

MRI 27/7/21



HOMI BHABHA CANCER HOSPITAL, SANGRUR

(Unit of Tata Memorial Centre)

HBCH, Civil Hospital Campus Sangrur -148001, INDIA

Tel. +91-01672-223910 Fax: +91-01672-223910

E-mail : radiology@hbchs.tmc.gov.in Website : http://tmc.gov.in



CASENO : SG/00964 Requisition No. LZZ/MR/21/001195
Name Mr. CHARANJIT SINGH
Sex/Age : M / 40 Years Category/Status : BP/ Out Patient
DMG : DMG GASTROINTESTINAL
Service Desc MRI Pelvis Reqn Date : 20-07-2021
Provisional Diagnosis

Final Report

Report Date : 27-07-2021

RECTAL MRI 20-7-21

HISTORY: Case of adenocarcinoma of lower rectum, baseline scan.

TECHNIQUE: Multiplanar multiecho non contrast MRI of the rectum has been performed. True axial and coronal images of the rectal tumor have been obtained.

Post CT RT.

Comparison done with previous MR dated 10-4-21 [Images doesn't have T2 axial non fat sat images]

FINDINGS:

Primary tumor location and morphology:

Morphology: There is asymmetrical T2 intermediate lesion involving the lower rectum and anal canal with a small right anterior extraluminal component. Distance from anal verge: 3.8 cm

Craniocaudal length of tumor: 1.8 cm

Presence of T2 bright mucinous component: No

Presence of proximal obstruction: No

Presence of restricted diffusion: Yes

T-stage of tumor on MRI: T4b, prostate and prostatic urethra involved

Relationship with anterior peritoneal reflection: Entirely below anterior peritoneal reflection

Anterior peritoneal reflection involvement: No

Involvement of adjacent organs: The Extraluminal component is on right side and anterior to lower rectum infiltrate the prostate and prostatic urethra.

CRM status: Positive.

If anterior CRM positive: Prostate is infiltrated.

Extension beyond posterior MRF into pre-sacral fat: Absent.

Dr. DEEPANDER S. RATHORE

Resident (Radio-Diagnosis)

Dr. DEEPANDER S. RATHORE

Consultant (Radio-Diagnosis)

RADIOLOGY

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EMVI: Absent.

Anal canal involvement: Present.

Internal sphincter involvement: Present

Intersphincteric space involvement: Present

External sphincter involvement: Present on right side

Invasion beyond external sphincter into the ischiorectal tissues: Absent

Levatorani involvement: Present at its most inferior end on right side.

N staging: N0

N-stage of tumor on MRI: N0

Mesorectal node involvement : No Suspicious nodes

CRM status due to node: Absent .

Extramesorectal node involvement : No

Inguinal node involvement: No

Extra-rectal findings:

Rest of the pelvic viscera appear normal.

No suspicious peritoneal nodule seen. No free fluid noted.

Visualized bones reveal no suspicious lesion.

Dr. DEEPANDER S. RATHORE
Resident (Radio-Diagnosis)

Dr. DEEPANDER S. RATHORE
Consultant (Radio-Diagnosis)

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Requisition No. LZZ/MR/21/001195

Name Mr. CHARANJIT SINGH

Sex/Age : M / 40 Years

Category/Status : BP/ Out Patient

DMG : DMG GASTROINTESTINAL

Service Desc MRI Pelvis

Reqn Date : 20-07-2021

Provisional Diagnosis

Final Report

Report Date : 27-07-2021

Impression :-

MRI reveals rectal tumor as described.

T stage: T4b

Anterior CRM status: Positive

EMVI: Absent

Sphincter involvement is as described.

N stage: N0; no extramesorectal adenopathy

Comparison done with previous MR dated 10-4-21 [Images doesn't have T2 axial non fat sat images] there is marginal reduction in size of the lesion.

IMPRESSION

Dr. DEEPANDER S. RATHORE
Resident (Radio-Diagnosis)

Dr. DEEPANDER S. RATHORE
Consultant (Radio-Diagnosis)

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Final Report

Report Date : 27-07-2021

Impression :-

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 T stage: T4b
 Anterior CRM status: Positive
 EMVI: Absent
 Sphincter involvement is as described.
 N stage: N0; no extramesorectal adenopathy

Comparison done with previous MR dated 10-4-21 [Images doesn't have T2 axial non fat sat images] there is marginal reduction in size of the lesion.

Dr. DEEPANDER S. RATHORE
 Resident (Radio-Diagnosis)

Dr. DEEPANDER S. RATHORE
 Consultant (Radio-Diagnosis)



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CASENO : SG/00964 Requisition No. LZZ/CT/21/004872
Name Mr. CHARANJIT SINGH
Sex/Age : M / 40 Years Category/Status : C/ Out Patient
DMG : DMG GASTROINTESTINAL
Service Desc CT Thorax & Abdomen Reqn Date : 20-07-2021
Provisional Diagnosis

Final Report

Report Date : 23-07-2021

CT SCAN OF THORAX, ABDOMEN DATED: 20.07.2021

Contrast enhanced CT scan of the thorax, abdomen and pelvis has been performed using MDCT scanner. Comparison with previous CT dated 16.3.2021 was available for comparison.

