

# The cases of cancer

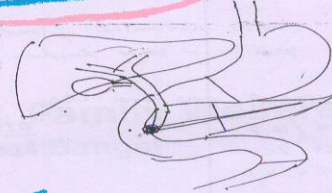
Dr. Sunirmal Sarkar

癌の症例  
Dr.スニルマル・サルカー


## Case 1

- Cholangiocarcinoma
- Whipple's operation was suggested by allopath
- Patient:
  - Age: 48 years old
  - Sex: Male
- *Medicine prescribed was **AESCULUS HIP***
- 胆管癌
- アロパスにホイップル手術を勧められた。(十二指腸と膵臓の全部または一部を切除)
- 患者：
  - 48歳
  - 男性
- *処方されたレメディ **AESCULUS HIP***

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
OPD Patient Card**

Clinical Notes	ADVICE
<p>1. KAVILIN (10mg) IM OD x 2 days. ↓ Repeat PT 1hr</p>	<p>TC DC Hb% PC FBS / PPBS CXA (PA) ECG (12 lead)</p>
<p>21 JUL 2012 CECT - 18/6/12 18/6/12 CBD - 1.4 cm dilated 1.4 cm x 1.2 cm SOL in lumen MPD</p>	<p>To visit next wk = all reports. (Monday)</p>
<p>Plan → Whipple's procedure</p>	
<p>6-7 hrs 40 100 - 10% Complications 150 - 3-4% need death</p>	<p>Nature of disease, course, prognosis Surgical options, complications, mortality explained to patient &amp; his relatives</p> <p>PAC / 4 to Pan. SVE (Rajiv Room no. 2, G.S. Bungalow)</p>
	S.C.A - 19-9

**EKO DIAGNOSTIC**  
A Unit of Eko Diagnostic Pvt. Ltd.

  
DIVISION OF IMAGING

3

TRIPHASIC MDCT SCAN OF ABDOMEN  
腹部の三相CTスキャン

MR K PAL 18.06.2012

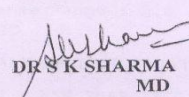
**IMPRESSION**      膨大部周囲に輪郭のはっきりしない軟部組織の病変

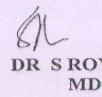
Triphasic MDCT features suggest an ill-defined enhancing soft tissue lesion in the periampullary region causing dilatation of the common bile duct. However, the main pancreatic duct is not dilated. Hepatomegaly is also noted.

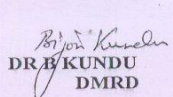
Features need exclusion of an periampullary neoplasm. A common bile duct neoplasm also cannot be entirely ruled out.

**膨大部周囲の新生物 (の可能性を除外しなければならない)**

Suggested clinico-pathological correlation and other investigations including MRCP / ERCP studies for further evaluation and confirmation if clinically indicated.

  
**DR S K SHARMA**  
MD

  
**DR S ROY**  
MD

  
**DR S KUNDU**  
DMRD

**DR S KUNDU**  
MD


# Change of Total bilirubin 総ビリルビン量の変化

- Patient came for treatment on **22.6.2012**  
患者の初診は**22.6.2012**だった

Total bilirubin: **21.8mg/100ml** (on **4.6.2012**)


Total bilirubin: **4.6mg/100ml** (on **2.7.2012**)

Total bilirubin: **1.9mg/100ml** (on **18.7.2012**)

DRS. TRIBEDI & ROY DIAGNOSTIC LABORATORY		TEST REPORT	
93, Park Street, Kolkata-700 016 Phones : 2226-6643 / 8789 / 5961 E-mail : mail@tribediandroy.com NABL ACCREDITED (ISO 15189 : 2007)		 Certificate No. : M0035	
Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (P.G.)		Branches : • 48A, Diamond Harbour Rd. Kolkata - 2 (8 A.M. - 3 P.M.) ☎ 24484613 • 17, Sarat Chatterjee Ave. Kolkata - 29 (8 A.M. - 5 P.M.) ☎ 65090519 • 11/3G, Old Ballygunge 2nd Lane, Kolkata - 19 (9 A.M. - 4 P.M.) ☎ 64590225	
Patient's Name : <b>KARTICK PAL</b>	Age : 48 YRS.	Date of Receipt : <b>04-Jun-12</b>	Date of Print : <b>04-Jun-12</b>
Referred By : Dr. S. BANERJEE		Lab No : EHD1295	dk
<b>血清総ビリルビン</b>		<b>LIVER FUNCTION TEST</b>	
SERUM BILIRUBIN TOTAL	:	* <b>21.8 mg/100 ml.</b>	
(Method : DPD)			
(Reference Range : 0.2 - 1.0 mg/100 ml.)			
CONJUGATED	:	* 16.7 mg/100 ml.	
(Method : Jendrassik)			
UNCONJUGATED	:	5.1 mg/100 ml.	
TOTAL PROTEINS	:	7.4 g/100 ml.	
(Method : Biuret)			
(Reference Range : 6.6 - 8.3 g/100 ml.)			
ALBUMIN	:	4.0 g/100 ml.	
(Method : BCG)			
(Reference Range : 3.5 - 5.5 g/100 ml.)			
GLOBULIN	:	3.4 g/100 ml.	
(Reference Range : 2.0 - 3.5 g/100 ml.)			
A/G RATIO	:	1.2:1	
SERUM ALKALINE PHOSPHATASE	:	433 units/l.	



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 NABL ACCREDITED (ISO 15189 : 2007)  
 Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (P.G.I.)

  
 Certificate No. - M0035

**Branches :**  
 • 48A, Diamond Harbour Rd. Kolkata - 29 (8 A.M. - 3 P.M.) ☎ 24484618  
 • 17, Sarat Chatterjee Ave., Kolkata - 29 (8 A.M. - 5 P.M.) ☎ 65090519  
 • 11/3G, Old Ballygunge 2nd Lane, Kolkata - 19 (9 A.M. - 4 P.M.) ☎ 64590226

**TEST REPORT**

Patient's Name : KARTICK PAL  
 Age : 48 YRS.




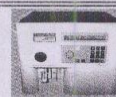

Date of Receipt : 02-Jul-12  
 Date of Print : 02-Jul-12

Referred By : Dr. S. SARKAR  
 Lab No : EIB1132

**血清総ビリルビン** **LIVER FUNCTION TEST**

SERUM BILIRUBIN TOTAL	:	<u>4.6 mg/100 ml.</u>
(Method : DPD) (Reference Range : 0.2 - 1.0 mg/100 ml.)		
CONJUGATED	:	2.5 mg/100 ml.
(Method : Jendrassik)		
UNCONJUGATED	:	2.1 mg/100 ml.
TOTAL PROTEINS	:	7.4 g/100 ml.
(Method : Biuret) (Reference Range : 6.6 - 8.3 g/100 ml.)		
ALBUMIN	:	4.4 g/100 ml.
(Method : BCG) (Reference Range : 3.5 - 5.5 g/100 ml.)		
GLOBULIN	:	3.0 g/100 ml.
(Reference Range : 2.0 - 3.5 g/100 ml.)		
A/G RATIO	:	1.5:1
SERUM ALKALINE PHOSPHATASE	:	146 units/l.
(Method : KIN.PNPP IFCC)		

**REPORT** **REFERRAL LABORATORY**

#OSS<sup>DOY</sup> MODERN BIOCHEMISTRY HAEMATOLOGY H.P.L.C.

Lab Code GBD268243 Bill Date 18-Jul-12 **SERUM**<sup>®</sup>

Sample Receipt Date 18-Jul-12 Reporting Date 18-Jul-12 **ANALYSIS CENTRE (P) LTD**

Name KARTIK PAUL Sex/Age M 48 YEAR(S) **AN ISO 9001:2008 CERTIFIED LABORATORY**


Ref. By Dr. S. SARKAR Regd. Office : 82/4B, Bidhan Sarani, Kolkata-700 004  
 City Office : 13/1, Bhupen Bose Avenue, Kolkata-700 004  
 E-mail : serum.kol@gmail.com  
 Website : www.sserumanalysiscentre.com

**DEPARTMENT OF BIOCHEMISTRY**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sr.TOTAL BILIRUBIN (Diazo Method) <b>総ビリルビン</b>	<u>1.9#</u>	mg/dl	0.2 - 1.0
Sr.CONJUGATED (Diazo Method)	0.4#	mg/dl	0.0 - 0.2
Sr.UNCONJUGATED	1.5#	mg/dl.	0.2 - 0.8
Sr.TOTAL PROTEIN (Biuret Method)	7.2	gm/dl.	6.5-8.1
Sr. ALBUMIN (Bromocresol purple)	3.9	gm/dl	3.5 - 5.0
Sr GLOBULIN	3.3	gm/dl	2.0 - 3.5
ALBUMIN : GLOBULIN	1.18 : 1		1.0 - 2.0
Sr. ALK PHOSPHATASE ( PNPP with AMP buffer )	<u>83.2</u>	IU/L	1yr. - 16yr. : 60 -382 Adult : 32 - 92
Sr.S.G.P.T.( UV without P5P )	41.8#	U/L	10 - 40
Sr.S.G.O.T.( UV without.P5P)	60.3#	U/L	10 - 42

Know philosophy Know medicine

**Dr. Sunirmal Sarkar**  
 W.H.O. Fellow-USA M.D. (Hom.)  
 Visiting Professor :  
 S. W. N. Medical College and Hospital  
 Arizona, USA



Residence / Chamber :  
 Thakurnagar, 24 Parganas (N)  
 Ph.: 03215 254103  
 Mob.: 94330 50754  
 E-mail : s.sunirmal@yahoo.in  
 Date : 22/11/12

Sol. in Pancreas & Jaundice. Name: Kantik Pal. 膝臓に占拠性病変、黄疸...

Address: Changhat 膝頭部に2つの腫瘍  
 ① リンパ節の肥大  
 ② 総胆管の閉塞  
 肝内胆管の拡張

2 mass lesion on head of pancreas & enlarged lymphnode along & obstruction in CBD and dilatation of intrahepatic biliary channels. GB is grossly distended. 血清ビリルビン - 5pm  
 直接ビリルビン  
 関節ビリルビン

USA → Helicobacter ① Desire loose garments  
 Handful causes satiety.  
 Desire - hot food, extra salt & non-sweet, stool - regular, hand just after an awakening unging ormes.  
 Int-hunger (burning sensation in

Serum bilirubin - 21.8 mg/100 ml. - au.  
 conjugated - 16.7 mg/100 ml.  
 unconjugated - 5.1 mg/100 ml.

H/o. much food in a hot day → abdominal pain (April, 2012).  
 hot-well since.

① Radiating pain from chest to back (Coffin).  
 Pain as like a ring & burning sensation in abdomen.  
 Evening to night &


## Prognosis 予後

- **C.T.SCAN on 18.06.12** shows an ill-defined enhancing soft tissue density area is seen measuring about **1.4×1.2 cm** in the peri-ampullary region.  
 18.06.12に膨大部周囲に**1.4×1.2 cm**程の、境界不明瞭な軟部組織の増強効果がCT検査で見られた。
- **C.T.SCAN on 03.11.12** shows an ill-defined soft tissue mass in peri-ampullary region measuring **1.1×0.9 cm** mildly projecting into the lumen of duodenum.
- **03.11.12のCT検査**では**1.1×0.9 cm**の、境界不明瞭な軟部組織の腫瘍が膨大部周囲から十二指腸の内腔へわずかに隆起しているのを確認。

After comparison with previous CT on 18.06.12, now suggest **regression of the size of soft tissue lesion.**

前回18.06.12のCTと比較すると**軟部組織の病変の後退**を示唆する。



  
 DIVISION OF IMAGING  
 18.06.2012

MR KARTIK PAL  
DR SUPRIYO GHATAK 48 YEARS

**TRIPHASIC MDCT SCAN OF ABDOMEN**

**HISTORY**  
Weakness. Jaundice. Loss of appetite.

**TECHNIQUE**  
Plain, oral (plain water) & I.V. (non-ionic) contrast enhanced triphasic MDCT scan of abdomen done in the axial plane in supine and right lateral decubitus positions followed by MIP, MPR & SSD reconstructions in different rotational planes.

