A cured case of Pituitary Macroadenoma with Galactorrhoea cured with Homoeopathy

Case No. 13904 Date of Registration- 27-11-2006

Patient's Name- Mr. Kanti Prasad Rastogi

Age- 38 yrs Sex- M

Occupation- Pvt. Job Marital Status- Married

Caste- Hindu Education- B. A.

Provisional Diagnosis- Galactorrhoea

Final Diagnosis- Pituitary Macroadenoma

Miasmatic Diagnosis- Psora- Sycosis

Result- Relieved

Name of nearest relative or friend and address- Mr. Dhyani Lal Pandey Nagar, Kotabagh, Nainital
CASE SHEET- 11

CLINICAL HISTORY

Complaints (in chronological order)
1. Discharge of watery milky fluid from both nipples for last three years.
2. Progressive loss of vision for four years.
3. Headache, accompanied by dry spasmodic cough. As soon as headache is better, cough is better. Headache of pulsating type, better sitting erect.
4. Mood very changeable for last eight to ten years, suddenly joyous, then gloomy or irritable.
5. Tingling in forehead for last ten years. Cob web sensation.

History of Present Illness
This gentleman complains of Cob web tingling in forehead for last ten years. He is moody. Mood is very changeable for last eight to ten years, suddenly joyous, then gloomy or irritable. Four years ago, he developed progressive loss of vision and headache, accompanied by dry spasmodic cough. As soon as headache is better, cough is better. Headache is of pulsating type, better by sitting erect. There is also discharge of watery milky fluid from both nipples for last three years. For these complaints, he was investigated for any evidence of brain tumour and MRI revealed existence of a large pituitary adenoma occupying whole sella and compressing the surroundings causing visual and sensory changes along with Galactorrhoea. He was operated for radical pituitary adenectomy but relapse was there short after surgery for which he is seeking Homoeopathic treatment.

Thirst  Markedly increased
Appetite  Low
Bowels  Normal
Micturition  Normal
Sleep  Good, Sound, more than he needs
Dreams  Not marked
Materials and Methodology

**Personal History**
- Habits: Normal
- Desires: Salt, spices, company
- Aversions: Open air
- Sedentary/Active/Hard Labour: Active
- Tobacco/Alcohol/Other intoxicants: None
- Thermal Temperament: Hot

**Past Illnesses (if any)**
Not marked.

**Social Status**
- Family Income: Average
- Dietetic Habits (Average daily caloric intake): Average
- Vegetarian/Non-Vegetarian: Veg. / Egg

**Family History**
- (Age if alive, If dead age at death and its cause)
  - Father: Normal
  - Mother: Normal
  - Brothers: None
  - Sisters: One, Elder, normal
  - Wife: Normal
  - Husband: None
  - Children: One, Son, 8 years, normal
  - Others: None

**Sexual History**
- Desire increased
PHYSICAL EXAMINATION

(A) General Examination
General Appearance
Good
Built
Lean thin
Dehydration (Skin, Tongue)
None
Anaemia (Conjunctiva, nails)
None
Cyanosis (lips, nails, Oral cavity)
None
Clubbing of nails (fingers, toes)
None
Jaundice (Bulbar conjunctiva)
None
Purpura
None
Oedema (Pitting/Non-pitting)
None
Exophthalmos
Present
Puffiness (eye lids)
None

(B) Systemic Examination
Radial Pulse
Rate
74 /min
Rhythm
Regular
Volume
WNL
Synchronicity
Synchronous
Character
Normal
Neck Veins (J.V.P.)
WNL
Examination of Precordium
Lymph Nodes
Cervical
Not Palpable
Axillary
Not Palpable
Inguinal
Not Palpable
Other
Not Palpable
Thyroid
NAD
Teeth & Gums
NAD
Tonsils & Pharynx
NAD
Ear
NAD
Skin
NAD
Pulse
Normal
Temperature
98.2 F
B.P. (M.M. of Hg.)
112/72 mmHg

