

SIGMOIDOSCOPY

DR SWANAND REDEKAR

(2012/06/1777)

Patient Name: Mr. TAHER BAGWAN
Registration No: 730 Age/Sex: 42 Yrs/M
Diagnosis:

Ref By:
Date: 10-01-2025 02:04:00 PM
Procedure:

Sigmoidoscopy Report

INDICATION- CA RECTUM, S/P RT

Findings

SEEN TILL RECTUM

ULCERATED STRICTURIZING LESION NOTED IN RECTUM

STARTING AT APPX 7 TO 8 CMS FROM ANAL VERGE

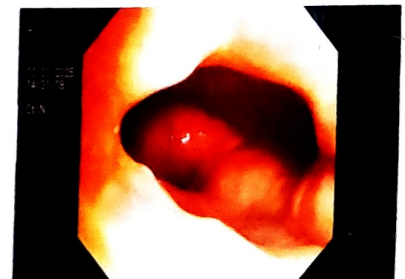
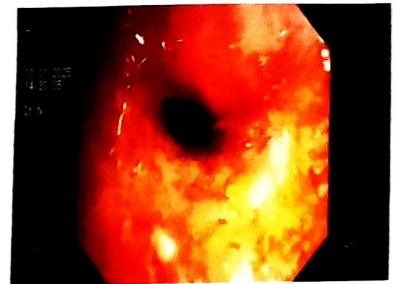
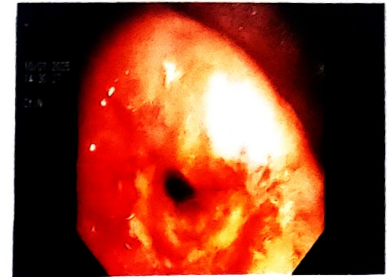
SCOPE COULD NOT BE ADVANCED BEYOND

(LESION SIZE REDUCED COMPARED TO PREVIOUS STUDY)

Conclusions

CA RECTUM


DR SWANAND REDEKAR
DRNB GASTRO





| | | | |
|-------------|-----------------|-----------|------------|
| Patient ID. | 6932 | StudyDate | 10-01-2025 |
| PatientName | TAHER BAGWAN | Age/Sex | 042Y/M |
| Ref By | DR.GOWTHAM RAJE | Study | RECTUM P+C |

CONTRAST ENAHNCED MRI RECTUM

Clinical Findings: CA rectum, taken radiotherapy. No previous MRI done, Previous pre-treatment CT films available.

Technique: A multiplanar MRI of pelvis has been performed on a 1.5Tesla system, before and after administration of intravenous gadolinium, which was well tolerated by the patient.

Findings:

Post-treatment sequelae are seen in the pelvis as described below:

- Diffuse increase in the T1 marrow signal intensity of the pelvic bones is seen representing fat marrow replacement. No osteolytic lesion or any abnormal periosseous soft tissue is identified.
- Diffuse mild inflammatory thickening is seen along the endopelvic fascial reflections and intermuscular planes, with excessive streakiness of the mesorectal and extramesorectal fat. Minimal thickening and fluid is seen along the retrorectal - presacral fascial reflections.

Though an accurate comparison with the pre-treatment CT dated 25/11/2024 is not possible due to differences in scanning techniques, there is substantial improvement in the findings with significant regression of the previously seen lumen-occlusive wall thickening involving the mid rectum, associated with morphological and signal intensity changes in the rectal wall. Residual mild mural thickening is seen in the involved segment, which reveals moderate / marked T2 hypointensity which is likely to represent treatment induced fibroinflammaotry sequelae.

Alterations in the signal intensity of the primary rectal lesion are accompanied by similar signal changes in the extraserosal - mesorectal infiltrates which appear intensely dark on the T2-w images - this also signifies treatment related response with the development of fibroinflammatory sequelae.

There is mild improvement in the locoregional nodal disease burden as compared with the pre-treatment CT with mild reduction in the number and size of the pre-exisiting mesorectal nodes however the largest node still measures 11x8mm on left side appearing hyperintense on T2WI. Few tiny (5mm or smaller) mesorectal nodes are still seen, which also reveal darker signal on the T2-w images. No new significantly enlarged mesorectal / extramesorectal nodes are seen on the present scan.



YASHODHARA

SUPER SPECIALITY HOSPITAL
REDEFINING PATIENT CARE

| | | | |
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Remarks

- The post-treatment MRI study shows good therapeutic response with regression in bulk and extent of the primary lesion, with interval development of a desmoplastic response and areas of mucin production in the treatment bed, and, small suspicious areas of residual intermediate T2 signal intensity focus within the treatment bed [TRG 3]. There is expected regression with desmoplastic response noted in the mesorectal infiltration. Histological confirmation is necessary.
- No new finding is noted.