**FINDINGS**  
Digital radiograph of the whole abdomen in supine position and in frontal projection shows no significant abnormality.

Liver appears enlarged in size but normal in shape, position, outline and density. The intrahepatic biliary radicles are not dilated. No focal lesion is detected.

Gall bladder appears normal in shape and size except for thickened walls. No evidence of any radio-opaque calculus or intraluminal lesion is detected (However, radio-lucent and small calculus may be missed in CT. USG may be done for further evaluation).

Common bile duct proximally measures about 1.4 cm. in diameter and is dilated but distally measures about 0.9 cm. in diameter and an ill-defined enhancing soft tissue density area is seen measuring about 1.4 cm. x 1.2 cm. in the maximum axial dimension (Series 3, Image 72) in the periampullary region.


Pancreas shows normal size, shape, attenuation characteristics and enhancement. No evidence of peripancreatic collection is seen. Main pancreatic duct is not dilated.

Spleen is normal in size, shape and attenuation characteristics.

Both suprarenal glands reveal normal size, morphology and density. No evidence of nodularity or SOL is seen on either side.

Contd....2..

膨大部周囲に1.4x1.2 cm程の、境界不明瞭な軟部組織密度の増強効果を認めた

  
 DIVISION OF IMAGING  
 03.11.2012

MR KARTIK PAUL  
DR SUNIRMAL SARKAR 48 YEARS

**CT SCAN OF UPPER ABDOMEN**

**HISTORY**  
Weakness. Loss of appetite. Past history of jaundice.

**TECHNIQUE**  
Plain, oral and I.V. (non-ionic) contrast enhanced MDCT scan of the upper abdomen done in the axial plane in supine and right lateral decubitus positions followed by multiplanar reformations.

**FINDINGS**  
Digital radiograph of the abdomen in supine position and in frontal projection shows no significant abnormality.

Liver is normal in size, shape, position, outline and density. The intrahepatic biliary radicles are not dilated. No focal lesion is detected. Portal vein appears normal.

Gall bladder appears normal in shape and size. No evidence of any radio-opaque calculus or intraluminal lesion is detected (However, radio-lucent and small calculus may be missed in C T. USG may be done for further evaluation).

Common bile duct is mildly dilated measuring 0.9 in diameter proximally and 0.5 cm. in diameter distally. An ill-defined soft tissue enhancing lesion is noted in periampullary region mildly projecting into lumen of duodenum measuring about 1.1 cm. x 0.9 cm. in the maximum axial dimension (Series 6, Image 36).

Pancreas shows normal size, shape, attenuation characteristics and enhancement. No evidence of peripancreatic collection is seen.

Spleen is normal in size, shape and attenuation characteristics.

Both suprarenal glands reveal normal size, morphology and density. No evidence of nodularity or SOL is seen on either side.

Both kidneys are normal in size, shape, attenuation characteristics and excretion of contrast media. Pelvicalyceal systems are not dilated. Perirenal fat planes appear normal.

Both upper ureters show normal course and calibre.

Contd....2..

Eko Diagnostic Pvt. Ltd. EKO  
DIVISION OF IMAGING

2

MR K PAUL (CT OF UPPER ABDOMEN) 03.11.2012

Aorta and IVC are normal. No sizeable para-aortic, mesenteric or retroperitoneal lymph node is detected. No free fluid is seen in the peritoneum.



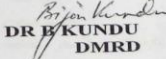
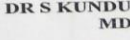
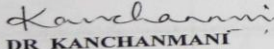
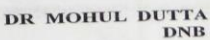
Stomach and bowel loops appear unremarkable.

Bones under review show degenerative changes in the visualized vertebral bodies. Parietal and paravertebral muscles including psoas muscles are normal.

**IMPRESSION**

MDCT features, after comparison with previous CT scan done on 18.06.2012, now suggest regression of the size of soft tissue lesion in periampullary region and dilatation of common bile duct. Features favour ? inflammatory vs. ? neoplastic etiology. 軟部組織病変のサイズが後退していることを示唆

Suggested clinico-pathological correlation and other investigations including MRCP / ERCP studies for further evaluation and confirmation if clinically indicated.

 DR S K SHARMA MD  
 DR S ROY MD  
 DR B KUNDU DMRD  
 DR S KUNDU MD  
 DR KANCHARMANI  
 DR MOHUL DUTTA DNB

## Case 2

- CASE OF GB MASS & LIVER SOL
- 胆嚢の腫瘍&肝臓の占拠性病変

Pt. Came on 23.5.11 with a mass like area in the region of GB fundus, heterogenously enhancing area seen in pericholecystic liver tissue infiltrating the adjacent GB mass ( C.T.Scan on 10.5.2011)

- 患者は23.5.11に初診を受け、胆嚢底に腫瘍様病変あり。10.5.2011のCT検査で不均一な増強効果が胆嚢周囲の肝組織に見られた。隣接の胆嚢腫瘍に湿潤。

Medicine prescribed was -ARSENICUM ALBUM on 23.5.11


- ARSENICUM ALBUM を 23.5.11に処方。

## Prognosis 予後

- C.T.SACN ON 24.9.2011 SHOWS PERICHOLECYSTIC LIVER TISSUE HAS MARKEDLY REDUCED IN SIZE, IMPROVEMENT OF LESION LOAD IN COMPARISON TO PREVIOUS CT.**
- 24.9.2011付C.T.検査では、前回のCTと比べて胆嚢周囲の肝組織の病変の顕著なサイズの縮小が見られ、病変細胞量の減少を認めた。**
- USG ON 7.3.2012 SHOWS CHOLECYSTITIS WITH CHOLELITHIASIS.**
- 7.3.2012付け超音波検査で胆石症に伴う胆嚢炎を認めた。**
- C.T.SCAN ON 13.11.2012 SHOWS MILD FOCAL WALL THICKENING IN FUNDUS, NO OTHER OBVIOUS FOCAL LESION DETECTED.**
- 13.11.2012 のC.T.検査では胆嚢底に軽度の限局性肥厚が見られたが、その他の巣状病変はなかった。**

Know philosophy Know medicine

**Dr. Sunirmal Sarkar**  
W.H.O. Fellow-USA M.D. (Hom.)  
Visiting Professor :  
S. W. N. Medical College and Hospital  
Arizona, USA



**Residence / Chamber :**  
Thakurnagar, 24 Paraganas (N)  
\* Ph: 03215 251134  
\* Mob: 94330 50754  
E-mail : sunirmal@yahoo.in  
Date : 22/11/2014

Name: Smriti Kumar Munsri Age 65Y. Sex: M.  
Address: Hokra (Joggaekhi.)

⊙ C.T. Scan of whole abdomen - 10/5/2011

→ CA of G.B. + liver.

→ Gall bladder - mildly enlarged + mass like area in fundus region

⊙ Heterogenously enhancing area seen in pericholecystic liver tissue (IV + v seg).

⊙ Implication of adjacent G.B. mass.

⊙ Mildly enlarged periportal lymphnodes.

W.B.C - 15400.  
Urea - 40 mg/dl.

Pt with white dress

⊙ Prostatomegaly (Small).  
20/5/2011 → B. Glucosyl (P) 5580 mg/dl.

⊙ Hypoglycaemia since 20 years.

⊙ Difficult respiration since 1 1/2 months.  
→ Hospitalised.  
→ ?? pleuresy & Ascites.

⊙ Insomnia since 1 month + 19 days.

⊙ Vertigo since 3 days.

⊙ CVA before 1y.  
Rt side affected  
Difficult respiration ← dissatisfied w/ tool.

P/H

⊙ Pt lost her mother at 1 1/2 y.

⊙ H/O starvation.

⊙ H/O - Burned childhood.

⊙ H/O - Smoking, Alcoholism

⊙ H/O - Jarda pan

⊙ Cardiac failure before 20y. (valvular ~~problem~~)

F/H → Father - B. Asthma.  
Elder brother - P.T. - C.V.A (died).  
3 Brothers.  
1 son.

T/R - Fol pt. patient can't lie on Rt side.

Thirst - Moderate.  
Vague Appetite - 1T (presen)  
Anorexia (Past)

I Pray for your early recovery P.T.O.



①

**R.G.Kar Medical College & Hospital Scan Centre**  
 1, Kshudiram Bose Sarani, Kolkata - 700 064, Phone : 2530 0630/ 0631 , 2555 - 4429/ 4430  
 A joint venture project of Dept. of Health & Family Welfare, Govt. of West Bengal & Midnapore Diagnostics Private Limited

Patient's Name SMRITI KUMAR MUNSHI Date: 10/05/2011  
 Age 65 Y Sex M Patient ID 001598  
 Referred by RGMCH - U-VI/S, SSPU Ticket No. 11010246

**CT SCAN OF WHOLE ABDOMEN**

**PROTOCOL** - Plain & contrast enhanced CT Scan of whole abdomen done after giving non-ionic IV contrast. 5mm & 7mm thin slices taken. Scanning done by sub-second spiral CT scanner.

**FINDINGS -**

**DIGITAL X-RAY** - No significant abnormality detected.

**LIVER & GALL BLADDER** - Mildly distended gall-bladder lumen seen. Walls of gall-bladder shows irregular soft-tissue attenuating enhancing thickening with formation of a mass-like area in the region of fundus. Evident of pericholecystic adhesion seen with serosal layers of right colon. **不均勻の増強効果**  
 Faint ill-defined **heterogeneously enhancing area seen** in pericholecystic liver tissue (segment IV & V) with loss of tissue plane between it & GB walls suggesting possible contiguous **infiltration of adjacent GB mass.**  
**隣接組織へ病変の浸潤**  
 Rest of hepatic parenchyma shows normal attenuation.  
 IVP is not dilated.  
**浸潤病変** seen in hepatic veins & intrahepatic portal veins.  
 Evidence of some mildly enlarged periportal lymphnodes seen.

**PANCREAS** - Normal in size, shape, attenuation and contrast-enhancement.  
 No obvious focal lesion seen  
 MPD is not dilated.  
 Peripancreatic fat-planes are normal

**SPLEEN** - Normal in size, shape, attenuation and contrast-enhancement.  
 No focal lesion seen.

Contd to page 2

All modern machine / procedure have its limitations. If there is a variance clinically, this examination may be repeated or re-evaluated by other investigations.

②

**R.G.Kar Medical College & Hospital Scan Centre**  
 1, Kshudiram Bose Sarani, Kolkata - 700 064, Phone : 2530 0630/ 0631 , 2555 - 4429/ 4430  
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Patient's Name SMRITI KUMAR MUNSHI Date: 10/05/2011  
 Age 65 Y Sex M Patient ID 001598  
 Referred by RGMCH - U-VI/S, SSPU Ticket No. 11010246

**KIDNEYS** - Both kidneys are normal in size, shape, attenuation and contrast-excretion. No focal lesion seen.  
 Pelvicalyceal systems are not dilated.

**EXTRAHEPATIC BILIARY TREE** - Not dilated.

**SUB-DIAPHRAGMATIC SPACES** - Clear

**LOWER PLEURAL SPACES** - No collection seen.

**RETROPERITONEUM** - No obvious lymphadenopathy or mass lesion seen. Aorta and IVC appear normal in visible part.

**PERITONEAL CAVITY** - No ascites seen. No localised fluid collection detected.

**PROSTATE** - Evidence of mild senile enlargement seen. No focal lesion detected.

**SEMINAL VESICLE** - Normal.

**UB** - Optimally distended with normal wall-thickness. No intraluminal lesion seen.

**IMPRESSION** - Features are consistent with **infiltrating GB mass** with associated features as detailed above - guided FNAC / H-P correlation suggested.  
**浸潤病変**

Dr P. Goswami, DMRD(Cal), MD(Radiodiagnosis)  
 Consultant Radiologist

All modern machine / procedure have its limitations. If there is a variance clinically, this examination may be repeated or re-evaluated by other investigations.

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 1, Kshudiram Bose Sarani, Kolkata - 700 004, Phone : 2530 0630/ 0631, 2555 - 4429/4430  
 A joint venture project of Dept. of Health & Family Welfare, Govt. of West Bengal & Midnapore Diagnostics Private Ltd.

Patient's Name: SMRITI KUMAR MUNSHI Date: 24/09/2011  
 Age: 65 Y Sex: M Patient ID: 008871  
 Referred by: DR. SUNIRMAL SARKAR, MD(HOM)

**CT SCAN OF WHOLE ABDOMEN**

**PROTOCOL** - Plain & contrast enhanced CT Scan of whole abdomen done after giving non-ionic IV contrast. 5mm & 7mm thin slices taken. Scanning done by sub-second spiral CT scanner.

**FINDINGS -**

**DIGITAL X-RAY** - No significant abnormality detected.

**LIVER & GALL BLADDER** - Post-treatment follow-up case of distended gall bladder with irregularly thickened walls, pericholecystic adhesion & associated contiguous ill-defined infiltrating hypodensity in segment IV & V of liver, now showing slightly small sized gall bladder with mild wall thickening & minimal pericholecystic infiltrating hypodensity in pericholecystic liver tissue has markedly reduced in size leaving behind a very small (about 13mm x 12mm) hypodense area in aforesaid region. Minimal adhesion seen in pericholecystic region. **Improvement of lesion-load seen in comparison to previous CT done on 07/05/2011.**

**PANCREAS** - Normal in size, shape, attenuation and contrast-enhancement. No obvious focal lesion seen. MPD is not dilated. Peripancreatic fat-planes are normal.

**SPLEEN** - Normal in size, shape, attenuation and contrast-enhancement. No focal lesion seen.

Contd. to page 2  
 All modern machine / procedure have its limitations. If there is a variance clinically, this examination may be repeated or re-evaluated by other investigation.

Dr. P. Goswami

不変の病変は縮小  
 前回のCT検査と比べて病変細胞量が減少

**Barasat Cancer Research & Welfare Centre**  
 Barasat, Kolkata - 700124, West Bengal, India, Tel.: 2552-2222, 2562-2500, Fax : 91-033-2552 689  
 e-mail : barasatcancer@vsnl.net, cancerbarasat@hotmail.com Website : www.barasatcancer.com

Ref. No. : BCRWC S/ /12 Date : 07/03/2012  
 As advised by Dr. : S. Sarkar  
 Following Radiological investigations were undertaken : **USG of Upper Abdomen**  
 Name : Smriti Kumar Munshi Age : 65 yrs Sex : M

**REPORT**

**LIVER** : Is normal in size, parenchymal echopattern is normal. No focal abnormality seen. Biliary channels are not dilated.

**GALL BLADDER** : Few small calculi seen in a thick walled GB.

**C.B.D.** : is not dilated. Measure 4 mm in dia.

**P.V.** : Is of normal size. Measure 9 mm in dia.

**PANCREAS** : Is of normal size, outline and echogenic texture. No focal abnormality seen. Pancreatic duct is not dilated.

**KIDNEY** : Are of normal size, with smooth outline, Cortical echos and the central echo complexes of both the kidneys shows no abnormality and there is no evidence of any calculus or hydronephrosis seen.  
**Right Kidney measure - 9.5 cm. & Left Kidney measure - 10.0 cm.**

**SPLEEN** : Size and echotexture appears to be normal.

**IMP : Cholecystitis with Cholelithiasis**

胆石を伴う胆嚢炎

Dr. M. Basu  
 Sonologist.



**Manipal Diagnostics Private Limited**  
at  
**R.G.Kar Medical College (Scan Centre)**  
A joint venture project with Dept. of Health & Family Welfare, Govt. of West Bengal  
1, Kshudiram Bose Sarani, Kolkata - 700 004, Phone - 2530 0630/ 0631, 2555-4429/4432  
Regd. Office: 38, Bentick Street, 1st Floor, Room No. - 4, Kolkata - 700069

Patient's Name: SMITI KUMAR MUNSHI      Date: 13.11.2012  
Age: 71 Y Sex: M      Patient ID: 012294  
Referred by: DR. SUNIRMAL SARKAR, MD(HOM)

**CT SCAN OF WHOLE ABDOMEN**

**PROTOCOL** - Plain & contrast enhanced CT Scan of whole abdomen done after giving gastrointestinal and non-ionic IV contrast. 5mm, 7mm & 10mm thin slices taken.

**FINDINGS -**

**LIVER & GALL BLADDER** - Post treatment follow-up case now showing contracted thick walled gall bladder with mild focal wall thickening in fundus. No obvious enhancing lesions seen at present.  
*胆嚢底壁の軽度の肥厚  
肝実質は正常な減衰が見られる*

Hepatic parenchyma shows normal attenuation and contrast enhancement pattern except minimal illdefined hypodensity in segment IV. No other obvious focal lesion detected.  
*低密度*

**PANCREAS** - Normal in size, shape, attenuation and contrast-enhancement. No obvious focal lesion seen. MPD is not dilated. Peripancreatic fat-planes are normal.

**SPLEEN** - Normal in size, shape, attenuation and contrast-enhancement. No focal lesion seen.

**KIDNEYS** - Both kidneys are normal in size, shape, attenuation and contrast-excretion. No focal lesion seen. Pelvicalyceal systems are not dilated.

**EXTRAHEPATIC BILIARY TREE** - Not dilated.

Cont to page 2

## Case 3

- **CASE OF -ADVANCED CARCINOMA GB NECK WITH INFILTRATION (KLATSIN'S TUMOUR) (CT SCAN-ON 21.8.2012)**
- 浸潤を伴う胆嚢頸部の進行性癌腫（クラツキン腫瘍）（CT検査 21.8.2012）  
with total bilirubin - 5.3mg/dl  
& ALP- 386.0 U/I, SGPT-569.0 gm/dl, SGOT- 323.0 gm/dl  
CA-19.9 = 106.51 u/ml (20.8.12)
- 総ビリルビン- 5.3mg/dl  
ALP- 386.0 U/I, SGPT-569.0 gm/dl, SGOT- 323.0 gm/dl  
CA-19.9 = 106.51 u/ml (20.8.12)
- First prescription on 21.8.12- Am-mur
- 21.8.12に第1回目の処方：Am-mur.


## Changes of Total bilirubin 総ビリルビンの変化

- ON **25.11.12** TOTAL BILIRUBIN - **0.8mg/dl**  
on **04.05.13** TOTAL BILIRUBIN - **0.6mg/dl**  
CA-19.9 ON **12.10.2012** = **12.08 U/ml.**  
ALP - **108.2 IU/L** ON **2.10.12**  
SGPT- **20.6U/L**, SGOT-**28.9 U/L** ON **2.10.12**  
ON **4<sup>TH</sup> MAY 2013** ALP-**105.6 U/L**  
& SGPT - **34.2 U/L**, SGOT - **30.7 U/L**

## Prognosis 予後

- ON **USG**- CHOLELITHIASIS(calculus- **1.20 cm** seen)- **09.08.12**  
**09.08.12** 超音波検査：胆石症（結石の大きさ**1.20cm**）
- C.T.SCAN** ON **29.10.12** shows mass arising from neck of GB measuring abt **28 × 30 × 40 mms.**  
**29.10.12** CT検査では約**28 × 30 × 40 mm**の腫瘍を胆嚢頸部に確認。
- C.T.SCAN** ON **20.03.13** shows calculus in GB lumen **9 mms** & extension of wall thickening at biliary tree showing mass like appearance measuring **21 × 15 mms.**  
**20.03.13**のCT検査で、胆嚢内腔に**9mm**の胆石と、胆道系に肥厚した範囲と、大きさ**21 × 15 mm**の腫瘍様陰影が見られた。
- GB mass reveals radiological improvement in comparison with previous C.T of 29.10.12.*  
**29.10.12**のCT検査では前回の放射線画像診断に比べて胆嚢の腫瘍の縮小が認められた。





**TATA MEDICAL CENTER**

**Tata Medical Center**  
 14 MAR (EW), Newtown, Kolkata - 700 156  
 Phone: +91 33 6605 7000, 7222 | Email: info@tmckolkata.com  
 Website: www.tmckolkata.com

**Patient Evaluation Summary**

**MR No.** : MR/12/006702  
**Age** : 29 Y 3 M 17 D  
**Patient No.** : OP/12/013896

**Name** : TURIANANDA GHOSH  
**Sex** : MALE  
**Address** : VILL-BARANDALA, PO-KANPUR, BURDWAN, WEST BENGAL-713422,INDIA

**Run Date** : 28/08/2012 12:36:28  
**Visit Date** : 28/08/2012

**Assessment Date** : 28/08/2012 12:36:18

**Diagnosis** 胆嚢の悪性新生物  
 (鑑別)

**Diagnosis** (鑑別)  
 Malignant neoplasm of gallbladder  
 (Differential)

**Remarks**  
 Hilar CC or GB neck Ca  
 胆嚢頸部

**INVESTIGATION RESULTS**  
 (\* indicates Provisional Report)

**CT WHOLE ABDOMEN (27/08/2012 09:48:39)**  
 REMARKS :

**CT WHOLE ABDOMEN-  
 CECT WHOLE ABDOMEN**

Liver is normal in size, outline and attenuation. No focal lesion or area of abnormal enhancement is seen. Minimal IHBR dilatation is noted with a plastic stent in left hepatic duct and CBD. HV and PV radicals appear normal. A mass is seen in neck of GB with infiltration into adjacent segment IV. The mass shows calcific foci within and obstructs the common hepatic duct and hilum. Right anterior and posterior ducts are separated with infiltration of

Mr. TURIANANDA GHOSH

AC01.0002411792

AHCOPP19152

**320 SLICE CT - ABDOMEN**

The IVC, hepatic and renal veins are patent.

Head, body and tail of the pancreas are normal.

The spleen appears normal.

Both adrenal glands appear normal.

Both kidneys appear normal with no evidence of calculi. No evidence of any dilatation of the pelvicalyceal system is seen on either side.

Both ureters are normal in course and calibre.

The urinary bladder is normal in contour.

The prostate and seminal vesicles are unremarkable.

There is no significant free fluid.


Aorta and its branches appear normal.

The visualized bowel loops are unremarkable.

**IMPRESSION:**

胆嚢頸部の進行癌腫、門脈、胆管の浸潤および閉塞性黄疸を伴う

- Findings are suggestive of advanced carcinoma gall bladder neck with infiltration of porta hepatis, bile ducts and resulting obstructive jaundice.

**Quadra Medical Services Pvt. Ltd.** 

Regd. Office : 41, Hazra Road, Kolkata - 700 019, Phone : 2474-1820/1821/4455/4466, Fax No. : 2485 1416  
email : services@quadradiagnostics.com • Website : www.quadradiagnostics.com

**V.Id. : J29-59**  
**Patient Name : Mr. Turiananda Ghosh**  
**Age: 29y, Sex: M**  
**Referred by Dr. Sunirmal Sarkar**

**Booking Date: 29/10/12**  
**Report Date: 30/10/12**


**CT SCAN OF WHOLE ABDOMEN**

Plain and contrast enhanced (triphasic) CT scan of whole abdomen  
done with neutral contrast using a multi slice spiral scanner

腫瘍は大きさおよそ28x30x40mm)

**LIVER, GALL BLADDER AND BILIARY TREE**

There is heterogenous enhancing soft tissue mass arising from neck of gall bladder infiltrating the liver parenchyma and porta hepatis. The mass measures about 28 x 30 x 40 mms. There is also hyperdense calculus impregnated into the gall bladder mass. The gall bladder mass is also infiltrating the pyloroduodenal region. The gall bladder mass is causing infiltration of the hepatic duct confluence which is narrowed and there are mild dilatation of the intrahepatic biliary radicles in right lobe of liver. There is presence of stent in common duct which extends into left hepatic duct. There are few discrete lymphnode at porta measuring about 6 mms. The main portal vein and its branches are normal. The liver parenchyma otherwise has normal attenuation. A tiny (2 mms) cyst is seen in segment VIII of right lobe of liver. The liver outline is smooth.

**Genesis  Hospital**

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Tel. : 2442-4242 / 4022-4242 ■ Web site : www.hospitalgenesis.com ■ E-mail : contact\_hospitalgenesis@yahoo.co.in

**BIOCHEMISTRY REPORT**

Patient Name : TURIANANDA GHOSH  
Ref. Dr. Name : DR. ANADI ACHARYA  
Age : 28 Year  
Date of Collection : 19-Aug-2012  
Corporate : None

Reg No. : 109356  
I.D.No. : 12H16/018  
Sex : Male  
Bed No. : 409  
Date of Report : 19-Aug-2012

Test Name	Test Value	Normal Range	Unit
SERUM BILIRUBIN TOTAL	H 5.38 Up to	- 1.0	mg/dl
DIRECT BILIRUBIN	H 2.60 Up to	- 0.25	mg/dl
SERUM TOTAL PROTEIN	8.0 6.2	- 8.4	gm/dl
SERUM ALBUMIN	4.9 3.5	- 5.0	gm/dl
SERUM GLOBULIN	3.1 1.8	- 3.6	gm/dl
SERUM AST (SGOT)	H 323.0 10.0	- 37.0	U/l
SERUM ALT (SGPT)	H 569.0 upto	- 141.0	U/l
SERUM ALP (ALKALINE PHOSPHATASE)	H 386.0 0.0	- 141.0	U/l

26/05/2013 12:03



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**BIOCHEMISTRY REPORT**

Patient Name	: TURIANANDA GHOSH	Reg No. :	109356
Ref. Dr. Name	: DR. ANADI ACHARYA	I.D.No. :	12H16/018
Age	: 28 Year	Sex	: Male
Date of Collection	: 17-Aug-2012	Bed No. :	409
Date of Report	: 20-Aug-2012		
Corporate :	None		

Test Name	Test Value	Normal Range	Unit
CA 19.9 (Code F008)	H    106.51	Upto    -    37.00	U/ml

Refd. by Dr. D. Biswas.

**USG OF WHOLE ABDOMEN**

**LIVER:**

Liver is normal in size, shape, outline and shows homogeneous echopattern. No focal lesion is seen. Intra hepatic biliary radicles are not dilated. Portal vein at porta hepatis measures 0.86 cm. in diameter.

**GALL BLADDER:**


Gall bladder is distended in appearance. Wall appear thickened & oedematous. A calculus ( 1.20 ) cm is seen impacted in its neck region. Echogenic sludge is seen in gall bladder.

**CBD:**


Common bile duct is not dilated and measures 0.44 cm. in diameter.

**PANCREAS:**


Pancreas is normal in size, shape, outline and shows normal echotexture. Pancreatic duct is not dilated. No focal lesion is seen.



MODERN BIOCHEMISTRY  
Office : 82/4B, Bidhan Sarani, Kolkata-700 004  
Office : 13/1, Bhupen Bose Avenue, Kolkata-700 004



HAEMATOTOLOGY  
H.P.L.C.



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Code MMR564707      Bill Date 24-Nov-12  
 Date of Receipt 24-Nov-12      Reporting Date 25-Nov-12  
 Patient Name TURIANANDA GHOSH      Sex/Age M 30 YEAR(S)  
 By Dr. S. SARKAR

**DEPARTMENT OF BIOCHEMISTRY**

TESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TOTAL BILIRUBIN (Diazo Method)	0.8	mg/dl	0.2 - 1.0
CONJUGATED (Diazo Method)	0.2	mg/dl	0.0 - 0.2
UNCONJUGATED	0.6	mg/dl.	0.2 - 0.8
TOTAL PROTEIN (Biuret Method)	8.4#	gm/dl.	6.5-8.1
ALBUMIN (Bromocresol purple)	4.4	gm/dl	3.5 - 5.0
GLOBULIN	4.0#	gm/dl	2.0 - 3.5
ALBUMIN : GLOBULIN	1.10 : 1		1.0 - 2.0
ALP PHOSPHATASE ( PNPP with AMP buffer )	113.9#	IU/L	1yr. - 16yr. : 60 -382 Adult : 32 - 92
G.P.T.( UV without P5P )	37.6	U/L	10 - 40
G.O.T.( UV without P5P)	41.3	U/L	

26/05/2013 12:00

**DRS. TRIBEDI & ROY**  
**DIAGNOSTIC LABORATORY**  
 93, Park Street, Kolkata-700 016  
 Phones : 2226-6643 / 8789 / 5961  
 E-mail : mail@tribediandroy.com  
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Certificate No. : M0035


**Branches :**

- 48A, Diamond Harbour Rd. Kolkata - 27 (8 A.M. - 3 P.M.) ☎ 24484613
- 17, Sarat Chatterjee Ave. Kolkata - 29 (8 A.M. - 5 P.M.) ☎ 85090519
- 11/3G, Old Ballygunge 2nd Lane, Kolkata - 19 (9 A.M. - 4 P.M.) ☎ 64590225

**TEST REPORT**

Patient's Name : TURIANANDA GHOSH      Date of Receipt : 12-Oct-12  
 Age : 29 YRS      Date of Print : 12-Oct-12  
 Referred By : Dr. S. SARKAR      Lab No : ELK1009  
 dk

SERUM CA 19.9 : 12.08 U/ml.  
 (Electrochemiluminescence Immunoassay (ECLIA))  
 (Elecys 2010, Roche)  
 (Healthy subjects : <39 U/ml.)

**Quadra Medical Services Pvt. Ltd.** 

53, Hazra Road, Kolkata - 700 019, Phone: 2475-0130/31/32/33/35, Fax No.: 2475-0136  
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 email : services@quadradiagnostics.com • Website : www.quadradiagnostics.com

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V.Id.:C19-178 Booking Date:19/03/13  
 Patient Name :Mr. Turiananda Ghosh  
 Age:29y, Sex:M Report Date :20/03/13  
 Referred by Dr. Sunirmal Sarkar

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**CT SCAN OF WHOLE ABDOMEN**






Plain and contrast enhanced (triphasic) CT scan of whole abdomen  
 done with oral neutral contrast using a 128 slicespiral scanner

肝臓は正常な大きさ、輪郭、密度。胆嚢は頸部の壁が肥厚したため、一部収縮。

**LIVER, GALL BLADDER AND BILIARY TREE**  
 Liver is normal in size, outline and density. Tiny cysts are seen in segment VII of liver. The central intrahepatic ducts are prominent. Gall bladder is partially contracted having thickened wall at neck. Calculus is seen in lumen (9 mms). There is focal breach of wall showing loss of fat plane with segment IVb of liver. There is extension of wall thickening at biliary tree at confluence showing mass like appearance measures 21 x 15 mms size. There are periportal nodes measuring upto 6 mms diameter. There is stent within extrahepatic bile duct extending to left hepatic duct proximally.

大きさ21x15mmの胆嚢様病変

**TEST REPORT** http://www.serumindia.com/serum/tp/REFERRAL/

Regd. Office : 82/4B, Bidhan Sarani, Kolkata-700 004  
 City Office : 13/1, Bhupen Bose Avenue, Kolkata-700 004

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#OSS

Lab Code MMR084532 Bill Date 04-May-13  
 Sample Receipt Date 04-May-13 Reporting Date 04-May-13  
 Name TURIANANDA GHOSH Sex/Age M 29 YEAR(S)

Ref. By Dr. S. SARKAR

**DEPARTMENT OF BIOCHEMISTRY**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sr. TOTAL BILIRUBIN (DPD Method)	0.6	mg/dl	0.3 - 1.2
Sr. CONJUGATED (DPD Method)	0.2	mg/dl	0.0 - 0.2
Sr. UNCONJUGATED	0.4	mg/dl.	0.3 - 1.0
Sr. TOTAL PROTEIN (Biuret Method)	7.6	g/dl.	6.6 - 8.3
Sr. ALBUMIN (Bromocresol Green)	4.5	g/dl	3.5 - 5.2
Sr. GLOBULIN	3.1	gm/dl	2.0 - 3.5
ALBUMIN : GLOBULIN	1.45 : 1		1.0 - 2.0
Sr. ALK PHOSPHATASE ( PNPP with AMP buffer )	105.6	U/L	30 - 120
Sr. S.G.P.T.( UV without P5P )	34.2	U/L	Male : <50 Female : <35
Sr. S.G.O.T.( UV without P5P)	30.7	U/L	Male : <50

26/05/2013 12:00




## Case 4

- A PT. WITH **PCOD, ENDOMETRIOSIS, INCREASED CA-125** CAME ON **22.10.2006**
- ON **8.3.2006** CA-125 WAS **286.66 U/ml.**
- **USG ON 3.7.07** SHOWS **COARSE MYOMETRIUM & BILATERAL MULTICYSTIC OVARIES WITH COMPLEX CYSTS LIKELY ENDOMETRIOTIC.**
- **THE TREATMENT WAS STARTED WITH APIS MELIFICA.**
- 22.10.2006に多嚢性卵巣症、子宮内膜症、CA-125高値の患者が来院。
- 8.3.2006に CA-125値は286.66 U/ml.
- 3.7.07の超音波検査で、粗い子宮筋層と左右に恐らく子宮内膜症による多嚢胞卵巣が認められた。
- **APIS MELIFICA**で治療を開始した。

## Prognosis 予後

- **CA-125 ON 24.6.07** was **54.76 ng/ml.**  
on **31.3.08** CA-125 came down to **19.99 ng/ml.**
- **USG on 31.3.08** shows **BILATERAL NORMAL SIZED MULTIFOLLICULAR OVARIES.**
- **USG ON 25.02.2011** shows **EARLY PREGNANCY OF 5W 2DAYS , INTRAUTERINE GESTATION SAC VISUALISED.**
- **ON 28.09.11 SHE DELIVERED A BABY BOY.**
- 24.6.07 CA-125値 が 54.76 ng/ml.
- 31.3.08 CA-125値 が 19.99 ng/ml まで下がっていた。
- 31.3.08 超音波検査で左右ともに正常の大きさの多発性卵胞の卵巣が見られた。
- 25.02.2011 超音波検査では子宮内の胎嚢が認められ、初期妊娠の5週2日目(5w2d)であることがわかった。
- 28.09.11 男の子の赤ちゃんを出産。

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 Phones: 2708255, 2715284, 5086745. Fax: 0172-2707014, E-mail: medicoscentre@hotmail.com  
 Visit us at : www.medicoscentre.com



PATIENT'S NAME : MRS. MEENAKSHI NO : 554037  
 AGE : 20 Years / FEMALE DATE : 08/03/2006  
 REFERRED BY : GH,SEC.6/PKL ADDRESS : 170/SEC-19/PKL/258069

**CA 125(OVARIAN)**

INVESTIGATION	RESULT	UNIT	NORMAL RANGE
CA 125(OVARIAN)	286.88	H U/ml	0 - 35

INTERPRETATION  
 -----  
 Expected Values:  
 95% of Healthy Females - Below 34.3 U/ml  
 95% of Healthy Males - Below 30.0 U/ml

**MIRCHIAS DIAGNOSTICS**  
 > CT SCAN > ULTRASOUND > X-RAY > MAMMOGRAPHY  
 > BONE DENSITY > COLOR DOPPLER > ECHO

NAC, Manimajra, Near Housing Board Chowk, Chandigarh-Kalka Road, Ph : 0172-2733049, 2736044, (R) 2598064

PATIENT'S NAME : MRS. MEENAKSHI AGE/SEX : F  
 REF DR'S NAME : DR.M. S. BISWAS DATE : 03.07.07

**PELVIC ULTRASONOGRAPHY**  
 ( Transabdominal and Transvaginal ultrasonography )  
 \*\*\*\*\*


**URINARY BLADDER** : anechoic lumen seen without any echogenic focus or acoustic shadowing . Walls are smooth and thin .  
 No soft tissue mass seen .