Chest
Inspection
Respiratory rate
19/min.
### Materials and Methodology

<table>
<thead>
<tr>
<th><strong>Shape of Chest</strong></th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Movement</strong></td>
<td>Bilaterally symmetrical</td>
</tr>
<tr>
<td><strong>Palpation</strong></td>
<td>NAD</td>
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<tr>
<td><strong>Percussion</strong></td>
<td>NAD</td>
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<tr>
<td><strong>Auscultation</strong></td>
<td>Hearts sounds: S1S2 Normal, Murmur: None</td>
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<td></td>
<td>Type of respiratory sounds: Normal</td>
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<td>Adventitial sounds: None</td>
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<td><strong>Vocal resonance</strong></td>
<td>Normal</td>
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</table>

**Abdomen**

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<tr>
<th><strong>Inspection</strong></th>
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<tr>
<td><strong>Contour</strong></td>
<td>Normal</td>
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<tr>
<td><strong>Movement of abdominal wall</strong></td>
<td>WNL</td>
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<tr>
<td><strong>Veins</strong></td>
<td>Not Visible</td>
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<tr>
<td><strong>Umbilicus</strong></td>
<td>Central, Inverted</td>
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<tr>
<td><strong>Scar</strong></td>
<td>None</td>
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<td><strong>Palpation</strong></td>
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<td>Superficial: NAD</td>
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<td>Deep:</td>
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<td>Liver: WNL</td>
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<td>Spleen: WNL</td>
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<td>Kidney: WNL</td>
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<td>Gall Bladder: WNL</td>
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<td>Bowels: WNL</td>
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<td>Lymph nodes: Palpable</td>
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<td>Other mass: None</td>
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<td>Fluid Thrill: Absent</td>
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<table>
<thead>
<tr>
<th><strong>Bimanual</strong></th>
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<tbody>
<tr>
<td><strong>Percussion</strong></td>
<td></td>
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<tr>
<td></td>
<td>Upper border of liver: Normal</td>
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<tr>
<td></td>
<td>Shifting dullness: Normal</td>
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<td></td>
<td>Other lumps: Absent</td>
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<tr>
<td><strong>Auscultation</strong></td>
<td></td>
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<td></td>
<td>Bowel sounds: WNL</td>
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</tbody>
</table>

**Bones and joints**

<table>
<thead>
<tr>
<th><strong>Limbs</strong></th>
<th>Normal</th>
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<tbody>
<tr>
<td><strong>Skull</strong></td>
<td>Normal</td>
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<tr>
<td><strong>Spine</strong></td>
<td>Normal</td>
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</tbody>
</table>
Sternum  
**Normal**

Ribs  
**Normal**

**Nervous System**

**Mental State**

- **Consciousness**: Fully Conscious
- **Memory**: Good
- **Intelligence**: Normal
- **Mood**: Highly changeable
- **Fear, Anxiety etc.**: Fear of storms
- **Delusions/ illusions**: None
- **Temperament**: Irritable

**Orientation**

- **Time**: Normal
- **Place**: Normal
- **Person**: Normal

**Behaviour**: Normal

**Speech**: Normal

**Involuntary Movement**: None

**Reproductive System**

- **Ext. Genitalia**: Normal
- **Secondary Sex-characteristics**: Normal
- **Skin**: Normal

**Miscellaneous - Dim visual acuity with constricted vision in both eyes**

**INVESTIGATIONS**

**Routine**

- **Hb**: 14.3 %
- **TLC**: 10,100
- **DLC**: N73, L24, E06. M01
- **GBP**: Normal

**Specialized**

- **TFT**: T3- 92.0 ng/dL
  - **T4- 06.8 ug/dL**
  - **TSH- 4.3 uIU/mL**
- **PRL**: 345 ng/ml

