

**AECH CENAR QUETTA**  
**ONCOLOGY PATIENTS OUT/INDOOR CHEMOTHERAPY**  
**FOLLOW SHEET**

NAME: Cinal Naz Age/Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

O.D/I.D: \_\_\_\_\_ Status: \_\_\_\_\_ Indoor No: \_\_\_\_\_ Date: \_\_\_\_\_

**OUT/INDOOR O.P.D**

Chemotherapy Protocol:

S.N	DRUGS	Dose m <sup>2</sup>	Days	Week
1				
2				
3				

HEIGHT: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_  
 BSA: \_\_\_\_\_

CYCLE DURATION: WKLY  
 TOTAL CYCLE: (Neoadi/Adi)

**SCHEDULE**

DUE DATE	CYCLE DAY	DRUGS	TEST DOSE / ROUTE	BLOOD REPORT	DR'S SIGN:	STAFF SIGN:
	1 <sup>st</sup> Cycle  ① 1st cycle	4/4 Cizumab 1/4	500mg	Hb= WBC= Plt= Bil= Urea= Creat= Sign:		
	2 <sup>nd</sup> Cycle 2 <sup>nd</sup> cycle 12/11/23	Same	500mg 17/11/23	Hb= WBC= Plt= Bil= Urea= Creat= Sign:		

02/5/23

Same

Stacy  
Nash

# Atomic Energy Cancer Hospital (CENAR)

Department of Diagnostic Radiology

GSP



Dr. Hafiz Khush Naseeb Ahmad  
MBBS, MSc Nuclear Medicine  
Medical Officer  
Director

Phone: 081-9213227

Fax: 081-9213225

Email: cenar123@paec.gov.pk

PIN : 000456/22

File No.: 122/22m

Status : Semi Entitled / (General)

Name : Gul Naz D/O Muqarab Khan

Age/Gender : 47 Year(s) / Female

Contact : ,

Entry Date : 05-Jul-2023

## Ultrasound Abdomen/ Pelvis

### Procedure:

### Findings:

**LIVER:** Is normal in size and texture. No focal lesion/dilated ducts. CBD and portal vein are normal.

**GALL BLADDER:** Is thick walled. Wall thickness of GB measures 5.9 mm.

**SPLEEN:** Is not enlarged. No focal lesion.

**PANCREAS:** Is obscured.

**RIGHT KIDNEY:** Is normal in size and echogenicity. No stone. Moderate hydronephrosis is seen along with dilated renal pelvis.

**RIGHT URETER:** Is not dilated.

**LEFT KIDNEY:** Is normal in size and echogenicity. No stone/hydronephrosis.

**LEFT URETER:** Is not dilated.

**URINARY BLADDER:** Is empty.

**OTHERS:** Gross abdomino-pelvic ascites is noted.

Well defined solid masses are noted in lower abdominal walls bilaterally. One on right measures 13.9 x 11.6 mm and on left measures 35.5 x 19 mm.

Well defined rounded solid masses are seen along the pelvic walls. One on right measures 26.9 x 29 mm and on left measures 32.8 x 24.5 mm.

### Opinion:

Moderate right hydronephrosis

Gross abdomino-pelvic ascites

Abdominal wall metastasis

Solid masses along the pelvic walls----??enlarged ovaries/metastatic deposits

### Advice:

Dr. Shehla Iftikhar  
Reporting Doctor

Dr. Shehla Iftikhar  
MBBS, MCPS, FCPS  
Consultant Radiologist

Dr. Muhammad Sadiq  
MBBS, M.Sc NM, M.Sc RMO

Dr. Imran Arif  
MBBS, M.Sc NM

Dr. Shagufta Kanwal  
MBBS, M.Sc NM

# CENAR QUETTA

## Radiology Department

Case No. 127	ID No. 745072	Date: 8 December, 2022
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### CT SCAN CHEST, ABDOMEN & PELVIS

Technique: 5 mm contiguous slices are taken from apex of the lungs to the level of iliac crests. Mediastinal & Lung windows are viewed. Oral and IV contrast is given.

#### LUNGS:

➤ Shows normal parenchymal texture. No focal or diffuse lung pathology is noted.

#### MEDIASTINUM:

➤ Few prominent mediastinal lymph nodes are noted, largest measuring 7.2 mm in short axis. Mediastinum is normal in position.

#### CHEST WALL:

➤ No chest wall or pleural-based lesion or mass is detected.  
➤ No pleural effusion is seen.

