



MEER KHAN CHILDREN & FAMILY HOSPITAL

Established Since 2005

Verbal Consent for Examination & Treatment is Obtained.

Date: 30/5/20

Rx.

DR. MEER KHAN TAREEN
MBBS, PGPN (USA)
ARI (WHO), RMP
CERTIFIED ENS (Germany)
(Early Nutrition Specialist)
Child & Family Physician
PMC (Islamabad) No: 42321-S
PHC No: R-30836
Cell: 0321-4456594
Timing: 2pm to 2am



REFERRED

to

[Handwritten signature]

[Handwritten signature]

CANLER
CANLER
HOSPITAL

No medicine
given

دوبارہ چیک اپ کے لیے نسخہ ہمراہ لائیں۔

Facilities: Lab, Ultra Sound, Operation Theater, Maternity Home, Medical Store

38,39,40, A Block, Tajpura Housing Scheme, Near Butt Chowk, Aziz Bhatti Town, Lahore.



Meer Khan Children & Family Hospital

Quality Assurance Through Advanced Technology

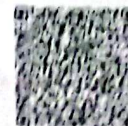
39, Block-A, Butt Chowk, Tajpura Scheme, Lahore

Tel: 0305-8131439, 0321-4456594

CLINICAL LABORATORY

Lab # 1252-5 / 2025

Case # 30-30 / 5



Patient's Name : TAYYABA FATIMAH
Father/Husband : Raza M
Age/Sex : 34 Years / Female
NIC No :
Contact No : 03329711833

Reg. Date : 30-May-25 9:03:37 pm
Reg. Centre : MKC & FH
Specimen : Taken in Lab
Consultant : Dr. Meer Khan Tareen
Hosp/ MR # :

LIVER FUNCTIONS REPORT

TESTS	REFERENCE RANGE	Unit	RESULT 1252:5:2025 30-May-25
-------	-----------------	------	------------------------------------

SGPT (ALT) 05 - 42 U/L ↑ 58

RENAL FUNCTION REPORT:

TESTS	REFERENCE RANGE	Unit	RESULT 1252:5:2025 30-May-25
-------	-----------------	------	------------------------------------

Urea 10 - 50 mg/dl 50
Creatinine 0.5 - 1.2 mg/dl ↑ 1.3

SCREENING REPORT

TESTS	RESULT 1252:5:2025 30-May-25
-------	------------------------------------

Anti HCV Negative
HIV (Aids) Non-Reactive

COMMENTS:

Anti HCV, HBsAg were performed by an immunochromatographic screening method.

The Technique has Sensitivity of 99% and Specificity of 98%.

Clinically inconsistent result should be reconfirmed by an alternative method (e.g, E.I.A)

Electronically Verified Report, No Signature(s) Required.

