

Dr. Mumtaz Ahmed

M.S., F.A.I.S., F.I.C.S. (USA)
CONSULTANT & LAPAROSCOPIC SURGEON

VISITING SURGEON:

ISLAMIA HOSPITAL
LIFE LINE NURSING HOME
ROYD NURSING HOME
GDDI HOSPITAL

Sunday 10 a.m. to 1 p.m.

CHAMBER :

HEALTH POINT

30, Ripon Street, Kolkata - 700 016
Phone: 2229-4946
Hours: 10 to 12 noon & 8 to 10 p.m.

LAPCURE CLINIC

107/1, Karaya Road, Kolkata - 17.
Phone: 2281-4325/9163754161
2 to 4 p.m.

Fr. Ms Ashiyane Kkaton 36/P.

Adv.

Slides & Blocks
of Specimen of Gallbladder
In Review.

Roy & Mohanta
99, Park St.

Adv
21/7/23

Dr. Mumtaz Ahmed

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2 to 4 p.m.

ATN

Jr. Mr. Ashiyane Khetan 36/F

Δ Calcutta Chhatrapati

Abis

- operator
- J. Man 145M

- E. C. S

- Bw Jr. Serology
Sagar Sagar
Crestor

Abis
12/17/23

LAP-CURE CLINIC

107/1, Karaya Road, Kolkata - 700 017, Phone: 033 2281-4325, 9163754161

DISCHARGE CERTIFICATE

NAME OF THE PATIENT Ashiyona Khatri AGE 36 yrs
FATHER'S/GUARDIAN'S NAME Afiyal Hussain SEX F
ADDRESS 21/H/2, Jain Nagar, Calcutta-19 REG. NO. _____
DOCTOR M. Anand BED NO. 105
DISEASE Chalocystechy ADMISSION NO. _____
ADMISSION DATE 13/7/23 DISCHARGE DATE 15/7/23
TIME 12:05 PM TIME 8:30 pm

CLINICAL NOTE :

Cap Chalocystechy done. ✓ GA on 13/7/23

Adv
Rest
Normal diet

ADVICE ON DISCHARGE :

✓ Tab. Zashin (200) 10
o-o B.D. 5 days
✓ Tab. Disperzom. 10
o-o B.D. 5 days
✓ Cap. Ralifast-DSR. 10
o-o B/B/F
✓ Syo. Bevan. 10ml
2x 2ml

20/7/23

LAP-CURE CLINIC

10711, Kanna Road, Kolkata - 700 017, Phone: 033 2581-4325, 9163754161

Tas Spandax cv (750) (10)

basil fust

Ap clinic (3m) (10)

basil fust



Betadine solution by

[Signature]

22/7/23

Tas Mubigox / basil fust

Ta Pan (40)

Ta. ulhacet

14m (5)

[Signature]

Nilam

THE COMPLETE CARE

REF. NO. : GH-703

DATE OF RECEIPT : 14-07-2023

PATIENT : Ms. ASHIYANA KHATOON

DATE OF REPORT : 20-07-2023

SEX : F AGE : 36 YRS

CENTRE : LAP - CURE CLINIC

PHYSICIAN : Dr. AHMED M.

REPORT ON HISTOPATHOLOGY

SPECIMEN

Gall Bladder.

GROSS

Received 8 cm in length thick walled gall bladder specimen.

MICRO

Multiple sections studied show features of **Poorly Differentiated Adenocarcinoma.**

Serosa is involved.

Lymphovascular embolisation is present.

Perineural invasion is present.

Cut margin is involved.

DIAGNOSIS

Gall Bladder ---- 1) **Poorly Differentiated Adenocarcinoma.**
2) Serosa is involved.
3) Cut margin is involved.

SP NO: D-D-226/23

SLIDE: 03

BLOCK: 02

N.B.: 1. The above result relates only to the items tested and only to the time of testing.

2. The above report cannot be reproduced in part or whole without the written permission of the Chief Pathologist.

DR. SAYED MAHMOOD NADEEM
MBBS, MD (PGI-CHANDIGARH)
HISTO - CYTOPATHOLOGIST
REG. NO. 49353 (WBMCI)

SB

Entered by.

DRS. TRIBEDI & ROY
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- 11A, East Topsia Rd. Kolkata - 46 (8 A.M. - 4 P.M.) ☎ 033-40605408

Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (Path)

HISTOPATHOLOGY / CYTOPATHOLOGY REPORT

NAME Ashiyana Khatoon AGE 36 yrs. SEX F
ADDRESS _____
REFERRED BY Dr. M. Ahmed DATE OF RECEIPT 22.07.2023
HISTOPATH. NO. 10651/2023 DATE OF REPORT 25.07.2023
MATERIAL Histopathology slides (No. DD226, 226A & B) and blocks (No. DD226A & B) for opinion
Lab No. KEW1248

Gall bladder

MICROSCOPICAL EXAMINATION :-

The gall bladder shows poorly differentiated infiltrating adenocarcinoma. The carcinoma has infiltrated the muscle coat of the gall bladder and has extended into the perimuscular connective tissue and the serosa.