THORAX:

No suspicious lung nodules are seen. Pleural spaces are clear. No suspicious mediastinal nodes are seen. The trachea and main stem bronchi are normal in calibre with smooth outlines. The heart and large mediastinal vessels are also normal.

ABDOMEN:

The liver is normal in size, shape and shows uniform parenchymal density. No focal area of altered attenuation or abnormal enhancement is seen in the liver. There is no dilatation of the biliary tree. The spleen, pancreas, gall bladder, kidneys, adrenals and visualized portion of the GI tract are unremarkable. Subcm retroperitoneal lymphadenopathy is observed. Visualized bones are unremarkable.

IMPRESSION

CT reveals,
No evidence of distant metastases.

Dr.R.S. BRAR
Resident (Radio-Diagnosis)

Dr.R.S. BRAR
Consultant (Radio-Diagnosis)

RADIOLOGY



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Name Mr. CHARANJIT SINGH
Sex/Age : M / 40 Years Category/Status : C/ Out Patient
DMG : DMG GASTROINTESTINAL
Service Desc CT Thorax & Abdomen Reqn Date : 20-07-2021
Provisional Diagnosis

Final Report

Report Date : 23-07-2021

Dr.R.S. BRAR
Resident (Radio-Diagnosis)

Dr.R.S. BRAR
Consultant (Radio-Diagnosis)

RADIOLOGY

Biopsy Report:
24/3/2021



TATA MEMORIAL CENTRE

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DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

Case No. : **SG/00964**

Req No. : **04-FZZSP21002223**

Path No. : **001243/SG**

Name: **Mr. CHARANJIT SINGH**

Gender/Age: **M / 39 years**

Category: **C**

DMG: **DMG GASTROINTESTINAL**

FINAL HISTOPATHOLOGY REPORT

24/03/2021

Nature of Material Received: 2 Biopsy

END OF REPORT

Gross Description:

1. Colon polyp, biopsy:

Received in formalin, labeled with patient name is a specimen of "Colon polyp, biopsy" containing single grey white soft tissue bit measuring 0.3x0.3x0.2 cm, submitted entirely.

2. Anal growth, biopsy:

Received in formalin, labeled with patient name is a specimen of "Anal growth, biopsy" containing multiple grey white soft tissue bits measuring 0.8x0.3x0.1 cm, submitted entirely.

Sections:

1. Colon polyp, biopsy

2. Anal growth, biopsy

Microscopic Description:

1. Colon polyp, biopsy:

Section examined shows unremarkable colonic mucosa with chronic inflammatory infiltrate in the lamia propria.

2. Anal growth, biopsy:

Adenocarcinoma- moderately differentiated.

Impression:

- Colon polyp-Biopsy :
 - Descriptive, see above
- Anal growth-Biopsy :
 - Adenocarcinoma, moderately differentiated

Dr. Mehak Gupta
Resident Pathologist
Entered by : Dr. Mehak Gupta

Dr. Akash Sali
Consultant Pathologist

The report relates only to the sample submitted.

All samples/slides/blocks submitted for evaluation will be retained by the hospital for 10 years only.

This report has been electronically verified and authorized for release.



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DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

Case No. : **SG/00964**

Req No. : **04-FZZSP21002223**

Path No. : **001243/SG**

Name: **Mr. CHARANJIT SINGH**

Gender/Age: **M / 39 years**

Category: **C**

DMG: **DMG GASTROINTESTINAL**

FINAL HISTOPATHOLOGY REPORT

24/03/2021

END OF REPORT

Requisition Date/Time: 12-03-2021 / 10:01:09

Receiving Date/Time: 12-03-2021 / 10:40:15

Provisional Date/Time: 24-03-2021 / 11:15:06

Committing Date/Time: 24-03-2021 / 11:15:06

SNOMED CT: **T (M): 302508007 (723745006);53505006 (35917007)**
ICD-O-3: **T (M): C18.9;C21.0 (M-81403)**

The report relates only to the sample submitted.

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CASENO : SG/00964

Name Mr. CHARANJIT SINGH

Sex/Age : M / 40 Years

DMG : DMG GASTROINTESTINAL

Service Desc CT Thorax & Abdomen

Provisional Diagnosis

Requisition No. LZZ/CT/21/001853

Category/Status : C/ Out Patient

Reqn Date : 16-03-2021

Final Report

Report Date : 23-03-2021

CT SCAN OF THORAX, ABDOMEN AND PELVIS DATED 16.3.2021

Contrast enhanced CT scan of the thorax, abdomen and pelvis has been performed using MDCT scanner.

