Raj Scanning Ltd.

● MRI (Tim) ● CT Scan (6 Slice) ● X-Ray ● Ultrasound

ID. NO.	RSL/CT/CA-5590	**DATE**	31/07/2010
PATIENT'S NAME	MRS. RANI DIXIT	**AGE/SEX**	59Y/F
REFERRED BY	N. R. LKO	**ENCL FILM**	(04)

CT: ABDOMEN

6 mm slices were obtained to scan abdomen after administering oral – rectal and I.V. contrast.

Liver is normal in size & attenuation. Margins are regular. No focal lesion is visualised. No intrahepatic biliary radical dilatation is noted. Portal and hepatic venous channels are within normal limits.

Gall bladder is well distended. Walls are regular & smooth. CBD is not dilated.

Pancreas is normal in size. Margins are regular. Parenchyma shows normal and uniform density. Pancreatic duct is not dilated. No focal area of altered density or calcification is seen. Peripancreatic fat planes are preserved.

Spleen is normal in size. Margins are regular with uniform parenchymal density.

A small sized (appx. 2.1 x 1.6 cm) well defined hypodense lesion is seen in the right suprarenal gland.

Kidneys: Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal nephrographic density. No evidence of backpressure changes seen in the pelvicalyceal system. Both the ureters are seen in their entire extent displaying normal course and calibre.

Bowel: The stomach and other opacified bowel loops are normal. The mesentery and omentum are normal.

No significant retroperitoneal lymphadenopathy is observed. Retroperitoneal major vessels are normally visualized.

Urinary bladder is well distended. Wall thickness is normal. Perivesical fat planes clear.

Uterus & adenexa: Uterus is not visualized – post-hysterectomy status. No obvious adnexal mass seen.

No free fluid is seen in the peritoneal cavity.

IMPRESSION: Follow up case of CA endometrium.

- **A small sized well defined hypodense lesion in the right suprarenal gland - ? nature.**

Please correlate clinically& compare with preoperative imaging, if any.

DR. KAILASH SINGH
M. D.

DR. GAURAV LUTHRA
M. D

Regd. Office & Medical Imaging Centre : 1, Manas Nagar, Jiamau, Lucknow - 226 001
Phones : 0522 - 2206981- 84, 2204806-07, **3203597**, Fax : 0522 - 2207651, E-mail : lci_lko@rediffmail.com

Dr. Rajeev Agarwal M.S.
Senior Consultant - Surgical Oncology
SIR GANGA RAM HOSPITAL, Rajinder Nagar, N. Delhi - 60
E-mail : arajeev56@hotmail.com • **Website :** www.sgrh.com

29/6/10

Mr Ram Dikshit

Pre Op
Edentulous

Adv
C.T abdomen

Clinic :
SIR GANGA RAM HOSPITAL,
Pvt. OPD Room No. F-16, 1st Floor,
12.00 Noon to 2.00 p.m. (Mon. to Sat.)

Ph.: (Hospital) 42251754, 42251755
Resi. : 22716468
(Mobile) : 9811107368

Department of Radiotherapy
Regional Cancer Centre
Sanjay Gandhi Postgraduate Institute of Medical Sciences
Raebareli Road, Lucknow 226014, India

Tel./Fax (Direct): + 91 (522) 2668476
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Ext .: 2445 (Reception), 2449/2451(Office)
Fax: +91 (522) 2668017, 2668078