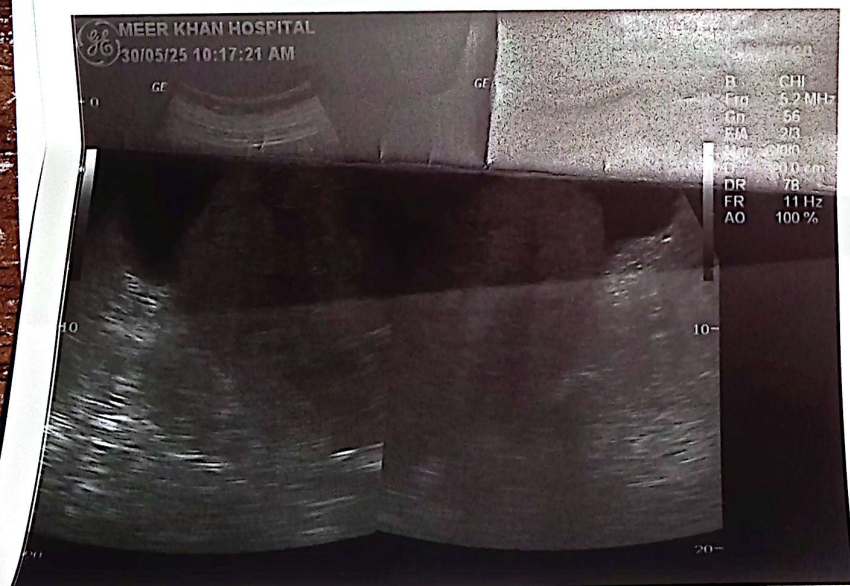
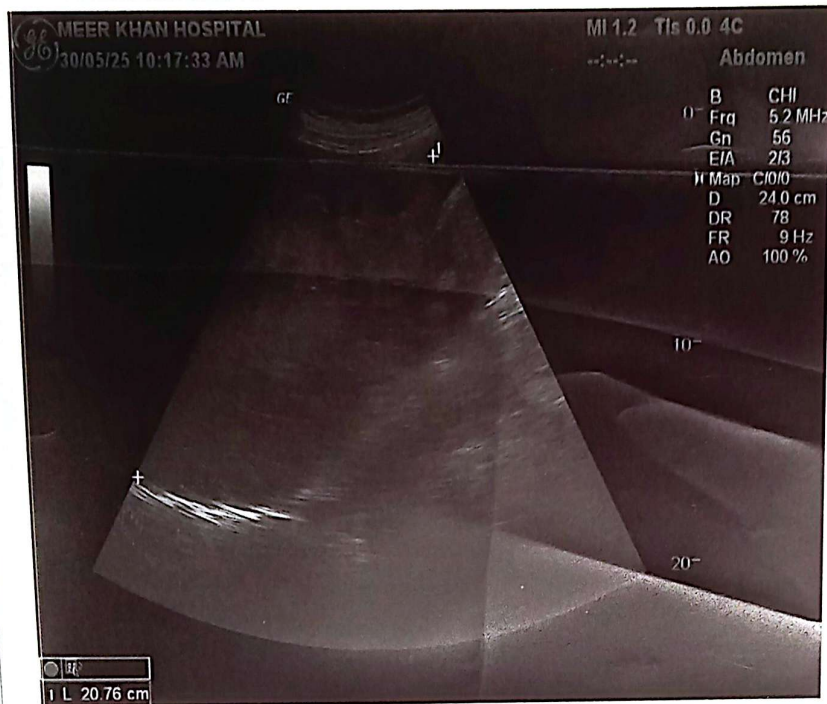
DR. MEER KHAN TAREEN
MBBS, PGP (USA), RMP

DR. OMIYA JABEEN
MBBS, MCPS, MRCOG-2
(Consultant Gynaecologist)

DR. USMAN ALI
MBBS, M.Phil (Microbiology)
(Consultant Pathologist)

NOTE: All the tests are performed on the most advanced, highly sophisticated, appropriate, and state of the art instruments with highly sensitive chemicals under strict conditions and with all care and diligence. However, the above results are NOT the DIAGNOSIS and should be correlated with clinical findings, patient's history, signs and symptoms and other diagnostic tests. Lab to lab variation may occur. This document is NEVER challengeable at any PLACE/COURT and in any CONDITION

76 cm
220 cm
107 cm
116 cm



DR. MEER KHAN CHILDREN & FAMILY HOSPITAL

38, 39, 40 Block A, Butt Chowk, Tajpura Scheme, Aziz Bhatti Town, Lahore. Tel: 042-36630004

PHC Reg No: R-30836

DR. MEER KHAN TAREEN
MBBS, PGP (USA)
ARI (WHO), RMP
CERTIFIED ENS (Germany)
(Early Nutrition Specialist)
PMDC No: 42321-S
Cell: 0321-4456594
Timing: 2pm to 2am

Name: Tayyaba
Ref. By Dr.: meer
Scan. By Dr.: Ameer Hamza
S. No. 13/E
Date: 30/5/2025

ABDOMINAL ULTRASOUND REPORT

20cm
LIVER SIZE = Normal / Enlarged / Shrunken / PARENCHYMA = Normal / Coarse / Fatty / Fibrotic
BILE DUCT: Normal / Dilated / POTAL VEIN = Normal / Dilated
GALL BLADDER: SIZE = Normal / Enlarged / Stone / Mass / Sludge
WALL: Normal / Thickened
SPLEEN SIZE: Normal / Enlarged / PARENCHYMA = Normal / Focal Defect
PANCREAS: SIZE = Normal / Enlarged / PARENCHYMA = Normal / Abnormal
PANCREATIC DUCT: Normal / Dilated / Stone
AORTA: Normal / Abnormal / I.V.C.: Normal / Abnormal
RIGHT KIDNEY: SIZE = 10x6x3.2cm / PARENCHYMA = Normal / Abnormal
LEFT KIDNEY: SIZE = 9.7x4.2cm / PARENCHYMA = Normal / Abnormal
URINARY BLADDER: Full / Empty / Stone / Mass / Walls: Normal / Thick
PROSTATE: Normal / Enlarged / Focal Defect / P.M.R.
OTHERS: Ascites / Pleural Effusion / Lymphadenopathy / Appendicitis /