THORAX:

No suspicious lung nodules are seen.

Pleural spaces are clear.

No suspicious mediastinal nodes are seen.

The trachea and main stem bronchi are normal in calibre with smooth outlines.

The heart and large mediastinal vessels are also normal.

ABDOMEN AND PELVIS:

Ill defined heterogeneously enhancing lesion is seen in the anal canal and lower rectum. No suspicious inguinal or pelvic nodes are seen.

The liver is normal in size, shape and shows uniform parenchymal density.

No focal area of altered attenuation or abnormal enhancement is seen in the liver.

There is no dilatation of the biliary tree.

The spleen, pancreas, gall bladder, kidneys, adrenals and visualized portion of the GI tract are unremarkable.

No retroperitoneal lymphadenopathy is observed.

No ascites is seen.

The urinary bladder is normal.

Dr. POOJA R KEMBHAVI
Consultant (Radio-Diagnosis)

Dr. POOJA R KEMBHAVI
Consultant (Radio-Diagnosis)

RADIOLOGY



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Name Mr. CHARANJIT SINGH

Sex/Age : M / 40 Years

Category/Status : C/ Out Patient

DMG : DMG GASTROINTESTINAL

Service Desc CT Thorax & Abdomen

Reqn Date : 16-03-2021

Provisional Diagnosis

Final Report

Report Date : 23-03-2021

Visualized bones are unremarkable.

IMPRESSION

CT reveals,

Anal canal and lower rectal lesion

No evidence of distant metastases.

Dr. POOJA R KEMBHAVI
Resident (Radio-Diagnosis)

Dr. POOJA R KEMBHAVI
Consultant (Radio-Diagnosis)

MRI (Contrast) 10/4/21

Shows lesion

Adenocarcinoma -

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Fb: www.fb.com/atulayahealthcare

CIN: U85100CH2011PTC033238

MR Lower Abdomen (Pelvis) With Contrast

Patient Name	: CHARNJEET SINGH .	MRN	: ARAH.0000048471
Exam Date	: 10/04/2021	Age/Sex	: 40/M
Referred By	: Dr. Abhishek	Report Date	: 10/04/2021

Clinical History: Anorectal mass, on examination.

Equipment : Siemens Espree 1.5T wide-bore MR Scanner "Magnetom Espree".

Technique : MCER examination of the whole abdomen was performed using dedicated body coil. SE T1 & FSE T2 weighted images were obtained in the axial plane with correlative FSE T2 weighted images in the coronal plane using respiratory gating.

Contrast materials and other medications administered: IV GAD

OBSERVATIONS:

Urinary Bladder is well distended and reveals normal signal intensities on T1 & T2 weighted images. No obvious intravesical mass or filling defect seen. the wall appears smooth & regular. Perivesical fat planes appear fairly well preserved. No abnormal post contrast enhancement is seen.

There is mild irregular and heterogenous thickening observed in the anal canal measuring 15 x 15 mm thickness and appears nearly circumferential. This lesion appears mild T2 hyperintense and is seen approx 1.8 cm from the anal verge for approx 2.5-3.0 cm length. There is right anterior focal bulge of the mass. The fat plane of this anal canal mass with right sided apical prostate is lost focally - s/o local extension into prostate. Rest perianal and perirectal fat plane appears normal. The lesion appears T1 isointense and demonstrates restricted diffusion on DWI with low ADC - representing mitotic mass lesion. Post contrast, the lesion shows heterogenous enhancement.

Rest prostate appears normal.

Bilateral seminal vesicles appear normal in size, shape and signal morphology. No mass lesion is seen.

No evidence of any ascites / free fluid or pelvic lymphadenopathy seen.

Vascular structures under view display normal flow voids.

CONCLUSION: Anorectal mass lesion with local extension and loss of fat plane with the right apical segment of prostate -- K/C/O CA anorectum

MR Lower Abdomen (Pelvis) With Contrast

Patient Name	: CHARNJEET SINGH .	MRN	: ARAH.0000048471
Exam Date	: 10/04/2021	Age/Sex	: 40/M
Referred By	: Dr. Abhishek	Report Date	: 10/04/2021

Rajarshi Bahadur

Dr Rajarshi Bahadur
MD, Radiodiagnosis & Imaging
Consultant Radiologist
(Regn. No.35958)

It is advised that this report is best evaluated by the referring doctor. Patient identity not verified.
Page 2 of 2

Wishing you good health!

DR. SHAMER SINGH MEMORIAL RADIO-DIAGNOSTIC CENTER

Dr. BALJIT KAUR

M.D., D.N.B. (RADIO-DIAGNOSIS)
FORMERLY : ASST. PROFESSOR, P.G.I. CHANDIGARH

S.C.F. 13-14, SECTOR 16-D, CHANDIGARH

Phones : 0172- 5088236 (Mob.) : 95010-22076, 98722-99519



Contrast MRI - 31/5/22
Resolved.