**MRI Brain**: Large Recurrent Pituitary Adenoma (Macroprolactinoma)
### Differential Diagnosis

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>POINTS IN FAVOUR</th>
<th>POINTS AGAINST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galactorrhoea</td>
<td>Milky discharge from both nipples.</td>
<td>No weight changes.</td>
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<tr>
<td></td>
<td>Mood changeable.</td>
<td>TFT normal.</td>
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<td></td>
<td>Visual Changes.</td>
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<tr>
<td></td>
<td>MRI - Macroadenoma</td>
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<tr>
<td>Hypothyroidism</td>
<td>Changeable mood.</td>
<td>No vomiting, suggestive of increased ICT.</td>
</tr>
<tr>
<td></td>
<td>Headache.</td>
<td></td>
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<tr>
<td>Pituitary adenoma</td>
<td>Milky discharge from both nipples.</td>
<td></td>
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<tr>
<td></td>
<td>Mood changeable.</td>
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<td></td>
<td>Visual Changes.</td>
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<tr>
<td></td>
<td>Cob web feeling on forehead.</td>
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<td>MRI - Macroadenoma</td>
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</tbody>
</table>
Materials and Methodology

Miasmatic diagnosis
Psora- sycosis

Case analysis

Mental Generals
- Fear of Storms
- Mood changeable
- Desire Company
- Sexual desire increased

Physical Generals
- Desires salts, spices
- Aversion to open air
- Thirst increased
- Sleepiness

Particulars
- Milky discharge from nipples
- Headache < pulsating, > sitting erect accompanied by dry spasmodic cough
- Vision loss, progressive
- Exophthalmos
- Squint < right eye

Rare Peculiars
- Cob web feeling on forehead.

Pathological
- Galactorrhea

Rubrics for Repertorization

<table>
<thead>
<tr>
<th>No.</th>
<th>MIND - MOOD - changeable</th>
<th>232</th>
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<tbody>
<tr>
<td>2</td>
<td>MIND - FEAR - thunderstorm, of</td>
<td>54</td>
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<tr>
<td>3</td>
<td>MIND - COMPANY - desire for</td>
<td>186</td>
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<tr>
<td>4</td>
<td>MALE GENITALIA/SEX - SEXUAL DESIRE - excessive</td>
<td>60</td>
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<td>5</td>
<td>GENERALS - FOOD and DRINKS - spices - desire</td>
<td>134</td>
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<td>6</td>
<td>GENERALS - FOOD and DRINKS - salt - desire</td>
<td>158</td>
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<tr>
<td>7</td>
<td>GENERALS - AIR; OPEN - aversion to open air</td>
<td>109</td>
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<td>8</td>
<td>STOMACH - THIRST</td>
<td>412</td>
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<td>9</td>
<td>SLEEP - SLEEPINESS</td>
<td>586</td>
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<td>10</td>
<td>HEAD - PAIN - pulsating pain</td>
<td>202</td>
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<td>11</td>
<td>HEAD - PAIN - sitting - erect - amel.</td>
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<td>12</td>
<td>HEAD - PAIN - cough - during - agg.</td>
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<td>13</td>
<td>HEAD - BRAIN; complaints of - accompanied by - strabismus</td>
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<td>14</td>
<td>HEAD - INFLAMMATION - Brain - Medulla oblongata - accompanied by - vision; loss of</td>
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<td>15</td>
<td>FACE - COBWEB - sensation of</td>
<td>35</td>
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<td>FEMALE SEXUAL SYSTEM - Lactation - Milk - Too profuse - galactorrhea</td>
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<td>17</td>
<td>CHEST - MILK - pregnancy; in women when not related to</td>
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**Repertorization**

Name of Repertory- Synthesis 9.1 (RADAR 9.1)

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**Result of Repertorization**

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<th></th>
<th>phos.</th>
<th>calc.</th>
<th>nat-m.</th>
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<th>sulph.</th>
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<th>caust.</th>
</tr>
</thead>
</table>

The remedy of choice is **Conium**.
<table>
<thead>
<tr>
<th>DATE</th>
<th>PROGRESS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-11-2006</td>
<td>First prescription</td>
<td>Conium 30 tds</td>
</tr>
<tr>
<td>12-12-2006</td>
<td>Vision same. Headache same. Galactorrhoea same. General sense of well being.</td>
<td>CST</td>
</tr>
<tr>
<td>24-12-2006</td>
<td>Galactorrhoea increased. No headache. Vision better.</td>
<td>CST</td>
</tr>
<tr>
<td>23-01-2007</td>
<td>Much better in all respects. TFT and PRL normal. PRL- 213</td>
<td>Advised PRL</td>
</tr>
<tr>
<td>07-02-2007</td>
<td>No headache. Galactorrhoea almost cured. Vision better.</td>
<td>Sac lac tds</td>
</tr>
<tr>
<td>03-03-2007</td>
<td>No Galactorrhoea. But mild headache and vision problems intact. No cob web sensation. Sleep better.</td>
<td>Conium 200 weekly Sac lac tds</td>
</tr>
<tr>
<td>19-03-2007</td>
<td>Relieved.</td>
<td>CST</td>
</tr>
</tbody>
</table>
FINAL APPRAISAL (Overall impression about the case at the time of discharge or when the case is left.)

This case was having cob web tingling in forehead for last ten years. He was moody. Later on he developed progressive loss of vision and headache, accompanied by dry spasmodic cough. Headache was of pulsating type, better by sitting erect. There was discharge of watery milky fluid from both nipples due to high prolactin secretion by pituitary tumour. For these complaints, he was investigated and MRI revealed existence of a large pituitary adenoma occupying whole sella and compressing the surroundings causing visual and sensory changes along with Galactorrhoea. He was operated for radical pituitary adenectomy but relapse was there short after surgery for which he took Homoeopathic treatment. Homoeopathy responded very well and the complaints were much relieved.
MRI REPORT

PATIENT’S NAME: MR. KANTI PRASAD
AGE/SEX: 36 YRS/M

REferred BY: DR. (AIMS)

MRI BRAIN:
(Especially for sella)

MR Imaging of brain was done with special emphasis on sellar evaluation. Following studies were obtained:

Brain: SE T2 weighted axial
Sella: SE T1 weighted sagittal, coronal
SE T2 weighted coronal with fat sat.

Sella is grossly expanded by a large intrasellar mass lesion with underpouting of clinoids. The mass has a large suprasellar component that extends into the III ventricle and obstructs bilateral foramen of monro. The optic chiasma and infundibulum are also compressed and inseparable from the mass. The lesion is slightly heterogeneous in signal intensity and is isointense to surrounding brain on T1 weighted and hyperintense on T2 weighted images. Few small cystic foci are also noted within it. The entire lesion measures 5.5x4.5x3.9 cm in size. The lesion extends into both the cavum venosum and causes lateral displacement of the cavernous carotid arteries without crossing them. All segments of both ACA are displaced over the mass.

There is invasion/destruction of the sellar floor on the right side with involvement of underlying sphenoid sinus.

There is retrostellar extension into the interpeduncular and peripontine cisterns also deforming the brainstem in the process.

There is no presellar extension of the lesion. No intraorbital extension seen either.

Supervenous brain parenchyma is normal in signal intensity. No focal parenchymal lesion seen.

Bilateral basal ganglia and thalami are normal in volume and signal intensity.

Ventricular system is mildly dilated. Septum is midline. Linear paraventricular white matter hyperintensities are also seen.

Basal cisterns, Sylvian fissures and cortical sulci are normal.

Posterior fossa structures are normal.

OPINION: MR IMAGING REVEALS A LARGE SELLA-SUPRASELLAR MASS LESION EXTENDING INTO THE III VENTRICULAR CAVITY CAUSING CHIASMAL COMPRESSION AND FORAMEN OF MONRO OBSTRUCTION WITH RESULTANT mild OBSTRUCTIVE HYDROCEPHALUS.

* BILATERAL PARASELLAR AND SPHENOID SINUS EXTENSION ARE ALSO NOTED.