#### ABDOMEN:

➤ Liver is normal in size. Gall bladder, pancreas, spleen and adrenals are normal morphologically. No mass is noted.  
➤ Both kidneys excrete contrast and normal morphologically. No solid mass is seen on either side. A simple cyst of 13 x 15 mm is noted in the interpolar region of left kidney.  
➤ Urinary bladder is empty.  
➤ No para aortic or pelvic lymphadenopathy is noted.  
➤ Gross abdomino-pelvic ascites is seen pushing the gut loops posteriorly.  
➤ Two pelvic solid cum cystic lesions are noted, the one on right pelvic wall measures 23 x 21 mm and the one on left wall measures 25 x 19 mm.

#### IMPRESSION:

➤ Left simple renal cyst  
➤ Gross abdomino-pelvic ascites with metastatic deposits along bilateral pelvic walls

Dr. Shehla Iftikhar  
MBBS, MCPS, FCPS  
Consultant Radiologist  
HOD Radiology Dept

(Not valid for court of law)

# CENAR QUETTA

## Radiology Department

Case No. 123456789

Ref No. 123456789

Date: 8 December, 2022

### CHEST SCAN CHEST, ABDOMEN & PELVIS

**INDICATION:** Axial contiguous slices are taken from apex of the lungs to the level of iliac crests. Mediastinal & Lung windows are viewed. Oral and IV contrast is given.

#### LUNGS

Shows normal parenchymal texture. No focal or diffuse lung pathology is noted.

#### MEDIASTINUM

Few prominent mediastinal lymph nodes are noted, largest measuring 7.5 mm in short axis. Mediastinum is normal in position.

#### CHEST WALL

No chest wall or pleural-based lesion or mass is detected.  
No pleural effusion is seen.

#### ABDOMEN

Liver is normal in size. Gall bladder, pancreas, spleen and adrenals are normal morphologically. No mass is noted.  
Both kidneys excrete contrast and normal morphologically. No solid mass is seen on either side. A simple cyst of 13 x 15 mm is noted in the interpolar region of left kidney.  
Urinary bladder is empty.  
No para aortic or pelvic lymphadenopathy is noted.  
Gross abdomino-pelvic ascites is seen pushing the gut loops posteriorly.  
Two pelvic solid cum cystic lesions are noted, the one on right pelvic wall measures 23 x 21 mm and the one on left wall measures 25 x 19 mm.

#### IMPRESSION:

Left simple renal cyst.  
Gross abdomino-pelvic ascites with metastatic deposits along bilateral pelvic walls.

Dr. Shehla Iftikhar  
MBBS, MCPS, FCPS  
Consultant Radiologist  
HOD Radiology Dept

(Not valid for court of law)



Dr. Asif Masood

MBBS, FCPS (Radiation Oncology)  
Certified by European Society of Medical Oncology  
Assistant Professor  
Head of Radiation Oncology  
Shifa Int. Hospital/ Shifa Medical Collage, Islamabad

MR# 21-91-76-18

Miss. Gulnaz 45y 5m Female

E21917618@I

Order at : 20/12/2021 15:40

Last Assessment

20-DEC-21 15:44

Height 151 Cm  
Weight 47 Kg  
BSA 1.4 m<sup>2</sup>  
BP 120/80 mm.  
Temp 37 F  
Pulse 84 /min  
RR 20 /min  
Pain Score 0 Score  
Fall Risk Yes

Consent Received : No

Allergy

NKDA

Diagnosis

Presenting Complaint

Abdominal distension = 3 months

Clinical Details

Pt was referred to Shifa from Quetta for liver transplant in view of HCC

AFP = 3.5

LFTS = wnl

CT scan:

Significant peritoneal thickening and omental caking in the central abdomen adherent to transverse and descending colon with bilateral adnexal solid cum cystic masses and gross ascites signifying omentoperitoneal metastatic disease. Enlarged upper abdominal lymph nodes.

- Irregular thickening for a short segment in the sigmoid colon, could be potential site of primary tumor or part of metastatic disease.

- Moderate right pleural effusion with compressive collapse of the underlying lower lobe. A small indeterminate pulmonary nodule in left lung.

- Ill-defined soft tissue density areas in the anterior abdominal wall needs to be kept under review.

- No typical HCC in liver. No established features of chronic liver disease.

Plan

All the work up shows metastatic disease either from ovaries OR sigmoid colon  
Advised to have following investigation to reach the diagnosis:

- CA 125
- Biopsy of omental mass

referring to CINAR (Quetta) for all this workup and further management

RS  
myal  
26/01/2022

Signed electronically by Dr. Asif Masood on above date.

# CENAR QUETTA

## Radiology Department

Name: Gul Naz	ID No. 000456/22	Date: 17 July, 2023
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### CECT SCAN CHEST, ABDOMEN & PELVIS

Technique: 3 mm contiguous slices are taken from apex of the lungs to the level of pubic symphysis. Mediastinal & Lung windows are viewed. IV contrast is given.