NAME: MR. CHARANJEET SINGH 41Y/M
REFD BY : SELF

31.05.2022

UHID NO 31.05.2022/M/29

CEMRI PELVIS FOR RECTUM

PROTOCOL

Axial

: - T1W; T2W High Resolution Thin Sections For Prostate

Coronal

: - T1W; STIR High Resolution Thin Sections For Prostate

Sagittal

: - T2W Scans.

Dynamic post contrast MR scan was performed using 3D T1 thrive sequence.

RECTUM - ANAL CANAL

The rectum and anal canal are normal. No areas of mural thickening is seen. No abnormal signal is seen in relation to mucosa / submucosa or muscularis layer. No diffusion restriction is seen. The mural stratification appears well preserved. The anal sphincters appear normal. No focal mass lesion is seen.

No areas of abnormal enhancement is seen on dynamic post gadolinium scan.

Time intensity curve plotted over contiguous six dynamic post contrasts T1FFE (thrive) was generated over several areas. The sampled anal canal / rectum show Type I contrast dynamics with slow rise & no washout.

Rest of the visualized bowel loops appears normal.

PROSTATE :-

Prostate is mildly enlarged in size and measures approx 34x44x38mm.

Central zone of prostatic gland on both sides shows heterogeneous signal intensity appearing hyperintense on T2 and iso to hypointense on T1. No focal lesion is seen.

Peripheral zones show normal and relatively symmetric slightly heterogeneous T2 hyperintense signal. No obvious focal lesion is seen.

No areas of diffusion restriction is seen. No T1 hyperintensity is noted to suggested hemorrhage.

B/L seminal vesicles are normal in size. They appears homogenously hyperintense on T2 & hypointense on T1.

Both neurovasiucualr bundle are symmetric.

URINARY BLADDER

Urinary Bladder is well distended. It shows well-defined thin wall, which is hypointense on T2W scans. No focal lesion is seen within the urinary bladder. The perivesical fat shows normal signal intensity.

No significant pelvic lymphadenopathy is seen.

Visualized bones show normal marrow signal intensity.

Fully Digital Broadband 1.5T dStream MR System

This report is not valid for medico legal purpose

● New updates : Advanced Neuroimaging, Perfusion Scan, CSF Flow Studies
Diffusion W Scan for Breast, Chest, Abdomen, Liver, Prostate & G.I. TRACT

● Low Dose Open Compact 16 Slice CT Scan with MPR, CT Angiography, CT Colonography, CT Dentascan, CT Enterography, CT Urography

● 500 mA X-Ray Machine with Digital X-Ray & IITV ● High Resolution Mammography System ● Whole Body DEXA Scan

● Supersonic Imagine Aixplorer Ultra fast Doppler Ultrasound with Realtime Shearwave Elastography (SWE)

for Liver Fibrosis Quantification (LSM) & Breast / Liver / Thyroid Masses & MSK Applications

PGIMER SINGH MEMORIAL RADIO-DIAGNOSTIC CENTER

BALJIT KAUR

(RADIO-DIAGNOSIS)
ASSTT. PROFESSOR, P.G.I. CHANDIGARH

S.C.F. 13-14, SECTOR 16-D, CHANDIGARH

Phones : 0172- 5088236 (Mob.) : 95010-22076, 98722-99519



IMPRESSION- In A Known Case Of Ca Ano-Rectum Post Chemo/ Radiotherapy

- No Obvious Residual / Recurrent Lesion Seen In Current Scan.
- Enlarged Prostate With Heterogeneous Signal As described Likely s/o Benign Prostatic Hyperplasia.

Please Correlate Clinically.

(DR. SANTOSH DHUNGANA)
MD, RadioDiagnosis (PGIMER), DNB
PMC Registration No 48898

Baljit Kaur
(DR. BALJIT KAUR)
PMC Registration No 22863

Fully Digital Broadband 1.5T dStream MR System

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- New updates : Advanced Neuroimaging, Perfusion Scan, CSF Flow Studies
Diffusion W Scan for Breast, Chest, Abdomen, Liver, Prostate & G.I. TRACT
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for Liver Fibrosis Quantification (LSM) & Breast / Liver / Thyroid Masses & MSK Applications

MR Lower Abdomen + Pelvis (Contrast)
~~MR Lower Abdomen + Pelvis (Contrast)~~

Patient Name	: CHARNJEET SINGH	MRN	: ARAH 0000048471
Exam Date	: 19/10/2021	Age/Sex	: 40/M
Referred By	: SELF	Report Date	: 19/10/2021

P/S. The above demographics and clinical details / history provided from front office / radiology staff. Reporting findings begin from below observations onwards. Patient identity not verified.

Clinical: Post op case of CA anorectum, post chemo and radiotherapy.

