C-Care Darné
Georges Guibert Street
Tel:(230)601 2300
BRN: C07002054
24/7 Emergency & Ambulance Services: Dial 118
www.c-care.com | radiology@cliniquedarne.com

Patient ID:	**C0618621**	**Patient Name:**	**SOMBARI NAIKO VEDWATEE**
Age:	**56 Years**	**Sex:**	**F**
Accession Number:	**O4314938**	**Modality:**	**CT**
Referring Physician:	**Dr. Nitin Kumar AUCHARAZ**	**Study:**	**CT SCAN ABDOMEN & PELVIS**
Study Date:	**20-Jul-2026**		

MD-CT SCAN OF THE THORAX, ABDOMEN & PELVIS (without and with I.V. contrast)

Case of Ca (L) breast. For staging.

THORAX :

Several nodular lesions are seen scattered in both lung fields. The larger nodule is seen in the postero-basal segment of the lower lobe and is measured at 11 mm in diameter.

Several nodular lesions with irregular contours are seen in the (L) breast, in keeping with the known multi-focal breast Ca. The larger lesion is calcified and is measured at 4 cm in diameter.

Several enlarged (L) axillary nodes are also seen, with the larger node being measured at 2.1 cm in diameter.

No mediastinal lymphadenopathy is seen.

There is no pleural effusion.

The thoracic aorta and pulmonary arteries are unremarkable.

ABDOMEN :

A faint nodular hypodense formation measured at 10 mm in diameter is seen in the (L) hepatic lobe (segment 2). No other obvious focal hepatic lesion seen.

The gallbladder appears normal with no opaque gallstone seen. The biliary tree is not dilated.

Normal features of the pancreas, spleen and both kidneys.

No renal stone or hydronephrosis is seen, either on the (R) or (L) side. Both nephrograms are homogeneous.

A well-demarcated low density (L) adrenal nodule is noted, measured at 13 mm in diameter and compatible with an adenoma.

The (R) adrenal gland is unremarkable.

Dr. S.SEWRAJ

Radiologist

58855265/59150260

NAME OF PATIENT : Naiko Sambaiah Vadwalla	AGE : 56yrs
INDICATION:	REFERRING DOCTOR. Dr.OO

ULTRASOUND REPORT

An illdefined hypoechoic lesion c internal calcifications and internal doppler signal measuring 2.6x3cm is seen in Rt breast at 3 o'clock position (Near previous surgical scar)

Another hypoechoic lesion (ill defined) of 1.5x1.5cm seen at 12 o'clock.

No dural ectasia. No associated soft tissue edema.

Few enlarged heterogenous lymph nodes of 3x2.3cm & 1.3x1.3cm seen in axilla.

Rt breast - No mass lesion seen

No dural ectasia

No axillary LN

Insufficient clinical details provided. All diagnosis tests have their inherent limitations. This is a professional opinion based on imaging findings at the time of scan.Clinical,biochemical and other relevant correlation advised to arrive at an appropriate diagnosis.

Impression: Rt breast lesion likely malignancy (Birads 4c)

for HPE correlation

10/07/2026

HISTOPATHOLOGY REPORT

Lab Ref : SO/S/39/2026

Dr J Sonoo
MBBS MD (Pathology)
Tel : 52574739

Patient			
Name:	*Sombari Naiko*	*Age: 56 years*	*Sex: Female*
Ref By	*Dr J Sonoo*		
Specimen	*Trucut Biopsy Left Breast*		
Ref from	*Nouvelle Clinique Ferrier*		
Date	*13/072026*		

Gross Examination

Five grayish white linear trucut biopsy cores varying from 4-10 mm in length.
A/Ex1

Microscopy

Sections show an infiltrating duct carcinoma involving all the five cores. Tumor cells are displayed in sheets and discohesive clusters with variable hyperchromatic to vesicular nuclei containing inconspicuous nucleoli. Mitotic figures upto 7/10HPF are noted. Stroma is moderately desmoplastic and shows focal lymphocytic infiltrate

Features are consistent with Infiltrating duct carcinoma NST Modified BR grade 3

Conclusion: Infiltrating duct carcinoma NST Modified BR grade 3

Date 18/07/2026

Signature .....