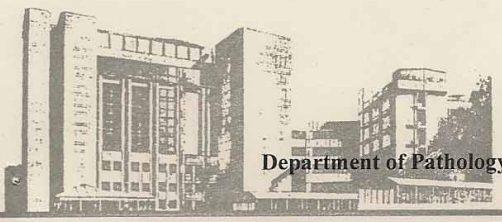
Case Summary

Dated- 01-02-2010

Mrs. Rani Dixit
CR No- 2009544013
RT No- 1143/09

Mrs. Rani Dixit is 58 yrs, postmenopausal lady was registered on 27-10-2009 in our department with chief complaints of discharge per vagina since past 2 years, bleeding per vagina and lower abdominal pain since last 3 months. Earlier she consulted to gynecologist PAP smear(24-7-09) was done which showed negative for malignant cells. Biopsy from endometrium was done on 21-8-09 which showed well differentiated adenocarcinoma with secondary infection. CECT abdomen was done on 21-8-09 which showed bilateral ovarian cyst, cervix showed mild heterogeneously enhancement and bulky (size – 4.5x3cm), no lymphadenopathy and endometrial hyperplasia with clot in endometrium. After that she consulted at Sir Ganga Ram Hospital New Delhi. Where Whole body PET-CT was done on 31-8-09 which was suggestive of an FDG avid thickening of endometrium likely mitotic with no evidence of extra uterine extension of disease or regional lymphadenopathy or distent metastasis. Note was made of an enhancing non GDG avid hypodense lesion in the lateral limb of right adrenal gland? Incidentaloma and bilateral ovarian cysts.Mammography was done on 2-9-09 showed focal density in right upper outer quadrant and clear cyst in right breast.
On 03-09-09 total abdominal hysterectomy, bilateral pelvic lymphadenectomy, omenectomy and appendectomy was done by Dr Rajiv Aggrawal in Sir Ganga Ram Hospital New Delhi.Histopathology report revealed well to moderately differentiated endometrioid adenocarcinoma which was extending from fundus to lower third of endometrial cavity and tumor was infilterating more than half of thickness of myometrium, isthmus and cervix was free of tumor and no lymph node was positive. So stage was pT1c pN0 pMx. After that she was referred to SGPGI radiotherapy department for further management.
She was registered in our department on27-10-09. She was received EBRT 45Gy/25# from 18-1-10 to 22-2-10 by 15MV X-ray through Cl2100CD linac and followed by received two fraction of Intracavitary Radiotherapy (ICRT) on Microselectron HDR (6Gy/# at 0.5cm from surface of applicator weekly(Ist on 23-02-2010, IInd on 2-3-10.

Dr. Sunil Kumar (SR)
Resident to **Dr. Shalini Singh**
Assistant Professor
Radiotherapy Department
SGPGIMS
Lucknow



Sir Ganga Ram Hospital

Department of Pathology (Division of Histopathology)

Name	: Rani Dixit	Age/Sex	: 58 Yrs/Female
Registration No.	: 0634994	Ward No.	:
Lab Request No.	: 4409012784	Room No.	: 3359 /3359
Episode No.	: IP00151442	Location Type	: In Patient
Location	: SURGICAL ONCOLOGY (Dr. Rajeev Agarwal)	Collected On	: 03/09/2009 05:00PM
Referred By	: Dr. Rajeev Agarwal	Received On	: 03/09/2009 05:00PM
External Doctor	:	Reported On	: 28/10/2009
Specimen	: Tissue		

Lab No. S11545/09

Gross Description

Specimen I: Cystic ovary measures 5x3x2 cm. Capsule is intact. Outer surface is smooth. On cutting, clear fluid is drained out. Cavity is uniloculated. Inner surface is smooth. Wall thickness is 0.1 to 0.2 cm. No solid area identified. Attached tube measures 3 cm in length. There is a paratubal cyst measuring 1 cm in diameter.

Specimen II: Uterus measures 6x5x2 cm. There is an ulceroproliferative tumor present in the endometrial canal extending from fundus and reaching close to isthmus. Tumor measures 3.5x2 cm .Cut surface is grey white and friable and is infiltrating more than half of the myometrium but not extending beyond the serosa Rest of the endometrial thickness is 0.1 cm and myometrium thickness is 2 cm. There is a subserosal fibroid measuring 1.5 cm. Cervix measures 2.5 cm in length and 2 cm at external os. Ectocervix and endocervical canal appear uninvolved by tumor grossly .

Specimen III (right iliac lymph node): Multiple fibrofatty pieces of tissue together measuring 3x2x1 cm. Cut surface reveals two lymph nodes measuring 0.5 cm in diameter each.

Specimen IV (left iliac lymph node): Multiple fibrofatty pieces of tissue together measuring 2x1.5x0.5 cm. Cut surface reveals four lymph nodes measuring 0.5 to 0.6 cm in diameter.

Specimen V: Appendix measures 6 cm in length. Cut surface shows a fibrous lumen.

Specimen VI: Omentum measures 24x16x2 cm. Cut surface is chiefly fatty.

Specimen VII (left ovary with tube): Left ovary measures 2x1x1 cm. Cut surface is unremarkable. Tube is 5 cm in length. There is a long paratubal cyst measuring 2 cm in diameter and is filled with clear fluid.