SUGGESTED F/U MRI AFTER 3 MONTHS.

Dr. ABHIJIT BHOSALE
M.B.B.S M.D (Radiology)
Fellow Body Imaging
Consultant Diagnostic & Percutaneous
Interventional Radiologist

LABORATORY TEST REPORT



manipal
TRUtest

FAST. ACCURATE. RELIABLE

ID : 96845
Name : TAHER BAGWAN
DOB/Age : 42 years
Gender : Male

Collection : Jan 09, 2025, 05:03 p.m. Client Name : Prashant
Received : Jan 09, 2025, 05:03 p.m. Jamdade - SP079
Reported : Jan 09, 2025, 07:59 p.m. Client Address :
Ref. Doctor : SELF



492501080803

| Test Description | Value(s) | Units | Biological Reference Interval |
|------------------|----------|-------|-------------------------------|
|------------------|----------|-------|-------------------------------|

Complete Blood Count; CBC (EDTA whole blood)

Erythrocytes (Whole Blood)

| | | | |
|--|------|-----------|-------------|
| Hemoglobin (Hb)* (Cynmeth Photometric Measurement) | 13.7 | gm/dL | 13.5 - 18.0 |
| Erythrocyte (RBC) Count* (Electrical Impedance) | 4.75 | mil/cu.mm | 4.7 - 6.0 |
| Packed Cell Volume (PCV)* (Calculated) | 40.9 | % | 42 - 52 |
| Mean Cell Volume (MCV)* (Electrical Impedance) | 86.0 | fL | 78 - 100 |
| Mean Cell Haemoglobin (MCH)* (Calculated) | 28.9 | pg | 27 - 31 |
| Mean Corpuscular Hb Concn. (MCHC)* (Calculated) | 33.5 | gm/dL | 32 - 36 |
| Red Cell Distribution Width (RDW)* (Electrical Impedance) | 17.4 | % | 11.5 - 14.0 |

RBC Morphology

Anisocytosis +

Leucocytes (Whole, Blood)

| | | | |
|---|-------|------------|------------|
| Total Leucocytes (WBC) Count* (Electrical Impedance) | 12400 | cell/cu.mm | 4000-10000 |
| Neutrophils* (VCSn Technology) | 84 | % | 40 - 80 |
| Lymphocytes* (VCSn Technology) | 09 | % | 20 - 40 |
| Monocytes* (VCSn Technology) | 06 | % | 2 - 10 |
| Eosinophils* (VCSn Technology) | 01 | % | 1 - 6 |
| Basophils* (VCSn Technology) | 0 | % | 1-2 |

Absolute Count

| | | | |
|--|-------|----------------------|-----------|
| Absolute Neutrophil Count* (Calculated) | 10.42 | * 10 ⁹ /L | 2.0 - 7.0 |
| Absolute Lymphocyte Count* (Calculated) | 1.12 | * 10 ⁹ /L | 1-3 |

162, South Sadar Bazar, Infopark Towers, Near Huma Medical,
Sant Rasta, Solapur, Maharashtra - 413003

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www.manipaltrutest.com



AnyScanner

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|---|-------------------|----------------------|-------------------------------|
| Absolute Monocyte Count* (Calculated) | 0.74 | * 10 ⁹ /L | 0.2-1.0 |
| Absolute Eosinophil Count* (Calculated) | 0.12 | * 10 ⁹ /L | 0.0-0.5 |
| Absolute Basophils Count* (Calculated) | - | * 10 ⁹ /L | 1-2 |
| WBC | Leucocytosis | | |
| <u>Platelets (Whole, Blood)</u> | | | |
| Platelet Count* (Electrical Impedance) | 321 | 10 ³ /ul | 150 - 450 |
| Mean Platelet Volume (MPV)* (Electrical Impedance) | 8.06 | fL | 7.2 - 11.7 |
| Platelet Morphology | Adequate on smear | | |
| PCT* (Calculated) | 0.259 | % | 0.2 - 0.5 |
| PDW* (Calculated) | 19.7 | % | 9.0 - 17.0 |

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Note

Kindly Correlate Clinically

END OF REPORT

Dr. Shaillesh Patne
(M. D. Pathology)



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Liver Function Test 2**Total Protein, Serum**

| | | | |
|----------------|-----|------|-----------|
| Total Protein* | 6.2 | g/dL | 6.6 - 8.7 |
|----------------|-----|------|-----------|

