



Reg. No. : Q23I100035
Name : Mr. TUSAR KANTI HALDER
Age/Sex : 77Y /Male
Ref By Dr. : DEBAPRIYA MONDAL



Bill No. : 01Q25F040069
Date/Time : 04-06-2025 15:54:38 PM
Report Date : 04-06-2025 17:18:06 PM

⁶⁸Ga-PSMA WHOLE BODY PET-CT SCAN

HISTORY:

Carcinoma prostate. Post radiotherapy (2016) & Androgen deprivation therapy. Received Enzalutamide + ADT, Abiraterone + ADT. Now presented with rising PSA: 7.9 ng/ml (on 24.05.2025).

INDICATION:

To assess disease status.

PROTOCOL:

Whole body PET-CT scan (from vertex to mid-thigh) was performed 60 minutes after intravenous injection of 4.6 mCi of ⁶⁸Gallium labeled PSMA ligand using a GE Discovery-IQ (HD PET-CT with light burst PET detectors & 16 slice CT) scanner. Serum creatinine level was 1.0 mg/dl. Diuresis was achieved by administering intravenous Inj. Frusemide with adequate oral hydration. Contrast enhanced CT scan of brain, head & neck, chest, abdomen & pelvis was also acquired after administration of intravenous contrast. Breath hold CT thorax was also acquired. Transaxial, coronal, sagittal & 3D MIP images of attenuation corrected PET, CT & fused PET-CT were reconstructed. Semiquantitative analysis of PSMA ligand uptake was performed by calculating SUV values corrected for dose administered & patient's body weight.

Comparison has been done with previous ⁶⁸Ga PSMA PET-CT scan dated 16.09.2023.

FINDINGS:

Brain:

Cerebral neuroparenchyma, subcortical structures, cerebellum & brainstem appear normal.
No SOL noted. No evidence of midline shift.
Ventricular system & basal cisterns appear normal. Extra-axial spaces are normal.

Head & Neck:

Orbits, paranasal sinuses & skull base appear normal. Physiological tracer uptake is seen in lacrimal glands.
Nasopharynx, oropharynx, oral cavity, hypopharynx and larynx appear normal.

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Towards A Healthier Tomorrow

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Hypodense lesions without significant tracer uptake are noted in both lobes of the thyroid gland (largest in the left lobe measures approximately 1.0 x 0.9 cm) – status quo with previous study.

Parotid & submandibular salivary glands show normal attenuation and physiological tracer uptake.
No significant cervical or supraclavicular lymph nodes noted.

Chest:

Non-tracer avid fibrotic changes are seen in postero-basal segments of lower lobes of both lungs. Non-tracer avid few punctate nodules are seen along left oblique fissure.

Rest of the bilateral lung fields are clear.
No pleural effusion or thickening.

Mediastinal structures including large airways, great vessels and oesophagus appear normal.
Heart appears normal in size. No pericardial effusion or thickening.
No significant mediastinal or axillary nodes.

Abdomen:

Liver appears enlarged in size (maximal cranio-caudal span is approx. 17.2 cm), normal in contour and shows normal homogenous enhancement with physiological mild diffuse tracer uptake. No focal parenchymal lesion or abnormal focal tracer uptake noted. No evidence of intrahepatic biliary dilation.

Gall bladder & CBD appear normal. Tiny calculus is seen in the gall bladder.
Pancreas is normal in size, contour and contrast enhancement. MPD is normal.
Spleen is normal in size, contour and attenuation with physiological mild diffuse tracer uptake.

Bilateral adrenal glands appear normal.
Both kidneys are normal in position, size, parenchymal thickness & attenuation characteristics. No hydronephrosis or calculi. Ureters are not dilated. Physiological tracer uptake is seen in the renal parenchyma.

Stomach and bowel loops appear normal. No evidence of focal or diffuse (mucosal / mural) wall thickening noted.
Rectum and perirectal fat planes are normal. Physiological tracer uptake is seen in small intestines.
Omentum & mesentery appear normal. No ascites noted.

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Urinary bladder is well distended. Wall thickness is normal. Physiological urinary tracer activity is seen within the bladder lumen.