#### CHEST


- Air space and ground glass nodules are noted in posterior segment of right upper lobe.
- Heterogeneous pre- lymphadenopathy is noted, largest measuring 13.5 mm in short axis. Mediastinum is normal in position.
- No chest wall or pleural-based lesion or mass is detected.
- No pleural effusion is seen.

#### ABDOMEN & PELVIS

- Liver is normal in size. Gall bladder pancreas, spleen and adrenals are normal morphologically. No mass is noted.
- Mild right hydro-nephro-ureter is noted. Left kidney shows a 16 mm cyst in the upper pole.
- Urinary bladder is empty with foley's bulb in situ.
- Gross abdomino-pelvic ascites is seen.
- Two enhancing masses are noted along the pelvic walls on both sides. The one on right side measures 33 x 26 mm and on left side measures 28 x 21 mm.
- Another enhancing mass is noted along the pelvic floor which approx measures 55 x 53 mm. it is abutting the urinary bladder anteriorly and is extending upto vulva and vagina.
- Abdominal wall metastatic deposit is noted on right side which measures 20 x 13 mm.

#### IMPRESSION:

- Air space and ground glass nodules in posterior segment of right upper lobe with ----? Aspiration pneumonia
- mediastinal lymphadenopathy
- Mild right hydro-nephro-ureter, simple left renal cyst
- Two enhancing masses along the bilateral pelvic walls and one enhancing mass in pelvic floor ----Bilateral enlarged ovaries / metastatic masses with metastatic spread of the disease along the pelvic floor
- Metastatic mass in anterior abdominal wall on right side

  
Dr. Shehla H. H. Khair  
MBBS, MCPS, FCPS  
Consultant Radiologist  
HOD Radiology Dept

(Not valid for court of law)

# Center for Nuclear Medicine and Radiotherapy (CENAR)

Brewary Road, Near Bolan Medical Complex, Quetta

Fax: 081-9213225

Email: cenar123@paec.gov.pk

## Hospital Services Payment Order

PRN: 000456/22 (General) File# 122/22m Entitlement: Non-Entitled  
Patient Name: Gul Naz D/O Muqarab Khan  
Age/Sex: 46 Year(s) / Female City: Quetta Native: Pakistan  
OPD No.: Visit No.: Contact Nos.:  
Referred By: Entry on: 27-Jan-2022 11:07:01 AM  
Registration Fee not paid.

Cash

Oncology Clinic Consultation (First Visit)	800/-
Registration	100/-
<b>Total Amount (Rs.):</b>	<b>900/-</b>

Patients can view/print their Diagnostic Results by visiting our website and entering following credentials.

<http://221.120.239.188:8080/AECHOnline> Username:000456/22 Password:46847080

CA Ovary

unmarried

- H/P/ Report - not present -

- Biopsy not done

- presents with gross ascites

CA scan = peritoneal thickening and ovoid  
calcification

- solid cum cystic masses

gross ascites

- single agent carboplatin started

8/10/22

CBC, RMI, UA

chemo fr E-f-d

T/C 40

H/D 21

P/O 36

1/11

2/11

3/11

4/11

5/11

6/11

7/11

8/11

9/11

10/11

11/11

12/11

1/12

2/12

3/12

4/12

5/12

6/12

7/12

8/12

9/12

10/12

11/12

12/12

7/12/22

Ct scan =

Gross abdomino-pelvic ascites  
with metastatic deposits  
along bilateral pelvic  
wall.

9/12/22

chemo from E-f-d  
in Anastrozole





3rd Na3

Single agent - carboplatin

3 weeks

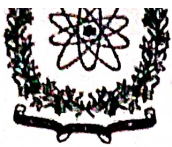
① 17/02/2022 - 27/02/22  
Single agent carboplatin 450mg IV  
Mastel Mycal