Appendicular Mass / Intestinal Mass

→ Hepatic Fungal Abscess ?? / Hepatic Metastasis
→ Thickened adenomatous GB wall.
→ Hepatomegaly.
→ Splenomegaly.
→ Moderate Abdominopelvic Ascites.
آئندہ الٹراساؤنڈ کروانے کے لیے رپورٹ ضرور ساتھ لائیں۔

SONOLOGIST

Ultrasound Timings

Evening:
4:00 to 10:00 pm

Proviso:
This report represents the best efforts at arriving at clinically relevant impression using available clinical and ultrasound data however no legal responsibility or financial liability is accepted for any error or omission and no warranty is made, expressed or implied. This document is not valid for any court of law.

**Center for Nuclear Medicine (CENUM)**

P.O. Box 53, Mayo Hospital, Lahore

Dr. M. Adnan Saeed
MBBS, MSc, PhD, FCPS
Director

Phone : 042-99214436-37

Fax : 042-99214432

Email : cncenum@gmail.com

PRN: 021035/25

Name: Tayyaba Fatima W/O Raza Muhammad

Lab No.: 2505201925

Age: 34 Year(s)

Gender : Female

Specimen Date: 23-May-2025 11:33

Contact#:

Sample : Collected at our Hospital.

Immunoassays**RESULTS OF IMMUNOASSAYS**

Test	Results	Reference Range
AFP	0.80 ng/mL	Up to 7.00
Beta HCG	1.26 mIU/mL	Non pregnant premenopausal female: Up to 5.30 Postmenopausal female: Up to 8.30 Pregnant female-weeks of gestation: 3 weeks 5.8-----71.2 4 weeks 9.5-----750 5 weeks 217-----7138 6 weeks 158-----31795 7 weeks 3697-----163563 8 weeks 32065-----149571
CA125	>5000 U/mL	Up to 35.0

Comments (if any):

Ms. Akasha Hassan, MS
Jr. ScientistDr. Munir Ahmad Anwar, PhD
DCSDr. Saima Haider, PhD
DCMO
Head Clinical Labs



262025-26288059

Tayyaba Fatima,
36y, 8m, 13d, Female

House No. 7 Muhalla Wapda Coloni Gharib Abad Quetta, QUETTA

آؤٹ ڈور

OPD

F/Spouse: Raza Muhammad

Clinic: Oncology
Clinic

Guardian: N/A

CNIC: 55302-4210157-0

Visit#: 5

Guardian CNIC: N/A

Contact: 0329-9711833

Token#: M-1643

MLC: N/A

Visit Purpose: Check-Up

Temp(FC) B.P(MmHg) Pulse Weight(KG) Height(Ft/Inch.):

Presenting Complaints:

clo. abd. distension &
= jaundice since 1 month. ~~10 days~~
LB 5 months
back.

History:

~~CA~~
unknown Primary.

complain of Bloody diarrhea

Examination:

Refer to surgery
for axillary LN Biopsy

Mayo Hospital, Lahore
Oncology and Radiotherapy

Provisional Diagnosis:

CA-125 > 5000 U/ml.

Refer to ER & 13
Dysphagia INR
so biopsy can't be done

Treatment:

- Tab. Tonodex P 1+0+1
PSB Di. Aquilar
Cure for liver
USG guided axillary lymph
node biopsy

Mayo Hospital, Lahore
Oncology and Radiotherapy

Investigation:

Refer to ER for
supportive care

Mayo Hospital, Lahore
Oncology and Radiotherapy

Signature

نوٹ یہ پرچی سنبھال کر رکھیں اور دوبارہ ہسپتال آنے کی صورت میں بطور حوالہ ہمراہ لائیں



262025-26288059

Visit Date & Time 29-May-2025 - 09:56 AM

Name: tayyaba fatima

- CBC

- PT IAPIT

HepB/C / HIV

MHL-OPD



262025-26288059

Visit Date & Time 29-May-2025 - 09:56 AM

Name: tayyaba fatima

MHL-OPD

USG guided FNAC cut
biopsy of axillary
lymph node

MR. diagnosed
Optimise patient
DR. ANMOOL NAWAZ
House Officer
Mayo Hospital Lahore.



Mayo Hospital, Lahore

Previous Date & Time: -

Visit Date & Time: 23-May-2025 - 10:57 AM



262025-26288059

Tayyaba Fatima,
36y, 8m, 7d, F= male

House No. 7 Muhalla Wapda Coloni Charib Abad Quetta, QUETTA

آؤٹ ڈور

OPD

F/Spouse: Raza Muhammad

Clinic: Onco'ogy
Clinic

Guardian: N/A

CNIC: 55302-4210157-0

Visit#: 1

Guardian CNIC: N/A

Contact: 0329-9711833

Token#: M-1891

MLC: N/A

Visit Purpose: Check-Up

Temp(FC)

B.P(MmHg)

Pulse

Weight(KG)

Height(Ft/Inch.):

Presenting Complaints:

History:

Examination:

Provisional Diagnosis:

Treatment:

Investigation:

Deputy Medical Superintendent
Admin
Mayo Hospital, Lahore

Medical Officer,
Oncology and Radiotherapy Allied
Mayo Hospital, Lahore



262025-26288059

Visit Date & Time 23-May-2025 - 10:57 AM

Name: tayyaba fatima

IMHL-OPD



262025-26288059

Visit Date & Time 23-May-2025 - 10:57 AM

Name: tayyaba fatima

Deputy Medical Superintendent
Admin
Mayo Hospital, Lahore

cap. mod. 23/5/25

Signature

Spring
Unknown
CT scan shows
Multiple enlarged
B/L axillary L.N.
seen.
(2.6 x 1.3 cm)
→ soft tissue nodule.
in upper lobe 1.8 x 1.2 cm
→ Bony lesion
Bone scan
left
Axillary L.N.
Biopsy → referred
to surgery.
(No tissue Biopsy)
→ Tak. Onset of IxRD
(23/5)

AKRAM HOSPITAL

ZARGHOON ROAD, QUETTA

Phones: 2869235--2869236

RADIOLOGY DEPARTMENT

ULTRA SOUND SECTION

Name	Sex	Age/Y	Referred By:	Ref No	Date & Time
Tayyaba Fatima	F	34 Y	Dr. Irum Ismail	-04-25	May 10, 2025 7:23 PM

ULTRASOUND ABDOMEN

Central abdomen is not visualized due to excessive bowel gases and body habitus.

Liver is enlarged; both lobes are enlarged right measures 18.0 cm and left measures 14.3 cm. The texture is homogenous. Intrahepatic biliary channels are not dilated. Multiple focal lesions are appreciated one of it measures 1.5x1.3 cm suggestive of metastasis.

Portal Vein has a normal diameter.

Gall bladder is partially distended however no large calculi are noted. Wall is thick and edematous measuring 8.0 mm W/R follow up.

CBD has a normal diameter.

Pancreas is not visualized.

Spleen is normal in shape and size.

Rt. Kidney measures 10.0 cm. Parenchymal differentiation is preserved. Renal cortical thickness is normal. No hydronephrosis or calculi seen.

Left kidney measures 10.0 cm. Parenchymal differentiation is preserved. Renal cortical thickness is normal. No hydronephrosis or calculi seen.

No ascities seen.

Urinary bladder is adequately distended. Wall thickness is normal. No calculi or mass seen.

Impression:-

- Central abdomen is not visualized due to excessive bowel gases and body habitus.
- Moderate hepatomegaly and both lobes are enlarged.
- Multiple hepatic lesions suggestive of metastasis.
- Gall bladder is partially distended however no large calculi are noted. Wall is thick and edematous W/R follow up.

Biopsy
Dr. M. Jabeen
Clinical Consultant
Principal Consultant
N.B.S., E.M.R.T.
CET Medical Officer

Dr. MAHWAH MANSOOR
MCPS, FCPS, MHPE
Consultant Radiologist

Thanks for the courtesy of referral; Findings are specific at the time of scan.

Excellence in Fluoroscopic procedures, Doppler U/S, CT scan, MRI and reporting.



Balochistan Institute of Nephro Urology BINUQ

Name: Tayaba Fatima

Sample ID: 072238

Patient ID:

Gender:

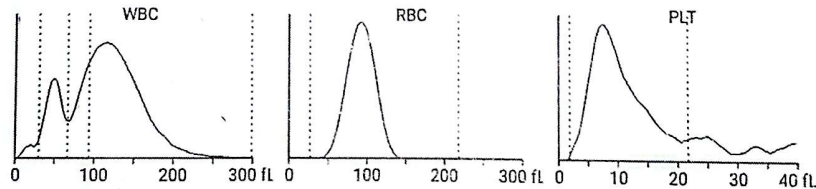
Age:

Time: 13-05-2025 13:51

Sample Type: WB

Diagnosis:

Para.	Result	Unit	Ref. Range
WBC	H 19.64	$10^3/\mu\text{L}$	4.00 - 11.00
LYM#	H 3.23	$10^3/\mu\text{L}$	1.10 - 3.20
MXD#	H 1.80	$10^3/\mu\text{L}$	0.10 - 1.50
NEUT#	H 14.61	$10^3/\mu\text{L}$	1.80 - 6.30
LYM%	L 16.4	%	20.0 - 50.0
MXD%	9.2	%	3.0 - 15.0
NEUT%	74.4	%	40.0 - 75.0
RBC	L 3.90	$10^6/\mu\text{L}$	4.50 - 5.50
HGB	L <u>12.3</u>	g/dL	13.5 - 17.5
HCT	L 36.4	%	45.0 - 50.0
MCV	93.4	fL	72.0 - 96.0
MCH	31.5	pg	28.0 - 33.0
MCHC	33.7	g/dL	31.6 - 35.4
RDW_CV	15.0	%	10.0 - 15.0
RDW_SD	50.7	fL	35.0 - 56.0
PLT	<u>191</u>	$10^3/\mu\text{L}$	150 - 450
PCT	0.19	%	0.17 - 0.35
MPV	9.9	fL	6.5 - 12.0
PDW	16.90		9.00 - 17.00
P_LCR	14.2	%	11.0 - 45.0
P_LCC	L 27	$10^3/\mu\text{L}$	30 - 90
*NLR	4.52	-	-
*PLR	59.01	-	-



Neutrophilia;Leukocytosis;

*Claim:The report is only responsible for the delivered sample!

Comments:

Doctor:

[Handwritten signature]

Patient name: Tayyaba **Sex:** Female. **Age:** years.

Date: 20-05-2025

CT CHEST, ABDOMEN AND PELVIS WITH IV CONTRAST

TECHNIQUE: Multiple unenhanced axial CT sections through the chest, abdomen and pelvis were acquired.

No previous examination available for comparison.

FINDINGS:

CT CHEST:

Multiple enlarge bilateral axillary lymph nodes seen, one of these in left axilla measures 2.6x1.3cm.

A soft tissue nodule is seen in anterior segment of right upper lobe measuring 1.8x1.2cm.

Multiple calcified lymph nodes in mediastinum and both hila. One in paratracheal region measures 1.2x1.0cm.

No evidence of pneumothorax on either side.

Grossly heart and mediastinal great vessels appear unremarkable.

CT ABDOMEN:

Liver is enlarge in size.

Innumerable low enhancing masses are seen in at liver less than 30mm. most of them become isodense with surrounding parenchyma on delayed images.

No intra or extrahepatic biliary dilatation.

Gall bladder is contracted.

Pancreas and spleen appear unremarkable.

Normally enhancing both kidneys of normal size, shape without calculus or hydronephrosis on either side. Stomach, small and large bowel loops appear unremarkable.

No significant abdominal or pelvic free fluid. Major abdominal and pelvic vessels are normally enhancing.

Right ovarian cyst seen measuring 3.0x2.7cm.

Multiple variable size lytic and sclerotic lesions are seen in vertebrae, bilateral femoral head and iliac bone.

IMPRESSION:

- Multiple enlarge bilateral axillary lymph nodes. USG Bilateral breast advised.
- A soft tissue nodule is seen in anterior segment of right upper lobe
- Innumerable low enhancing masses are seen in at liver less than 30mm. most of them become iso-dense with surrounding parenchyma on delayed images. Findings are consistent with metastatic disease in liver, bones and lung.
- Multiple variable size lytic and sclerotic lesions are seen in vertebrae, bilateral femoral head and iliac bone. Bone scan advised.
- Right ovarian cyst /



Dr. Abdul Raheem

Radiologist.



