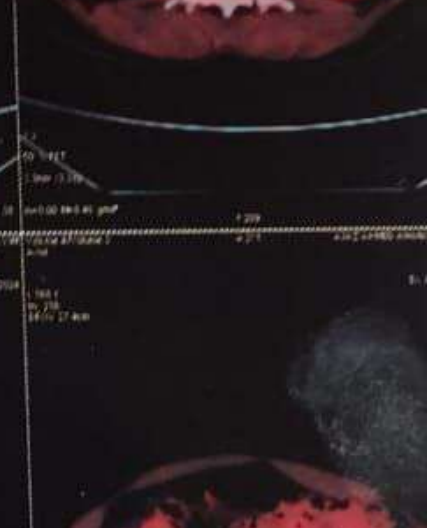
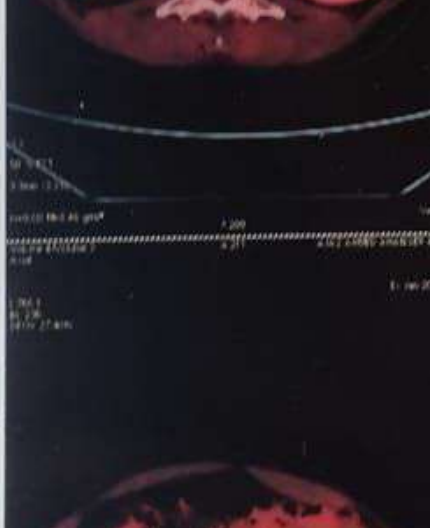


HOUSE OF DIAGNOSTICS



VW1.00
AJAJ NIMED NUMBER 677M
06APR202005



DEPARTMENT OF GASTROENTEROLOGY
SIR GANGA RAM HOSPITAL
RAJINDER NAGAR, NEW DELHI-110060

Patient Name: Mr. AHANGAR AJAZ
Registration No: GR2503096
Age/Sex: 42 Yrs/M

Ref By: DR SHIVAM KHARE
Date: 07-04-2025 11:17:00 AM
Procedure: EUS



ENDOSCOPIC ULTRASOUND REPORT

SCOPE: Olympus GF UCT 180 Curvilinear
PROCESSOR: Olympus EUS ME 3 Premium Plus
Indication: FUC NHL

Pre-Anesthesia Assessment: Prior to the procedure, a history was taken and physical examination was performed and patient medications, allergies and sensitivities were reviewed. The patient's tolerance of previous anesthesia was reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. The endoscope was introduced through the mouth and advanced to the second part of duodenum. The procedure was accomplished without difficulty. The patient tolerated the procedure well.

FINDINGS:

GALL BLADDER : Post cholecystectomy status
CBD : Normal. No stone/ sludge present
PANCREAS : Normal parenchyma
PD : Normal

Multiple enlarged nodes measuring upto 1cm seen in periportal and paraaortic region. Nodes are hypoechoic, elongated with well defined margins. Large 46x45mm hypoechoic round lesion likely node with multiple internal calcification seen in peripancreatic region. Transduodenal FN taken and sample sent for cytology, IHC, fine needle biopsy, Gene Xpert and TB culture

IMPRESSION:

PERIPANCREATIC LESION ? NODE
FNB TAKEN

ADV: Patient is instructed not to drive or engage in tasks which require focused concentration in case sedation was given during procedure. Continuation of medications and diet to be discussed with the treating consultant

NOTE: In case biopsy/FNAC has been done, kindly note that additional charges may incur. This may include c

DR ANIL ARORA
MD(MED), DNB(MED), DM(GASTRO)
IIMS, FIAMS, FRCP(EDINBURGH)

DR ASHISH KUMAR
MD,DM
CONSULTANT

DR NARESH BANSAL
MD, DNB(GASTRO)
CONSULTANT

DR PRAVEEN SHARMA
MD,DM
CONSULTANT

DR SHRIHARI ANIKHINDI
MD, DNB(GASTRO)
CONSULTANT

DR SHIVAM KHARE
MD, DNB(GASTRO)
CONSULTANT

DR ASHISH KHANDE
DrNB(GASTRO)
SR.RESIDENT

Handwritten signature/initials in blue ink.