Prostate gland appears enlarged in size. Intense PSMA uptake (SUV max. 25.36, compared to previous 22.05) is seen in prostate gland predominantly on the left side involving peripheral and transitional zone of apical and mid gland regions (measures approximately 2.5 x 2.6 x 2.3 cm, compared to previous 1.4 x 1.0 x 1.6 cm).

PSMA avid (SUV max. 6.86) lesion is seen in right postero-peripheral zone involving the base & mid gland region with extension into the right seminal vesicle.

Both testes appear normal.

No significant retroperitoneal or pelvic lymph nodes noted.

Few subcentimetric bilateral inguinal lymph nodes with preserved hila and mild tracer uptake are seen (SUV max. right: 3.39) – likely reactive.

Musculoskeletal:

Scoliosis and extensive degenerative changes in the spine is noted with no evidence of any lytic / blastic lesion or abnormal focal tracer uptake.

IMPRESSION:

PET-CT study reveals:

- **PSMA avid lesions in the prostate gland with involvement of right seminal vesicle - suggestive of residual disease.**
- **No other PSMA expressing lesion in rest of the whole body survey.**

In comparison to previous ⁶⁸Ga PSMA PET-CT scan dated 16.09.2023, there is increase in the number, size & PSMA avidity of prostatic lesions, suggestive of progressive disease.

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Dr. Shivaji Basu

M.S. (Cal), FRCS (Eng), FRCS (Edin)
Regd. No. 33899

Tusher. Kanta Halder
75

For ca / 5+4 (GOV)
IMRT 2016

↓
BCR

+ local recurrence

Ⓢ ↓

(B + SV)

Acceded to Re EBRT

(Brachytherapy)
not available.

+ LHRH
+ PP Danabromide

↑ PSA

25/6/2020

CHAMBERS :

71C, S. P. MUKHERJEE ROAD

KOLKATA - 700 026

☎ 2464-0535

HOURS : MON, WED, THU, FRI (6-8 P.M.)

FORTIS (FORMERLY WOCKHARDT)
KIDNEY INSTITUTE

111A, RASH BEHARI AVENUE - 700 029

☎ 6627-6800

RESI : 2464-2358

I suggest complete &
in course / Dava —
then PSA

↓
Supplement & Re EBRT
explore a Leuticly &

↓

DEPARTMENT OF MEDICAL ONCOLOGY
Discharge Summary

Date : 26/Jun/2025

Patient Name	Mr. Tusar Kanti Halder	UHID Old UHID	
Age / Gender	77 Years / Male	Episode No	
Contact No	9007770135	Date of Admission	26 Jun 2025
Discharge Type	ROUTINE	Date of Discharge	26 Jun 2025
Address	EKTA HEIGHTS FLAT NO-8C, BLOCK-1, 56, RAJA S.C MULLICK ROAD, JADAVPUR UNIVERSITY S.O, KOLKATA, West Bengal, India, 700032		
Name of Consultant	Dr. Debapriya Mondal		
Doctor Team			

758

Diagnosis

* Metastatic Prostate Cancer - Gleason 5+4 = 9

Chief Complaints

Admitted for Inj Lupride and Inj Denosumab therapy.

Past History

- Prior RT + ADT
- Prior Abiraterone
- Prior enzalutamide (stopped due to AE)
- Recent PETCT - no extra pelvic disease
- ReRT, alternative ARTA discussed, docetaxel will be considered in case of reappearance of distant mets
- HRR/BRCA awaited

Course In The Hospital

On 26/06/2025: Inj Lupride 22.5 mg deep IM given

Inj Denosumab 60 mg S/C given.

He tolerated the therapy well.

Now he is being discharged with advice.

Discharge Advice

Diet Advice: Normal Diet

Tab DAROLUTAMIDE 600 mg - twice daily after meals (after breakfast and after dinner) to continue.

Tab CCM - 1 tab twice daily after meals.

Tab CYCLOPHOSPHAMIDE 50 mg after breakfast - once on alternate days (that means 3 days every week)

Next Appointment

Follow up with Dr. Debapriya Mondal on 11/07/2025 with CBC, LFT, Creatinine, Na+, K+ Ca++, FBS reports or earlier SOS.