C-Lab Darne
C-Lab (International) Ltd
Georges Guibert St, Curepipe, Mauritius
Tel : 6013610| BRN C22188727
24/7 Emergency & Ambulance Services: Dial 115
Email : labo2@cliniquedarne.com

Barcode No.	: CW0042907	Age/Sex	: 56.8 YRS / Female
Patient Name	: Mrs VEDWATEE SOMBARI NAIKO	Address	: CHATEAU BENARES CAMP DIABLE
DOB	: 23-Oct-1969	NIC/PassportNo	: K2310692603327 /
MobileNo	: 59206095	TelephoneNo	:
Sample Coll. Date	: 20-Jul-2026 12:30 PM	Sample Receiving Date	: 20-Jul-2026 12:39 PM
UHID	: C0618621	Reporting Date	: 20-Jul-2026 12:55 PM
IPD No. / Ward	: /	Approved Date	: 20-Jul-2026 01:28 PM
Referring Doctor	: Dr. Nitin Kumar AUCHARAZ		

DEPARTMENT OF HEMATOLOGY

ABS. EOSINOPHIL COUNT ((Darne_DXH900))	L	0.0	0.03-0.48	10^3/UL
ABS. BASOPHIL COUNT ((Darne_DXH900))	L	0.0	0.01-0.08	10^3/UL

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Sample Coll. Date	: 20-Jul-2026 12:30 PM	Sample Receiving Date	: 20-Jul-2026 12:46 PM
UHID	: C0618621	Reporting Date	: 20-Jul-2026 02:02 PM
IPD No. / Ward	: /	Approved Date	: 20-Jul-2026 02:05 PM
Referring Doctor	: Dr. Nitin Kumar AUCHARAZ		

DEPARTMENT OF BIOCHEMISTRY

RENAL FUNCTION TESTS (Specimen : PLAIN/HEPARIN PLASMA)

#UREA (IDarne_C4000)	5.6	2.14-7.14	mmol/L
CREATININE (IDarne_C4000)	84.02	80-115	umol/L
eGFR	64.46	>90 : Normal 89- 60 : Mild decrease 59-30 : Moderate decrease 29-15 : Severe decrease < 15 : Kidney failure (Units: mL/min/1.73mSq.)	
SODIUM (IDarne_C4000)	140.2	136-145	mmol/L
POTASSIUM (IDarne_C4000)	3.87	3.5-5.1	mmol/L
CHLORIDE (IDarne_C4000)	102.16	98-107	mmol/L
BICARBONATE (IDarne_C4000)	25.2	23 - 32	mmol/L

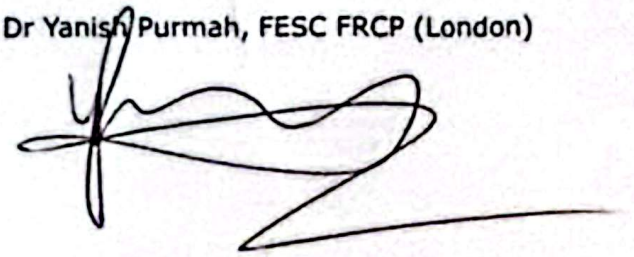
Name : BHUSHAN BATRA RAJIV
Specialization : PATHOLOGIST
Date : 20-Jul-2026 02:05 PM

Dr RAJIV BHUSHAN BATRA
MBBS, MD (PATHOLOGY)
Senior Consultant
(Histopathology and Haematopathology)

*** End Of Report ***

Doctor Notes : Impression:
No significant cardiac issues.
Echo normal - Normal LV systolic function. No significant valve disease.
ECG normal.
From the cardiac perspective, patient can proceed with cancer treatment.

Dr Yanish Purmah, FESC FRCP (London)



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The bladder appears clear.

The uterus is anteverted and of normal size.

A soft tissue formation is seen in the (R) latero-uterine region, measured at 4.3 cm x 3.6 cm (? ovarian mass).

The (L) ovary appears normal. No (L) adnexal mass lesion or ovarian cyst seen.

There is no ascites.

No colonic diverticulae or obvious bowel-related mass is detected.

The small bowel loops are not distended.

No distended fluid filled appendix noted.

The abdominal aorta is of normal caliber.

No coelio-mesenteric, retro-peritoneal or pelvic lymphadenopathy is seen.

No focal bony lesion is seen on the bone windows.

Conclusion :

Multiple bilateral lung nodules seen, compatible with lung metastases.

(L) axillary lymphadenopathy.

Faint nodular hypodense formation seen in the (L) hepatic lobe (segment 2), suspicious of a hepatic metastasis in this context.

(L) adrenal adenoma.

(R) latero-uterine lesion noted, compatible with an ovarian mass. Please correlate with tumoral markers.

