovarian cancer. CA – 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA – 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.
SPECIFICATIONS:
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.
KIT VALIDATION REFERENCES:
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.



tribeni
Medical Diagnostic & Imaging Centre
AN ISO 9001 - 2000 CERTIFIED COMPANY

Name of Patient : MRS. KALYANI DEY   Ref. No. D/1916
Age /Sex : 55 Years FEMALE   Date of Receipt: 05/09/2011
Referred by : DR. SUNIRMAL SARKAR. DMS   Date of Report : 06/09/2011

HORMONASSAY

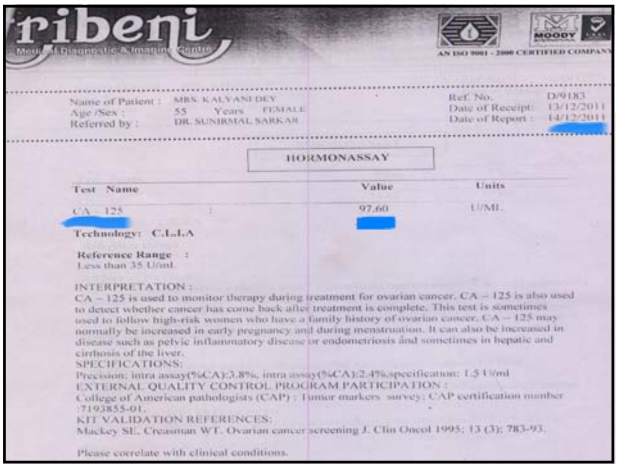
Test Name		Value	Units
CA – 125	:	43.50	U/ML

Technology: C.L.I.A

Reference Range : Less than 35 U/ml.

INTERPRETATION :
CA – 125 is used to monitor therapy during treatment for ovarian cancer. CA – 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA – 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.
SPECIFICATIONS:
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.
KIT VALIDATION REFERENCES:
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.



tribeni
Medical Diagnostic & Imaging Centre
AN ISO 9001 - 2000 CERTIFIED COMPANY

Name of Patient : MRS. KALYANI DEY   Ref. No. D/9183
Age /Sex : 55 Years FEMALE   Date of Receipt: 13/12/2011
Referred by : DR. SUNIRMAL SARKAR   Date of Report : 14/12/2011

HORMONASSAY

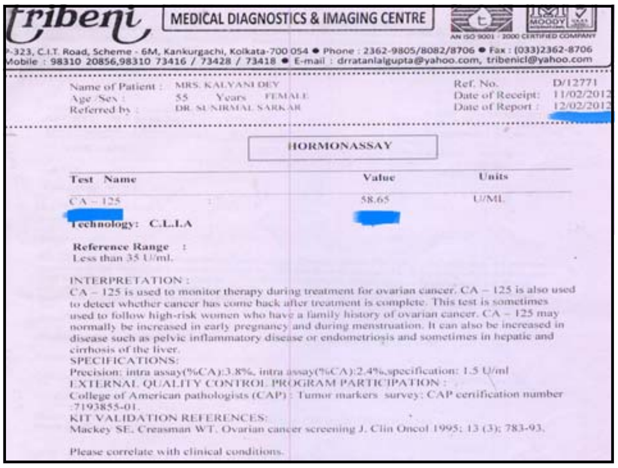
Test Name		Value	Units
CA – 125	:	97.60	U/ML

Technology: C.L.I.A

Reference Range : Less than 35 U/ml.

INTERPRETATION :
CA – 125 is used to monitor therapy during treatment for ovarian cancer. CA – 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA – 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.
SPECIFICATIONS:
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.
KIT VALIDATION REFERENCES:
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.



Tribeni MEDICAL DIAGNOSTICS & IMAGING CENTRE

AN ISO 9001 : 2000 CERTIFIED COMPANY

P-323, C.I.T. Road, Scheme - 6M, Kankurgachi, Kolkata-700 054 • Phone : 2362-9805/8082/8706 • Fax : (033)2362-8706
Mobile : 98310 20856,98310 73416 / 73428 / 73418 • E-mail : drratanlalgupta@yahoo.com, tribenicl@yahoo.com

Name of Patient : MRS. KALYANI DEY
Age /Sex : 55 Years FEMALE
Referred by : DR. SUNIRMAL SARKAR