(Serum, Biuret, reagent blank end point)

| | | | |
|----------|-----|------|-------------------|
| Albumin* | 3.6 | g/dL | Adults: 3.5 - 5.3 |
|----------|-----|------|-------------------|

(Serum, Bromocresol Green)

| | | | |
|-----------|------|------|-----------|
| Globulin* | 2.60 | g/dL | 1.8 - 3.6 |
|-----------|------|------|-----------|

(Serum, Calculated)

| | | | |
|------------|------|--|-----------|
| A/G Ratio* | 1.38 | | 1.2 - 2.2 |
|------------|------|--|-----------|

(Serum, Calculated)

Bilirubin Profile

| | | | |
|--------------------|------|-------|-------------------|
| Bilirubin - Total* | 0.34 | mg/dL | Adults: 0.3 - 1.2 |
|--------------------|------|-------|-------------------|

(Serum, DPD)

| | | | |
|---------------------|------|-------|----------------------------|
| Bilirubin - Direct* | 0.15 | mg/dL | Adults and Children: < 0.3 |
|---------------------|------|-------|----------------------------|

(Serum, Diazotization)

| | | | |
|-----------------------|------|-------|-----------|
| Bilirubin - Indirect* | 0.19 | mg/dL | 0.1 - 1.0 |
|-----------------------|------|-------|-----------|

(Serum, Calculated)

| | | | |
|-------|------|-----|------|
| SGOT* | 12.2 | U/L | < 37 |
|-------|------|-----|------|

(Serum, UV with P5P, IFCC 37 degree)

| | | | |
|-------|------|-----|------|
| SGPT* | 20.1 | U/L | < 40 |
|-------|------|-----|------|

(Serum, UV with P5P, IFCC 37 degree)

| | | | |
|------------------------------------|----|-----|------|
| GGT-Gamma Glutamyl Transpeptidase* | 25 | U/L | < 55 |
|------------------------------------|----|-----|------|

(Serum, IFCC)

| | | | |
|----------------------------|------|-----|---------------------------|
| Alkaline Phosphatase-ALPI* | 69.5 | U/L | Adults: >17 years: 30-120 |
|----------------------------|------|-----|---------------------------|

(Serum, PNPP, AMP Buffer, IFCC 37 degree)

Comments:**Kindly Correlate Clinically******END OF REPORT****

Dr. Shallesh Patne
(M. D. Pathology)

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Test Description

Value(s)

Units

Biological Reference Interval

Blood Urea Nitrogen-BUN*
(Serum, Calculated)

Kidney Function Test 2-Mini (KFT)

27.20

mg/dL

7 - 18

Creatinine*
(Serum, Modified Jaffe)

1.1

mg/dL

0.70 - 1.40

Uric Acid*
(Serum, Uricase/POD)

5.9

mg/dL

3.5 - 7.2

Urea *
(Serum, Urease)

58.21

mg/dL

Adults: 17- 43

Electrolytes-Serum (Serum, Indirect ISE)

Sodium*

140.9

mmol/L

136 - 146

Potassium*

3.80

mmol/L

3.5 - 5.1

Chloride*

109.6

mmol/L

101 - 109

Note:

Rechecked Kindly Correlate Clinically

END OF REPORT

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Prothrombin Time Studies ***Prothrombin Time.**

| | | | |
|------------------------|------|------|-----------|
| Prothrombin Time -Test | 15.5 | sec. | 11 - 16 |
| Control(MNPT) | 15.2 | sec. | - |
| Ratio | 1.02 | | - |
| Index | 0.98 | | - |
| PT(INR) Value | 1.02 | | 0.8 - 1.2 |

Interpretation:

- 1- The Prothrombin Time (PT) and International Normalized Ratio (INR) are measures of the extrinsic pathway of coagulation.
2- The INR is used only for patients on stable oral anticoagulant therapy. It makes no significant contribution to the diagnosis or treatment of patients whose PT is prolonged for other reasons.

Increased PT times may be due to:

Factor deficiencies(X , II , V , I), Coumadin (warfarin) therapy, Liver Diseases (Bile duct obstruction, Cirrhosis , Hepatitis), Hemorrhagic Disease of the newborn, DIC, Malabsorption, Fibrinolysis, Vitamin K deficiency.

Interference in PT/INR:

Alcohol, antibiotics, aspirin, cimetidine, thrombin Inhibitors(Increase PT) Barbiturates, oral contraceptives, hormone-replacement therapy (HRT), and vitamin K (Decrease PT).

****END OF REPORT****

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| Glucose, Random (R) | | | |
| Glucose Random* (GOD-POD) | 120.7 | mg/dL | 70 - 140 |

END OF REPORT

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