Regards,

Dr. H. Joomye,
Radiologist

REFER TO CARDIOLOGIST
FOR CARDIAC ECHO PRIOR TO FURTHER MANAGEMENT

REVIEW WITH ALL REPORTS

IN VIEW OF POOR FINANCIAL STATUS OF THE PATIENT, PATIENT WANTS FOLLOW TREATMENT AT A GOVERNMENT INSTITUTION.

REFER TO CLINICAL ONCOLOGIST AT NATIONAL CANCER CENTRE FOR FURTHER MANAGEMENT.

C-Care Darne
C-Care Hospitals and Clinics (Mauritius) Ltd
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Email: damelah@cliniquedarne.com | www.c-care.com

Patient Name	: **Mrs VEDWATEE SOMBARI NAIKO**	UHID No.	: C0618621
Age	: 56 YRS 9 MONTHS Sex : Female	IPD No.	: F131352
Mobile No.	: 59206095	Admission Date	: 23-Jul-2026 8:27 AM
Ward	: Chemo Chair/Cancer Level 1/Booth 8/8	Discharge Date	: -
Doctor	: Dr. Khevin Kumar BUJHAWON		
Address	: CHATEAU BENARES,RIVIERE DES ANGUILLE,MAURITIUS		

DISCHARGE SUMMARY

Doctors

Dr.Khevin Kumar BUJHAWON (CLINICAL ONCOLOGIST) (Main)

Female 56 years old admitted for 1st cycle EC
Case of metastatic (Lns/ lungs/ ? liver) Infiltrating ductal carcinoma, NST, grade 3 Lt breast + ? rt ovarian mass

Brief clinical history:

> Left breast discomfort upon movements since past 6 months. Noted breast mass after a couple of months. Recent tenderness prompting her to seek medical attention. No weight loss or LOA

> 10/07/26 *USG breasts*- An ill-defined hypoechoic lesion with internal calcifications and int. doppler signal, measuring 2.6x 3cm is seen with Lt breast at 3 oclock position (near previous surgical scar). Another hypoechoic lesion (ill-defined) approx 1.5x 1.5cm seen at 12 oclock. No ductal ectasia. No associated soft tissue oedema. Few enlarged necrotic Lns approx 3x 2.3cm & 1.3x 1.3cm seen in Lt axilla. *RT breast- no mass/ cysts seen. No axillary LN. IMP: **Lt breast lesion likely malignancy (BIRADS 4c). For HPE correlation**

> 10/07/26 Biopsy left breast mass (Dr Sonoo) HPE: Infiltrating ductal carcinoma, NST, modified BR grade 3

> 20/07/26 –LDH 608.6*
–*Staging CT TAP (+c)*- Several nodular lesions are seen scattered in both lung fields. The larger nodule is seen in postero-basal segment of lower lobe and is measured at 11mm in diameter. Several nodular lesions with irregular contours are seen in (L) breast, in keeping with the known multi-focal breast Ca. The larger lesion is calcified and is measured at 4cm in diameter. Several enlarged (L) axillary nodes are also seen, with the larger node being measured at 2.1cm in diameter. No mediastinal lymphadenopathy is seen. There is no pleural effusion. A faint nodular hypodense formation measured at 10mm in diameter is seen in (L) hepatic lobe (segment 2). No other obvious focal hepatic lesion seen. GB normal. Normal features of the pancreas, spleen and both kidneys. A well-demarcated low density (L) adrenal nodule is noted, measured at 13mm in diameter and compatible with an adenoma. The (R) adrenal gland is unremarkable. The bladder appears clear. The uterus is anteverted and of normal size. A soft tissue formation is seen in (R) latero-uterine region, measured at 4.3x 3.6cm (? ovarian mass). The (L) ovary appears normal. No (L) adnexal mass lesion or ovarian cyst seen. There is no ascites. No colonic diverticulae or obvious bowel-related mass is detected. No coelio-mesenteric, retro-peritoneal or pelvic lymphadenopathy is seen. No focal bony lesion is seen on the bone windows. IMP: **Multiple bl lung nodules seen, compatible with lung mets. (L) axillary lymphadenopathy. Faint nodular hypodense formation seen in (L) hepatic lobe (segment 2), suspicious of a hepatic mets in this context. (L) adrenal adenoma. (R) latero-uterine lesion noted, compatible with an ovarian mass. Please correlate with tumoral markers.**