Equipment : Siemens Espree 1.5T wide-bore MR Scanner "Magnetom Espree".

Technique : MR examination of the pelvis was performed using dedicated body coil. SE T1 & FSE T2 weighted images were obtained in the axial plane with correlative FSE T2 weighted images in the coronal plane using respiratory gating.

OBSERVATIONS:

Urinary Bladder is well distended and reveals normal signal intensities on T1 & T2 weighted images. No obvious intravesical mass or filling defect seen. the wall appears smooth & regular. Perivesical fat planes appear fairly well preserved. No abnormal post contrast enhancement is seen.

The anal canal appears normal.

No significant mass is identified in the anorectal region in the present examination. No abnormal post contrast enhancement is seen. No abnormal post contrast enhancement is seen. Ischiorectal fossa and perirectal fat planes appear normal.

Prostate & Seminal Vesicles appear normal in size, shape and signal morphology. No abnormal post contrast enhancement is seen.

No evidence of any ascites / free fluid or pelvic lymphadenopathy seen.

Vascular structures under view display normal flow voids.

CONCLUSION: K/C/O CA anorectum, post CT and RT.

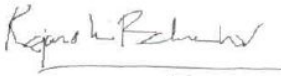
- Present examination shows resolved anorectal mass lesion. No lymphadenopathy seen. Adv: Local examination.

MR Lower Abdomen + Pelvis (Contrast)

Patient Name	: CHARNJEET SINGH .	MRN	: ARAH.0000048471
Exam Date	: 19/10/2021	Age/Sex	: 40/M
Referred By	: SELF	Report Date	: 19/10/2021

Disclaimer: The above impression is a professional individual opinion and not a final diagnosis. All modern machines/ procedures have their limitations. Kindly correlate clinically with further evaluation / tests as indicated. If there is any variance clinically, examination can be repeated or re-evaluated by other investigations and opinions. This report is not valid report for any medical legal purpose and has not been prepared for same.

Please correlate with clinical features & other relevant investigations.



Dr Rajarshi Bahadur
MD, Radiodiagnosis & Imaging
Consultant Radiologist
(Regn. No.35958)

Case No. SG/0096 Go

Name: Mr.
CHARANJIT SINGH

Gender/Age/Catg: Male /39 yrs/ Gen-
C

DMG: DMG
GASTROINTESTINAL

Regn. Date:
9/3/2021

Status: Outpatient

Height :0 Cm

Wieght :86 Kg

Blood Group: O Positive

DTM NO :
000870/21/04



DETAILS OF JOINT CLINIC No.1

JC Conducted On : 25/03/2021

Oncologists : Dr. D.CHAUDHARY

CLINICAL DISCUSSION :

Comorbidities: nil

C/C:pain in perianal region x3months
c/o constipation x3months

P/R: circumferential growth starting 1.5cm from AV extending upto 2cm

Colonoscopy - Irregularity at anal canal.

Bx : Anal growth : Adenoca.

CT TAP: Anal canal and lower rectal lesion.

No pelvic / Inguinal LN

No evidence of distant metastases

MRI pelvic could not be done due to h/o plating (compatibility unknown)

CEA: 6

NACTRT & reassess.

To see RT services for concurrence



ਟਾਟਾ ਸਮਾਰਕ ਕੇਂਦਰ
TATA MEMORIAL CENTRE

ਹੋਮੀ ਭਾਬਾ ਕੈਂਸਰ ਹਸਪਤਾਲ, ਸੰਗਰੂਰ
HOMI BHABHA CANCER HOSPITAL, SANGRUR
(A Unit of Tata Memorial Centre, Mumbai)
Treatment Summary (Department of Radiation Oncology)

Case No : SG/00964 Name : Mr. CHARANJIT SINGH

Age / Gender : 40 / Male Catg : Gen-C

Doctor/DMG Name DMG GASTROINTESTINAL

Regd Date : 9-Mar-21

Diagnosis :PrimarySite-Histopath : - RECTUM NOS--*--Adenocarcinoma, Nos

Clinical Staging : TX-N0-M0

Course No : 1 Treatment Received Radical

Trial: No

With Versa HD

Phase	Primary Site		
Phase-I			
Site	WHOLE PELVIS	-	-
Procedure	3D-CRT		
Energy	PHOTON / 15	-	-
Technique	TAD-100	-	-
No of Fields	4		
Dose	5040 cGy/ 28 fractions/ 42 da		
Duration	28-04-2021 To 08-06-2021		

Total dose 5040 cGy 28 fractions /41 days
from 28-04-2021 To 08-06-2021

Acute Toxicity : RTOG LOWER G.I. INCLUDING PELVIS Grade-I - Increased frequency or change in quality of bowel habits not requiring medication/ rectal discomfort not requiring analgesics
RTOG SKIN Grade-I - Follicular, faint or dull erythema/ epilation/dry desquamation/ decreased sweating

Concomitant Therapy : CRT

Treatment Advised : Review with onco-surgeon to waitlist for surgery

Assessment Remarks : Tolerated well

Assessment Comment :

Review with onco-surgeon to waitlist for surgery, & also decide for pre-op m.I. as pt. was not suitable for m.I.