H-2006-0017
Since June 16, 2006



MC - 21

Clinical Laboratory Services
Department of Pathology (Cytopathology Division)

Name	: MR AHANGAR AJAZ	Age/Sex	: 42 Yrs/Male
Registration No.	: 2395418	Ward No.	: ENDOSCOPY
Lab Request No.	: 4525003067	Room No.	:
Episode No.	: IP01480561	Location Type	: In Patient
Location	: GASTROENTEROLOGY	Collected On	: 07 APR 2025 04:24PM
Referred By	: Dr. Shivam Khare	Received On	: 07 APR 2025 04:48PM
Ext. Doctor	:	Reported On	: 11 APR 2025 05:06PM
Specimen	: Fine Needle Aspiration		

Lab No: C-2819/25

Result:

Received EUS-FNB comprising FNA smears, Cell block and FNB from peripancreatic lesion?

EUS-FNA smears are from a lymph nodal mass. FNA smears are cellular and show a predominant small to intermediate sized atypical lymphoid cells. These atypical lymphocytes have scant cytoplasm, mildly pleomorphic nuclei with opened up chromatin and inconspicuous to small conspicuous nucleoli. An admixture of small mature lymphocytes and proliferating vascular channels is noted in background. There is a paucity of germinal centre cells.

Cell block shows fragmented lymphoid tissue with crushing artifacts and a prominence of paracortical expansion as evidenced by proliferating vascular channels and scattered mature lymphocytes, plasma cells and histiocytes.

FNB shows fragmented lymphoid tissue cores with a predominant paracortical tissue along with nodular aggregates of similar atypical lymphoid cells as described above.

On IHC, the aforesaid atypical lymphoid aggregates express CD20, PAX5 and Bcl2 while negative for CD10, CD5, CD3 and Bcl6. Ki67 proliferative index is approximately 7-8%. CD5 is expressed in the surrounding paracortical T-cells.

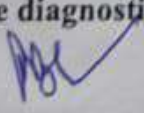
Note: I Tissue is depleted for further IHC profiling.


II The cellular morphology was compared with previously reported smears C-3590/16 and shows similar features.

Opinion: Consistent with Recurrence of Low Grade, Small B-cell Non Hodgkin Lymphoma.

Advised: Flowcytometric evaluation for further characterization may be done. ✓

POS: Positive diagnostic of cancer


Dr. Pooja Bakshi
Sr. Consultant Cytopathology


Poojan Agarwal
Consultant Cytopathology

- 1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
- 2) Extra charges will be levied, if special tests are required.

Patient Name : Ajaz Ahmed Ahanger
Age / Sex : 42 Y / M
Referred By : Dr. MOHAMMAD ALTAF HAKIM
Centre : YUSUF SARAI

Lab No : YSF25042803
Registration On : 08-Apr-25 11:10
Patient ID : UYSF.0000108866

Spleen appears mildly enlarged in size (craniocaudal span 14.0 cm, previously 13.4 cm) and shows normal homogeneous physiological FDG uptake.

Pancreas and both Adrenal glands appear normal in bulk and demonstrate physiological FDG uptake.

The stomach is well distended with the orally administered contrast media. The small and large bowel loops appear normal in caliber and fold pattern and shows physiological FDG uptake. No free peritoneal fluid is seen.

Bilateral kidneys appear normal in size. Bilateral ureters are defined. Urinary bladder is normal in shape, size and distention.

The prostate appears unremarkable with no abnormal FDG uptake.

There is no FDG avid pelvic lymphadenopathy seen.

Musculo-skeletal System:

Bone marrow FDG uptake appears within normal limits.

No obvious focal lytic / sclerotic lesion with abnormal FDG uptake is seen in the visualized axial and appendicular skeleton.

opinion: PET/CT scan findings reveal

- Mild FDG avid lobulated soft tissue mass/lymph node in the retroperitoneum, hepatoduodenal region with internal calcification.
- Mild FDG avid and non-FDG avid multiple other enlarged retroperitoneal lymph nodes in the gastrohepatic, periportal, peripancreatic, perigastric, aortocaval, left para-aortic and mesenteric region.
- Non-FDG avid few small retrocrural and paraesophageal lymph nodes.
- Hepatosplenomegaly.
- No scan evidence of metabolically active disease elsewhere in the body.

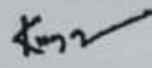
As compared to previous PET/CT dated 20.01.2024, there is,

- No significant interval changes are seen in size, number and metabolism of lymph nodes.
- Rest of the scan findings also remained unchanged.
- No new lesion noted.

Overall, scan findings are suggestive of stable disease.

Please correlate clinically.