② 17/02/2022 - 27/02/22  
Carboplatin 450mg IV (North)  
Mastel Mycal  
inside

③ 10-3-22  
Same  
Mastel Mycal  
17/3/22

30/3/22  
Same  
Homicid  
Nalrese  
3/3/22

9/4/22  
- 44 Paclitaxel 150mg IV  
Mastel Mycal



# ATOMIC ENERGY CANCER HOSPITAL



**CENAR QUETTA**

Dr. Hafiz Khush Naseeb Ahmed  
Nuclear Physician  
Director

Phone : 081-9213227

PT'S Name: Gul Naz

ID / No: \_\_\_\_\_

Date: \_\_\_\_\_

Age / Sex: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Oncologists

Dr. Jamila Shuja

Dr. Hamida Naheed

Dr. Mahjabeen Marri

Dr. Munir Ahmed

Dr. Feroz Achakzai

Radiologist

Dr. Shehla Iftikhar

Nuclear Physician

Dr. Muhammad Sadiq

ing Carboplatin 450mg (1)  
ing Acri 10  
ing Docadron (1)

ing Dexamethasone (1)  
ing Aspirin (1)  
ing Paracetamol (1)

ing ulsanic  
1-1-1 (1)

ing molar (1)  
1-1-1

ing Osimoy (3)  
1-1



Out of  
Dose

17-2-22

ngah  
27/10/2022

ngah  
10/3/2022

**NOT VALID FOR COURT**

**Soranix**

**Letonko®**

**DOCETAXEL AQVIDA**

**DOXOONKO**



Stadium Road, P.O. Box 3500, Karachi - 74800,  
Pakistan  
Tel: 34930051 Ext. 1552

Medical Record # : L24993622 (QZ231193)  
Patient Name : MS, GUL NAZ  
Specimen ID : 19012022:CI7731R  
Clinical Information / Comments:

Age / Gender : 45Y / Female  
Location : QUETTA2  
Requesting Physician : DR BMUHAMMAD SALEEM  
Account # : C35494704 - OSR  
Requested on : 19/01/2022 - 20:51  
Collected on : 19/01/2022 - 20:51  
Reported on : 21/01/2022 - 19:37

2

SSD1  
REQUEST SLIP RETURNED TO PATIENT

Test	Current Result	Previous Results & Date	Unit	Ranges
SERUM CA-125	11482.60 ✓		IU/ml	(2-30.2)

RECHECKED WITH DILUTION.

(The test is performed by Chemiluminescence on Siemens Advia Centaur Systems)

Patient results determined by assays using different manufacturers or different methods may not be comparable.

This is a computer generated report therefore does not require any signature.  
Printed on/by : 22/01/2022 07:27 PM / waleed.mukhtar

Dr. Ayesha Habib Khan  
MBBS, FCPS (Chemical Pathology)  
Professor

Dr. Farooq Ghani  
MBBS, PhD (Boston University)  
Associate Professor

Dr. Inran Siddiqui  
MBBS, FCPS (Chemical Pathology),  
FRCP (Edin)  
Professor

Dr. Lena Jafri  
MBBS, FCPS (Chemical Pathology)  
Associate Professor

Dr. Hafsa Majid  
MBBS, FCPS (Chemical Pathology)  
Assistant Professor

Dr. Sibtain Ahmed  
MBBS, FCPS (Chemical Pathology)  
Assistant Professor

780130540898865



Stadium Road, P.O. Box 3500, Karachi - 74800,  
Pakistan  
Tel: 34930051 Ext. 1552

Medical Record # : L24993622 (QZ231193)

Patient Name : MS.GUL NAZ

Specimen ID : 19012022:CO0461R

Clinical Information / Comments:

Sample received after cut off time. Test will be reported on  
24-01-2022. Informed through e-mail 22-01-2022  
SSD1  
REQUEST SLIP RETURNED TO PATIENT

Age / Gender : 45Y / Female

Location : QUETTA2

Requesting Physician : DR BMUHAMMAD SALEEM

Account # : C35494704 - OSR

Requested on : 19/01/2022 - 20:51

Collected on : 19/01/2022 - 20:51

Reported on : 24/01/2022 - 16:11

2

Test	Current Result	Previous Results & Date	Unit	Ranges
------	----------------	-------------------------	------	--------

SERUM CEA

0.48

ng/ml

DISTRIBUTION OF CEA (CARCINOGEN EMBRYONIC ANTIGEN) VALUE

n	Percent of Samples in Ranges (ng/mL)				
	0-3.0	3.1-5.0	5.1-10.0	>10.0	
Healthy Sub.					
Non Smokers	86	90.7%	7.0%	2.3%	0%
Smokers	67	71.6%	14.9%	9.0%	4.5%
Non Malignant Diseases					
Pulmonary Dis	32	62.5%	12.5%	18.8%	6.3%
Renal Disease	19	73.7%	15.8%	10.5%	0.0%
Hepatitis	47	74.5%	10.6%	12.8%	3.1%
Thyroid Dis	65	92.3%	3.1%	1.6%	0.0%
Others	80	70.0%	12.5%	10.0%	7.5%
Malignant Diseases					
Bladder	27	70.4%	16.5%	3.7%	7.4%
Breast	46	43.5%	13.0%	10.9%	32.6%
Colorectal	944	36.1%	13.1%	15.8%	35.0%
Esophageal	44	34.1%	22.7%	9.1%	34.1%
Lung	52	38.5%	13.5%	7.7%	40.4%
Ovarian	50	86.0%	2.0%	6.0%	6.0%
Renal	39	89.7%	7.7%	0.0%	2.6%
Pancreatic	19	31.6%	5.3%	0.0%	63.2%
Stomach	25	36.0%	0.0%	8.0%	56.0%
Prostate	29	69.0%	24.1%	3.4%	3.4%
Rectal	21	71.4%	14.3%	0.0%	14.3%
Others	86	58.1%	12.8%	8.1%	20.9%