Microscopic Examination

Well to moderately differentiated endometrioid adenocarcinoma of the endometrium.
Tumour is extending from the fundus to the lower third of endometrial cavity. The isthmus and cervix are free of tumour.

P.T.O.

1) Duplicate slides will be given after a minimum of 48 hours.
2) Extra charges will be levied,if special tests are required.

Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi 110060, INDIA
Phones : +91-11-25751111, 25861463, 25735205 Fax : +91-11-25861002 Email : gangaram@sgrh.com Website : www.sgrh.com

Name	: Rani Dixit	Age/Sex	: 58 Yrs/Female
Registration No.	: 0634994	Ward No.	:
Lab Request No.	: 4409012784	Room No.	: 3359 /3359
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Specimen	: Tissue		

Tumour is infiltrating more than half of the thickness of myometrium.

Chronic cervicitis.

All the lymphnodes i.e two right iliac nodes and eight left iliac nodes are free of tumour (0/.10).

Parametrium and omentum are also free of tumour.

Right ovary shows a serous cystadenoma. There are many inclusion cysts and corpora albicantia in the surrounding ovary .

Left ovary shows corpora albicantia and germinal inclusion cysts.

Both fallopian tubes are unremarkable.

Appendix is fibrosed.

Diagnosis:

Well to moderately differentiated endometrioid adenocarcinoma, uterus; pTIc pNo pMX.

Serous cystadenoma, right ovary.

Sbhalla

Dr. Sunita Bhalla
Consultant Pathologist
sv

1) Duplicate slides will be given after a minimum of 48 hours.
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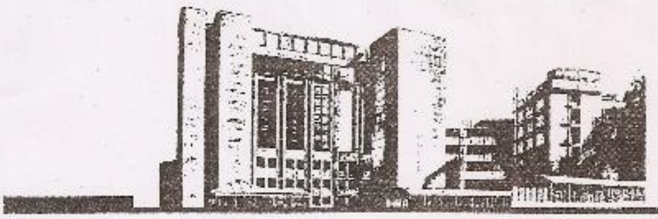

Sir Ganga Ram Hospital

DISCHARGE SUMMARY **Department of Onco-Surgery**

Dr. Rajeev Agarwal

Name: RANI DIXT **Hospital no:0634994** **Age: 58 Sex: F**
Admission Date: 01/09/09 **Discharge Date: 7/09/09**
Ward: 3359
Address: H.NO. 567/6 ANAND NAGAR JAIL ROAD LUCKNOW.

Diagnosis: CARCINOMA ENDOMETRIUM

History: History of postmenopausal bleeding for 2 months.(attended menopause in 1997).History of whitish discharge per vaginum.History of mild pain lower abdomen. No history of hypertension. History of diabetes mellitus on diet management.

Examination: ABDOMEN: Soft, Nontender, No clinically palpable lump.

Investigations

CT ABDOMEN : Bilateral ovarian cyst.Cervix shows heterogenous enhancement.No significant pelvic lymphadenopathy.Endometrial hyperplasia with clot in endometrial cavity.
BIOPSY: Well differentiated papillary adenocarcinoma endometrium with secondary infection.

COURSE IN HOSPITAL : TOTAL ABDOMINAL HYSTERECTOMY +B/L PELVIC LYMPHADENECTOMY+ OMENTECTOMY+ APPENDICECTOMY done under G/A on 03/09/09.

Discharge Advice

1. Tab Ceftum 500mg Twice Daily x 5 days 0 – 0
2. Tab. Voveran thrice daily x 3 days. 0 – 0 – 0
3. Tab. Zinctac 150 mg twice daily x 5 days 0 – 0
4. ~~Tab. Domstal 1 tab.~~ As when required (vomiting)
5. Tab. Becosule once daily x 5 days. 0
6. Diabetes management as per diabetologist.

· Tab Glucoform G-1 1-x-x – 0 (5 yrs)
· BSL F/PP 1 week.

Follow up: Review with Dr. Rajeev Aggarwal in PVT OPD with prior appointment.