Dr. Kunal Kumar
Consultant - Nuclear Medicine
M.B.B.S., M.D. (Nuclear Medicine)
DMC Reg. No.: R/07756
Mobile No.: +912929031544

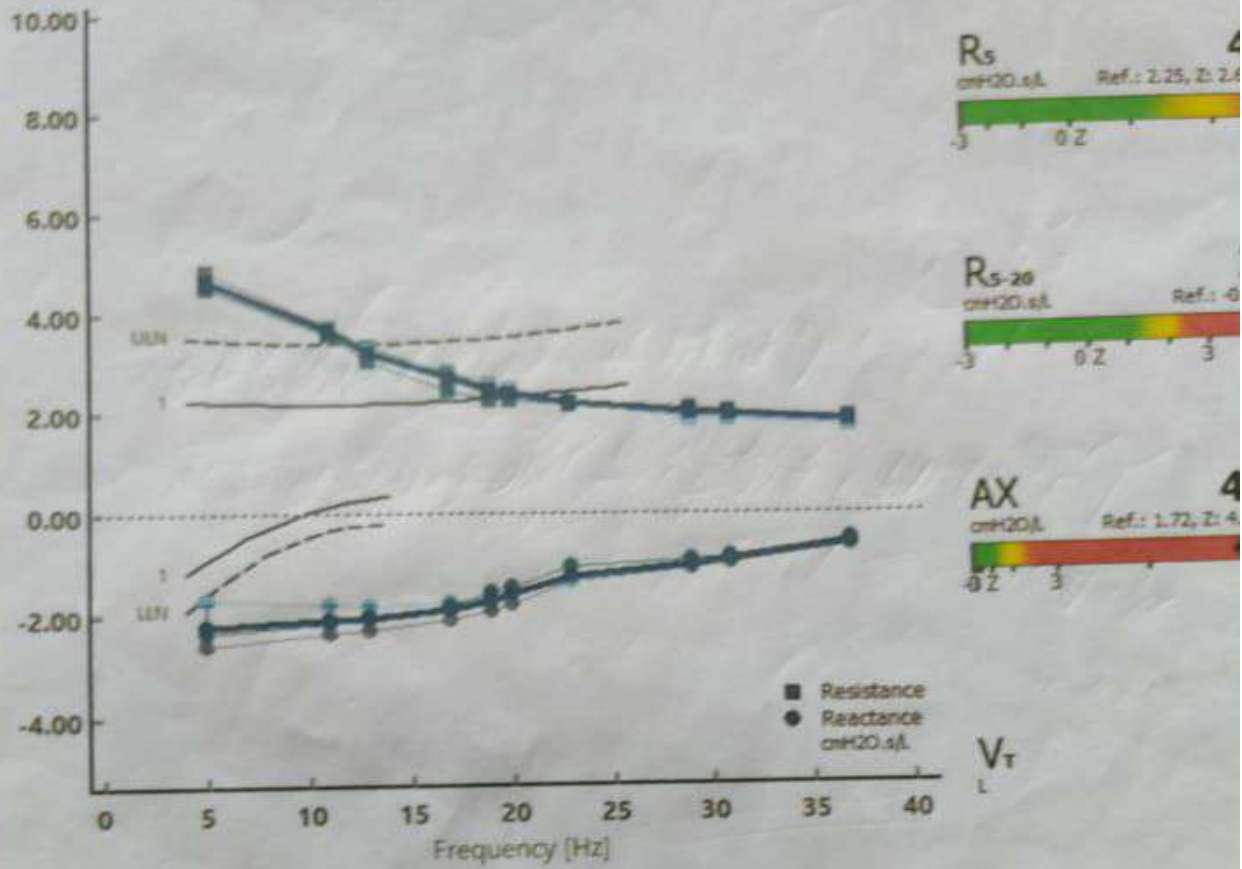


In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion.

Scan to Validate



PATIENT	AJAZ, AHMAD	SMOKER	Yes	TITLE	Pre BD	OPERATOR COMMENTS
SEX	Male	HOW LONG	25 years	TEMPLATE	Airwave Oscillometry	
AGE	44.2 yrs	HEIGHT	172 cm	WAVEFORM	AOS 5-37	
DOB	15-11-1980	WEIGHT	61 kg	PHYSICIAN	DR MIR FAISAL	
PRIOR MED.		ETHNICITY	Asian	OPERATOR	Malik Kuhlub	



	Reference	Test Average	SD	CV %	Z Score	Abs. Diff.	% Pred.	M3	M4	M5
R5 cmH2O.s/L	2.251	4.684	0.1815	3.875	2.615	2.434	208.1	4.392	4.605	4.556
R5-20 cmH2O.s/L	-0.016	2.263			5.807			2.418	2.087	2.285
AX cmH2O/L	1.716	47.862	4.874	10.18	4.581	46.15	2789	53.405	44.244	45.937
VT L		0.505	0.046	9.105				0.526	0.453	0.537
COHS		0.897						0.914	0.916	0.860