DISCHARGE SUMMARY

PATIENT NAME:	**KALE,VIJAYA**	**AGE/SEX:**	**58/FEMALE**
LOCATION NAME:	**NSSH-CRITICAL CARE UNIT 4**	**SSN NO. :**	**691344461**
CONSULTANT:	**DR DEVENDRA CHAUKAR AND,DR ADHARA CHAKRABORTY**	**DATE OF ADMISSION:**	**24/07/2025 07:52:25**
ATTEN. PHYSICIAN:	**DR DEVENDRA CHAUKAR AND,DR ADHARA CHAKRABORTY**		

Date and time of discharge : 30 JUL, 2025 14:15

Diagnosis :

Metastatic follicular carcinoma thyroid

Presenting Complaints :

Chief complaints of swelling in the anterior aspect of the neck since 15 years

History of Present Illness :

58 year old female patient

c/o thyroid swelling since 15 years

No h/o weight loss , fever , loss of appetite

Patient was on ayurvedic treatment for the same

Evaluated with the following invesitgations:

1. RT NECK NODE ...14/3/25

USG guided FNAC from right side: Report not available .

2. FNAC left SC node (14/3/2025) : metastatic PD carcinoma cells- likely thyroid primary

3. PET-CT (21/3/2025): FDG avid lesion right thyroid and isthmus 9.5x8.5x9cm (suvmax 14.7)with mass effect and tracheal shift, abutting right IJV. No infiltration of hyoid or thyroid bone. Multiple b/l ce

4. Bronchoscopy: suspicious tracheal infiltration

5. Biopsy review (5/4/2025): Neuberg- SCN left: metastatic follicular Ca thyroid

6. Trucut thryroid: Follicular pattern thyroid lesion, not further classifiable.

7. Review biopsy @TMH : Follicular neoplasm p53 WT Mib 2-3%. NGS: Missense mutation in exon 3 of NRAS gene

8. Sr. thyroglobulin - >5000ng/ml

Scans discussed with thoracic surgeon Dr George, advised bronchoscopy to see the extent of tracheal involvement.

Bronchoscopy at Nanavati: VC right fixed

Tumour bulge with infiltration in right wall of trachea involving 5cm starting just below cricoid cartilage. Distal end is 7cm from carina. Overlying mucosa hyperemic.

9.PET SCAN 22/5/25.. Partial response at all sites

Past Medical History :

No known comorbidities

21.04.2025

Started Lenvatinib on 17/4/25

Developed Accelerated HTN 180/100mmhg along with chest discomfort and uneasiness - hence stopped Lenvatinib

28/4/25:

COMPLETED RT TO SPINE

14/5/25:

TOLERATING LENVA 16MG WELL

BP CONTROLLED

LIMITED PANEL NGS ..TMH NRAS EXON 3

20.05.2025

1 month of Lenvatinib, 16mg since 2 weeks

Personal History :

Nothing significant

Family History :

Nothing significant

Allergies :

No known drug or food allergy

On Examination :

GC Moderate

Goitre+

chest; Systolic murmur +

Breath sounds - NAD

Course in Hospital :

58 year old female patient came with the above mentioned history and findings. After undergoing necessary clearances, she underwent Total hemithyroidectomy + B/L Central compartment clearance +

Surgery :

Underwent Total hemithyroidectomy + B/L Central compartment clearance + B/L Lateral neck dissection (II-V) under IONM under GA on 25/07/25

Preop assessment

-k/c/o advanced follicular ca thyroid with distant metastasis - in bone , lung etc.

Received Levatininb with RT over the L3 lumbar spine

inraoperative bronchscopy done - Shin III over the right posterolateral aspect of the tracheal wall extending from the 3rd to the 7th ring , about 5 cm from the carina

Right cord fixed , left compensating

left palpable level IV LN - suspicious for metastasis.

Decision made to first address the right side of the thyroid , if disease can be shaved off the trachea, can proceed to undergo maximum clearance and decrease tumour burden in the neck.

