Dhaka Medical College Hospital Department of Radiotherapy

Day Care Chemotherapy Card

Date of Issue:



DAYCARE

Unit-II

District GLAJIPAN

Age 34 31

yrs Sex: N/F

F Reg. no. 24/596

Mobile:

Weight: 67 kg

Day care day: र्का, प्रकन/होर, बुद/टनाय, दृह-र्का

BSA TO TO/m

Procedure of Diagnosis:

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Histopathology:....

Abenocarcinana

Grade

Immunohistochemistry:....

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301 MM X 255 MM

COMPUTED TOMOGRAPHY (MULTI SLICE)

ID. No. : 667 Date : Feb 11, 2024

Patient's Name : Kawsir Ahmed Part Scanned : Whole Abdomen

Age : 32 Years Sex : Male

CLINICAL INFORMATION:

Occasional per rectal bleeding for 03 months.

TECHNIQUE:

10-mm contiguous spiral axial sections were obtained from hepatic dome to ischial tuberosities before and after oral, rectal (to opacify the intestinal loops) & I/V contrast administration and coronal & sagittal MPR images.

FINDINGS:*

1. Rectum:

- a. Mild heterogeneously enhanced irregular circumferential thickening of wall of the rectum, with resultant considerable narrowing of the passage.
- b. Reticular opacification is found along the exterior to tumor border, which indicates the tumor infiltration to perirectal fat.

c. Enlarged pelvic LNs: present.

Emarged pervice bives, prosons.	Pindings		
Features	Findings		
1. Maximum thickness	2.4 cm		
2. Length / Cranio-caudal extension	5.0 cm		
3. Distance from anal verge	05 cm Enlarged, larger one measuring about 1.0 x 1.0 cm		
4. Pelvic LNs			
5. Peripheral fat stranding	Present		
6. Infiltration	Not present		
7. Stage	T3N1M0		

2. Liver:

- a. Calcifications without underlying soft tissue mass are seen at right lobe of the liver.
- b. Mild hepatomegaly with diffuse low attenuation (fatty change) of the parenchyma. Vascular structures are normally distributed & visualized. There is no intrahepatic biliary duct dilatation.
- 3. IVC & PV: Normal.
- 4. Spleen: Normal size & shape. No intraparenchymal focal or diffuse lesion is noticed. No abnormally dilated vessels are evident at splenic hilum.
- 5. GB: Normal in size, shape with uniform wall thickness. No calculus or lesion within the lumen. No pericholecystic collection is noticed. CBD: Not dilated.
- 6. Pancreas: Normal in size, shape & attenuation. No evidence of edema, cyst, calcification or focal parenchymal lesion. Peripancreatic fat planes are preserved. Pancreatic duct is not dilated.





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- 7. Adrenals: Normal in size & position. No evidence of mass is seen at the site of suprarenal glands.
- 8. Kidneys: Normal in size, shape, position and function (contrast uptake & excretion is adequate). No evidence of hydronephrosis, cyst, calculus or any other mass lesion.
- 9. Ureters: Normal in course, diameter (caliber) and outline. No evidence of filling defect/ focal stenosis / hydroureter.
- 10. Bladder: No intraluminal lesion or wall thickening is present.
- 11. Prostate: No evidence enlargement and calcification is noticed.
- 12. Mesentery & peritoneum: Pre & post contrast attenuation appears to be normal. No abnormally dilated vasculature is noticed.
- 13. Ascites: not present.
- 14. Stomach: Mostly uniform mild thickening of wall of the gastric antrum.

IMPRESSION:

- Irregular circumferential thickening of wall of the rectum with narrowing of the passage, possibly neoplasm; with possible infiltration to perirectal fat and secondary metastases to regional LNs, possibly corresponding stage T3N1M0. Adv. Other adjuvant examinations for further evaluation, please.
- 2. Mild hepatomegaly with fatty change, along with hepatolithiasis at right lobe.
- 3. Mostly uniform mild thickening of wall of the gastric antrum, may be sequel of gastritis. Adv. Other adjuvant examinations for further evaluation, please.