> 21/07/26 – CA 15 3 32.2*, CA 125 28
–Pre chemo cardiac assessment (Dr Purmah)- *ECG- SR no acute ischaemic changes. O/E- ESM. *ECHO- Normal LV size (LVIDd 3.3cm, IVSd 1.2cm, PW 1.2cm). Normal LV systolic function, LVEF 55-60%. Normal RV size with normal. No RV systolic function. Tri-leaflet AV- No AS, no AR (Vmax 1.5m/s). No significant valve disease. IMP: No significant cardiac issues, Echo normal- Normal LV systolic function. No significant valve disease. ECG normal. From the cardiac perspective, patient can proceed with cancer treatment

BACKGROUND HISTORY:

C-Lab Darne
C-Lab (International) Ltd
Georges Guibert St, Curepipe, Mauritius
Tel: 6013610| BRN: C22188727
24/7 Emergency & Ambulance Services: Dial 118
Email: lisa2@cliniquedarne.com

Barcode No.	: CW0042907	Age/Sex	: 56.8 YRS / Female
Patient Name	: Mrs VEDWATEE SOMBARI NAIKO	Address	: CHATEAU BENARES CAMP DIABLE
DOB	: 23-Oct-1969	NIC/PassportNo	: K2310692603327 /
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IPD No. / Ward	: /	Approved Date	: 20-Jul-2026 01:28 PM
Referring Doctor	: Dr. Nitin Kumar AUCHARAZ		

DEPARTMENT OF HEMATOLOGY

FULL BLOOD COUNT (Specimen : EDTA WHOLE BLOOD)

#HEMOGLOBIN (Darne_DXH900)		14.6	11-16	g/dL
#RED BLOOD CELL (Darne_DXH900)		4.80	4.0-6.0	10^6
HEMATOCRIT (Darne_DXH900)		40.8	34-48	%
MEAN CORPUSCULAR VOL (Darne_DXH900)		84.9	75-95	fL
MEAN CORPUSCULAR HGB (Darne_DXH900)		30.3	26-32	pg
MEAN CORPUSCULAR HEMOGLOBIN CONC. (Darne_DXH900)		35.7	31-36	g/dL
RED CELL DISTRIBUTION WIDTH-CV (Darne_DXH900)		12.9	11.6 - 16	%
RDW-SD (Darne_DXH900)		39.4	35-56	fL
#PLATELET COUNT (Darne_DXH900)		262	140-440	thou/µL
MEAN PLATELET VOLUME (Darne_DXH900)		9.1	6.5-12	fL
#WHITE BLOOD CELL (Darne_DXH900)		7.8	4-11	10^3
DIFFERENTIAL COUNT				
NEUTROPHILS ((Darne_DXH900)		72.1	40-75	%
LYMPHOCYTES ((Darne_DXH900)		21.3	20-45	%
MONOCYTES ((Darne_DXH900)		5.7	1-10	%
EOSINOPHILS ((Darne_DXH900)	L	0.5	1-6	%
BASOPHILS ((Darne_DXH900)		0.4	0 - 1.0	%
ABS. NEUTROPHIL COUNT (Darne_DXH900)		5.6	1.56-6.45	10^3/UL
ABS. LYMPHOCYTE COUNT ((Darne_DXH900)		1.7	0.95-3.07	10^3/UL
ABS. MONOCYTE COUNT ((Darne_DXH900)		0.4	0.26-0.81	10^3/UL

C care

COST ESTIMATE

FINANCIAL DISCLOSURE

Date: 20-Jul-2026

Dear Mrs VEDWATEE SOMBARI NAIKO

Thank you for contacting the Pre-Admission Counselling Services at C Care Darne and trusting us for your health care needs.

- The attached cost estimate is only indicative of the cost of a typical treatment and may fluctuate depending on your medical condition, nature of the treatment received, any complication which may arise during the surgical intervention, medical equipments/consumables used by the surgeon which have not been included, the admission period, the room type and/or other medical assistance required.
- If you are a cash patient, you or your guardian/legal administrator/next of kin is required to make a down payment of 100% of the cost estimate upon admission as per the hospital policy.You or your guardian/legal administrator/next of kin is also required to make any additional payment in case the bill exceeds the above estimate during the stay of the patient. The admission team will call the responsible party over the phone to inform the of the status of the invoice and in case a further deposit is needed during the stay of the patient. We accept payment by credit/ debit cards,internet banking, bank cheques and cash (up to 500k as per the Financial Intelligence and Anti Money Laundering Act 2002).
- If you have a health insurance cover, we will process your request for a pre-authorisation but it is your responsibility to confirm with your health insurance company the level of cover that you have and you or your guardian/legal administrator/next of kin undertakes to pay any amount not covered by the insurance company to the hospital as and when the amount becomes due. The hospital shall bear no liability with regards to terms and conditions of your insurance cover.
- Upon discharge you or your guardian/legal administrator/next of kin is required to settle the remaining balance as particularized in the final invoice in full as per the terms of the invoice. In case the final bill is less than the deposit, a refund will be made within 7 working days following the closure of the bill.
- The quotation is valid for a period of 30 days from the date of issue. Management reserves the right for any price change.