Please report to HBCH, Sangrur for follow-up examination after... --

DMG GASTROINTESTINAL

Phone no : +01672-241241

Email : hbchsangrur.admn@tmc.gov.in

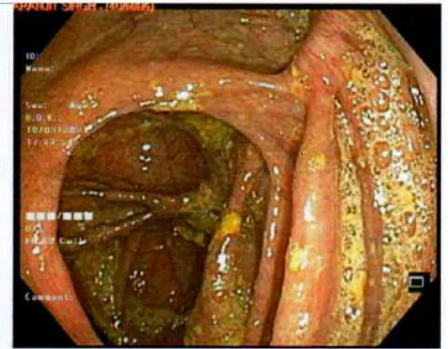
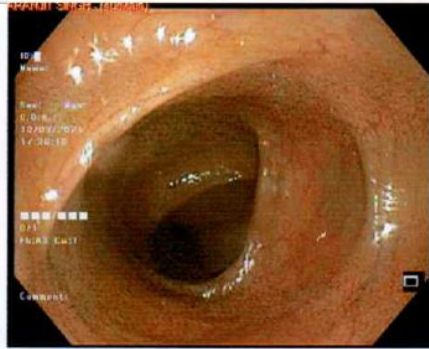
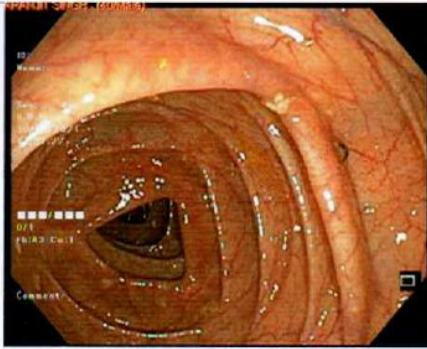
Web : http://tmc.gov.in

hbchsangrur.rt@tmc.gov.in

J. Singh
8/1/21

Patient ID : 4547658
Patient Name : CHARANJIT SINGH
Age/Gender : 40Yrs, Male

Visit Date : 10-Mar-21
Referred by :
Consulted by : Dr Bhupender Singh MD DNB GASTRO



AMAR HOSPITAL

Income Tax Office Road
Department of Gastroenterology

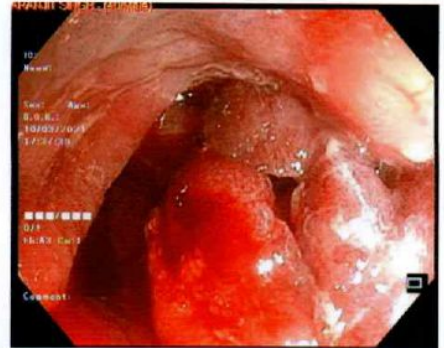
Patient ID : 4547658
Patient Name : CHARANJIT SINGH
Age/Gender : 40Yrs, Male

Visit Date : 10-Mar-21
Referred by :
Consulted by : Dr Bhupender Singh MD DNB GASTRO

Colonoscopy

Premedication :
P/R : Hard Nodular thickening felt - biopsies taken
Preparation : Adequate
Anal Canal : Mucosal thickening, irregularity seen
Rectum : Visualised mucosa show normal vascular pattern.
Sigmoid Colon : Visualised mucosa show normal vascular pattern.
Descending Colon : Visualised mucosa show normal vascular pattern.
Splenic Flexure : Normal
Transverse Colon : Visualised mucosa show normal vascular pattern.
Hepatic Flexure : Normal
Ascending Colon : A small polyp 2mm size seen , Removed
C Valve : Normal
Caecum : Visualised mucosa show normal vascular pattern.
Biopsy : taken
Impression : ? ANAL CANAL GROWTH ? MALIGNANT - BIOPSIES TAKEN
COLONIC POLYP - REMOVED

(BIOPSIES HANDED OVER TO PATIENT RELATIVE)



[Handwritten signature]

1 Ca Reeds.

HUMI-Rhabha.
Raj Ca Hecbia

Sangras.