- * PITUITARY MACROADENOMA

DR. AJAY KUMAR SHARMA
M.D. (Radiology)
Sr. Consultant Radiologist

DR. YASHPAL DAHIYA
M.D. (Radiology)
Sr. Consultant Radiologist

DR. MANPREET GAMSHIAR
M.D. (Radiology)
Sr. Consultant Radiologist

DR. RAJESH GAHAR
M.D. (Radiology)
Consultant Radiologist
Materials and Methodology

DELHI MRI SCAN CENTRE
M-2 HAUS KHAS, Main Aurobindo Marg, Near ABN AMRO Bank, New Delhi - 110 018
Ph: 4165410, 4165442, 26001220, 26001221, 26001222
Facilities: 1.5 Tesla MRI, Digital X-ray, Bone Densitometry (Dual) Ultrasound & Color Doppler

REPORT

PATIENT’S NAME: MR. KANTI PRASAD
REFFERED BY: DR. (AIIMS)
AGE/SEX: 36 YRS/M
DATED: 23/04/2006

MRI BRAIN
(especially for sale)

MRI imaging of brain was done with special emphasis onellar evaluation.
Following studies were obtained:

Brain:
- SE T2 weighted axial
- FLASH 2D T2 weighted axial

Sella:
- SE T1 weighted sagittal, coronal
- SE T2 weighted coronal

Follow up case of pituitary microadenoma - status post operative. The study was compared with previous report of January 04.

SELLA:
Current study reveals a large heterogeneous signal intensity intrasellar mass lesion measuring 3.3 cm ( longitudinal x transverse x depth) in size with small suprasellar component, indenting the optic chiasma. There is no intraventricular extension into the III ventricle.

The mass bulges on either side into cavernous sinuses displacing the right cavernous carotid artery. No evidence of vascular encasement seen.

Right intrasellar extension is noted into underlying sphenoid sinus.

The lesion appears iso-sense to brain on both T1, T2 weighted images with small scattered foci of hemorrhage within 7 post operative changes.

Rest of the brain is normal. Ventricles and basal cisterns are normal.

Posterior fossa structures are normal.

OPINION: FOLLOW UP POST OPERATIVE SCAN REVEALS RESIDUAL INTRASELLAR MASS LESION MEASURING 3.3x3.3x3.4 CM IN SIZE WITH SMALL SUPRASELLAR AND RIGHT PARASELLAR EXTENSION.

Dr. AIJAI KUMAR SHARMA
M.D. (Radiology)
Sr Consultant Radiologist

Dr. MANPREET GAMBHIR
MBBS (AIIMS), M.D. (AIIMS)
Sr Consultant Radiologist

Dr. ANURAG SINGH
D.N.B. (Radiology), D.M.R.,
Consultant Radiologist

Dr. SAMARJIT GHUMAN
M.D. (Radiology)
Consultant Radiologist
Materials and Methodology

Test | Value | Normal Range
--- | --- | ---
1- Triiodothyronine (T3) | 92 ng/dL | (60 - 181)
2- Thyroxine (T4) | 06.8 ug/dL | (4.5 - 10.9)
3- Thyroid Stimulating Hormone (TSH) | 4.3 uIU/mL | (0.35 - 5.5)

Serum Prolactin

4- Prolactin (PRL) | 345 ng/mL | (MALE: 4-18) (FEMALE: 5 - 25) (PREGNANT: 35 - 600) (LACTATING: 75 - 400) (POSTMENOPAUSAL: 2 - 20)

Please Note:
1. Normal values vary with lab to lab & method employed.
2. Fixed standards kits are used, results are subject to them.
3. If test results are unexpected please contact lab of repeating the tests.
4. This is not the final diagnosis clinical correlation is necessary.
5. The identity of the patient is not certified.
6. This report is for perusal of doctor only.