When To Obtain Urgent Care

• Fever of 100.4F (38C) or higher • Chills • Bleeding/unusual bruising • Sore throat or trouble swallowing • Dizziness • Problems with urination • Uncontrolled nausea, vomiting • Uncontrolled diarrhea • Flu-like symptoms • Extreme fatigue or weakness • Cough or shortness of breath • Confusion or agitation • Rapid heartbeat • New swelling in arms/legs, face • Uncontrolled pain or new pain • Severe skin rashes • yellowish discoloration of eyes • any other distress.

Contact ER - 033 66284140/ 4040 or Hospital Helpline - 033 66284444**"Home Collection Service is available, please contact +918585030352"**

"REQUESTING THE PATIENT/ RELATIVES TO CONTACT OUR PHARMACY IN-CHARGE BHASKAR GUHA (8585030324) / MR. ALOKE KUMAR MONDAL (99033 43591), REGARDING THE REQUIRED CHEMO REGIMEN 1 DAY BEFORE THE ADMISSION".



FORTIS HOSPITALS LIMITED

Regd. Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi - 110 025

Tel: +91 11 2682 5000, Fax: +91 11 4162 8435 CIN: U93000DL2009PLC222166

DEPARTMENT OF MEDICAL ONCOLOGY
Discharge Summary

Date : 26/Jun/2025

Patient Name	Mr. Tusar Kanti Halder	UHID Old UHID	5127609 FHL2414180
Age / Gender	77 Years / Male	Episode No	108403/25/1116
Contact No	9007770135	Date of Admission	26 Jun 2025
Discharge Type	ROUTINE	Date of Discharge	26 Jun 2025
Address	EKTA HEIGHTS FLAT NO-8C, BLOCK-1, 56, RAJA S.C MULLICK ROAD, JADAVPUR UNIVERSITY S.O, KOLKATA, West Bengal, India, 700032		
Name of Consultant	Dr. Debapriya Mondal		
Doctor Team			

Patient Relative Signature

Medical Officer/Resident

Dr. Anup Kumar Nandy

Regn.No.- 70209 (WBMC)

Dr. Debapriya Mondal**MEDICAL ONCOLOGY**

Tus



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(L)



18/6/25

Mr TUSAR KANTI HALDER 77 Male

Adh

Oligometastatic? Prostate Cancer

Gleason 5+4=9

1L: RT + ADT 2015-16

2L: Biochemical progression

ENZA + ADT

Stopped due to AE

3L: ABIRATERONE + ADT

2021 → 2025

Further PSA progression 7.9

No comorbidities

PSMA PETCT (June 2025) → Progression in Pelvis

nmCRPC

Renew in 3 weeks
CRCLAT

CRCLAT
Calcium

① DABOLUTAMIDE

600 mg (300+300)

twice daily x
cont (1 month)

② Germline
Hereditary
panel (Blood)

③ LUPRIDE
22.5mg IM
every 12 weeks

Dr. Debapriya Mondal
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Consultant Medical Oncologist
WBMC 68892
Apollo Multispecialty Hospitals, Kolkata
Secretary
Ms. Priti Samadder
98756 96942

Precision Oncology

④ tscem
1L once
daily.

Please bring this prescription in next visit



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AMHL 903557.



10/6/25

MR. TUSAR KANTI HALDER

CA Prostate cpc-5

77y / M

RT in 2016 was on Complete Androgen Blockade
60 Gy / 20 fx / 4 wks.

Local recurrence only
in Prostate + Sv.

Adv

(PSMA PET
4/6/25)

along with Biochemical progression

Planning CT
Carina
No contrast

2.5 mm
slice
Abdomino pelvic
shell

Comfortably full bladder
empty rectum
Mid thigh

Plan Re-RT Now, PSA 7.93

Swasthya Sathi SBRT
package

36 Gy in 6 fx over 6 wks
to prostate lesion + Sv. only

Satadru

10/6/25

Coregistration with

PSMA PET (4/6/25)

Please collect

Dr. Satadru Biswas

Consultant Clinical Oncology

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Secretary

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