



शरीरार्पण धर्मशाला

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Cancer Hospital

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अस्पताल के

एकक/ Unit _____
विभाग/Dept. _____

नाम/ Name

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 173984
Clinic Lung Cancer Clinic IRCH
Deptt. MEDICAL ONCOLOGY
General

Name PRAMOD KUMAR
S/O- SH. PREM CHAND SINGH
Phone No. 8860191137

Address KARAI GUNDA VAH, SAMASTIPUR, BIHAR, Pin: 848160, INDIA

Reg. Date-24/02/2015

Clinic No. 2320



UHID-100824203

Sex/Age M/19Y

Room 1 (Shift Morning)

OPR-6

EMISES

No. _____

पता/Address

निदान/ Diagnosis

दिनांक/ Date

24 FEB 2015

उपचार/ Treatment

Anticancer Medication Mass Evaluation
? Testicular Cancer

Plan

CBC
LFT
RFT
PT/INR

Peripheral smear

PT-HCG

RDH

AFP

CT-guided

FNAC

निदान के फार्म
(1) दवाइयों प्राप्त की

24/2/15

Plan

2x1000 Crystalline 21st TDS

MDE - Mucin 2x1000 BD

Tab. Ultracet 1 tab SOS

Review with reports on 27/02/15

(Signature)

अंगदान-जीवन का बहुमूल्य उपहार/ ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

27/02/15

CP - Conegh

Adv.

- Syf. Grolinbus 2Tst TDS
- MDI. Duolin 2putts BD
- Tab. Ultrasect 2Tab SOS

Reviews on 03/03/15. with
B-HUG, AFP & ZDH.

pl.

YATHARTH WELLNESS IMAGING

DEPARTMENT OF RADIOLOGY

Patient Name	: PRAMOD KUMAR	Age/Gender	: 19 Yr/Male
UHID	: 40067		
Dept Ref No	: 64753	Bill Date	: 14/02/2015
Referred By	: NISHANT SINGH	Result Date	: 14/02/2015
Receipt No	: 55967		

CT CHEST WITH CONTRAST

STUDY PROTOCOLS:

Non-contrast and post contrast (iv non ionic) CT of chest performed using helical sections of 10/7 mm thickness taken from thoracic inlet to domes of diaphragm level.

FINDINGS:

A very large heterogeneously enhancing soft tissue mass measuring approx. 12 x 9 x 11 cm is seen in the anterior mediastinum, in its central and left lateral aspect. The mass has multiple irregular non-enhancing necrotic areas within but no obvious intralesional calcification or hemorrhage is identified. Invasion of left superior aspect of pericardium is seen and there is associated moderate pericardial effusion. The mass appears to compress, markedly attenuate and partially engulfs main and left pulmonary artery---suggesting invasion. Attenuation and stretching of left mainstem bronchus is also seen and the mass appears to abut and bulge into anterior chest wall, but without any evidence of bony destruction. It also abuts arch of aorta and right innominate artery, without causing any luminal attenuation or mural irregularity. Left brachiocephalic vein appears completely obliterated by the mass. Small left pleural effusion is seen but no significant lymphadenopathy could be identified.

Bilateral lung parenchyma appear grossly normal in morphology and attenuation. No obvious focal lesion is seen.

Esophagus is normal in course and calibre.

Heart appears normal.

Azygo-oesophageal recess is normal.

Soft tissues and bones visualized are otherwise normal.

IMPRESSION: Findings reveal:

- A very large heterogeneously enhancing soft tissue mass in the anterior mediastinum with extensions and relationship with mediastinal structures as described---possibility of non-seminomatous germ cell tumour may be considered (differential diagnosis includes invasive thymoma).
- Moderate pericardial effusion and small left pleural effusion.

Advice: Histopathological correlation.


Dr. RAVI SHEKHAR, MD (RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST