

## **CARE PROMISE WELFARE SOCIETY (REGD)** **Patient Data Form**

**Sponsorship Form For Financial Assistance (Surgery , Chemotherapy & Treatment)**

**Reg. No. 399 /CPWS/PT**

**Date: - 28-02-2016**

**Patient's Name : Razia Paul**  
**Age : 22 Years old**  
**Sex : Female**  
**Address : Ludhiana (Punjab)**



**Patient's Details: - The Case of Razia Paul aged 22 yrs, suffering from Hodgkin's Lymphoma since March 2015, has been received by the society.**

She was being treated at Christian Medical College & Hospital Ludhiana. However due to complex medical problems, her case was forwarded to PGI Chandigarh who identified her disease as Hodgkin's Lymphoma (Blood Cancer). However perhaps due to personal reasons the patient has opted to come back to Christian Medical College & Hospital Ludhiana. This hospital has advised for chemotherapy and bone marrow transplant and indicated that the amount required for her treatment is Rs. 11 Lakhs approximately.

Her father is a labourer and has to support a family of 6 members including 3 daughters. We request you to kindly help the poor girl who if not helped will certainly reach the end of his life very soon.

### **FAMILY DETAILS**

**Father's Name : Sh. Issal Paul**  
**Age : A/M**  
**Occupation : Labourer**  
**No. of family members : 6 members**  
**Total annual family income : Rs. 78,000/- (Seventy Eight Thousand Only)**

### **MEDICAL TREATMENT'S DETAILS**

**Disease suffering from : Hodgkin's Lymphoma (Blood Cancer)**  
**Treatment prescribed : Chemotherapy, Medicines & Surgery**  
**Concern Doctor : H.O.D.**  
**Cost of treatment : Rs. 11 Lakh (Approx)**  
**Hospital Name and Address : Christian Medical College & Hospital Ludhiana & PGI Chandigarh**

### **Declaration**

I declare that the information given above is correct and complete in all respects and I am not in a position to arrange funds for the purpose stated above.

**The case is certified by Christian Medical College & Hospital Ludhiana & PGI Chandigarh**



**Department of Clinical Haematology  
Haemato-Oncology &  
Bone Marrow (Stem Cell) Transplantation  
Christian Medical College & Hospital  
Ludhiana, 141 008**

Medical Certificate

This is to certify that Mrs. Razia Paul bearing unit No.C7577898 is a case of Hodgkins Lymphoma relapsed post induction with ABVD protocol. She now needs re-induction with chemotherapy (DHAP) followed by autologous bone marrow transplant. The estimated cost for chemotherapy for 2 cycles will be 4 lakhs(1.5-2 lakh each) followed by autologous transplant (approximate cost 600,000- 800,000 Rs). Kindly do the needful.

Thanking you,

Yours sincerely

Dr. Amrith Mathew, MD.  
Assistant Professor  
Department of Clinical Haematology,  
Haemato-Oncology &  
Bone Marrow (Stem Cell) Transplantation  
Christian Medical College & Hospital  
Ludhiana 141 008

20.02.16

Draft by:- AM





**DEPARTMENT OF HISTOPATHOLOGY**  
**Research Block-A, 5<sup>th</sup> Floor, PGIMER, Chandigarh**  
**SURGICAL PATHOLOGY REPORT**

Name: RAZIA PAUL

Age: 22y Sex: F

Biopsy No: S-1802/2016

CR No: 201601195239

Clinician: DR. VERMA

Location: FMW IM 1

Address:

Request Date: 23/01/2016

Report Date: 27/01/2016

**Clinical Diagnosis:**

Hodgkin lymphoma relapse

**Gross :**

Received 2 linear cores, measuring 1-1.3cm

**Micro :**

Biopsy from lymph node is in 2 linear cores, one of which is predominantly necrosis and hyalinisation in most of its area. Viable areas of both the cores show the presence of a lymphomatous process composed of multiple nodules of atypical lymphoid cells in a background of dense collagenisation and polymorphous cell population. These atypical lymphoid cells are 2 to 3 times the size of mature lymphocyte with high N:C ratio, bilobated nuclei, plenty binucleate forms, dispersed chromatin, prominent eosinophilic nucleoli and moderate cytoplasm. Numerous eosinophils admixed with nuclear debris, polymorphs, histiocytes, plasma cells and lymphocytes are seen in the background population. At places neutrophilic microabscesses are also seen. These large cells show membranous positivity for CD 15, CD 30; at cytoplasmic positivity for PAX-5. CD 45, CD3 and CD 20 are negative in these cells. Features are of Hodgkin's lymphoma, relapse.

**Diagnosis:**

Lymph node (?site) :- Hodgkin's lymphoma, NOS relapse

**Remarks :**

Patient is a k/c/o Hodgkin Lymphoma, nodular sclerosis type. Received chemotherapy and is symptomatic since Dec 2015.

*RW*  
SG/SM /R.K. VAS

Y08000 A09503

SK

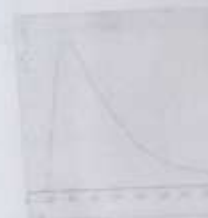
### Special Tests Laboratory

Department of Clinical Haematology: Haemato-oncology and Bone Marrow (Stem cell) Transplantation  
 CMC & Hospital, Ludhiana-141008, Punjab, India  
 Phone: 0161-2115000, Fax: 5195

STL ID	1312	Date:	19/02/2016 11:11
Name:	RAZIA PAUL	Unit No.:	C7577898
Ref By:	DR. JOSEPH JOHN	Age/Sex:	22 FEMALE

#### HAEMOGRAM

TESTS	RESULT	UNITS	REF. RANGE
Haemoglobin	6.8	gm%	13.0 - 17.0
<b>WBC PARAMETERS</b>			
WBC	13300	H /cmm	4000 - 11000
Lym %	8.2	L %	20 - 40
Mon %	4.5	%	2 - 10
Gran %	87.3	H %	40 - 75
Lym #	1100	L /cmm	1500-3500
Mon #	600	/cmm	200-800
Gran #	11600	H /cmm	2000-7000
<b>RBC PARAMETERS</b>			
RBC	3.04	L mil./cmm	3.7 - 4.8
MCV	66.5	L fl	76 - 96
HCT	20.2	L %	36-45
MCH	22.3	L pg	27-32
MCHC	33.6	g/dl	31-35
RDW-SD	42.2	fl	36-56
RDW-CV	18.5	H %	11.5-14.5
<b>PLATELETS</b>			
PLT	687000	H /cmm	150000-450000
MPV	7.3	L fl	7.4 - 10.4
PCT	0.501	H	
PDW	15.9	fl	15.0-17.0



Run By: MARKAS MASHI

Validated By: SUNIL

Authorized By: DR. [Signature]

# DEPARTMENT OF RADIODIAGNOSIS & IMAGING

P.G.I.M.E.R., CHANDIGARH

## C T SCAN REPORT

Patient: Harsha Paul	CT No. 201601190239	CT No. 1474/16
Age: 22	Admission No.	Prev. CT No.
Sex: F	OPD/Ward: FMW	Ref. by
No. of slices used:		Date: 28/1/16

Clinical history and findings - C/O Hodgkin lymphoma - relapse

### CECT neck, chest & abdomen (128 slices)

Protocol - The study done by taking 10 mm helical sections from base of the skull to T8 with a pitch of 1.5 and by taking 10 mm helical sections from lung apices to dome of diaphragm & from domes of diaphragm till pubic symphysis following IV injection of -80 cc of iohexol. No contrast related adverse events encountered.

#### Report:

- Nasopharynx including the fossa of Rosenmüller are normal.
- The oropharynx including base of tongue is normal.
- Larynx including left pyriform sinuses, true and false cord and aryepiglottic fold is normal. Right pyriform sinus partially obliterated likely due to ascending left parotid gland show mild heterogenous enhancement.
- Right parotid and submandibular glands are normal.
- There are multiple discrete and conglomerate enlarged lymph nodes in the neck in bilateral levels II, III, IV, V, VI and in bilateral supraclavicular and axillary locations. Largest conglomerate lymph nodal mass measures -4.2x5.7cm in right level V, the lymph nodes are causing severe compression of the bilateral IIV.
- A lymph nodal mass is also seen in the visceral space in pre and paratracheal locations invading into the thyroid gland measuring 3.5x5.3cm in size.
- Trachea and major bronchi are normal.
- Heart and great vessels appear normal.
- There is a large heterogenous mass lesion in the mediastinum measuring 7.1x7.6.3cm (AP x trans x CC). It is anteriorly abutting the sternum while posteriorly it is reaching upto the spine. It is encasing the mediastinal vasculature without causing any luminal compromise. It is causing mild tracheal shift to the right side. Inferiorly it is seen to extend along the pericardial surface while superiorly it is reaching upto the thoracic inlet with contiguous extension into the supraclavicular fossa on the left side. No calcifications are seen within the mass. There are few discrete enlarged lymph nodes seen in right paratracheal location, pretracheal, precarinal and subcarinal locations.
- Calcified nodule is seen in the right upper lobe. Minimal septal thickening is seen in the left upper lobe. No other nodules/masses seen in the lungs.
- No pleural or pericardial effusion is seen.
- Liver is enlarged and measures 17.4 cm in CC span. It shows normal outline. Hepatic veins and portal vein are normal. No IHBRD or focal lesion is seen.
- Gall bladder is distended and normal CBD is not dilated.
- Spleen is measures -8 cm in CC span and shows normal attenuation.
- Pancreas is normal in bulk and attenuation. It is displaced and scalloped by the lymphadenopathy. No focal lesion seen. MPD is not dilated.
- Bilateral kidneys are normal in size and show normal outline and nephrographic density. Bilateral PCS are compact. B/U ureters are not dilated.
- Bilateral adrenal glands are normal in size and attenuation. No mass lesion is seen.
- Opacified bowel loops are normal in calibre.
- No significant lymphadenopathy is seen.
- Aorta, IVC, SMA, SMV and SPA are normal.
- No ascites is seen.
- Urinary bladder is minimally distended. Uterus and adnexa appear normal.
- Visualized bones appear normal.

**Impression:** In a c/o Hodgkin lymphoma,  
-Cervical, axillary and mediastinal lymphadenopathy with large mediastinal mass lesion as described.  
-Mild hepatomegaly

Jr. Resident

*DR. Harsha*  
DR. Harsha  
Senior Resident

*Dr*  
Dr  
Cor