Yours Sincerely
Pre-Admission Counselling Services
C Care Darne
Mobile No :5499-3221 5422-4098
Email : preadmission@cliniquedarne.com

- I , the undersigned, hereby agree that the content and the clauses of the cost estimate have been explained/communicated to me clearly and I am fully satisfied with the information provided.
- I also agree for C Care Darne Hospital to send my medical report and the cost estimate to my insurance company for a guarantee of payment, if applicable.

Name of patient or next of kin/ guardian/ legal administrator : Adarsh Sombari Naiko

Signature : [signature]

Date: 20/07/2026

C-Care Hospitals and Clinics (Mauritius) Ltd
Georges Guibert Street, Floreal 71151
Tel: (230) 601 3610 (BRN: C21810727)
24/7 Emergency & Ambulance Services: Dial 114
Email: darnelab@cliniquedarne.com | www.c-care.com

DISCHARGE MEDICINE PRESCRIPTION

Patient Name	: **Mrs VEDWATEE SOMBARI NAIKO**	UHID No.	: C0618621
Age	: 56 YRS 9 MONTHS Sex : Female	IPD No.	: F131352
Mobile No.	: 59206095	Admission Date	: 23-Jul-2026 8:27 AM
Ward	: Chemo Chair/Cancer Level 1/Booth 8/8	Discharge Date	: -
Doctor	: Dr. Khevin Kumar BUJHAWON		
Address	: CHATEAU BENARES,RIVIERE DES ANGUILLE,MAURITIUS		

R_x

Sr	Name	Dose	Times	Dur.	Meal	Route	Qty	Remarks
1	PEG-GRAFEEL 6mg INJ (Dr Reddy)	1 NA			0		1.00	6mg stat on 24/07 afternoon
2	PARIET 20mg TAB X 14	5 NA			0		5.00	
3	VITALIX REVITALIX PLUS AMPOULES (A+B) X 10 PAIRS	1 NA			0		1.00	
4	EMITINO 4mg TAB X 10	10 NA			0		10.00	

*** End Of Report ***

Ccare

C0618621

Detailed Vat Invoice (Final)

FIP/26-27/000001177

Patient Name :	**UHID** : C0618621
Mrs VEDWATEE SOMBARI NAIKO	**IPD No.** : F131352
Address :	**Bill No.** : FIP/26-27/000001177
Chateau Benares,Riviere Des Anguille,Savanne,Mauritius	**Bill Date & Time** : 23-Jul-2026 02:56 PM
Age / Gender :	**Admission Date** : 23-Jul-2026 08:27 AM
56.8 YRS / Female	**Discharge Date** : 23-Jul-2026 02:50 PM
Contact No. : 59206095	**Admission Room Type**
Primary Panel :	CHEMO BED-CHEMO BED 9
CASH	**Discharge Room Type**
Primary Doctor Name :	CHEMO CHAIR-BOOTH 8
Dr. Khevin Kumar Bujhawon	**Speciality** : Clinical Oncologist
BRN / VAT Invoice : /	