**UTERUS** : is retroflexed normal post pubertal size 50 x 39 mm .  
 Myometrium show coarse echogenicity .  
 Endometrium show central thick 9 mm linear bright echoes  
 Without any deviation .  
 Cervix and vagina are normal

**ADJACENT SITES** : Right ovary is seen postero-laterally , elongated slightly  
 Prominent 43 x 21 mm . A slightly thick wall complex cystic  
 area 18 x 12 mm size is seen in the lateral part full of low level echoes  
 along with few septations .  
 Also seen is a small para ovarian cystic area 12 x 8 mm size .  
 Left ovary is seen antero-laterally and is elongated measuring  
 37 x 25 mm . Multiple small subcapsular as well as parenchymal follicles  
 avg. 3-7 mm size are seen along with an oval complex cystic area 8 x 7 mm  
 full of low level echoes .  
 No other mass seen in the pelvis .  
 Small amount of free fluid is seen in the pelvis especially  
 Surrounding the ovaries ( left more than right ) .

**IMPRESSION** : Ultrasonological features are suggestive of

- Normal uterus with coarse myometrium ..
- Bilateral multicystic ovaries with small complex cysts most likely Endometriotic. 左右兩側に多嚢胞卵巣



**Dr. Sudheesh Goel**  
**Dr. Goel's**  
**S.K. DIAGNOSTIC CENTRE**  
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 Chandigarh. **Tel.: 2700343, 2700234**

Lab No: 8932  
 Date: 24/06/2007  
 Name: Mrs MEENAKSHI  
 Age/Sex: 20, Female  
 Address:  
 Referred by: Dr M.S.BISWAS  
 Delivered by: SELF  
 Collection At: M.C  
 Sample Type: BLOOD

Test Name	Observation	Normal Value	Unit
<b>TUMOUR MARKER / ONCOLOGY</b>			
CA-125	54.76	0.0-35.0	ng/mL
CA -125			
INFORMATION			
CA-125 is reliable Tumor Marker for already diagnosed OVARIAN CARCINOMAS.			

*Handwritten medical notes on a form:*

**Primary infertility**  
 married for 6 yrs.  
 MHTs Regular, blackish, offensive +  
 dysmenorrhoea  
 leucorrhoea +  
 Appx Good.  
 Diet Salt +, sweets, milk.  
 Hb - Low, thirsty & weak.  
 Stool - Regular, once.  
 Respiration - in palm, etc.  
 No sun exposure  
 bathing  
 running palm, etc.  
 sleep - Good, dream of dead bodies  
 refers to sleep on left side.

**USA → Rt ovarian cyst E PCD**  
**CA 125 (Ovarian) - 226.83** (0.0-35.0)  
 PHT → Tandies - 3 yrs back  
 PHT → Vaginal discharge  
 PHT → Puba - 96/min  
 Desire company  
 Fear of being alone  
 Proliferation  
 20/07/06  
 49 28.1.2007



Dr. (Mrs.) Sudha Mirchia  
M.D. (Radio-Diag.)

Dr. (Mrs.) Puja Garg  
MD (Radio-Diag.)

**MIRCHIAS DIAGNOSTICS**  
 > CT SCAN > ULTRASOUND > X-RAY > MAMMOGRAPHY  
 > BONE DENSITY > COLOR DOPPLER > ECHO

S.C.O. 912, NAC, Manimajra, Near Housing Board Chowk, Chandigarh-Kalka Road, Ph: 0172-2733049, 2736044, (R) 2598064

PT'S NAME: MRS MEENAKSHI      AGE/SEX: F  
 REF. DR'S NAME: DR M.S BISWAS      DATE: 31.03.2008

**PELVIC ULTRASONOGRAPHY**  
(Transabdominal ultrasonography)



\*\*\*\*\*

**URINARY BLADDER:** Anechoic lumen seen without any echogenic focus or acoustic shadowing. Walls are smooth and thin. No soft tissue mass seen.

**UTERUS:** is retroflexed normal post pubertal size measuring 44 x38 mm  
 Myometrium show coarse echogenicity  
 Endometrium cavity shows thick 8mm central linear bright echoes without any deviation.  
 Cervix and Vagina are normal.

**ADNEXAL SITES:** Both ovaries are seen laterally and show normal size & echotexture.  
 Right ovary is measuring about 27 x17 mm.  
 Left ovary is measuring about 38 x21 mm.  
 Small subcapsular follicles are seen in both.  
 A thick wall complex cyst 16 x16 mm is seen full of low level echoes on left.  
 No other mass seen in the pelvis.  
 Small amount of fluid is seen in the cul de sac.

**IMPRESSION:** Ultrasonological features are s/o  
 Normal uterus      左右両側は正常の大きさの多発性卵胞の卵巣  
Bilateral normal sized multifollicular ovaries.

**Dr. Sudheesh Goel**

Dr. Goel's  
**S.K. DIAGNOSTIC CENTRE**  
 A Fully Automated Clinical Laboratory  
 S.C.O. 815, Sector 22-A, (Opp. Parade Ground)  
 Chandigarh. Tel.: 2700343, 2700234

Lab No : 18266  
 Reg. Date : 31/03/2008  
 Patient's Name : MRS MEENAKSHI  
 Age/Sex : 22 Years / FEMALE  
 Ref. By : DR.D.C BISWAS  
 Ref Centre : NA  
 Address :  
 Collected At : LAB

**LABORATORY REPORT**

**BLOOD EXAMINATION REPORT**

INVESTIGATION	OBSERVED VALUE	UNITS	REFERENCE RANGE
C.A. - 125	: 19.99	ng/mL	0.0 - 35.0

ABOUT THE TEST

CA-125 is a reliable tumour marker for already diagnosed OVARIAN CARCINOMAS.  
 Baseline levels measured prior to therapeutic interventions and followed later by serial

**P'S DIAGNOSCAN & HEART CENTRES**  
 Fully Automated Diagnostic Lab., Radiology & Heart Centre  
 Digital X-rays, Mammography & OPG • Coloured 3D / 4D Ultrasound  
 Cardiography • Peripheral Vascular Studies Soft Tissue / Joints Ultrasound  
 • Transvaginal / Transrectal Scan • Computerised Treadmill Test  
 (M.T.) / Stress & Exercise ECG • Fully Automated Lab with Autoanalyzers  
 • Computerised 12 Channel ECG with Interpretation  
 • 3D SPIRAL CT SCAN GE HISPEED DXI

**CONSULTANTS**

DR. H.L. GUPTA MD (Pathology)    DR. SUDHA KATARIA MD (Radiology)    DR. JYOTIKA KAPOOR MD (Medicine)

**3D SPIRAL CT SCAN**

Patient's Name: Mrs. Meenakshi  
 Age: Female  
 Referred by: Dr. Renu Goel  
 Dated: 25.02.2011

**INVESTIGATION**      **ULTRASOUND**  
Intrauterine gestation sac visualized with mean sac diameter measuring 11.9 mm  
 子宮内胎嚢を確認

**GROWTH PARAMETERS:-**  
 Gestation sac: 11.9mm  
 Foetal age: 胎齡 5 w 2days+1w

- No definite foetal pole seen  
 - Yolk sac seen.  
 - No definite foetal heart beat seen.

**FOETAL GROWTH CURVE INTERPRETATION:-**  
 - Foetal growth at two standard deviations according to DLMP

**Impression**  
 • Early Pregnancy 初期妊娠  
 • As per description

(Adv repeat scan after 10 days & To be correlated clinically)  
 (I Dr Rajeev Kapoor while conducting Ultrasound on this patient I have neither detected nor disclosed the sex of the fetus to any body)

Consultant

West Bengal Form No. 817

**DISCHARGE CERTIFICATE**  
**HOSPITAL**

No. 31545

I hereby certify that Meenakshi Biswas  
W/o Ashim Biswas of Debiapur, Chandernagore  
Gaigkata North 24 P.C. was under treatment in this Hospital  
 from 28/9/11 to 4/10/11  
 Suffering from since delivery  
Burna Hospital  
 Time \_\_\_\_\_  
 The \_\_\_\_\_ 20 Bab 3/4 2:30  
1/11/11 At 11/11/11 on 28/9/11

Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_

## Case 5

- **A CASE OF OVARIAN CARCINOMA WITH METASTASIS CAME ON 17.5.11**

*MOSTLY PRESCRIBED MEDICINES ARE  
CISPLATIN & IGNATIA*

17.5.11 転移を伴う卵巣癌の症例の初診

処方したレメディは主に *CISPLATIN* と *IGNATIA*

## Changes of Tumor marker

### 腫瘍マーカー値の変化

- CA-125 on 16.4.11 was 710.2 U/ml.
- CA-125 on 27.5.11 was 162.10 U/ml.
- CA-125 on 8.6.11 was 102.30 U/ml
- CA-125 on 5.9.11 was 43.50 U/ml
- CA-125 on 13.12.11 was 97.60 U/ml
- CA-125 on 11.2.12 was 58.65 U/ml
- CA-125 on 5.5.12 was 30.60 U/ml
- CA-125 on 18.10.12 was 21.60 U/ml



## Effect of emotion...

### 情動の効果

- **ROLE OF EMOTION TO STIMULATE THE CANCER MARKER**

AFTER AN EMOTIONAL TRAUMA AGAIN CA-125 RAISED ON 13.12.11

AFTER MEDICATION AGAIN LEVEL OF CA-125 REDUCED ON 11.2.12.