Ref. No. D/12771
Date of Receipt: 11/02/2012
Date of Report : 12/02/2012

HORMONASSAY

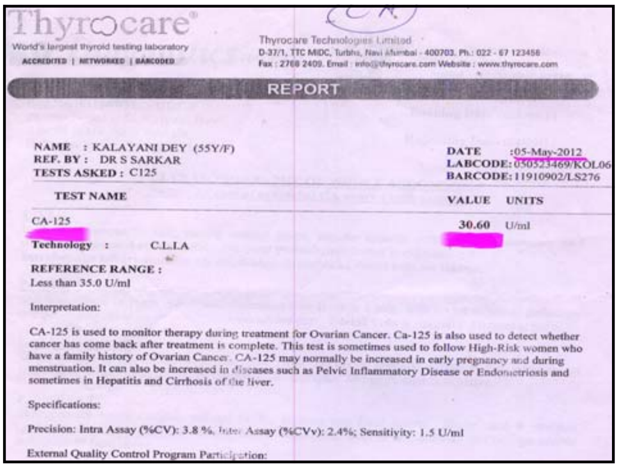
Test Name	Value	Units
CA – 125	58.65	U/ML

Technology: C.L.I.A

Reference Range :
Less than 35 U/ml.

INTERPRETATION :
CA – 125 is used to monitor therapy during treatment for ovarian cancer. CA – 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA – 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.
SPECIFICATIONS:
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :
College of American pathologists (CAP) : Tumor markers survey: CAP certification number :7193855-01.
KIT VALIDATION REFERENCES:
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.



Thyrocare®
World's largest thyroid testing laboratory
ACCREDITED | NETWORKED | BARCODED

Thyrocare Technologies Limited
D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703. Ph.: 022 - 67 123456
Fax : 2768 2409. Email : info@thyrocare.com Website : www.thyrocare.com

REPORT

NAME : KALAYANI DEY (55Y/F)
REF. BY : DR S SARKAR
TESTS ASKED : C125

DATE :05-May-2012
LABCODE: 050523469/KOL06
BARCODE: 11910902/LS276

TEST NAME	VALUE	UNITS
CA-125	30.60	U/ml

Technology : C.L.I.A

REFERENCE RANGE :
Less than 35.0 U/ml

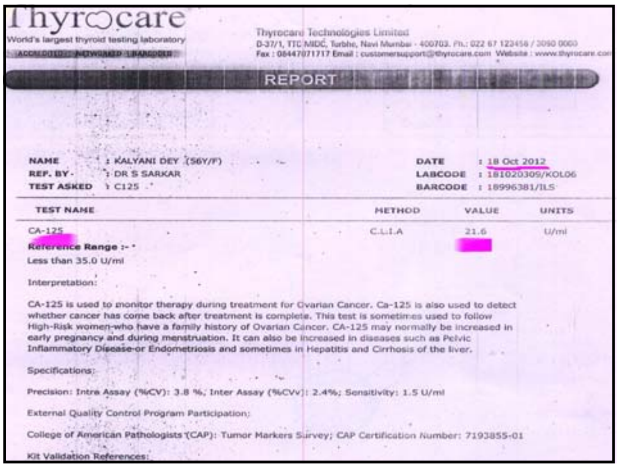
Interpretation:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. Ca-125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 3.8 %, Inter Assay (%CVv): 2.4%; Sensitiyity: 1.5 U/ml

External Quality Control Program Participation:



Thyrocare
World's largest thyroid testing laboratory
ACCREDITED | NETWORKED | BARCODED

Thyrocare Technologies Limited
D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703. Ph.: 022 67 123456 / 3090 0000
Fax : 08447071717 Email : customersupport@thyrocare.com Website : www.thyrocare.com

REPORT

NAME : KALYANI DEY (56Y/F)
REF. BY : DR S SARKAR
TEST ASKED : C125

DATE : 18 Oct 2012
LABCODE : 181020309/KOL06
BARCODE : 18996381/ILS

TEST NAME	METHOD	VALUE	UNITS
CA-125	C.L.I.A	21.6	U/ml

Reference Range :-
Less than 35.0 U/ml

Interpretation:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. Ca-125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 3.8 %, Inter Assay (%CVv): 2.4%; Sensitivity: 1.5 U/ml

External Quality Control Program Participation:

College of American Pathologists (CAP): Tumor Markers Survey; CAP Certification Number: 7193855-01

Kit Validation References:

Case 6

- A CASE OF SUSPECTED SEVERE PATHOLOGY OF LUNG (03.01.12)

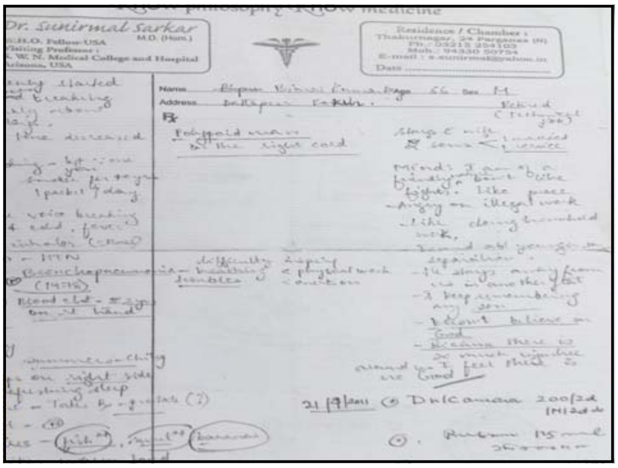
  NOW NEARLY NORMAL(08.04.13)