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi



CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Lahore Outreach Laboratory, 89-H Jail Road, Lahore
54000

Medical Record # : L28263961 (LF22870)
Patient Name : TAYYABA, FATIMA
Specimen ID : 24052025:AG0213R
Clinical Information / Comments:

sdd02

Age / Gender : 34Y / Female
Location : LAHORE16
Requesting Physician : DR.SARA
Account # : C45968773 - OSR
Requested on : 24/05/2025 - 19:34
Collected on : 24/05/2025 - 19:34
Reported on : 25/05/2025 - 16:04

Test	Result	Normal Ranges
PROTHROMBIN TIME, PLASMA	15.5 seconds	(9.3-12.8)
Kindly note "reference range change" on 18/03/2020.		
I.N.R (INTERNATIONAL NORMALIZED RATIO)	1.5 ratio	(0.9-1.2)

The comments given below are ONLY for patients on warfarin therapy:

Therapeutic INR = 2-3 [for deep venous thrombosis, pulmonary embolism, aortic valve replacement and atrial fibrillation]

Therapeutic INR = 2.5-3.5 [for mechanical mitral valve replacement]

ACTIVATED PARTIAL THROMBOPLASTIN TIME, PLASMA 45.6 seconds (22.9-34.5)

The comments given below are ONLY for patients on unfractionated heparin:

Therapeutic APTT: 47-65 seconds

This is a computer generated report therefore does not require any signature.

Printed on/by : 26/05/2025 12:40 PM / iqra.anwar

Dr. Bushra Moiz
MBBS, FCPS (Hematology)
Professor, Consultant Haematologist

Dr. Salman Naseem Adil
MBBS, FCPS (Hematology)
Professor, Consultant Haematologist

Dr. Mohammad Usman Shaikh
MBBS, FCPS (Hematology)
Clinical Professor

Dr. Natasha Ali
MBBS, FCPS, FRCP (Edin)
Associate Professor

Dr. Muhammad Shariq Shaikh
MBBS, FCPS, PGDip (UK)
Associate Professor

Dr. Muhammad Hasan
MBBS, FCPS (Hematology)
Assistant Professor

Dr. Sana Brohi
MBBS, FCPS (Hematology)
Faculty

130456322431565

A Unit of The Aga Khan Hospital and Medical College Foundation; Licensed under Section 42 of the Companies Ordinance, 1984; Registered Office: Stadium Road, P. O. Box 3500, Karachi 74800, Pakistan



Center for Nuclear Medicine (CENUM)

P.O. Box 53, Mayo Hospital, Lahore

Dr. M. Adnan Saeed
Gold Medalist
MBBS, MSc, PhD, FCPS
Director

Phone : 042-99214436-37

Fax : 042-99214432

Email : cncenum@gmail.com

CNM-NM-QRD-06-007

PRN: 021778/25

Age: 34 Year(s)

Gender: Female

Entry Date: 27-May-2025

Patient Name: Tayyaba Fatima W/O Raza Muhammad

Contact: Cell# , Phone#

City: Lahore

BONE SCAN

Dr Saima Haider (HOD)
MBBS, MSc, PhD

Dr M. Ajmal Khursheed, PMO
MBBS, MSc

Dr Sidra Abdul Razzaq, SMO
MBBS, MSc

Dr Maryah Kamal, SMO
MBBS, MSc

Dr Nasir Mehmood
MBBS, MSc

Clinical Features: METASTATIC BONE DISEASE. PRIMARY UNKNOWN.

Procedure: Whole Body Bone scan, anterior and posterior projections, were acquired after 03 hours of intravenous injection of 600 MBq Tc-99m MDP.

Findings: Tc99m MDP Bone Scan shows generalized increased and non homogenous uptake of radionuclide in Skull, Spine and multiple ribs on both sides.

Focal areas of abnormal increased uptake of radionuclide are seen in Thorcolumbar Spine (multiple vertebrae), right Sacroiliac region and Maubrium Sterni.

Increased and non homogenous uptake of radionuclide is also seen in left Shoulder joint, may be due to arthritic changes.

Rest of Bone Scan is within normal limits.

Opinion:

**BONE LESIONS (METASTATIC ?) INVOLVING ABOVE MENTIONED SITES.
RADIOLOGICAL CORRELATION IS SUGGESTED.**

Advice/Remarks:

Dr. Nasir Mahmood
Reporting Doctor



Centre for Nuclear Medicine (CENUM), Lahore

Tel: (92) 42 99214436-38 Website: <https://cenumaech.gov.pk>

Study Name: Wholebody Imaging
Patient ID: 021778/25

Study Date: 5/27/2025
Sex: F

Patient Name: TAYYABA FATIMA
Age: 034Y

<WHOLE BODY IMAGING> [Masked] 5/27/2025

%
120

%

80

0

<WHOLE BODY IMAGING> [Masked] 5/27/2025

0