Lymphovascular invasion - seen.

Perineural invasion - found.

The surgical cut margin is invaded.

IMPRESSION :- Poorly differentiated infiltrating adenocarcinoma, gall bladder (pT3).
Surgical cut margin - involved.

DR. SUBHENDU ROY
MBBS. (CAL) M.D.(Path.)

DR. BHASKAR MITRA
MBBS. (CAL) M.D., DNB.(Path.)

DR. ARUNA RAI QUADER
MBBS. (CAL) M.D.(Path.)

DR. JAYATI DATTA
MBBS (CAL), M.D., DNB (Path.)
PDF (Oncopathology, TMC)

DR. ARITRA ASH
MBBS. (WBUHS) M.D. (Path)

DR. SOHAM CHAKRABORTY
MBBS.(WBUHS) M.D.(Path)



Reg.No. : KOL23G30/0214 Dept. : PAT-127

Name : Mrs. Ashiyana Khaton

Age : 35years , Sex : Female

Address : 21/H2,Jannagar Road, 700014, Kolkata

Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), M

Booking Date : 30/07/23

Reporting Date : 30/07/23

CT:09:48 DT:12:04 Hrs.

BIOCHEMISTRY REPORT

Test-Parameter	Result	Unit	Biological Reference Interval	Method
Venous Plasma Glucose (Fasting)	105	mg/dl	(70 to <100)	HEXOKINASE
Serum Urea	15	mg/dl	(15 - 49)	UREASE
Serum Creatinine	0.63	mg/dl	(0.5 - 1.1)	JAFFE

PRIMARY SAMPLE: Blood

DONE BY : FULLY AUTOMATED ANALYZER,COBAS 6000 / COBAS C311

"The result relate to the items tested only."
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RegNo-44540

Dr. Souvik Dutta
MD (Path),
Reg.No-64198

Dr. Molay Roy
MD.(Path),
Reg.No-67617

Dr. Susruta Sen
MD,DNB(Bioc.)
RegNo-56425

Dr. R.Haldar
MD.(Micro.)
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Address : 21/H2,Jannagar Road, 700014, Kolkata

Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), M

Pt. Id. : 23G29/0378

Booking Date : 30/07/23

Reporting Date : 30/07/23

CT:09:48 DT:12:04 Hrs.

REPORT ON LIVER FUNCTION TEST

Test-Parameter	Result Unit	Biological Reference Interval	Method
Serum Bilirubin (Total)	0.26 mg/dl	(0 - 1.2)	DPD
Serum Conjugated	0.08 mg/dl	(0 - 0.3)	DIAZO
Serum Unconjugated	0.18 mg/dl	(0 - 0.8)	CALCULATED
Serum G.P.T.(A.L.T)	16 U/L	(<31)	IFCC
Serum G.O.T.(A.S.T)	14 U/L	(<32)	IFCC
Serum Gamma GT	38 U/L	(6 - 42)	GGPN
Serum Alkaline Phosphatase	123 U/L	(35 - 104)	IFCC
Serum Total Protein	7.8 g/dl	(6.4 - 8.3)	BIURET
Serum Albumin	3.7 g/dl	(3.5 - 5.2)	BCG
Serum Globulin	4.1 g/dl	(2.4 - 3.5)	CALCULATED
Albumin:Globulin Ratio	0.9		

PRIMARY SAMPLE : BLOOD

DONE BY : FULLY AUTOMATED ANALYZER, COBAS 6000 / COBAS C311

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Reg.No.: KOL/23G30/0214 Dept. : PAT-127

Name : Mrs. Ashiyana Khaton

Age : 35years, Sex : Female

Address : 21/H2, Jannagar Road, Kolkata, 700014

Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), M

Pg.No.- 1 of 1

Pt. Id. : 23G29/0378

Booking Date : 30/07/23

Reporting Date : 30/07/23

CT:09:48 DT:13:47 Hrs.

REPORT ON TUMOUR MARKERS

Test-Parameter	Result Unit	Biological Reference Interval
Carcinoembryonic Antigen(CEA)	1.08 ng/ml	(0 - 3)

Note :

Increased CEA levels can be found in certain cases of cancer (colorectal, breast, lung cancer, etc.), but also in non-malignant diseases. Serum CEA levels decrease after treatment and increase in the event of cancer recurrence, residual disease and metastases.

PRIMARY SAMPLE : BLOOD

METHOD : ENZYME LINKED FLUORESCENT ASSAY (ELFA)

DONE BY : VIDAS-BIOMERIEUX-FRANCE : FULLY AUTOMATED IMMUNOANALYZER

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Reg.No. : KOL/23G30/0214 Dept. : PAT-127

Name : Mrs. Ashiyana Khatoon

Age : 35years , Sex : Female

Address : 21/H2,Jannagar Road, 700014, Kolkata

Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), M

Pg.No.- 1 of 1

Pt. Id. : 23G29/0378

Booking Date : 30/07/23

Reporting Date : 30/07/23

CT:09:48 DT:11:54 Hrs.