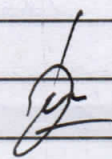
For Tread

u v gaur

- Job Mahia 07
- Job Metrosyl 400

Charanjit

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
	ECOG 0 NO SCLN.	
	PIA - NAD	
	PIA - Circumferential growth starting 1.5 cm from AV extending upto 2 cm.	
	<p>① - CBC / PT / ZNR / RBS / RFT / LFT / SB / VM / BG</p> <p>- CEA</p> <p>- MRI Pelvis → MRI APP 12/03/21 9:00am RFT</p> <p>- CT - TA → CECT APP 16/03/21 9:00 RFT</p> <p>- Colonoscopy 4 BX outside</p>	MD 534365
		①
25/3/21	<p>IC made</p> <p>NACTRT & reexam</p> <p>(Mit DSS)</p> <p>To see orthopedician for type of plate → P/2 document</p>	#4

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
	<p>20/3/2021</p> <p>(CNS)</p> <p>Plan</p> <p>1) Cape RT.</p> <p>3) M/s on R/R</p> <p>C ↓</p>	
13/4/21	<p>MRI review</p>	
	<p>29/04/2021</p> <p>Adeno Ca lower Rectum</p> <p>PS1</p> <p>Clinically fine</p> <p>D/w Dr. Gurwinder Singh</p> <p>Adv's CBC / RFT / UFT / SE — (1)</p> <p>R/s c reports. MP 550479</p> <p>M</p>	

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
<u>21/5/21</u>	PS-1	
	go for HFS	
	labo - chay	
	Adu:	
	cont. Cape - as per protocol.	
	Tb. ultragac - (3)	
	Sitz Bath 1-1-1.	
	f/u on 28/5/21	CBC/Biochem/SE/My
	<u>Shuman</u>	59659
	<u>28/5/21</u>	
	PS-1	
	84kg	
	GFR - 107ml/min	
	labo - chay	
	S-1	
	no HFS.	
	Adu:	
	cont. Cape - as per protocol	
	f/u on 04/6/21	CBC/Biochem/SE/My
	<u>Shuman</u>	558580


CLINICAL NOTES AND MANAGEMENT PLAN

CASE NO.
439/82

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
04/6/21	PS-1 lab - okay no H.F.S.	
	Adu: cont. <u>Cape</u> - as per protocol F/u on 11/6/21 o CBC/Biochem / se / mg (c) <u>Shuman</u> T. ulhazae 1 SOS.	
10/6/2021	Al - Review on 6/27/21 for MRI & imaging (1) MRI Pelvis Rehd protocol (2) CBCT TA MRI - Appt CT - Appt 10/07/21 20/7/21 20/07/2021 9:00 AM 8:00 AM 8:00 AM 366 MAS 72336 20/7/21 Adv RPT Re date 20/7/21 or later CEA w/c for Fr.	green 20/7/21
11/6/21	Adu: T. ulhazae SOS see RT opd as advised <u>Shuman</u>	

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
	<u>29/7/2011</u>	
	- PAC = 1st floor	Leaf/oper APR 5 Poo/Archer
	- Dilca Ref	
	- Chest 2 Ref.	
		- Wat 2/4
		<u>21/11/11</u>
	BP = 110/90 mmHg	
	P - 108B/m	
	9 - 98.6 F	
	502 - 99/	

CASE NO.
 20800

DATE/TIME	CLINICAL NOTES AND MANAGEMENT PLAN (For Clinician's Use Only)	FOCUS NOTES (For Nurse's Use Only)
25/3	 <p>NAERTS - (5 wks) ↓ 6-8 wks (Sx)</p>	
⊕	<p>Carbiflour / Potato Tab Dolutax 2 tabs ODHS</p>	<p>Adv ⊕ - CT Scan: 30.3.21. ⊕ fasting 11:00 AM 12:00 AM - OPD (2) ob -</p>
Asymptomatic 20/3/21 20# R#	<p>MR - 0050 MR 0050</p>	<p>Echo / ECG Mnt Mnt Dms OPD (2) Adv</p>
25/3/21	<p>Adv - RFS / 22/07/21 - 20 - Echo / 26/03/21</p>	<p>MP 54 (2) B - RFS above on 26/03/21</p>

Govt. of Punjab
Deptt. Health and family Welfare
Comrade Jagdish Chander Freedom Fighter
Civil Hospital Sangrur
Email:- chsangrur@rediffmail.com
+911672232075

COVID-19 CERTIFICATE

Dispatch no :- SGR/CH/COVID/2021/13610 Date 29/04/2021

Certified that Sh./Smt. Charanjit Singh age 40yr/M

Village Retgarh Tehsil Bhawanigarh

District Sangrur was Taken the sample on dated 28.04.2021

According to VDRL Govt. Medical College, Patiala RTPCR Report no. 1502621

Dated 28.04.2021 has found negative.

4/2021
Medical Officer
Comrade Jagdish Chander Freedom Fighter
Civil Hospital Sangrur Pb.