Services Offered:
- Pathology + X-Ray
- C.T. Scan + Mammography
- Ultrasound + Colour Doppler
- E.C.G + T.M.T. & Health Packages
Materials and Methodology

Defense Pathology Laboratory
Dr. V. K. Agarwal
M.B.B.S, M.O. (Path)

Bazpur Road, Kashipur - 244713 (U. S. Nagar) Uttarakhand Ph: 05947-260396 Mob.: 0959268890

REPORT

Name: Mr. Kant Prasad Rastogi M 38 yrs.
Ref by: Dr. Rajneesh Kumar Sharma
Sample: Blood

Date: 15-01-07
Ref_no: 112/7115

Serum Prolactin

1- Prolactin

(PRL) 213 ng/mL

(MALE: 4-18)
(FEMALE: 5-25)
(PREGNANT: 35-600)
(LACTATING: 75-400)
(POSTMENOPAUSAL: 2-20)

Please Note:
1. Normal values vary with lab to lab & method employed.
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Technologist
Dr. Vinod Kumar Agarwal

Services Offered:
+ Pathology + X-Ray
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Materials and Methodology

CT HEAD - PLAIN & CONTRAST

Continuous axial sections were taken from the base of skull to vertex (three thickness in posterior fossa and 7 mm thickness in the suprasellar region) before & after administration of non-ionic contrast IV.

Follow-up case of pituitary macro-aclenoma- post operative status

A large mildly enhancing intra sellar mass lesion size 35(AP)x34(Transverse)x24(CC) with supra sellar component is seen. There is no obvious extension is seen in third ventricle. Mass bulge cavernous sinuses both side & displacing cavernous part of right internal carotid artery laterally. Floor of sella is deficient & mass extending into right sphenoid sinus.

POSTERIOR FOSSA

Both cerebellar hemispheres show normal attenuation. No focal lesion seen. The brainstem shows no abnormality. The fourth ventricle appears normal. CP angle cisterns and cisterna magna appear normal.

SUPRA - TENTORIAL

A small (6mm) hyperdense lesion with minimal oedema seen in right basi frontal region, elsewhere both cerebral hemispheres show normal attenuation.

Basal ganglia are normal. The third and lateral ventricles appear normal. No intraventricular extension is seen. The basal cisterns, sylvian fissures and subarachnoid spaces appear normal.

Midline structures appear normal.

IMPRESSION: Mildly enhancing intra sellar mass lesion with suprasellar, intrasellar & right parasellar extension with small hyperdense lesion right basi-frontal region(-metastasis).

Please correlate clinically.
CT HEAD - PLAIN & CONTRAST

Follow up case of pituitary macro-adenoma-post operative status.

A large mildly enhancing pterional fossa mass is seen. Lesion measures 34mm (transverse) x 32mm (cr) x 27mm (AP). Mass is extending supra sellar and para sellar region. Floor of sella is deficient and mass also extending into right sphenoid sinus. There is no obvious extension is seen in lateral ventricle.

POSTERIOR FOSSA

Both cerebellar hemispheres show normal attenuation. No focal lesion seen. The brainstem shows no abnormality. The fourth ventricle appears normal. CP angle cisterns and cisterna magna appear normal.

SUPRA - TENTORIAL

A hyperdense lesion with minimal enhancement with minimal perifocal edema is seen in right basi frontal region. Elsewhere both cerebral hemispheres show normal attenuation. Basal ganglia are normal. The third and lateral ventricles appear normal. The basal cisterns, sylvian fissures and subarachnoid spaces appear normal. Midline structures appear normal.

Bone cranium is normal.

IMPRESSION: Mildly enhancing sellar mass with supra-sellar, parasellar & right sphenoid sinus extension with hyperdense lesion right basi frontal region.

Please correlate clinically.

Dr. D.N. Gangwar
MBBS, MD (Radiodiagnosis)
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with seven days
No compensation liability stands.

- Spiral C.T. Scan - Mammography - Digital X-ray - Ultrasound - Echo Cardiography
Net for medicolegal purpose