The test performed by Chemiluminescent Immunometric assay.

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

Printed on/by : 11/02/2022 07:44 PM / waleed.mukhtar

Dr. Habib Khan  
MBBS (Chemical Pathology)

Dr. Farooq Ghani  
MBBS, PhD (Boston University)  
Associate Professor

Dr. Imran Siddiqui  
MBBS, FCPS (Chemical Pathology),  
FRCP (Edin)  
Professor

Dr. Lena Jafri  
MBBS, FCPS (Chemical Pathology)  
Associate Professor

Dr. Hafsa Majid  
MBBS, FCPS (Chemical Pathology)  
Assistant Professor

(Chemical Pathology)

46616841554641



Medical Record #: L24993622 Patient Name: MS, GUL NAZ Case Number: 2022PK-00571

**MICROSCOPIC DESCRIPTION:**

Calretinin Negative

**COMMENTS:**

Clinical and radiological correlation is advised.

Sumbul Waheed  
Cytotechnologist

Dr. Saira Fatima  
M.B.B.S., F.C.P.S.

Report has been generated by computer and does not require a signature.

Page 2 of 2

Dr. Sheema Hasan MBBS, FRC Path (UK) Professor & Consultant	Dr. Shahid Pervez MBBS, DCP (Lon), PhD (Histopath, Lon), FCPS (Histopathology), FRC Path (UK) Professor & Consultant	Dr. Naila Kayani MD, Diplomate American Board of Pathology, FCAP (USA), FCPS (Histopathology), FRC Path (UK) Professor & Consultant	Dr. Rashida Ahmed MBBS, MHPE (MAAS), FCPS (Histopathology) Professor & Consultant	Dr. Zubair Ahmad MBBS, FCPS (Histopathology) Professor & Consultant
Dr. Arsalan Ahmed MD, Diplomate American Board of Pathology (Anatomic Pathology) Associate Professor, Consultant & Section Head	Dr. Romana Idrees MBBS, FCPS (Histopathology) Assistant Professor & Consultant	Dr. Saira Fatima MBBS, FCPS (Histopathology) Assistant Professor & Consultant	Dr. Nasir-Ud-Din MBBS, FCPS (Histopathology) Assistant Professor & Consultant	Dr. Khurram Minhas MBBS, FCPS (Histopathology) Assistant Professor & Consultant
Dr. Aisha Memon MBBS, FCPS (Histopathology) Assistant Professor & Consultant	Dr. Zeeshan-Ud-Din MBBS, FCPS (Histopath), FRC Path (UK) Assistant Professor & Consultant	Dr. Syeda Samia Fatima MBBS, FCPS (Histopathology) Assistant Professor & Consultant	Dr. Muhammad Arif MBBS, FCPS (Histopathology) Lecturer & Consultant	Dr. Sidra Arshad MBBS, FCPS (Histopathology) Senior Instructor & Consultant
Dr. Sabeehuddin Siddique MBBS, FCPS (Histopathology) Senior Instructor & Consultant	Dr. Muhammad Usman Tariq MBBS, FCPS (Histopathology) Senior Instructor & Consultant	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		



# SANDEMAN (PVT) HOSPITAL, QUETTA

RS-51

O.P.D.#: \_\_\_\_\_

ID: \_\_\_\_\_

2022-01-0001913 DATE: 10/15/22

Name: GUL HAZ Add: \_\_\_\_\_

Father's / Husband Name: FEMALE

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### Clinical Notes:

### Advice:

This patient is suspected case of Meigs syndrome. Labs are awaited. In this patient developed Abdominal distention & Pleural Accumulation in Lung. That is why patient can't walk due to shortness of breath & weakness. All labs are attached.

Printed: AMR-1 Press. Ph: 222222

Doctor's Name: \_\_\_\_\_

*[Signature]*  
**Dr. Muhammad Arslan Ali**  
 Medical Officer, PGR-4  
 Signature: Medical Unit-1  
 SPH, Quetta.

22/01/22 2238