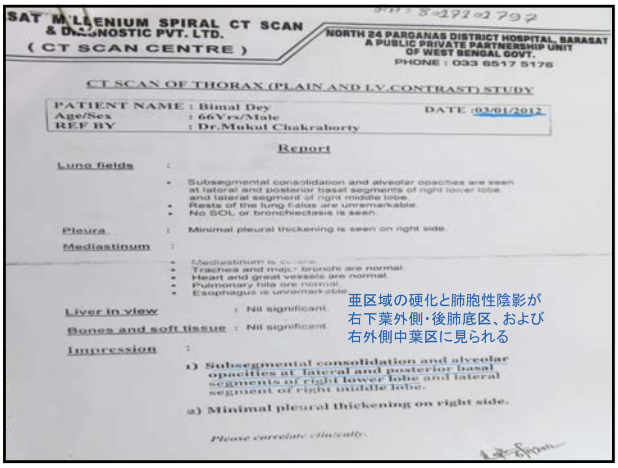
  MEDICINE GIVEN - **DULCAMARA**

- (03.01.12)　肺の重篤な病理が疑われる症例

  (08.04.13)　現在はほぼ正常

  処方：**DULCAMARA**





SAT MILLENIUM SPIRAL CT SCAN & DIAGNOSTIC PVT. LTD.
(CT SCAN CENTRE)

NORTH 24 PARGANAS DISTRICT HOSPITAL, BARASAT
A PUBLIC PRIVATE PARTNERSHIP UNIT
OF WEST BENGAL GOVT.
PHONE : 033 6517 5176

CT SCAN OF THORAX (PLAIN AND I.V.CONTRAST) STUDY

PATIENT NAME : Bimal Dey
Age/Sex : 66Yrs/Male
REF BY : Dr.Mukul Chakraborty
DATE : 03/01/2012

Report

Lung fields :
- Subsegmental consolidation and alveolar opacities are seen at lateral and posterior basal segments of right lower lobe and lateral segment of right middle lobe.
- Rests of the lung fields are unremarkable.
- No SOL or bronchiectasis is seen.

Pleura : Minimal pleural thickening is seen on right side.

Mediastinum :
- Mediastinum is central.
- Trachea and major bronchi are normal.
- Heart and great vessels are normal.
- Pulmonary hila are normal.
- Esophagus is unremarkable.

Liver in view : Nil significant.

Bones and soft tissue : Nil significant.

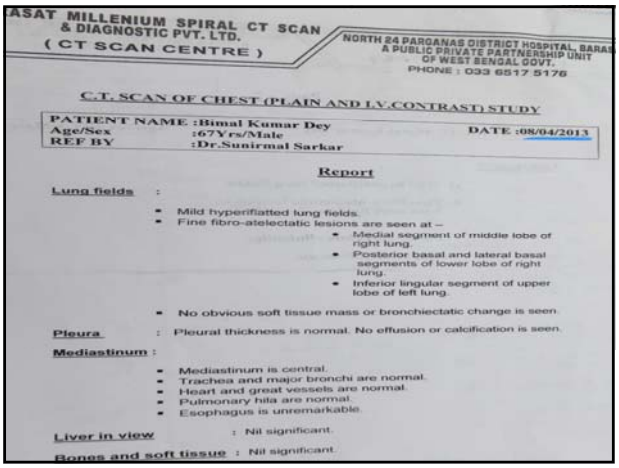
Impression :

1) Subsegmental consolidation and alveolar opacities at lateral and posterior basal segments of right lower lobe and lateral segment of right middle lobe.

2) Minimal pleural thickening on right side.

Please correlate clinically.

亜区域の硬化と肺胞性陰影が
右下葉外側・後肺底区、および
右外側中葉区に見られる



ASAT MILLENIUM SPIRAL CT SCAN & DIAGNOSTIC PVT. LTD.
(CT SCAN CENTRE)

NORTH 24 PARGANAS DISTRICT HOSPITAL, BARASAT
A PUBLIC PRIVATE PARTNERSHIP UNIT OF WEST BENGAL GOVT.
PHONE : 033 6517 5176

C.T. SCAN OF CHEST (PLAIN AND I.V.CONTRAST) STUDY

PATIENT NAME :Bimal Kumar Dey
Age/Sex :67Yrs/Male
REF BY :Dr.Sunirmal Sarkar
DATE :08/04/2013

Report

Lung fields :
- Mild hyperinflatted lung fields.
- Fine fibro-atelectatic lesions are seen at –
  - Medial segment of middle lobe of right lung.
  - Posterior basal and lateral basal segments of lower lobe of right lung.
  - Inferior lingular segment of upper lobe of left lung.
- No obvious soft tissue mass or bronchiectatic change is seen.

Pleura : Pleural thickness is normal. No effusion or calcification is seen.

Mediastinum :
- Mediastinum is central.
- Trachea and major bronchi are normal.
- Heart and great vessels are normal.
- Pulmonary hila are normal.
- Esophagus is unremarkable.

Liver in view : Nil significant.

Bones and soft tissue : Nil significant.

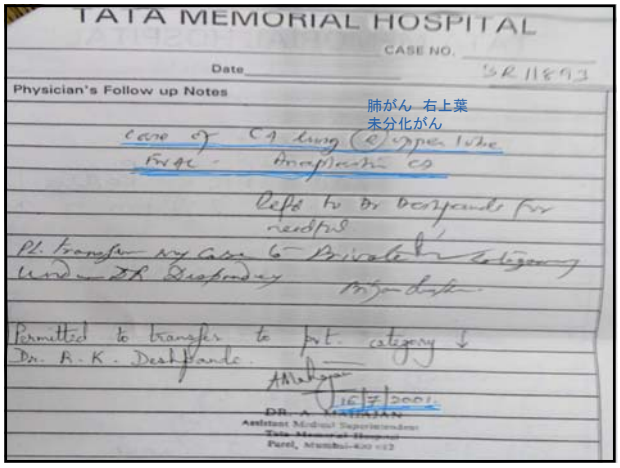
CAN WE PREVENT CANCEROUS PROCESS OF THE LUNGS..??

肺がんの過程を防ぐことはできるか。

Case 7

- SURVIVED CASE OF LUNG CARCINOMA WITH METASTASIS UNDER HOMOEOPATHIC TREATMENT FOR 11 YEARS.

  PT. FIRST CAME ON 17.10.04, STARTED WITH DULCAMARA..STILL NOW MOSTLY ON DULCAMARA(5.2.13)
- 転移を伴う肺がんのため11年間のホメオパシー治療を受けた長期生存の症例。
- 患者の初診は17.10.04. 治療は DULCAMARAから始まり、現在も主に DULCAMARAを摂り続けている。(5.2.13)



TATA MEMORIAL HOSPITAL

CASE NO.

Date

Physician's Follow up Notes

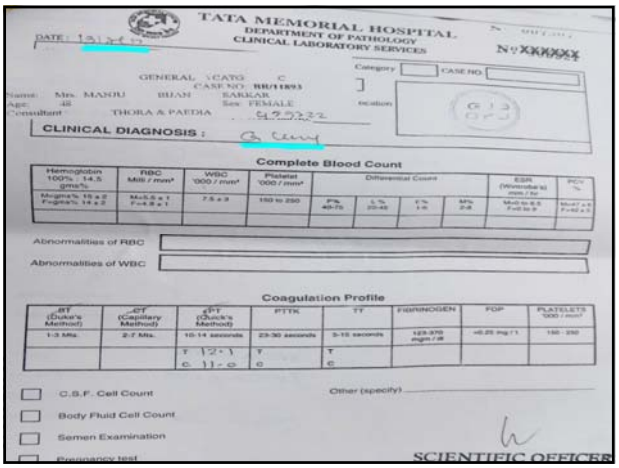
肺がん 右上葉
未分化がん

case of CA lung (R) upper lobe
Biopsy - Anaplastic CA

Refd to Dr Deshpande for
medical

Pl. transfer my case to Private category
under Dr Deshpande

Permitted to transfer to Pvt. category
Dr. A. K. Deshpande



TATA MEMORIAL HOSPITAL
DEPARTMENT OF PATHOLOGY
CLINICAL LABORATORY SERVICES

CLINICAL DIAGNOSIS :

Complete Blood Count

Abnormalities of RBC

Abnormalities of WBC

Coagulation Profile

C.S.F. Cell Count

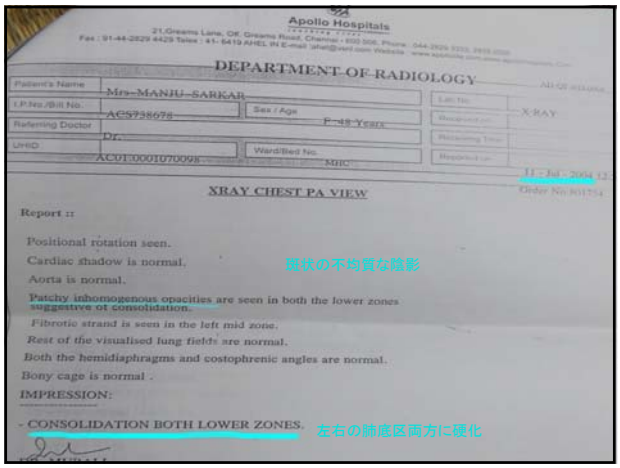
Body Fluid Cell Count

Semen Examination

Pregnancy test

Other (specify)

SCIENTIFIC OFFICER



Apollo Hospitals

DEPARTMENT OF RADIOLOGY

Patient's Name : Mrs MANJU SARKAR
I.P.No./Bill No. : AC5738078
Sex / Age : F 48 Years
Referring Doctor : Dr.
UHID : AC01:0001070098
Ward/Bed No.