IN CASE OF EMERGENCY CONTACT DR. RAJEEV AGARWAL – 9811107368

Consultant Signature **Registrar Signature**

MAHAJAN
IMAGING CENTRE

Sir Ganga Ram Hospital, New Delhi
Department of Nuclear Medicine & PET CT

Dr. Harsh Mahajan, MD
Honorary Radiologist to the President of India
Padma Shri

Dr. Ishita Sen, DRM, DNB Dr. Ritu Verma, DNB Dr. Pratibha Shad, MD Dr. G. Prem Kumar, MD

NAME: MRS. RANI DIXIT AGE/SEX: 58 YRS./F

REFERRED BY: DR. J.N. DEVALI DATE: AUGUST 31, 2009

WHOLE BODY PET CECT SCAN

Whole body FDG PET scan was performed from the vertex to mid thigh with the GE Discovery STE PET/CT system without breath holding instruction. High resolution CT scan was performed using a dedicated PET scanner with 32slice/sec Multidetector Computerised Tomography (MDCT). Oral contrast was administered for bowel opacification. Serial multiplanar sections were obtained after intravenous contrast injection. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient body weight.

Patient is a recently diagnosed case of adenocarcinoma endometrium. PET CT scan is being done for treatment staging.

The overall biodistribution of FDG is within normal physiological limits

Brain: The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

It may kindly be noted that all brain metastases may not be apparent on a PET CT scan and an MRI head may be performed where clinically indicated.

Neck: The thyroid gland is sharply demarcated and shows homogenous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid and the neck structures.

There is no cervical lymphadenopathy seen.

Thorax: The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal.

No significant mediastinal / hilar lymphadenopathy is noted.

Dr. Harsh Mahajan, MD
Honorary Radiologist to the President of India
Padma Shri

Dr. Ishita Sen, DRM, DNB Dr. Ritu Verma, DNB Dr. Pratibha Shad, MD Dr. G. Prem Kumar, MD

Speck of calcification noted in the posterior basal segment of the right lower lobe. Rest of the lung fields are clear. No abnormal FDG uptake is seen in the lungs and pleura bilaterally. There is no evidence of pleural effusion.

Breasts: Bilateral breasts appear unremarkable.

Few non FDG avid subcentimeter sized bilateral axillary lymph nodes with normal fatty hilum are noted likely physiological.

Abdomen: The liver appears and demonstrates diffuse hypoattenuation suggestive of mild fatty infiltration. There is relative hypertrophy of the left lobe. No focal intra hepatic lesion seen. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No abnormal FDG accumulation seen in the liver parenchyma.

The gall bladder is normally distended with no evidence of an intraluminal radio-opaque calculus noted

The spleen is normal in size and demonstrates physiological FDG uptake

The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.

A non FDG avid heterogeneously enhancing hypodense lesion is noted in the lateral limb of the right adrenal gland which measures 1.1 x 1.9 cm in size.

The left adrenal gland demonstrates near normal size, uniform homogenous enhancement on CT and no abnormal FDG uptake.

Bilateral kidneys appear normal in size, shape and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted.

The stomach, small bowel and large bowel loops appear normal in caliber and fold pattern.

There is no evidence of significant abdominal / retroperitoneal adenopathy or ascites.

Urinary bladder is normal in shape, size and distention.

The uterus is mid pose and appears bulky. There is evidence of FDG avid thickening of the endometrium which appears hypodense and shows heterogeneous post contrast enhancement and is irregular in outline. Myometrial attenuation appears normal

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however no plane of separation between the endometrium and myometrium can be appreciated. There is evidence of extra uterine extension of disease. There is no evidence of any regional lymphadenopathy. There is no evidence of FDG uptake in the cervix or vagina.

Non FDG avid non enhancing hypodense lesions are noted in bilateral ovaries which measures 3.7 x 3.3 cm on the right side and 2.1 x 2.2 cm on the left side with no evidence of septations within, likely representing simple ovarian cysts.

Skeleton: Bones under survey appear normal and demonstrate no abnormal FDG uptake.

OPINION: PET CT scan findings are suggestive of an FDG avid thickening of the endometrium likely mitotic with no evidence of extra uterine extension of the disease or regional lymphadenopathy or distant metastasis. Note is made of an enhancing non FDG avid hypodense lesion in the lateral limb of the right adrenal gland, ? incidentaloma and bilateral ovarian cysts . Please correlate clinically.

SURAJ
SURAJ HOSPITAL
(An ISO 9001:2000 Hospital)
(SURAJ MEDICAL & DIAGNOSTICS PVT. LTD.)
117/N/65, KAKADEO, KANPUR- 25
PH: 0512- 2500039, 2505497, 2500768

Date 21-08-09

C.T. No .0908 Patient's Name ..... RANI DIXIT ..... Age ..... 58 Sex ..... F

Referred by ..... DR. S.LUTHRA

CECT WHOLE ABDOMEN

Technique: CECT Whole abdomen was done from diaphragm level to symphysis pubis with both oral & I.V. contrast.