Procedure:

Total thyroidectomy + Bilateral CCC + bilateral neck dissection II-V under IONM under GA

RIGHT THYROID

Midline approach

Straps resected on the right side and the SCM retracted, carotid sheath exposed , vagus identified, preserved,

Superiorly - thyroid separated from the cricothyroid muscle and laterally separated from the esophageal musculature , muscular fibres of the esophagus preserved.

inferiorly tracheal wall identified at the level of the 6 tracheal ring , at the same level of the posterolateral aspect of the trachea- disease seen infiltrating the tracheal wall - shin III - shaved off

Right RLN grossly involved with tumour - resected and kept with the specimen,

Extensive ETE present - along the right posterolateral aspect of the trachea , shaved off from the level 1st tracheal ring upto the sixth tracheal ring

Parathyroids could not be identified.

Right Central compartment clearance done. Grossly involved nodes extending to the superior mediastinum , dissection done upto the level of brachiocephalic artery, aberrant thoracic duct visualised anc

Parathyroids not identified on the right side.

LEFT HEMITHYROIDECTOMY

Horizontal skin crease incision â€“ subplatysmal flaps

Middle thyroid vein ligated

Lateral border of the thyroid dissected off the major vessels, carotid tunnel identified ,

vagus identified â€“ stimulated â€“ 800v (V1)

Superiorly, dissection done along Reeveâ€™s space â€“ EBSLN identified â€“ Cernia type IIa â€“

stimulated â€“ cricothyroid stimulus present

Dissection continued in the subcapsular plain â€“ superior and inferior parathyroid identified â€“

Preserved

Medial branches of the ITA ligated , preserving the lateral branches for supply to the

parathyroid

Left RLN identified â€“ stimulated â€“ 800v , (R1) , separated from berryâ€™s.

Right hemithyroidectomy done â€“ post resection stimulation of the Right RLN and Right vagus

â€“ Right R2 560v , Right V2 â€“ 400v

left CCC done â€“ Grossly metastatic nodes present - sent for positive for metastasis.

I/v/o Bilateral central compartment gross metastatic nodes and left level IV LN showed a metastatic node - decision made to address bilateral Level II-V - sent for frozen section followed by HPR

Hemostasis

Chyle check

Bilaeteral romovac drain No 14 placed

Absorable two layer closure

Condition on Discharge :

Hemodynamically fit and stable

Advice on discharge :

Tab Augmentin 625mg 1-0-1 x 5 days

Tab Pan 40mg 1-0-0 (B/F) x 5 days

Tab Dolo 650mg 1-1-1 x 3 days followed by 1tab SOS (in case of feve/ pain)

Endocrinology advice:

Tab Gemcal 1-1-1-1

Tab Rocaltrol 0.25mg 1-1-1-1

Tab Thyronorm 100mcg 1-0-0

Review back in Dr. Girish Parmar's OPD after 5 days with Sr. Ca, fT3, fT4, TSH, Creatinine reports

Diet as per diet chart by physician - FAT FREE DIET TO BE CONTINUED

Continue head and neck shoulder exercises as advised by the physiotherapy team

To review to the hospital immediately in case of fever/ vomiting/ breathlessness/ discharge from surgical site/ altered sensorium

Follow up advice :

To review in Dr. Devendra Chaukar's OPD on 04/08/25 (Monday) with prior appointment. For appointments, contact OPD Co-ordinator Mrs. Namrata - +918291017476

Rahul Nambiar

Signed :JUL 30, 2025@14:11:13

Rahul Nambiar

Cosigned :JUL 30, 2025@14:11:22

For:DR DEVENDRA CHAUKAR AND,DR ADHARA CHAKRABORTY

TATA MEMORIAL CENTRE
ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER
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E-mail : surgpath.dept@actrec.gov.in, Website : http://actrec.gov.in
DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

MC-2232

Case No. : **11F2025/009155** Req No. : **ACFZSP25020483** Path No. : **110494/DA**