S.No.	Particulars	Date	Units	Rate (MUR)	Discount (MUR)	Vat Amt. (MUR)	Amount (MUR)
DOCTOR FEES - IPD CONSULTATION							
1.	DR. BUJHAWON KHEVIN KUMAR	23-Jul-2026	1.00	4,837.50	0.00	0	4,837.50
					SubTotal :	**0.0**	**4,837.50**
HOSPITAL - OTHER CHARGES							
2.	CHEMOTHERAPY TREATMENT PRIVATE BOOTH (<4HRS)	23-Jul-2026	1.00	5,000.00	2,000.00	0	3,000.00
3.	RANDOM BLOOD SUGAR (GLUCOMETER)	23-Jul-2026	1.00	75.00	0.00	0	75.00
					SubTotal :	**0.0**	**3,075.00**
MEDICINE AND CONSUMABLES USED WHILE ADMITTED							
4.	CHLOROHISTOL 10MG/1ML INJ	23-Jul-2026	1.00	38.11	0.00	0	38.11
5	SODIUM CHLORIDE 0.9% X 500ML IV INFUSION	23-Jul-2026	2.00	187.26	0.00	0	374.53
6	SODIUM CHLORIDE 0.9% X 100ML IV INFUSION	23-Jul-2026	2.00	169.02	0.00	0	338.04
7	DEXONA 8MG/2ML INJ	23-Jul-2026	1.00	63.79	0.00	0	63.79
8	ENDOXAN 1G INJ [BAXTER]	23-Jul-2026	1.00	1,377.37	0.00	0	1,377.37
9	PALOHALT 0.25MG/5ML IV INJ [MSN HCL]	23-Jul-2026	1.00	254.12	0.00	0	254.12
10	EPIRUBICIN 100MG INJ [ONCOCARE]	23-Jul-2026	2.00	1,412.40	0.00	0	2,824.80
11	APRECAP 125/80MG CAP X 3 [GLENMARK]	23-Jul-2026	1.00	500.86	0.00	0	500.86
12	ACILOC AMP 50MG/2ML INJ X 5	23-Jul-2026	1.00	35.73	0.00	0	35.73
13	IV CANNULA BLUE [22G] REF 4[illegible] (DISPOSAFE)	23-Jul-2026	1.00	103.95	0.00	0	103.95
14	3 WAY STOPCOCK DISCOFIX [7CM/10CM] REF 16[illegible] (BBRAUN)	23-Jul-2026	1.00	264.00	0.00	0	264.00
15	SYRINGE LUER LOCK [5ML] BD[illegible]	23-Jul-2026	2.00	14.44	0.00	0	28.88
16	GLOVES EXAM NS NITRILE [M] REF MG100M/MGSNM [MEDIGUARD]	23-Jul-2026	10.00	4.95	0.00	0	49.50
17	ELASTODERM F-IV [6 X 20M] REF 81200[illegible] (ZARYS)	23-Jul-2026	1.00	48.63	0.00	0	48.63
18	NEEDLE PINK [18 G X 1 1/2 BD] REF 4665120 (BBRAUN)	23-Jul-2026	1.00	6.05	0.00	0	6.05
19	ALCOHOL SWAB [70% ISOPROPYL ALCOHOL] REF 30059090 (FIRSTCARE)	23-Jul-2026	4.00	2.92	0.00	0	11.68
20	CYTO-SET MIX UV PROTECT REF A2906N	23-Jul-2026	2.00	539.13	0.00	0	1,078.25

C-Care Hospitals and Clinics (Mauritius) Ltd

Printed By : Mr. Muhammad Muzzakir Goodur

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- In case of recovery, the sum due through an attorney, the attorney's fees and charges will be payable by you
- Note: This is a computerised Bill and does not require Seal & Sign

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[illegible]
Tel: [illegible]
24/7 Emergency & Ambulance Services: Dial 119
Email: [illegible]

Barcode No.	CW0042907	Age/Sex	: 56.8 YRS / Female
Patient Name	Mrs VEDWATEE SOMBARI NAIKO	Address	: CHATEAU BENARES CAMP DIABLE
DOB	: 23-Oct-1969	NIC/PassportNo	: K2310692603327
MobileNo	: 59206095	TelephoneNo	:
Sample Coll. Date	: 20-Jul-2026 12:30 PM	Sample Receiving Date	: 20-Jul-2026 12:46 PM
UHID	: C0618621	Reporting Date	: 20-Jul-2026 02:03 PM
IPD No. / Ward	: /	Approved Date	: 20-Jul-2026 02:56 PM
Referring Doctor	: Dr. Nitin Kumar AUCHARAZ		

DEPARTMENT OF BIOCHEMISTRY

RENAL FUNCTION TESTS (Specimen : PLAIN/HEPARIN PLASMA)

#UREA (Darne_C4000)		5.6	2.14-7.14	mmol/L
CREATININE (Darne_C4000)		84.02	80-115	umol/L
eGFR		64.46	>90 : Normal 89- 60 : Mild decrease 59-30 : Moderate decrease 29-15 : Severe decrease < 15 : Kidney failure (Units: mL/min/1.73mEq)	
SODIUM (Darne_C4000)		140.2	136-145	mmol/L
POTASSIUM (Darne_C4000)		3.87	3.5-5.1	mmol/L
CHLORIDE (Darne_C4000)		102.16	98-107	mmol/L
BICARBONATE (Darne_C4000)		25.2	23 - 32	mmol/L

CALCIUM (Specimen : SERUM/PLASMA)