HAEMATOLOGY REPORT

Test-Parameter	Result	Unit	Biological Reference Interval	Method
Haemoglobin	11.4	g/dl	(12 - 15)	SLS-Hb
Total Count (WBC)	13300	/cu.mm	(4000 - 10000)	Impedance
Differential Count				FCM/Manual
Neutrophils	71	%	(40 - 80)	
Eosinophils	01	%	(1 - 6)	
Basophils	00	%	(0 - 2)	
Lymphocytes	25	%	(20 - 40)	
Monocytes	03	%	(2 - 10)	
Platelet Count	578000	/cu.mm	(150000 - 410000)	Imp./Manual
Peripheral Smear				Microscopy
RBC	Predominantly normocytic normochromic.			
WBC	No abnormal cell found.			
Platelets	Increased.			

PRIMARY SAMPLE: Blood

DONE BY : FULLY AUTOMATED CELL COUNTER, SYSMEX XN 1000 / XN 550

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Reg.No.: KOL/23G30/0551 CT-3
Patient Name : Mrs. Ashiyana Khatoon
Age:36years , Sex:Female
Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), MD (CAL)

Pt. Id. : 23G30/0336
Booking Date :31/07/23
Reporting Date:31/07/23

CECT SCAN OF WHOLE ABDOMEN

PROCEDURE:

Plain and IV CECT scan of Abdomen is done by taking contiguous overlapping sections with maximum intensity projection and multiplanar reconstruction on 128 slice CT scanner.

FINDINGS:

LIVER :

It is enlarged in size (span – 21.0 cm) with normal contour, attenuation & enhancement. No focal area of altered attenuation is seen. Intrahepatic biliary radicles are not dilated. Intra-hepatic vascular structures appear normal. Few subcentimeter benign appearing periportal nodes are seen.

GALL BLADDER AND COMMON BILE DUCT :

Post cholecystectomy status is seen with post operative changes in the gallbladder fossa and with no residual lesion. CBD is not dilated.

PANCREAS :

It is normal in size, contour, attenuation & enhancement. No focal lesion is seen in the pancreatic parenchyma. Peri pancreatic fat planes appear intact.

SPLEEN :

It is normal in size, contour, attenuation & enhancement. No focal parenchymal lesion is seen.

ADRENALS:

Both adrenals are seen normally in the sections exposed. No mass lesion or any area of calcification is present.

KIDNEYS :

Both the kidneys are normal in size, contour attenuation & parenchymal enhancement. No focal renal parenchymal lesion is seen bilaterally. There is adequate excretion of contrast with normal opacification of the renal parenchyma and pelvi-calyceal systems bilaterally.

URETERS:

Both ureters are normal in course, calibre and outline. No obvious intraluminal filling defect is seen bilaterally.

STOMACH / BOWEL LOOPS:

Stomach is unremarkable. The small and large bowel loops are adequately opacified with contrast and reveal no abnormal segment of narrowing or dilatation. No evidence of mural thickening is present. No intraluminal lesion is seen.

Continued on page 2.

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Reg.No.: KOL/23G30/0551 CT-3

Patient Name : Mrs. Ashiyana Khatoon

Age:36years , Sex:Female

Referred by Dr. Mahfuz Ariff. MBBS (CAL), DMRT (CAL) DNB (P), MD (CAL)

Pt. Id. : 23G30/0336

Booking Date :31/07/23

Reporting Date:31/07/23

MESENTERY :

Reveals normal attenuation. No enlarged lymph nodes or abnormally prominent vasculature is seen.

URINARY BLADDER :

It is normal in distensibility and contour. It reveals normal wall thickness. No intraluminal filling defect is seen.

UTERUS :

It is normal in size, shape and position. No focal myometrial lesion is seen.

OVARIES :

Both ovaries are normal in size and attenuation. A para-ovarian cyst is seen in right ovary measuring 33 x 50 mm.

RETROPERITONEUM :

No enlarged lymph node is seen. No mass lesion is seen. Retroperitoneal vascular structures are normally visualised.

PERITONEAL CAVITY:

No free fluid is seen in abdomen.

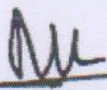
VISUALISED LUNG BASES:

Atelectatic bands are seen in bilateral lung bases.

IMPRESSION:

- Post cholecystectomy status with post operative changes in the gallbladder fossa and with no residual lesion.
- Few subcentimeter benign appearing periportal nodes.
- Hepatomegaly.
- Paraovarian cyst in right ovary.

Dr.P. Sanyal
MD(Radiology)


Dr.M.Chaudhuri
MD(Radiology)

Dr.M.Hassan
DNB,MD(Radiology)

Dr.A.Ganeriwala
MD(Radiology)

Dr.Suman Saraogi
MD (Radiology)

Dr.A.Banerjee
MD (Radiology)

MAMATA


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