Name: **Mrs. VIJAYA NIWAS KALE** Gender/Age: **F / 58 years**

Category: **B** DMG: **DMG - HEAD & NECK(C)**

FINAL HISTOPATHOLOGY REPORT

22/08/2025

Nature of Material Received: 34 Stained slide[3910/25],2 Paraffin block[3910/25 (A1-A2)]

Gross Description:

Sections:

1-5,27-29) Right lobe of thyroid, 6) Isthmus, 13-14) Left lobe of thyroid, 7-8,30) Right level IIA, 9) Right level IIB, 31) Right level III, 10,32) Right level IV, 11) Right level VA, 12) Right level VB, 15,33) Left central compartment, 16,17) Left level IIA 18) Left level IIB, 19-20) Left level III, 21,22) Left level IV, 23) Left level VA, 24-25) Left level VB, 26) Right central compartment, 34) Pretracheal lymph node.

Microscopic Description:

Total thyroidectomy (2 Paraffin blocks and 34 Stained slides):

I) Right hemithyroidectomy

Sections from the right lobe of thyroid and isthmus show features of a widely invasive follicular carcinoma with distinct areas showing poorly differentiated histology. Capsule of the tumor couldnot be appreciated. Areas of intratumoral fibrosis / sclerosis are seen.

In the poorly differentiated areas, tumor cells are arranged in solid and trabecular patterns with high nuclear:cytoplasmic ratio, nuclear membrane irregularity and atypia. These areas are seen as multiple well defined solid cellular nodules within the follicular carcinoma.

Mitoses are increased in these areas (5/10 hpf). Necrosis is not seen.

No unequivocal nuclear features of papillary thyroid carcinoma seen.

The tumor is seen reaching upto the peripheral inked margin in one of the sections.

Definite extrathyroidal extension is not seen.

Lymphovascular emboli are not seen.

Section from the left lobe shows unremarkable thyroid parenchyma, free of tumor.

Size of the tumor, as mentioned in the gross findings of submitted report is 10.5x9x4cm.

On immunohistochemistry, the tumor cells show wild-type staining for p53. MIB1 labelling ndex is approximately 18-20% in the poorly differentiated nodules.

Features are suggestive of poorly differentiated thyroid carcinoma arising in the background of a follicular carcinoma.

II) Right level IIA :

The report relates only to the sample submitted.
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This report has been electronically verified and authorized for release.

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22/08/2025

Sections show eleven lymph nodes, negative for metastasis (0/11).

III) Right level IIB:

Section shows seven lymph nodes, negative for metastasis (0/7).

IV) Right level III:

Section shows a single lymph node, negative for metastasis (0/1).

V) Right level IV:

Section shows seven lymph nodes, one of which shows metastasis (1/7). The size of metastasis is 0.3cm. Extranodal extension is absent.

VI) Right level VA:

Section shows fibroadipose tissue only. No lymphoid tissue seen.

VII) Right level VB:

Section shows fibroadipose tissue only. No lymphoid tissue seen.

VIII) Left lobe of thyroid:

Section shows unremarkable thyroid tissue, free of tumor.

IX) Left central compartment lymph node:

Sections show two out of six lymph nodes with metastasis. Largest size of metastasis 1.2cm (2/6).

X) Left level IIA :

Sections show eight lymph nodes, negative for metastasis (0/8).

XI) Left level IIB :

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Name: **Mrs. VIJAYA NIWAS KALE** Gender/Age: **F / 58 years**

Category: **B** DMG: **DMG - HEAD & NECK(C)**

FINAL HISTOPATHOLOGY REPORT

22/08/2025

Sections show six lymph nodes, negative for metastasis (0/6).

XII) Left level III :

Section shows six lymph nodes, negative for metastasis (0/6).

XIII) Left level IV :

Section shows a single lymph node showing metastasis (1/1). The size of metastasis 2cm. Extranodal extension is absent.

XIV) Left level VA :

Section shows unremarkable fibroadipose tissue. No lymphoid tissue seen.

XV) Left level VB :

Section shows unremarkable fibroadipose tissue.