CALCIUM (Darne_C4000)	H	**2.64**	2.15-2.58	mmol/L

LIVER FUNCTION TESTS (Specimen : PLAIN/HEPARIN PLASMA)

TOTAL BILIRUBIN (Darne_C4000)		16.1	3.4-20.5	umol/L
BILIRUBIN, DIRECT (Darne_C4000)		6.7	<8.6	umol/L
ALKALINE PHOSPHATASE (Darne_C4000)	H	**121.76**	30-120	IU/L
#ASPARTATE AMINOTRANSFERASE (AST/SGOT) (Darne_C4000)	H	**43.83**	<31	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) (Darne_C4000)	H	**48.81**	0 - 31	U/L
#GAMMA GLUTAMYL TRANSFERASE (GGT) (Darne_C4000)		28.7	< 38	U/L

LDH (Specimen : PLAIN SERUM)

LACTATE DEHYDROGENASE (Darne_C4000)	H	**608.6**	207-414	U/L

Dr. S.SEWRAJ

Radiologist

58855265/59150260

NAME OF PATIENT : Naiko Sambaiy Vedurtee	AGE : 56yrs
INDICATION:	REFERRING DOCTOR. Dr.xxx

ULTRASOUND REPORT

An illdefined hypoechoic lesion c internal calcifications and internal doppler signal measuring 2.6x3cm is seen in breast at 3 o'clock position (near previous surgical scar)

Another hypoechoic lesion (ill defined) ~ 1.5x1.5cm seen at 12 o'clock.

No dural ectasia. No associated soft tissue edema.

Few enlarged heterogenous lymph nodes - 3x2.3cm & 1.3x1.3cm seen in axilla.

Rt breast - No mass lesion seen

No dural ectasia

No axillary LN

Insufficient clinical details provided. All diagnosis tests have their inherent limitations. This is a professional opinion based on imaging findings at the time of scan. Clinical, biochemical and other relevant correlation advised to arrive at an appropriate diagnosis.

Adv Lt breast lesion likely malignancy (Birads 4c)

for HPE correlation

10/07/2026

c care

Patient Name	:	MrsVEDWATEE SOMBARI NAIKO	**UHID**	:	C0618621
DOB/Age/Sex	:	23-Oct-1969/56 YRS 8 MONTHS/Female	**App. On**	:	21-Jul-2026
Doctor	:	Dr. Khevin Kumar BUJHAWON	**Visit Type**	:	First Visit
Mobile No.	:	59206095	**Doc.Speciality**	:	CLINICAL ONCOLOGIST
Panel	:	CASH			

Doctor Notes :
56 years female
ATTENDANT AT JNH
COMPLAINING OF BREAST LUMP LEFT BREAST ABOUT 5-6 MONTHS

ATTENDED SURGEON- BIOPSY DONE

HPE SO/S/39/2026

CT SCAN NOTED
Multiple bilateral lung nodules seen, compatible with lung metastases.
(L) axillary lymphadenopathy.
Faint nodular hypodense formation seen in the (L) hepatic lobe (segment 2), suspicious of a hepatic metastasis in this context.
(L) adrenal adenoma.
(R) latero-uterine lesion noted, compatible with an ovarian mass

PASH HISTORY
HBP HYPERCHOLESTEROLEMIA

SURGICAL HISTORY
LEFT BREAST LUMP 13 YEARS BACK

Doctor Advice :
BLOOD
CA125
CA15.3

TO LIAISE WITH DR SONOO PATHOLOGIST 52574739
TO ISSUE BLOC AND SLIDES FOR IMMUNOHISTOCHEMISTRY IHC ER/PR/KI67/HER2 NEU AT C-LAB

Ccare

C Care Hospitals and Clinics (Mau[illegible]
Georges Guibert Street, [illegible]
Tel : (230) [illegible]
24/7 Emergency & Ambulance Services: Dial [illegible]
Email: [illegible] | www.c-care.[illegible]

Patient Name	: Mrs VEDWATEE SOMBARI NAIKO	UHID No	: C0618621
Age	: 56 YRS 9 MONTHS Sex : Female	IPD No.	: F131352
Mobile No.	: 59206095	Admission Date	: 23-Jul-2026 8:27 AM
Ward	: Chemo Chair/Cancer Level 1/Booth 8/8	Discharge Date	: -
Doctor	: Dr. Khevin Kumar BUJHAWON		
Address	: CHATEAU BENARES,RIVIERE DES ANGUILLE,MAURITIUS		