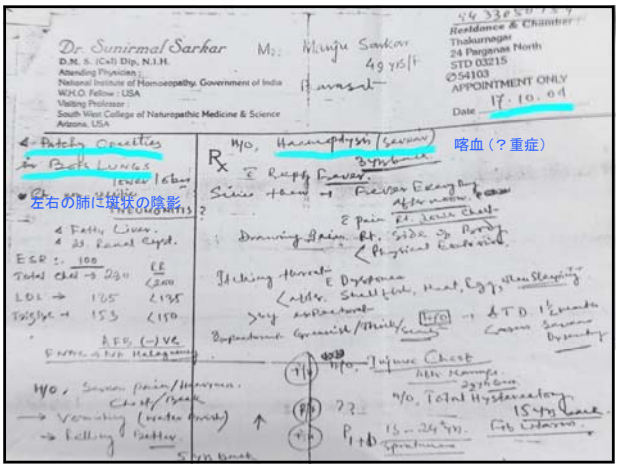
XRAY CHEST PA VIEW

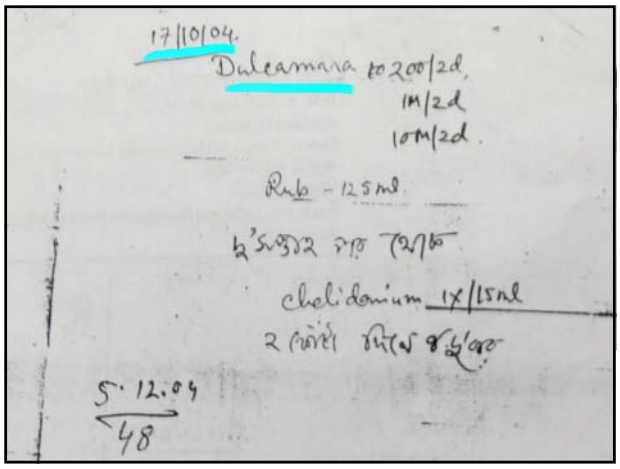
Report ::

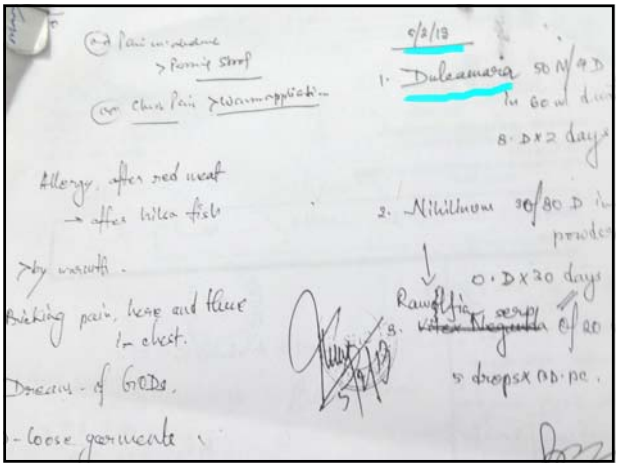
Positional rotation seen.
Cardiac shadow is normal.
Aorta is normal.
Patchy inhomogenous opacities are seen in both the lower zones suggestive of consolidation.
斑状の不均質な陰影
Fibrotic strand is seen in the left mid zone.
Rest of the visualised lung fields are normal.
Both the hemidiaphragms and costophrenic angles are normal.
Bony cage is normal .