- 腫瘍マーカー値に与える刺激における情動の役割
- 13.12.11 感情的トラウマのあと、CA-125の値が上昇。
- 11.2.12 レメディ再投与後CA-125のレベルは再び下がった。

## Present state

### 現在の状態

- **Patient IS NOW IMPROVED WITH HOMOEOPATHIC TREATMENT AND MAINTAINING NORMAL LIFE-STYLE WITH SOUND HEALTH.**
- ホメオパシーによる治療後、患者は良好な健康状態を維持し、ふつうに生活を送っている。

# ORCHID NURSING HOME

P-17 CIT Road, Scheme-VIM, Phoolbagan, Kolkata-54  
Phone-(033) 2320 2729, 6450 7653, Fax: 91-33-23202729

## Discharge Certificate/Discharge on Request

Name: Kalyani Dey Age: 55 1/2 Sex: F  
 Address - W/O Mr. Tapankr. Dey  
2, Pary Mohan Sur Garden Lane  
Kol-85  
 Under Dr. V. Agarwal Bed No. : 104 Regd. No.: 2508  
 Date of Admission: 23/11 Date of Discharge: 26-11  
 Time: 10 am Time: 10 am  
 Blood Group Wt. 卵巣がん BSA- BMG-

Diagnosis: CA ovary  
 Co-morbidities:

Clinical History: 55 yrs old female patient admitted 2/10 abdominal swelling for last 1 1/2 months which was diagnosed as having CA ovary based on the blood investigation report. ET guided FNAC, USG guided aspiration and investigation was planned. Informed consent was not agreed all these investigations. So CT scan started based on blood reports and OT planned after 20 days. All these explained to family by Dr. V. Agarwal.

- Tx Received From To
1. Pre-medication
  2. 2mg Paclitaxel 260mg - 24/11
  3. 4mg Carboplatin (450) - 25/11
  - 5.

Inv. Done

1. Hb = 13.00
2. TC = 4.5000/u
3. W2 = 12
4. CT = 0.8
5. KA = 4

CA 125 = 710.2 (14/11)

### JMD Diagnostics (P) LTD.

P-336, C.I.T. ROAD, SCHEME-VI M  
KOLKATA - 700 054  
PHONE : (91)(33)2362-9338/9339

Reg.No.: 11D16/058 PAT-32  
 Patient Name : Ms. Kalyani Dey  
 Age: 55 years, Sex: Female  
 Address : 2, Piyari Mohan Sur Garden Lane Kol-85  
 Referred by Dr. B. B. Sarkar

Booking Date : 16/04/11  
 Reporting Date : 18/04/11

#### TUMOR MARKERS

TEST DESCRIPTION	RESULT	UNIT	NORMAL RANGE
OVARIAN CANCER MARKERS (CA 125) (CLIA) 卵巣がんマーカー	710.2	U/ml.	0-35 U/mL.

Dr. P. Mazumdar  
MBBS, MD  
Consultant Biochemist

Dr. A. Sikdar  
M.B.B.S (Cal)  
(Consultant Pathologist)

Dr. (Prof) Sabitri Sanyal  
D.G.O., PhD (Med in path)  
(Consultant Pathologist)



**tribeni**  
Medical Diagnostic & Imaging Centre

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MOODY INTERNATIONAL

---

Name of Patient : MRS. KALYANI DEY  
Age /Sex : 55 Years FEMALE  
Referred by : DR. SUNIRMAL SARKAR

Ref. No. : C/21213  
Date of Receipt: 26/05/2011  
Date of Report : 27/05/2011

---

**HORMONASSAY**

Test Name	Value	Units
CA - 125	162.10	U/ML

**Technology: C.L.I.A**

**Reference Range :**  
Less than 35 U/ml.

**INTERPRETATION :**  
CA - 125 is used to monitor therapy during treatment for ovarian cancer. CA - 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA - 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.

**SPECIFICATIONS:**  
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml  
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :  
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.

**KIT VALIDATION REFERENCES:**  
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

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Medical Diagnostic & Imaging Centre

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MOODY INTERNATIONAL

---

Name of Patient : MRS. KALYANI DEY  
Age /Sex : 55 Years FEMALE  
Referred by : DR. SUNIRMAL SARKAR

Ref. No. : C/24209  
Date of Receipt: 07/07/2011  
Date of Report : 08/06/2011

---

**HORMONASSAY**

Test Name	Value	Units
CA - 125	102.30	U/ML

**Technology: C.L.I.A**

**Reference Range :**  
Less than 35 U/ml.

**INTERPRETATION :**  
CA - 125 is used to monitor therapy during treatment for ovarian cancer. CA - 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA - 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.

**SPECIFICATIONS:**  
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%,specification: 1.5 U/ml  
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :  
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.

**KIT VALIDATION REFERENCES:**  
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.



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Name of Patient : MRS. KALYANI DEY  
Age /Sex : 55 Years FEMALE  
Referred by : DR. SUNIRMAL SARKAR, DMS

Ref. No. : D/1916  
Date of Receipt : 05/09/2011  
Date of Report : 06/09/2011

**HORMONASSAY**

Test Name	Value	Units
CA - 125	43.50	U/ML

Technology: C.L.I.A

Reference Range :  
Less than 35 U/ml.

INTERPRETATION :  
CA - 125 is used to monitor therapy during treatment for ovarian cancer. CA - 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA - 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.

SPECIFICATIONS:  
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%, specification: 1.5 U/ml  
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :  
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.

KIT VALIDATION REFERENCES:  
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.

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Medical Diagnostic & Imaging Centre

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Name of Patient : MRS. KALYANI DEY  
Age /Sex : 55 Years FEMALE  
Referred by : DR. SUNIRMAL SARKAR

Ref. No. : D/9183  
Date of Receipt : 13/12/2011  
Date of Report : 14/12/2011

**HORMONASSAY**

Test Name	Value	Units
CA - 125	97.60	U/ML

Technology: C.L.I.A



Reference Range :  
Less than 35 U/ml.

INTERPRETATION :  
CA - 125 is used to monitor therapy during treatment for ovarian cancer. CA - 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA - 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.

SPECIFICATIONS:  
Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%, specification: 1.5 U/ml  
EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :  
College of American pathologists (CAP) : Tumor markers survey; CAP certification number :7193855-01.

KIT VALIDATION REFERENCES:  
Mackey SE, Creasman WT. Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.

Please correlate with clinical conditions.

tribeni		MEDICAL DIAGNOSTICS & IMAGING CENTRE		  AN ISO 9001 - 2000 CERTIFIED COMPANY	
P-323, C.I.T. Road, Scheme - 6M, Kankurgachi, Kolkata-700 054 • Phone : 2362-9805/8082/8706 • Fax : (033)2362-8706				MOODY INTERNATIONAL	
Mobile : 98310 20856,98310 73416 / 73428 / 73418 • E-mail : dratanlalgupta@yahoo.com, tribenicl@yahoo.com					
Name of Patient : MRS. KALYANI DEY		Ref. No. : D/12771			
Age / Sex : 55 Years FEMALE		Date of Receipt : 11/02/2012			
Referred by : DR. SUNIRMAL SARKAR		Date of Report : 12/02/2012			
<b>HORMONASSAY</b>					
<b>Test Name</b>		<b>Value</b>		<b>Units</b>	
CA - 125		58.65		U/ML	
<b>Technology: C.L.I.A</b>					
<b>Reference Range :</b> Less than 35 U/ml.					
<b>INTERPRETATION :</b> CA - 125 is used to monitor therapy during treatment for ovarian cancer. CA - 125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow high-risk women who have a family history of ovarian cancer. CA - 125 may normally be increased in early pregnancy and during menstruation. It can also be increased in disease such as pelvic inflammatory disease or endometriosis and sometimes in hepatic and cirrhosis of the liver.					
<b>SPECIFICATIONS:</b> Precision: intra assay(%CA):3.8%, intra assay(%CA):2.4%, specification: 1.5 U/ml					
<b>EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION :</b> College of American pathologists (CAP) : Tumor markers survey; CAP certification number : 7193855-01.					
<b>KIT VALIDATION REFERENCES:</b> Mackey SE, Creasman WT, Ovarian cancer screening J. Clin Oncol 1995; 13 (3); 783-93.					
Please correlate with clinical conditions.					

Thyrocare®		Thyrocare Technologies Limited	
World's largest thyroid testing laboratory		D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703. Ph: 022 - 67 123456	
ACCREDITED   NETWORKED   BARCODED		Fax : 2768 2409. Email : info@thyrocare.com Website : www.thyrocare.com	
<b>REPORT</b>			
<b>NAME :</b> KALAYANI DEY (55Y/F)		<b>DATE :</b> 05-May-2012	
<b>REF. BY :</b> DR S SARKAR		<b>LABCODE:</b> 050523469/KOL06	
<b>TESTS ASKED :</b> C125		<b>BARCODE:</b> 11910902/LS276	
<b>TEST NAME</b>		<b>VALUE</b>	<b>UNITS</b>
CA-125		30.60	U/ml
<b>Technology :</b> C.L.I.A			
<b>REFERENCE RANGE :</b> Less than 35.0 U/ml			
<b>Interpretation:</b> CA-125 is used to monitor therapy during treatment for Ovarian Cancer. Ca-125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.			
<b>Specifications:</b> Precision: Intra Assay (%CV): 3.8 %, Inter Assay (%CVv): 2.4%; Sensitivity: 1.5 U/ml			
<b>External Quality Control Program Participation:</b>			



Thyrocare		Thyrocare Technologies Limited	
World's largest thyroid testing laboratory		D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703. Ph.: 022 67 123456 / 3090 0000	
ACCREDITED   NETWORKED   BARCODED		Fax : 08447071717 Email : customersupport@thyrocare.com Website : www.thyrocare.com	
REPORT			
<b>NAME</b> : KALYANI DEY (56Y/F) <b>REF. BY</b> : DR S SARKAR <b>TEST ASKED</b> : C125		<b>DATE</b> : 18 Oct 2012 <b>LABCODE</b> : 181020309/KOL06 <b>BARCODE</b> : 18996381/ILS	
TEST NAME	METHOD	VALUE	UNITS
CA-125 Reference Range :- Less than 35.0 U/ml  Interpretation:  CA-125 is used to monitor therapy during treatment for Ovarian Cancer. Ca-125 is also used to detect whether cancer has come back after treatment is complete. This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.  Specifications:  Precision: Intra Assay (%CV): 3.8 %; Inter Assay (%CVV): 2.4%; Sensitivity: 1.5 U/ml  External Quality Control Program Participation:  College of American Pathologists (CAP): Tumor Markers Survey; CAP Certification Number: 7193855-01  Kit Validation References:	C.L.I.A	21.6	U/ml

## Case 6

- A CASE OF SUSPECTED SEVERE PATHOLOGY OF LUNG ( 03.01.12)

NOW NEARLY NORMAL(08.04.13)

MEDICINE GIVEN - **DULCAMARA**

- (03.01.12) 肺の重篤な病理が疑われる症例
- (08.04.13) 現在はほぼ正常

処方: **DULCAMARA**



**Know philosophy - Know medicine**

**Dr. Sunirmal Sarkar**  
 W.H.O. Fellow-USA M.D. (Hom.)  
 Visiting Professor :  
 S. W. N. Medical College and Hospital  
 Arizona, USA

Residence / Chamber :  
 Thakurnagar, 24 Parganas (N)  
 Ph.: 03215 254103  
 Mob.: 94330 50754  
 E-mail : s.sunirmal@yahoo.in  
 Date .....