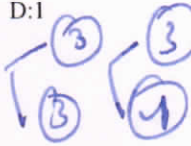
Com. Jagdish Chander Freedom
Fighter Civil Hospital Sangrur



PLAN SUMMARY

Case No : SG/00964 Name : Mr. CHARANJIT SINGH Age : 40Yrs. Sex : Male
 Joint Clinic No : 1 Plan No : 1 No of Cycles : 1
 Height : 175 Cms Weight : 86 Kgs BSA : 2.04 m²
 Protocol Name : GI-Cape-RT Date of Protocol : October 17, 2014

Note: - D: is Day of the Cycle * Indicates Drug is administered/given at TMC X Indicates Item is not schedule for that Cycle

Drug Name	Drug Description	Cycle 1 [6 Weeks]			
✓ DOMPERIDONE	20 mg, 20 mg(Total Dose), Per Oral, As and when required	D:1			
CAPECITABINE	1650 mg/m ² , 3366 mg(Total Dose), Per Oral, 825 mg/m ² twice a day for 7 days of the week Take for a total of ..weeks during radiotherapy	D:1 			
✓ LOPERAMIDE	2 mg, 2 mg(Total Dose), Per Oral, as and when required	D:1			

11



CONSENT FOR CHEMOTHERAPY

NAME : Charanjit Singh CASE NO : SC 964

I, the patient / guardian of _____
/my ward have been diagnosed with Adenocarcinoma lower stage _____
rectum

I have been advised the following Chemotherapy with _____

II) Curative / Pallative / Symptomatic Intent :

1. <u>Capecitabine .</u>	6.
2.	7.
3.	8.
4.	9.
5.	10.

III) I understand that a team of health professional at Homi Bhabha Cancer Hospital will oversee the Chemotherapy Administration.

IV) I have been informed about the following :
Benefits of undergoing the above Chemotherapy

_____ disease control _____

Consequences of not undergoing the above Chemotherapy

_____ disease progression _____

Alternate treatment options

_____ supportive care _____

Expenses involved in undergoing Chemotherapy

VI) I have been made aware of the following side effects / complications commonly associated with the above Chemotherapy. I am also aware that I could have side effects other than that listed below since each patient responds differently to the Chemotherapy:-

- | | |
|---|---|
| <input checked="" type="checkbox"/> Nausea / Vomiting | <input checked="" type="checkbox"/> Skin Effects |
| <input checked="" type="checkbox"/> Hair Loss | <input checked="" type="checkbox"/> Muscle / Bone Effects |
| <input checked="" type="checkbox"/> Low red blood cell count / Anemia | <input checked="" type="checkbox"/> Nerve Effects |
| <input checked="" type="checkbox"/> Fatigue | <input checked="" type="checkbox"/> Kidney / Bladder Effects |
| <input checked="" type="checkbox"/> Risk of Infection | <input checked="" type="checkbox"/> Sexual Effects |
| <input checked="" type="checkbox"/> Risk of Bleeding | <input checked="" type="checkbox"/> Heart Effects |
| <input checked="" type="checkbox"/> Constipation | <input checked="" type="checkbox"/> Reproductive / Fertility Effect |
| <input checked="" type="checkbox"/> Diarrhoea | <input checked="" type="checkbox"/> Others _____ |
| <input checked="" type="checkbox"/> Sores in Mouth and Throat | |

VII) I have been made aware of the quality of life issues, risk and hazards associated with the Chemotherapy.

VIII) I am also informed about an unlikely possibility of dying during chemotherapy due to bleeding, infection and complications following Chemotherapy.

IX) I am made aware of the importance of adhering to the Chemotherapy Schedule. I am also informed that Chemotherapy Protocols may be deferred or modified depending on my physical condition and certain clinical parameters.

X) I understand that taking the above chemotherapy dose does not guarantee cure.

The above facts have been explained to me in a language that I understand.
I hereby consent to the above on my own free and accord, and I accept all the consequences that may arise out of it

(26/5/21)

उत्कर्ष पाण्डे

Careally

du

Date 09/03/2021 Category C GENERAL

Case No. SG/00964

Patient Name Mr. CHARANJIT SINGH

Permanent Home Address VILL. RET GARH, TEH. BHAWANIGARH
SANGRUR
PUNJAB
INDIA

Mobile 9855053565

Address for Correspondence VILL. RET GARH, TEH.
BHAWANIGARH
SANGRUR
PUNJAB
INDIA

Mobile 9855053565

Kin's Name RACHHPAL SINGH

Mobile 9814136619

Relationship BROTHER

Kin's Address VILL. RET GARH, TEH.
BHAWANIGARH
SANGRUR
PUNJAB
INDIA

Nominee's Name RACHHPAL SINGH

Relationship with Patient : BROTHER

Date of Birth 31/08/1981

Age At Registration 39 yrs 6

Sex Male

Occupation AGRICULTURE

Marital Status MARRIED

Nationality INDIAN

Family Income Rs. 5,500

Aadhar card no. **** * 76

Resident of Punjab (More Than One Year) Yes

Identification mark NIL

Referred By SELF

Address RET GARH

DMG Unit DMG GASTROINTESTINAL

Referred For TREATMENT

I am aware that free SMS alerts will be sent to me concerning my evaluation and treatment etc.

I wish not to subscribe to this facility.