IMPRESSION:

- CONSOLIDATION BOTH LOWER ZONES.
左右の肺底区両方に硬化



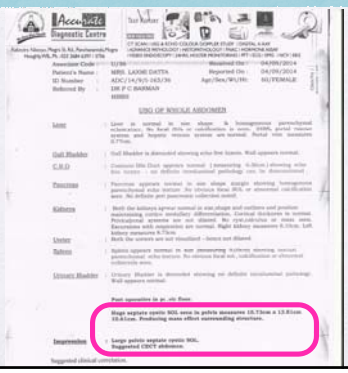




Case 7

- Adenocarcinoma of ovary
- Patient:
  - Age: 60 years old
  - Sex: Female
- **卵巣の腺がん**
- **患者：**
  - **年齢：６０歳**
  - **性別：**

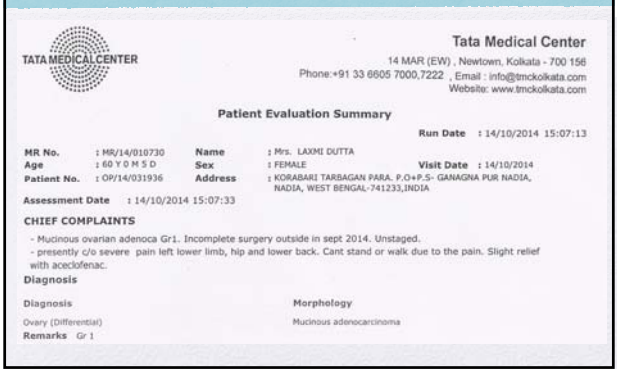
4/9/2014



骨盤内に
15.73cm x
13.81cm (x)
10.61cmの巨大な区画性の嚢胞性SOL.
周囲構造へのマスエフェクトが見られる。

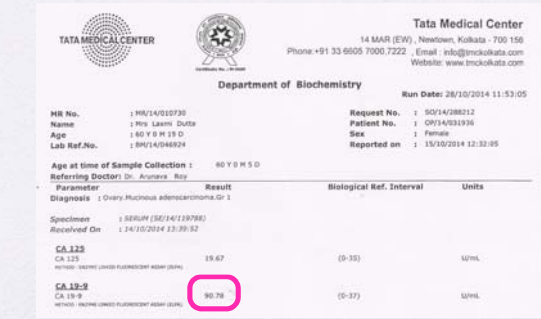
腹部造影CTを推奨。

14/10/2014



14/10/2014

Tumor marker


TATA MEDICAL CENTER

Tata Medical Center
14 MAR (EW) , Newtown, Kolkata - 700 156
Phone:+91 33 6605 7000,7222 , Email : info@tmckolkata.com
Website: www.tmckolkata.com

Department of Biochemistry

Run Date: 28/10/2014 11:53:05

HR No. : HR/14/010730
Name : Mrs Laxmi Dutta
Age : 60 Y 0 M 15 D
Lab Ref.No. : BM/14/046924

Request No. : SO/14/288212
Patient No. : OP/14/031936
Sex : Female
Reported on : 15/10/2014 12:32:05

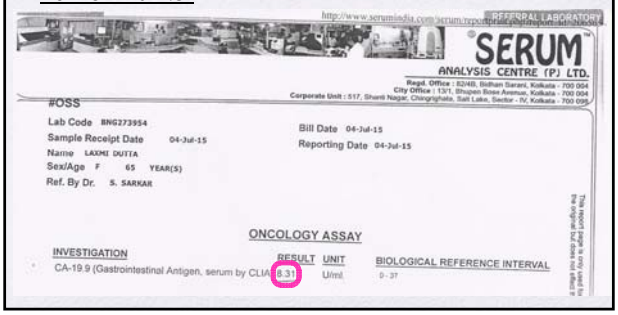
Age at time of Sample Collection : 60 Y 0 M 5 D
Referring Doctor: Dr. Arunava Roy

Parameter	Result	Biological Ref. Interval	Units
Diagnosis : Ovary,Mucinous adenocarcinoma,Gr 1			
Specimen Received On : SERUM (SE/14/119788) 14/10/2014 13:39:52			
CA 125	19.67	(0-35)	U/mL
CA 19-9	90.78	(0-37)	U/mL

4/7/2015

(after 8months from 1st medication)

Tumor marker


SERUM
ANALYSIS CENTRE (P) LTD.
REFERRAL LABORATORY

#OSS

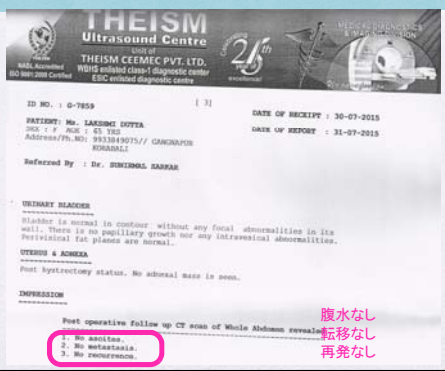
Lab Code BNG273954
Sample Receipt Date 04-Jul-15
Name LAXMI DUTTA
Sex/Age F 65 YEAR(S)
Ref. By Dr. S. SARKAR

Bill Date 04-Jul-15
Reporting Date 04-Jul-15

ONCOLOGY ASSAY

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
CA-19.9 (Gastrointestinal Antigen, serum by CLIA	8.31	U/ml	0 - 37

30/7/2015


THEISM
Ultrasound Centre
Unit of
THEISM CEEMEC PVT. LTD.
WBHS enlisted class-I diagnostic center
ESIC enlisted diagnostic centre

ID NO. : G-7859

PATIENT: Mr. LAKSHMI DUTTA
AGE : 65 YRS
Address/Ph.NO: 9933849075// GANGARPUR KORABALI

DATE OF RECEIPT : 30-07-2015
DATE OF REPORT : 31-07-2015

Referred By : Dr. SUNIRMAL SARKAR

URINARY BLADDER

Bladder is normal in contour without any focal abnormalities in its wall. There is no papillary growth nor any intravesical abnormalities. Perivisical fat planes are normal.