Name: Bimal Dey Age: 66 Sex: M  
 Address: Dulchandra, Kolkata Retired  
(Technical job)  
Polypoid mass stays & wife  
in the right cord & sons - 1 married  
1 service

only started  
 and breaking  
 only about  
 days.  
 tone decreased  
 dry - left - one  
 pack per day  
 1 pack per day  
 a voice breaking  
 & cold, fever  
 inhaler (asthma)  
 - HTN  
 - Bacchopneumonia - difficulty  
 (1978) - troubles breathing  
 Blood clot - 2 yrs  
 on it hand  
 summers - chills  
 on right side  
 refreshing sleep  
 - Talks B. - g. table (2)  
 - (13)  
 - fish, meat, bananas

Mind: I am of a  
 friendly bent but  
 fight. Like piece  
 - Angry on illegal work  
 - like doing household  
 work,  
 I want abt younger son  
 separation.  
 - He stays away from  
 us in another flat  
 - I keep remembering  
 my son  
 - I don't believe in  
 God  
 - Because there is  
 so much injustice  
 around & I feel that is  
 no good

21/7/2011 @ Dulchandra 200/2d  
 1M12d  
 @. Rubum 15ml  
 200/2d

011 = 8027101797

**SAT MILLENIUM SPIRAL CT SCAN & DIAGNOSTIC PVT. LTD.**  
 (CT SCAN CENTRE)

**NORTH 24 PARGANAS DISTRICT HOSPITAL, BARASAT**  
 A PUBLIC PRIVATE PARTNERSHIP UNIT  
 OF WEST BENGAL GOVT.  
 PHONE : 033 6517 5176

**CT SCAN OF THORAX (PLAIN AND I.V. CONTRAST) STUDY**

PATIENT NAME : Bimal Dey      DATE : 03/01/2012  
 Age/Sex : 66Yrs/Male  
 REF BY : Dr. Mukul Chakraborty

**Report**

**Lung fields** :

- Subsegmental consolidation and alveolar opacities are seen at lateral and posterior basal segments of right lower lobe and lateral segment of right middle lobe.
- Rests of the lung fields are unremarkable.
- No SOL or bronchiectasis is seen.

**Pleura** :

- Minimal pleural thickening is seen on right side.

**Mediastinum** :

- Mediastinum is central.
- Trachea and major bronchi are normal.
- Heart and great vessels are normal.
- Pulmonary hila are normal.
- Esophagus is unremarkable.

**Liver in view** : Nil significant.

**Bones and soft tissue** : Nil significant.

**Impression** :

- Subsegmental consolidation and alveolar opacities at lateral and posterior basal segments of right lower lobe and lateral segment of right middle lobe.
- Minimal pleural thickening on right side.

Please correlate clinically.

*(Signature)*

亜区域の硬化と肺胞性陰影が  
 右下葉外側・後肺底区、および  
 右外側中葉区に見られる

**ASAT MILLENIUM SPIRAL CT SCAN  
& DIAGNOSTIC PVT. LTD.  
( CT SCAN CENTRE )**

**NORTH 24 PARGANAS DISTRICT HOSPITAL, BARASAT  
A PUBLIC PRIVATE PARTNERSHIP UNIT  
OF WEST BENGAL GOVT.  
PHONE : 033 6517 5176**

**C.T. SCAN OF CHEST (PLAIN AND I.V. CONTRAST) STUDY**

**PATIENT NAME : Bimal Kumar Dey**      **DATE : 08/04/2013**  
**Age/Sex : 67Yrs/Male**  
**REF BY : Dr. Sunirmal Sarkar**

**Report**

**Lung fields :**

- Mild hyperinflated lung fields.
- Fine fibro-atelectatic lesions are seen at –
  - Medial segment of middle lobe of right lung.
  - Posterior basal and lateral basal segments of lower lobe of right lung.
  - Inferior lingular segment of upper lobe of left lung.
- No obvious soft tissue mass or bronchiectatic change is seen.

**Pleura :** Pleural thickness is normal. No effusion or calcification is seen.

**Mediastinum :**

- Mediastinum is central.
- Trachea and major bronchi are normal.
- Heart and great vessels are normal.
- Pulmonary hila are normal.
- Esophagus is unremarkable.

**Liver in view :** Nil significant.

**Bones and soft tissue :** Nil significant.

## CAN WE PREVENT CANCEROUS PROCESS OF THE LUNGS..??

肺がんの過程を防ぐことは  
できるか。

# Case 7

- SURVIVED CASE OF **LUNG CARCINOMA** WITH METASTASIS UNDER HOMOEOPATHIC TREATMENT FOR **11 YEARS**.

PT. FIRST CAME ON **17.10.04**, STARTED WITH **DULCAMARA**..STILL NOW MOSTLY ON **DULCAMARA**(5.2.13)

- 転移を伴う肺がんのため**11年間の**ホメオパシー治療を受けた長期生存の症例。
- 患者の初診は**17.10.04**, 治療は **DULCAMARA**から始まり、現在も主に **DULCAMARA**を摂り続けている。(5.2.13)

TATA MEMORIAL HOSPITAL

CASE NO. \_\_\_\_\_

Date \_\_\_\_\_ **BR 11893**

Physician's Follow up Notes

肺がん 右上葉  
未分化がん

Case of CA lung (R) upper lobe  
BRAC - Anaplastic CA

Refd to Dr Deshpande for  
needful.

Pl. transfer my case to Private in category  
Under Dr Deshpande *in your dept.*

Permitted to transfer to Pvt. category ↓  
Dr. A. K. Deshpande.

*A. Mahajan*  
**16/7/2001**  
DR. A. MAHAJAN  
Assistant Medical Superintendent  
Tata Memorial Hospital  
Parel, Mumbai-400 012



**TATA MEMORIAL HOSPITAL**  
DEPARTMENT OF PATHOLOGY  
CLINICAL LABORATORY SERVICES

DATE: 13/2/04

Category:  CASE NO.

GENERAL CATG: C

Name: Mrs. MANJU BIJAN SARKAR  
Age: 48  
Sex: FEMALE  
Consultant: THORA & PAEDIA

CASE NO: RR/11893  
Sex: FEMALE  
Date: 13/2/04

CLINICAL DIAGNOSIS: Gallery

**Complete Blood Count**

Hemoglobin 100%: 14.5 gms%	RBC Milli / mm <sup>3</sup>	WBC '000 / mm <sup>3</sup>	Platelet '000 / mm <sup>3</sup>	Differential Count				ESR (Wintrobe's) mm / hr	PCV %
M=15 ± 2 F=14 ± 2	M=5.5 ± 1 F=4.5 ± 1	7.5 ± 3	150 to 250	P% 40-75	L% 20-45	E% 1-6	M% 2-8	M=0 to 6.5 F=0 to 9	M=47 ± 8 F=42 ± 5

Abnormalities of RBC:

Abnormalities of WBC:

**Coagulation Profile**

BT (Duke's Method)	CT (Capillary Method)	PT (Quick's Method)	PTTK	TT	FIBRINOGEN	FDP	PLATELETS '000 / mm <sup>3</sup>
1-3 Mts.	2-7 Mts.	10-14 seconds	23-30 seconds	5-15 seconds	123-370 mgm / dl	<0.25 mg / l	150 - 250
		T 12.1 C 11.0	T C	T C			

C.S.F. Cell Count      Other (specify) \_\_\_\_\_

Body Fluid Cell Count

Semen Examination

Pregnancy test

**SCIENTIFIC OFFICER**

**Apollo Hospitals**  
21, Greams Lane, Off. Greams Road, Chennai - 600 006. Phone : 044-2829 3333, 2829 0200  
Fax : 91-44-2829 4429 Telex : 41-6419 AHEL IN E-mail : ahel@vsni.com Website : www.apollohospitals.com

**DEPARTMENT OF RADIOLOGY**

Patient's Name: Mrs. MANJU SARKAR      Lab No. \_\_\_\_\_

I.P.No./Bill No. ACS738678      Sex / Age: F-48 Years      Received on: \_\_\_\_\_

Referring Doctor: Dr. \_\_\_\_\_      Receiving Time: \_\_\_\_\_

UHID: AC01:0001070098      Ward/Bed No. \_\_\_\_\_      Reported on: \_\_\_\_\_

11-Jul-2004 12:5  
Order No: 801754

**XRAY CHEST PA VIEW**

**Report ::**

Positional rotation seen.

Cardiac shadow is normal.      斑状の不均質な陰影

Aorta is normal.

Patchy inhomogenous opacities are seen in both the lower zones suggestive of consolidation.

Fibrotic strand is seen in the left mid zone.

Rest of the visualised lung fields are normal.

Both the hemidiaphragms and costophrenic angles are normal.

Bony cage is normal.

**IMPRESSION:**

- CONSOLIDATION BOTH LOWER ZONES.      左右の肺底区両方に硬化

**Dr. Sunirmal Sarkar** M.D. Manju Sarkar  
 D.M.S. (Cal) Dip, N.I.H. 49 yrs/F  
 Attending Physician:  
 National Institute of Homoeopathy, Government of India  
 W.H.O. Fellow: USA  
 Visiting Professor:  
 South West College of Naturopathic Medicine & Science  
 Arizona, USA

4433050754  
 Residence & Chamber:  
 Thakurnagar  
 24 Parganas North  
 STD 03215  
 054103  
 APPOINTMENT ONLY  
 Date: 17.10.04

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• Patchy Consolids  
 in Both LUNGS  
 lower lobes  
 • Non-specific  
 PNEUMONITIS?  
 4 Fatty Liver.  
 4 B. Renal Cyst.  
 ESR: 100 RR  
 Total Chol → 230 < 250  
 LDL → 135 < 135  
 Triglyc → 153 < 150  
 AFP (-)ve  
 FNAC - No Helicobacter  
 H/O, Severe pain/Hematemesis.  
 Chest/Break  
 → Vomiting (water frothy) ↑  
 → feeling better  
 5 yrs back

Rx H/O, Haemoptysis (Severe) 咯血(?重症)  
 3 yrs back  
 E Repts Fever.  
 Since then → Fever Every Day  
 after noon.  
 E Pain Rt. Lower Chest  
 Rt. Side of Body  
 Physical Examined.  
 Itching throat  
 E Dyspnoea  
 (after Shell fish, Meat, Egg, when sleeping)  
 Very expectorant  
 Expectorant Greenish/Thick/Scum  
 H/O → STD 1 1/2 months  
 Cases Severe  
 Dysentery

H/O, Injury Chest  
 After Nampa.  
 27th Dec.  
 H/O, Total Hysterectomy  
 15 yrs back  
 P<sub>1</sub> + 15-24 yrs. Feb 2000.  
 Spontaneous

(T<sub>1</sub>)  
 (P<sub>1</sub>)  
 (T<sub>1</sub>)

17/10/04.

Dulcamara 200/2d,  
 1M/2d  
 10M/2d.

---

RUB - 125ml.

2<sup>2</sup> 5032 270 72/10

Chelidonium 1x/15ml

2 more 270 8/2/00

5.12.04  
 48

(a) Pain medicine  
 > Permit strip  
 (b) chin pain > warm application

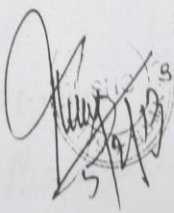
9/2/13  
 1. Dulcamara 50 N/4 D  
 in 60 ml d. w.  
 8. D x 2 days

Allergy, after red meat  
 → after hilea fish  
 > by wascuth.

Bickling pain, here and there  
 in chest.

Disease - of GADs,  
 - loose garments

2. Nihilinum 30/80 D in  
 powder  
 ↓ 0. D x 30 days  
 Rawlfia serap  
 3. ~~Vitex Negundo~~ of 80  
 5 drops x 30. pc.




## Case 7

- Adenocarcinoma of ovary
- Patient:
  - Age: 60 years old
  - Sex: Female
- 卵巣の腺がん
- 患者：
  - 年齢：60歳
  - 性別：



4/9/2014



**Accurate Diagnostic Centre**  
Rabindra Nilayan, Mogra Sc Rd, Paschimmedinipur, Hooghly, WB, Pin - 033 2684 6397 / 3756

TEST REPORT  
CT SCAN | USG & ECHO COLOUR DOPPLER STUDY | DIGITAL X-RAY | ADVANCE TECHNOLOGY | HISTOPATHOLOGY | FNAC | HORMONE ASSAY | VIDEO ENDOSCOPY | 24HR. HOLTER MONITORING | PFT | ECG | EMS | INCV | EEG

Associate Code : U/36      Received On : 04/09/2014  
Patient's Name : MRS. LAXMI DATTA      Reported On : 04/09/2014  
ID Number : ADC/14/9/I-163/36      Age/Sex/Wt./Ht. : 60/FEMALE  
Referred By : DR P C BARMAN      MBBS

**USG OF WHOLE ABDOMEN**

**Liver** : Liver is normal in size, shape & homogeneous parenchymal echotexture. No focal SOL or calcification is seen. IIVR, portal venous system and hepatic venous system are normal. Portal vein measures 0.77cm.