XVI) Right central compartment :

Section shows a single lymph node showing metastasis. The size of metastasis is 1.2cm with extranodal extension of 0.2cm (1/1).

XVII) Pretracheal lymph node :

Section shows a single lymph node showing metastasis. The size of metastasis is 1.1cm (1/1).

Impression:

- **Right thyroid lobe-Total Thyroidectomy :**
  - **Poorly differentiated thyroid carcinoma**

arising in the background of follicular carcinoma, widely invasive.

Dr. Anushka Khanuja

Dr. Priyadarsani Subramanian

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Category: **B** DMG: **DMG - HEAD & NECK(C)**

FINAL HISTOPATHOLOGY REPORT

22/08/2025

Resident Pathologist

Entered by : Pooja Rajendra Vengurlekar

Consultant Pathologist

END OF REPORT

Requisition Date/Time: 14-08-2025 / 14:33:38
Receiving Date/Time: 14-08-2025 / 02:52:40
Provisional Date/Time: 20-08-2025 / 09:25:45
Committing Date/Time: 22-08-2025 / 16:56:29

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NANAVATI MAX Super Speciality Hospital

Laboratory Investigation Report

Patient Name	: Ms. Vijaya Kale	Centre	: 2061 - Dr. Bnh, Dept. Of Laboratory Medicine
Age/Gender	: 58 Y 5 M 4 D /F	OP/IP No/UHID	: OP/NSCS1065268/
MaxID/Lab ID	: NSSH.1344461/1816082521123	Collection Date/Time	: 25/Aug/2025 12:38PM
Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 05:31PM

Serology Special

SIN No:NSIN461293

Test Name	Result	Unit	Bio Ref Interval
Anti Thyroglobulin Antibody (Anti TGO),Serum*			
CLIA			
Thyroglobulin Antibody(TG)	**127**	IU/mL	0 - 115
ECLIA			

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Meera Prabhu M.D
Consultant Pathology

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MaxID/Lab ID	: NSSH.1344461/1816082521123	Collection Date/Time	: 25/Aug/2025 12:38PM
Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 03:56PM

Clinical Biochemistry

SIN No:NSIN461293

Creatinine, Serum

Date	25/Aug/2025 12:38PM	27/May/25 11:22AM	21/May/25 12:30PM	Unit	Bio Ref Interval
Creatinine Jaffe	0.62	0.63	0.53	mg/dl	0.5 - 0.9
eGFR by MDRD	98.72	97.00	118.41	ml/min/ 1.73m^2	> 90
eGFR by CKD EPI 2021	102.89	102.65	107.02		

Comment

eGFR calculations assume that the level of creatinine in the blood is stable, within biological variance, over days or longer - i.e. steady-state; the calculations are not valid if creatinine is rapidly changing, such as in acute kidney injury (AKI) or in patients receiving dialysis.

Total Proteins with Albumin,Globulin,A/G,Serum

Date	25/Aug/2025 12:38PM	Unit	Bio Ref Interval
Total Protein Biuret	6.87	gm/dL	6.4 - 8.2
Albumin BCG	4.1	gm/dl	3.5 - 5.2
Globulin Calculated	2.7	gm/dl	2.0 - 3.5
A.G. ratio Calculated	1.5	Ratio	0.8 - 2.0

Calcium, Serum

Date	25/Aug/2025 12:38PM	Unit	Bio Ref Interval
Calcium (Total) NM BAPTA	9.39	mg/dl	8.6 - 10.2

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Priyanka Vichare M.D
Attending consultant pathology

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Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 12:54PM

Hematology

SIN No:NSIN461293

CBC (Complete Blood Count), EDTA

Date	25/Aug/2025 12:38PM	27/May/25 10:59AM	25/Apr/25 01:36PM	Unit	Bio Ref Interval
Haemoglobin SLS Method	**11.6**	14.6	**15.5**	g/dl	12 - 15
Packed Cell, Volume Direct	**34.4**	43.9	45.8	%	36 - 46
Total Leucocyte Count (TLC) Flow Cytometry	4790	4220	8140	/µL	4000 -10000
RBC Count Sheath Flow DC Detection	3.95	**5.20**	**5.62**	mill/µL	3.8 - 4.8
MCV Calculated	87.1	84.5	81.5	fl	81 - 99
MCH Calculated	29.4	28.0	27.6	Pg	27 - 32
MCHC Calculated	33.8	33.2	33.8	g/dl	31.5 - 34.5
Platelet Count Flow Cytometry	215	215	243	x 1000/µL	150 - 400
MPV	9.4	9.4	10.1	fl	7 - 12
RDW Calculated	13.6	**16.3**	14.3	%	11 - 16
Differential Cell Count Flow Cytometry					
Neutrophils	61.7	63.2	77.0	%	40 - 80
Lymphocytes	28.9	23.2	**15.4**	%	20 - 40
Monocytes	7.5	**11.7**	7.6	%	2 - 10
Eosinophils	**1.5**	**1.6**	**0.0**	%	2 - 6
Basophils	0.4	0.3	0.0	%	0 - 2
Absolute Leukocyte Count Calculated					
Absolute Neutrophil Count	2955.43	2667.04	6267.8	/µL	2000 - 7000
Absolute Lymphocyte Count	1384.3	**979.0**	1,253.6	/µL	1000 - 3000
Absolute Monocyte Count	359.25	493.74	618.64	/µL	200 - 1200
Absolute Eosinophil Count	71.85	67.52		/µL	20 - 500
Absolute Basophil Count	**19.160**	**12.660**		/µL	20 - 100

Kindly correlate with clinical findings

***** End Of Report *****

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Hematology

SIN No:NSIN461293

Dr. Priyanka Vichare M.D
Attending consultant pathology

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Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 04:27PM

SIN No:NSIN461293

Immunoassay

Test Name	Result	Unit	Bio Ref Interval
Free T4 ,Serum			
Free Thyroxine (FT4) ECLIA	**0.380**	ng/dL	0.93 - 1.7

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Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 04:27PM

Immunoassay

SIN No:NSIN461293

Free T3,Serum

Date	25/Aug/2025 12:38PM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) ECLIA	4.04	pg/mL	2.0 - 4.4

Vitamin D, 25 - Hydroxy Test (Vit. D3), Serum

Date	25/Aug/2025 12:38PM	23/Jul/25 04:40PM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D ECLIA	**23.1**	43.3	ng/mL	30 - 100

Reference range in ng/mL

< 20 - DEFICIENCY
20 - 30 - INSUFFICIENCY
> 30 - SUFFICIENCY
> 100 - TOXICITY

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Laboratory Investigation Report

Patient Name	: Ms. Vijaya Kale	Centre	: 2061 - Dr. Bnh, Dept. Of Laboratory Medicine
Age/Gender	: 58 Y 5 M 4 D /F	OP/IP No/UHID	: OP/NSCS1065268/
MaxID/Lab ID	: NSSH.1344461/1816082521123	Collection Date/Time	: 25/Aug/2025 12:38PM
Ref Doctor	: SELF	Reporting Date/Time	: 25/Aug/2025 04:27PM

Immunoassay

SIN No:NSIN461293

Thyroid Stimulating Hormone (TSH), Serum

Date	25/Aug/2025 12:38PM	Unit	Bio Ref Interval
Thyroid Stimulating Hormone ECLIA	3.85	mIU/L	0.27 - 4.2

Comment Neonatal TSH 1-20 mIU/L

Reference range in pregnant women :

First trimester : 0.1-2.5 mIU/L

Second trimester : 0.2-3.0 mIU/L

Third trimester : 0.3-3.0 mIU/L

Comment: TSH - Ultrasensitive

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Priyanka Vichare M.D
Attending consultant pathology

Results to follow:
Serum Thyroglobulin : Sample not yet received

Test Performed at :2061 - Dr. BNH, Dept. of Laboratory Medicine, MUMBAI
Booking Centre :2061 - Dr. BNH, Dept. of Laboratory Medicine, MUMBAI, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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