UTERUS & ADNEXA

Post hysterectomy status. No adnexal mass is seen.

IMPRESSION

Post operative follow up CT scan of Whole Abdomen revealed
1. No ascites.
2. No metastasis.
3. No recurrence.

腹水なし
転移なし
再発なし

Treatment 治療

Symptomatic treatment

From 3/11/2014

- Ferrum met.
- Adenocarcinoma
- Belladonna
- Lachesis
- Staphysagria

対症療法

開始 3/11/2014

- Ferrum met.
- Adenocarcinoma
- Belladonna
- Lachesis
- Staphysagria

Case 8

- High grade Urothelial carcinoma
- Tumour present in the deeper part
- Patient:
  - Age: 57 years old
  - Sex: Male
- 高悪性度尿路上皮がん
- 深い部位の腫瘍
- 患者
  - 年齢:57歳
  - 性別:男性

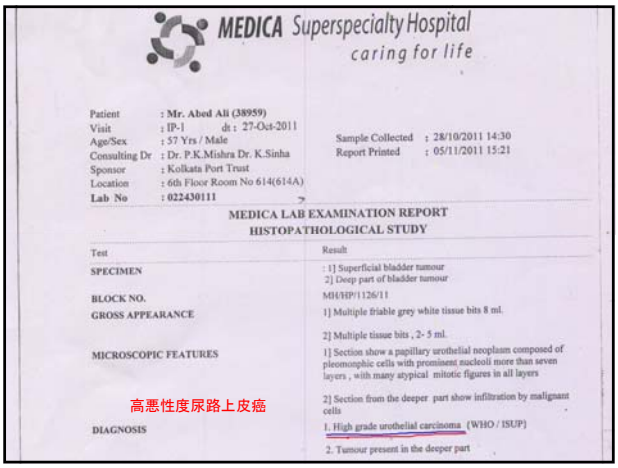
Prognosis 予後

- 05/11/2011 Histopathological study shows High grade urothelial carcinoma
- 22/11/2011 CT scan shows
  1)Irregular thickening in the left lateral wall and adjacent posterior wall of urinary bladder
  2)Mild prostatemegaly
- 07/04/2012 USG shows
  1)No evidence of any diffuse wall thickness
  2)Mild prostatomegaly

05/11/2011
病理組織検査で高悪性度尿路上皮癌を認めた。

22/11/2011 CT検査所見
1) 膀胱外側壁と隣接の膀胱後壁に不均一な肥厚
2) 軽度の前立腺肥大

07/04/2012 超音波所見
1)広範囲な壁肥厚は確認されず。
2)軽度の前立腺肥大



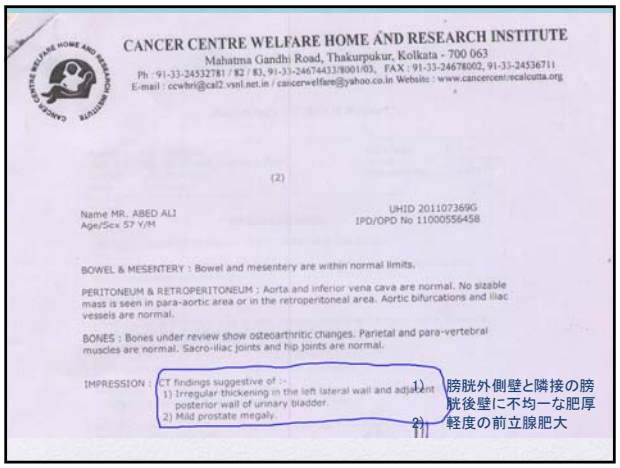
MEDICA Superspecialty Hospital
caring for life

Patient : Mr. Abed Ali (38959)
Visit : IP-1 dt : 27-Oct-2011
Age/Sex : 57 Yrs / Male
Consulting Dr : Dr. P.K.Mishra Dr. K.Sinha
Sponsor : Kolkata Port Trust
Location : 6th Floor Room No 614(614A)
Lab No : 022430111
Sample Collected : 28/10/2011 14:30
Report Printed : 05/11/2011 15:21