OBSERVATION

- ***Liver*** *is normal in size, shape with mild fatty changes. No focal lesions. Intra Hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.*
- ***Gallbladder-*** *Normal in distension and wall thickness. No sizeable calculus or mass lesion. CBD normal caliber throughout its extent.*
- ***PANCREAS*** *-Normal in size, shape and attenuation. No sizeable mass lesion. No calcification noted. Main Pancreatic duct not dilated.*
- ***SPLEEN*** *Normal in size, shape & attenuation. No focal lesion. Splenic vein at hilum is normal caliber.*
- *No sizeable retroperitoneal lymphadenopathy. Visualised segment of aorta & IVC unremarkable.*
- *Bilateral adrenals are normal in size, shape & attenuation.*
- *Visualised bowel loops unremarkable.*
- ***Bilateral kidneys*** *-Normal in size, shape, position and attenuation. Pelvicalyceal system not dilated. No sizeable calculus or mass lesion. Bilateral ureters not dilated.*
- ***Urinary bladder-****Normal in size, shape & distention. No sizeable calculus or mass lesion.*

Contd.2

SURAJ

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117/N/65, KAKADEO, KANPUR- 25
PH: 0512- 2500039, 2505497, 2500768

Date 21-08-09

C.T. No 0908 Patient's Name ..... RANI DIXIT ..... Age ..... 58 Sex ..... F

Referred by ..... DR. S.LUTHRA

- ***Uterus- Measures ~ 6.5 x 3.8 x 4.0 cm in size with midline endometrial strip measuring ~ 13.0 mm in size with few hyperdense material in fundus region s/o ? Clots.***
- ***Cervix shows mild heterogenous enhancement. Cervix measures ~ 4.5 x 3.0 cm in size, bulky for age.***
- ***Right ovarian cyst measuring ~ 4.0 x 3.5 cm in size, left ovarian cyst measuring ~ 2.5 x 2.0 cm in size with no evidence of enhancing mural nodule.***
- *No evidence of significant pelvic lymphadenopathy.*
- *No evidence of ascites or pleural effusion on either side.*

IMPRESSION: - C.T. findings are suggestive of –

- ***Bilateral ovarian cyst.***
- ***Cervix shows mild heterogenous enhancement. Cervix measures ~ 4.5 x 3.0 cm in size, bulky for age. No significant pelvic lymphadenopathy.***
- ***Endometrial hyperplasia with clots in endometrial cavity.***

ADVICE- Endometrial biopsy/follow up USG for ovarian cyst.

Please correlate clinically

Kindly Note

- ***Please intimate us for any typing mistake and send the report for correction within 7 days.***
- ***CT is not the modality of choice to rule out G.B. or CBD calculus in most of the cases.***
- ***The report is to help Doctor / Clinician for better patient management. This is not valid for Medico Legal Purpose.***
- ***Discrepancies due to technical or typing errors should be reported for the correction within Seven days, no compensation liability stands.***

DR. RAVINDRA RAM
MD (RADIODIAGNOSIS) MLNMC
EX. ASST. PROFESSOR (SRMSMC)

DR. KUMAR
M.D.(RADIODIAGNOSIS)

SURAJ
SURAJ DIGITAL X-RAY & PATHOLOGY
117/N/64, KAKADEO, KANPUR- 25
PH: 0512- 2500768, 2500039, 3040111, 2505497

Date 20-08-09

Patient's Name RANI DIXIT Age 58 Sex F.

Referred by DR. S.LUTHRA

ULTRA SOUND TVS.

UTERUS *Measuring 6.6 x 3.8 x 4.2 cm normal in size, shape and outline. Midline endometrial strip of ~ 16.3 mm increased in thickness s/o endometrial hyperplasia with echogenic clots in lumen.*

Cervix is bulky and heterogenous with irregular nodular margins and multiple nabothian cyst s/o chronic cervicitis (underlying malignancy can not be ruled out, Advice- CECT & Pap smear).

Right ovarian cyst measuring 3.7 x 3.6 cm with no evidence of any internal echoes or septa within it. No evidence of any solid component.

Left ovarian cyst measuring 2.1 x 2.5 cm with no evidence of any internal echoes or septa within it. No evidence of any solid component.