With compliments for kind referral,

ASST. PROF. DR. RAFAEL MURSALIN

MBBS (DU)., Ph.D (Japan) CT Scan & MRI Specialist. Head of the department (Ex), CMCH Fellow-Resident, Nagasaki Univ. Hosp. Member RSNA (USA), ESR (Austria) Consultant, Radiology & Imaging

Ibn Sina Diagnostic & Imaging Center

* This is only a professional opinion and not a diagnosis; hence it should be clinically correlated.*

Prepared by: Saiful Islam



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Dept. of Radiology & Imaging

Patient's Name: Kawser Ahmed	Age: 34 Yrs Sex: M	
	Date:07.02.2024	
SL. No: 599		

MRI OF PELVIS WITH CONTRAST

Sequences: Coronal-SE T1, STIR. Axial-SE T1, FSE T2. Sagittal- SE T1. After IV contrst-Axial-SE T1, Sagittal- SE T1.

Clinical information: Diagnosed case of Ca rectum.

Findings:

Enhancing irregular circumferential wall thickening (maximum thickness is about-16mm) is noted in upper part of rectum with involvement of rectosigmoid junction and lower part of sigmoid colon causing gross luminal narrowing, which shows restriction in DWI. Involving segment is about 7 cm & lower limit is 9 cm away from the anal verge. Perilesional fat standing is seen however the lesion has not extends into mesorectal fat. Multiple (at least 4) enlarged mesorectal lymphnodes are noted larger one measures about (12x12)mm on right side.

Urinary bladder: Well filled & normal in outline.

Prostate: Normal in size with parenchymal intensity. Periprostatic fat plane is maintained. Both hip, S. I. joint and symphysis pubis are unremarkable.

Impression: Diagnosed case of Ca rectum.

Present MRI shows -

Carcinoma in upper part of rectum with involvement of rectosigmoid junction and lower part of sigmoid colon (Stage -T2N2Mx).

Dr. Shohaila Sharmin

MBBS, MD (Radiology & Imaging)
Radiologist, National Institute of Neurosciences
& Hospital, Dhaka.
Visiting Consultant,
Dept. of Radiology & Imaging

Central police Hospital Rajarbag, Dhaka.

SURGICAL PATHOLOGY REPORT





SEL NIBASH, 30 Green Road, Dhaka 1205, Bangladesh Mob: 01712644974 01989445859 email: the_lab_bd@yahoo.com

LabNo: 240-0613 Date received: 01-Feb-24 Reported: 03-Feb-24

Patient Name: KAWSAR AHMED Age: 34 Y Sex: M

Referred by: Central Police Hospital, Dhaka

Specimen: Tissue from rectum.

Clinical information:

Gross description:

Specimen consists of five gray white pieces of tissue. The largest one is 0.2 cm and the smallest one is <0.1 cm. Submitted as such.

Microscopic examination:

Sections of rectal mucosa show a moderately differentiated adenocarcinoma.

Diagnosis: Adenocarcinoma, grade-2.

Prof. Mohammed Kame MBBS, M Phil. M Sc. Ph D FCPS Consultant Pathologist THE LABORATORY Rtd. Professor of Pathology. BSMMU, Dhaka, Bangladesh.

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Central Police Hospital

Rajarbagh Dhaka



dentity No.	4059	MRN	2302010250	Visit Date	02-01-2024
atient Name	Kawsir Ahmed		Bed	Age/Sex	32 / Male
Referrer	Central police Hospital			Instrument	Olympus CV-170

COLONOSCOPIC PROCEDURE REPORT

rocedure: Short Colonoscopy

ndication : N/A

FINDINGS:

·Seen up to Rectum:-

Perianal area: Normal
Anal tone: Normal
Anus: Normal

•Rectum, colon and terminal ileum: A large ulcerated growth seen at the rectum (5 to 10 cm from anal) verge) causing luminal narrowing. Scope could not passed beyond the narrowing.

·Biopsy:- Taken.

COMMENTS:

Rectal carcinoma









Dr.Mahed Hasan
MD(Gastroenterology), MACP, Member of ACG(USA)
Consultant&Head, Gastroenterology and Hepatology
Central Police Hospital

Developed By: Al-Fatah International Navana Zohura Square, Banglamotor, Dhaka-1000, TF1: +880-2-55168066-69 email: inflowalfatah-bd.com

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