**Gall Bladder** : Gall Bladder is distended showing echo free lumen. Wall appears normal.

**C.B.D** : Common Bile Duct appears normal (measuring 0.36cm) showing echo free lumen - no definite intraluminal pathology can be demonstrated.

**Pancreas** : Pancreas appears normal in size, shape & margin showing homogeneous parenchymal echo texture. No obvious focal SOL or abnormal calcification seen. No definite peri pancreatic collection noted.

**Kidneys** : Both the kidneys appear normal in size, shape and outlines and position maintaining cortico medullary differentiation. Cortical thickness is normal. Pericardiacal systems are not dilated. No cystic calculus or mass seen. Excursions with respiration are normal. Right kidney measures 8.10cm. Left kidney measures 8.73cm.

**Ureter** : Both the ureters are not visualized - hence not dilated.

**Spleen** : Spleen appears normal in size (measuring 9.09cm) showing normal parenchymal echo texture. No obvious focal sol., calcification or abnormal collections seen.

**Urinary Bladder** : Urinary Bladder is distended showing no definite intraluminal pathology. Wall appears normal.

Post operative in p.-vic floor.  
**Huge septate cystic SOL seen in pelvis measures 15.73cm x 13.81cm x 10.61cm. Producing mass effect surrounding structure.**


**Impression** : Large pelvic septate cystic SOL.  
Suggested CECT abdomen.

Suggested clinical correlation.

**骨盤内に  
15.73cm x  
13.81cm (x)  
10.61cmの巨大  
な区画性の囊胞  
性SOL。  
周囲構造へのマ  
スエフェクトが  
見られる。**

**腹部造影CTを  
推奨。**

14/10/2014



**TATA MEDICAL CENTER**

**Tata Medical Center**  
 14 MAR (EW) , Newtown, Kolkata - 700 156  
 Phone: +91 33 6605 7000, 7222 , Email : info@tmckolkata.com  
 Website: www.tmckolkata.com

**Patient Evaluation Summary**

**MR No.** : MR/14/010730      **Name** : Mrs. LAXMI DUTTA  
**Age** : 60 Y 0 M 5 D      **Sex** : FEMALE  
**Patient No.** : OP/14/031936      **Address** : KORABARI TARBAGAN PARA, P.O.+P.S- GANAGNA PUR NADIA, NADIA, WEST BENGAL-741233,INDIA

**Assessment Date** : 14/10/2014 15:07:33

**Run Date** : 14/10/2014 15:07:13  
  
**Visit Date** : 14/10/2014

**CHIEF COMPLAINTS**


- Mucinous ovarian adenoca Gr1. Incomplete surgery outside in sept 2014. Unstaged.
- presently c/o severe pain left lower limb, hip and lower back. Cant stand or walk due to the pain. Slight relief with aceclofenac.

**Diagnosis**


<p><b>Diagnosis</b></p> <p>Ovary (Differential)</p> <p><b>Remarks</b> Gr 1</p>	<p><b>Morphology</b></p> <p>Mucinous adenocarcinoma</p>
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# 14/10/2014

## Tumor marker



**TATA MEDICAL CENTER**



Certificate No. : 19-0089

**Tata Medical Center**  
 14 MAR (EW) , Newtown, Kolkata - 700 156  
 Phone: +91 33 6605 7000,7222 , Email : info@tmckolkata.com  
 Website: www.tmckolkata.com

**Department of Biochemistry** Run Date: 28/10/2014 11:53:05

<b>MR No.</b> : MR/14/010730	<b>Request No.</b> : 50/14/288212
<b>Name</b> : Mrs Laxmi Dutta	<b>Patient No.</b> : OP/14/031936
<b>Age</b> : 60 Y 0 M 19 D	<b>Sex</b> : Female
<b>Lab Ref.No.</b> : BM/14/046924	<b>Reported on</b> : 15/10/2014 12:32:05


**Age at time of Sample Collection :** 60 Y 0 M 5 D  
**Referring Doctor:** Dr. Arunava Roy

Parameter	Result	Biological Ref. Interval	Units
<b>Diagnosis</b> : Ovary.Mucinous adenocarcinoma.Gr 1			
<i>Specimen</i> : SERUM (SE/14/119788)			
<i>Received On</i> : 14/10/2014 13:39:52			
<b>CA 125</b>	19.67	(0-35)	U/mL
<small>METHOD : ENZYME LINKED FLUORESCENT ASSAY (ELFA).</small>			
<b>CA 19-9</b>	90.78	(0-37)	U/mL
<small>METHOD : ENZYME LINKED FLUORESCENT ASSAY (ELFA).</small>			

# 4/7/2015

(after 8 months from 1<sup>st</sup> medication)

## Tumor marker



<http://www.serumindia.com/serum/reportprint.php?reportid=24065>

**SERUM**  
ANALYSIS CENTRE (P) LTD.

Regd. Office : 82/4B, Bidhan Sarani, Kolkata - 700 004  
 City Office : 13/1, Bhupen Bose Avenue, Kolkata - 700 004  
 Corporate Unit : 517, Shanti Nagar, Chingrighata, Salt Lake, Sector - IV, Kolkata - 700 098

**#OSS**

Lab Code BNG273954	Bill Date 04-Jul-15
Sample Receipt Date 04-Jul-15	Reporting Date 04-Jul-15
Name LAXMI DUTTA	
Sex/Age F 65 YEAR(S)	
Ref. By Dr. S. SARKAR	

**ONCOLOGY ASSAY**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
CA-19.9 (Gastrointestinal Antigen, serum by CLIA	8.31	U/ml.	0 - 37

This report page is only valid for the original but does not affect it

30/7/2015

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Ultrasound Centre  
Unit of  
**THEISM CEEMEC PVT. LTD.**  
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ESIC enlisted diagnostic center

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year of  
excellence!

MEDICAL DIAGNOSTICS  
& IMAGING DIVISION

ID NO. : G-7859 [ 3 ]  
DATE OF RECEIPT : 30-07-2015  
PATIENT: Ms. LAKSHMI DUTTA  
SEX : F AGE : 65 YRS  
Address/Ph.NO: 9933849075// GANGNAPUR  
KORABALI  
DATE OF REPORT : 31-07-2015  
Referred By : Dr. SUNIRMAL SARKAR

**URINARY BLADDER**  
Bladder is normal in contour without any focal abnormalities in its wall. There is no papillary growth nor any intravesical abnormalities. Perivisceral fat planes are normal.

**UTERUS & ADNEXA**  
Post hysterectomy status. No adnexal mass is seen.

**IMPRESSION**  
Post operative follow up CT scan of Whole Abdomen reveals  
1. No ascites.  
2. No metastasis.  
3. No recurrence.

腹水なし  
転移なし  
再発なし

## Treatment 治療

Symptomatic treatment

対症療法

From 3/11/2014

開始 3/11/2014

- Ferrum met.
- Adenocarcinoma
- Belladonna
- Lachesis
- Staphysagria
- Ferrum met.
- Adenocarcinoma
- Belladonna
- Lachesis
- Staphysagria



## Case 8

- High grade Urothelial carcinoma
- Tumour present in the deeper part
- Patient:
  - Age: 57 years old
  - Sex: Male
- 高悪性度尿路上皮がん
- 深い部位の腫瘍
- 患者
  - 年齢: 57歳
  - 性別: 男性

## Prognosis 予後

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• 05/11/2011<br/>Histopathological study shows High grade urothelial carcinoma</li> </ul>  | <p>05/11/2011<br/>病理組織検査で高悪性度尿路上皮癌を認めた。</p>   |
| <ul style="list-style-type: none"> <li>• 22/11/2011 CT scan shows               <ol style="list-style-type: none"> <li>1) Irregular thickening in the left lateral wall and adjacent posterior wall of urinary bladder</li> <li>2) Mild prostatomegaly</li> </ol> </li> </ul> | <p>22/11/2011 CT検査所見</p> <ol style="list-style-type: none"> <li>1) 膀胱外側壁と隣接の膀胱後壁に不均一な肥厚</li> <li>2) 軽度の前立腺肥大</li> </ol> |
| <ul style="list-style-type: none"> <li>• 07/04/2012 USG shows               <ol style="list-style-type: none"> <li>1) No evidence of any diffuse wall thickness</li> <li>2) Mild prostatomegaly</li> </ol> </li> </ul>  | <p>07/04/2012 超音波所見</p> <ol style="list-style-type: none"> <li>1) 広範囲な壁肥厚は確認されず。</li> <li>2) 軽度の前立腺肥大</li> </ol>        |

MEDICA Superspecialty Hospital caring for life	
Patient : Mr. Abed Ali (38959)	
Visit : IP-1 dt : 27-Oct-2011	
Age/Sex : 57 Yrs / Male	Sample Collected : 28/10/2011 14:30
Consulting Dr : Dr. P.K.Mishra Dr. K.Sinha	Report Printed : 05/11/2011 15:21
Sponsor : Kolkata Port Trust	
Location : 6th Floor Room No 614(614A)	
Lab No : 022430111	
MEDICA LAB EXAMINATION REPORT HISTOPATHOLOGICAL STUDY	
Test	Result
SPECIMEN	1] Superficial bladder tumour 2] Deep part of bladder tumour
BLOCK NO.	MH/HP/1126/11
GROSS APPEARANCE	1] Multiple friable grey white tissue bits 8 ml.  2] Multiple tissue bits , 2- 5 ml.
MICROSCOPIC FEATURES	1] Section show a papillary urothelial neoplasm composed of pleomorphic cells with prominent nucleoli more than seven layers , with many atypical mitotic figures in all layers  2] Section from the deeper part show infiltration by malignant cells
<b>高悪性度尿路上皮癌</b>	
DIAGNOSIS	1. <u>High grade urothelial carcinoma</u> {WHO / ISUP} 2. Tumour present in the deeper part

CANCER CENTRE WELFARE HOME AND RESEARCH INSTITUTE Mahatma Gandhi Road, Thakurpukur, Kolkata - 700 063 Ph : 91-33-24532781 / 82 / 83, 91-33-24674433/8001/03, FAX : 91-33-24678002, 91-33-24536711 E-mail : ccwhri@cal2.vsnl.net.in / cancerwelfare@yahoo.co.in Website : www.cancercentrecalcutta.org	
(2)	
Name MR. ABED ALI	UHID 201107369G
Age/Sex 57 Y/M	IPD/OPD No 11000556458
BOWEL & MESENTERY : Bowel and mesentery are within normal limits.	
PERITONEUM & RETROPERITONEUM : Aorta and inferior vena cava are normal. No sizable mass is seen in para-aortic area or in the retroperitoneal area. Aortic bifurcations and iliac vessels are normal.	
BONES : Bones under review show osteoarthritic changes. Parietal and para-vertebral muscles are normal. Sacro-iliac joints and hip joints are normal.	
IMPRESSION :	CT findings suggestive of :-
	1) Irregular thickening in the left lateral wall and adjacent posterior wall of urinary bladder.
	2) Mild prostate megaly.
	膀胱外側壁と隣接の膀胱後壁に不均一な肥厚軽度の前立腺肥大