No evidence of ascites.

Please correlate clinically

Kindly Note

- ***Ultrasound is not the modality of choice to rule out subtle bowel lesions.***
- ***Please Intimate us for any typing mistakes and send the report for correction within 7 days.***
- **The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.**

The report and films are not valid for medico – legal purpose .

DR. RAVINDRA RAM
MD (RADIODIAGNOSIS)

DR. KUMAR
M.D.(RADIODIAGNOSIS)

Not for Medicolegal Purpose

Biopsy Centre

Shop No. 22, Anand Bazaar (Opp. Hallet Hospital), Swaroop Nagar, Kanpur-02

2009-08-1417

21-08-2009

Dr. ALKA SHARMA
M.D. (Path)
Fellow Surgical Pathology
- Los Angeles, U.S.A.
- Darmstadt univ. Frankfurt Germany

Name	Mrs. Rani Dixit
Specimen	Endometrial tissue
RefdBy	Dr. S.Luthra M.S

Gross Several irregular greyish brown soft tissue pieces together measuring 2 ml.

Microscopic Section shows tissue pieces showing circumscribed neoplastic tissue comprising of adenoid formations lined by neoplastic cells. The lining is multilayered at places. Evidence of mucin secretion is seen in the glands. The nuclei are hyperchromatic with anisochromasia and anisonucleocytosis. Fair number of mitotic figures are present. Scant areas of haemorrhage and necrosis are present. Stroma shows few acute and chronic inflammatory cells.

Diagnosis Well differentiated adenocarcinoma, endometrium with secondary infection.

Alka Sharma

Pathologist

F.N.A.C. & PAP Smear done by appointment

N.B. : Histopathological findings give subjective diagnosis and hence must be co-related clinically.

Timings : week days 9 a.m. to 8 p.m., Sunday : 10 a.m. to 3 p.m.

Phone : 2550499, 2541612, Mobile : 9935022093

Ph. : Lab. : 2298855, 9236123722, 9839280401

श्री BALA JI PRAGYA DIAGNOSTICS

(PATHOLOGY DIVISION)

117/19, Sarvodaya Nagar, Kanpur-5, Near Medical College Chauraha, (Infront Bimal Nursing Home)

Consultant Pathologist :

Dr. Sangeeta Singh Chauhan M.D. (Path.)

Timing : 8 a.m. to 9 p.m. Sunday : 8 a.m. to 4 p.m.

Patient Name : Smt. Rani Dixit
Investigation : Review of H.P. Section
Refd. by Dr. : J.N. Dwivedi MD
Date : 26.08.09

Ref. No : 2009-08-1417

REVIEW OF H.P SECTION

Section show tumour mass comprising several papillae, acini and sheets of round to oval or polygonal large epithelial cells.

These cells show mild anisocytosis and anisonucleosis.

Nuclei are large hyperchromatic and vesicular .

Chromatin is coarse and clumpy.

Few mitoses are seen.

Pleomorphism is of mild degree .

Cytoplasm is abundant and vaculated .

Findings are suggestive of Papillary Adenocarcinoma .
(Well differentiated type)

Advised: -

- Follow Up , further investigation & confirmation
- CEA, CA-125.
- To correlate with clinical findings & other related investigations.

Consultant Pathologist

Important Instructions

- Please correlate test results with clinical findings and other related investigations.
- In case of any discrepancy, the test may be repeated immediately, free of charge.
- In case of any printing/typing error please inform immediately, for correction.
- Slides.block/specimen may be taken for further opinion/reference with in 7 days.
- No investigation is 100% correct. Mechanical, chemical & human factors are liable to affect the test results. Report is Interpretation of various result & findings.
- It is not a final/confirm diagnosis. • No responsibility for outside sample.
- It is advised to take second opinion before starting any treatment,
- Report is not valid for medico legal purpose.

★ VIDAS : Fully Automated multiparametric immunoanalyzer
★ NIHON-KOHDEN : Celltac α Fully Automated Haematology Counter
★ AMES : Technicon RA=50 Computerized Auto Analyzer
★ HYPERION : Microwell Computerized Auto Elisa Reader
★ ROCHE : AVL-Fully Automated Electrolyte Analyzer
★ ERBA CHEM : EC-5 V_2 Auto Analyzer

FNAC, Cytology, Biopsy, Histo Pathology Tests are Subjective in nature hence variation/difference in opinion is not impossible.