

Patient Name : Ms.SANGEETA DEVI Visit No : CHA250038276
Age/Gender : 39 Y/F Registration ON : 03/Mar/2025 02:19PM
Lab No : 10135571 Sample Collected ON : 03/Mar/2025 02:19PM
Referred By : Dr.CAPF Sample Received ON :
Refer Lab/Hosp : CAPF (GC) BILLING Report Generated ON : 03/Mar/2025 04:43PM

ECG -REPORT

RATE : 81 bpm
* RHYTHM : Normal
* P wave : Normal
* PR interval : Normal
* QRS Axis : Normal
Duration : Normal
Configuration : Normal
* ST-T Changes : None
* QT interval :
* QTc interval : Sec.
* Other :

OPINION: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

CHARAK



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MRI: BRAIN

IMAGING SEQUENCES (NCMR)

AXIAL: SWI, DWI, T1, FLAIR & TSE T2 Wis. **SAGITTAL:** T2 Wis. **CORONAL:** FLAIR Wis.

Small cystic lesion [approx. 17 (vertical) x 18 (A.P) x 13mm (Trans)] is seen in right occipital lobe. Mild perifocal edema is seen. No restriction on DWI or blooming on SWI is seen.

Another nodular lesion with internal necrotic changes (measuring approx 11x 10mm) is seen in right posterior temporal lobe with mild perifocal edema. Mild effacement of adjacent cortical sulci is seen.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Both lateral ventricles and third ventricle are normal in size shape and outline. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen.

Brain stem and cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Partial empty sella is seen. Supra-sellar and para-sellar structures are normally visualized.

IMPRESSION:

Follow up case of carcinoma breast showing :

- **Small nodular & cystic lesions in right occipito-temporal lobes with mild perifocal edema as described - ? metastases. Adv: contrast study & further evaluation.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet



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CT THORAX

CECT STUDY OF THORAX

Volumetric acquisition of axial CT data was done before and after injecting (intravenous) 80ml of non ionic iodinated contrast agent.

- *Right breast is not visualized - Alleged history of surgery (no documents available). No obvious enhancing lesion is seen in post operative bed. Chemo port is seen in left chest wall.*
- **Mild bilateral apical pleural thickening is seen with few fibro-atelectatic bands in bilateral lungs. Few areas of peribronchial interstitial thickening and bronchial mucous plugging are seen in bilateral lungs predominantly in lower lobes. Few solid centrilobular nodules giving tree in bud appearance are seen in bilateral lungs predominantly in right lower lobe.**
- No pleural effusion is seen on either side.
- *Few subcentimeteric mediastinal lymphnodes are seen.*
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.

OPINION:

POST OPERATIVE CASE OF CARCINOMA RIGHT BREAST (NO DOCUMENTS AVAILABLE) SHOWING :-

- **POST OPERATIVE CHANGES WITHOUT OBVIOUS ENHANCING LESION IN POST OPERATIVE BED.**
- **PERIBRONCHIAL INTERSTITIAL THICKENING WITH BRONCHIAL MUCOUS PLUGGING AND TREE IN BUD NODULES IN LUNGS AS DESCRIBED - ACTIVE INFECTIVE ETIOLOGY.**

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