MEDICA LAB EXAMINATION REPORT
HISTOPATHOLOGICAL STUDY

Test	Result
SPECIMEN	: 1] Superficial bladder tumour 2] Deep part of bladder tumour
BLOCK NO.	MH/HP/1126/11
GROSS APPEARANCE	1] Multiple friable grey white tissue bits 8 ml. 2] Multiple tissue bits , 2- 5 ml.
MICROSCOPIC FEATURES	1] Section show a papillary urothelial neoplasm composed of pleomorphic cells with prominent nucleoli more than seven layers , with many atypical mitotic figures in all layers 2] Section from the deeper part show infiltration by malignant cells
DIAGNOSIS	1. High grade urothelial carcinoma (WHO / ISUP) 2. Tumour present in the deeper part

高悪性度尿路上皮癌



CANCER CENTRE WELFARE HOME AND RESEARCH INSTITUTE
Mahatma Gandhi Road, Thakurpukur, Kolkata - 700 063
Ph :91-33-24532781 / 82 / 83, 91-33-24674433/8001/03, FAX : 91-33-24678002, 91-33-24536711
E-mail : ccwhri@cal2.vsnl.net.in / cancerwelfare@yahoo.co.in Website : www.cancercentrecalcutta.org

(2)

Name MR. ABED ALI
Age/Sex 57 Y/M
UHID 201107369G
IPD/OPD No 11000556458

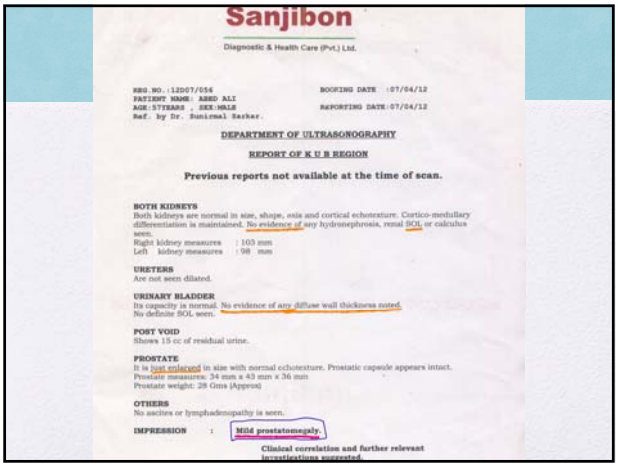
BOWEL & MESENTERY : Bowel and mesentery are within normal limits.

PERITONEUM & RETROPERITONEUM : Aorta and inferior vena cava are normal. No sizable mass is seen in para-aortic area or in the retroperitoneal area. Aortic bifurcations and iliac vessels are normal.

BONES : Bones under review show osteoarthritic changes. Parietal and para-vertebral muscles are normal. Sacro-iliac joints and hip joints are normal.

IMPRESSION : CT findings suggestive of :-
1) Irregular thickening in the left lateral wall and adjacent posterior wall of urinary bladder.
2) Mild prostate megaly.

1) 膀胱外側壁と隣接の膀胱後壁に不均一な肥厚
2) 軽度の前立腺肥大



Sanjibon
Diagnostic & Health Care (Pvt.) Ltd.

REG.NO. : 12D07/056 BOOKING DATE : 07/04/12
PATIENT NAME: ABED ALI REPORTING DATE: 07/04/12
AGE: 57YEARS , SEX: MALE
Ref. by Dr. Sunirmal Sarkar.

DEPARTMENT OF ULTRASONOGRAPHY

REPORT OF K U B REGION

Previous reports not available at the time of scan.

BOTH KIDNEYS
Both kidneys are normal in size, shape, axis and cortical echotexture. Cortico-medullary differentiation is maintained. No evidence of any hydronephrosis, renal SOL or calculus seen.
Right kidney measures : 103 mm
Left kidney measures : 98 mm

URETERS
Are not seen dilated.

URINARY BLADDER
Its capacity is normal. No evidence of any diffuse wall thickness noted.
No definite SOL seen.

POST VOID
Shows 15 cc of residual urine.

PROSTATE
It is just enlarged in size with normal echotexture. Prostatic capsule appears intact.
Prostate measures: 34 mm x 43 mm x 36 mm
Prostate weight: 28 Gms (Approx)

OTHERS
No ascites or lymphadenopathy is seen.

IMPRESSION : Mild prostatomegaly.
Clinical correlation and further relevant investigations suggested.

Treatment 治療

Symptomatic treatment	対症療法
From 20/12/2011	20/12/2011 開始
• Staphisagria	• Staphisagria
• Anilinum	• Anilinum （アニリン）
• Carcinosin	• Carcinosin
• Lycopodium	• Lycopodium
• Agrimonia	• Agrimonia
• Allium sativa	• Allium sativa