PMH- HBP (x2 years), dyslipidemia, covid 19 infection, ? BA
PSH- lumpectomy left breast (13 years ago- not malignant as per patient), biopsy left breast mass (10/07/26 Dr Sonoo)
Allergy- seafood (itchiness/ rash)
Drug history- telvas H 80/12.5mg od, seretide accuhaler 50/250mcg prn
Social history- non-smoker, occasional alcohol intake, attendant in a hospital
Family history- ? CLL (1 brother)
Gynae/ Obs history- Menarche at 13. No use OCP. Has 1 child (born by NVD- breastfed for 6 months). Menopause at around 53
Vaccinated against covid- astrazeneca (x3 doses)

ON EXAMINATION:
Vitals- BP 158/98*mmHg, P 82/min, temp 36.6, SpO2 on air 97%, cbg on admission 5.2mmol/l, Wt 65.5kg, BSA 1.73
CVS- S1S2+, no pedal oedema
RS- chest clear bilaterally
PA- soft, nontender, no guarding/ rigidity, BS+
CNS- Alert, conscious, gcs 15/15, no focal neuro deficits
LE- Left breast mass at 3 oclock approx 4x 6cm with skin thickening, palpable ALN

COURSE OF STAY:
Patient was assessed.

Labs 20/07/26
FBC- Hb 14.6, plt 262, WCC 7.8 (neutro 72.1%)
RFT- urea 5.6, creat 84.0 (egFR 64.5), Na+ 140, k+ 3.9, cl- 102
Serum calcium 2.64*
INR 1.1

Treatment was given as follows- Aprecap 125mg PO stat. Iv pinton 10mg slow push. Iv aciloc 50mg+ Iv dexa 8mg+ palohalt 0.25mg in 100ml nsaline over 30mins. Iv epirubicin 150mg in 200ml nsaline over 20-30mins. Iv endoxan 1g in 500ml nsaline over 60mins. Iv nsaline 100ml flush

She was allowed home afterwards

DISCHARGE MEDICATIONS:
Pariet 20mg once daily,
Vitalix Revitalix Plus 1 pair once daily,
Sc peg grafeel 6mg on 24/07 afternoon or 25/07,
Syr duphalac 15ml noctel prn in case of constipation,
Bongela gel buccal 1 app thrice daily/ prn in case of painful mouth sores,
Cinopendys 1 tab thrice daily/ prn in case of persisting nausea,
Emiting 4mg thrice daily/ prn in case of nausea,
Aprecap 80mg stat on day 2 (24/07) and day 3 (25/07)

FOLLOW UP:

C-Lab Darne
C-Lab (International) Ltd
Georges Guibert St, Curepipe, Mauritius
Tel : 6013610| BRN: C22108727
24/7 Emergency & Ambulance Services: Dial 118
Email : labo2@cliniquedarne.com

Barcode No.	: CW0042951	Age/Sex	: 56.8 YRS / Female
Patient Name	: Mrs VEDWATEE SOMBARI NAIKO	Address	: CHATEAU BENARES RIVIERE DES ANGUILLE
DOB	: 23-Oct-1969	NIC/PassportNo	: K2310692603327 /
MobileNo	: 59206095	TelephoneNo	:
Sample Coll. Date	: 21-Jul-2026 10:46 AM	Sample Receiving Date	: 21-Jul-2026 11:14 AM
UHID	: C0618621	Reporting Date	: 21-Jul-2026 12:38 PM
IPD No. / Ward	: /	Approved Date	: 21-Jul-2026 12:38 PM
Referring Doctor	: Dr. Khevin Kumar BUJHAWON		

DEPARTMENT OF IMMUNOCHEMISTRY

CA 125 *(Specimen : PLAIN- SERUM)*

#CA 125 *(Electrochemiluminescenc)(DarneFloreal_E411)*		28.00	<35	u/mL

CA 15.3 *(Specimen : SERUM/PLASMA)*

CA 15-3 *(DarneFloreal_E411)*	H	**32.15**	0-25	u/mL

Name : BHUSHAN BATRA RAJIV
Specialization : PATHOLOGIST
Date : 21-Jul-2026 12:38 PM

Dr RAJIV BHUSHAN BATRA
MBBS, MD (PATHOLOGY)
Senior Consultant
(Histopathology and Hematopathology)

*** End Of Report ***

Ecare

COST ESTIMATE

Date issued : 20-Jul-2024

Prepared by	: Mr. Diouman Hasan
Contact No.	: 6012524
UHID	: C0618621
Patient Name	: Mrs VEDWATEE SOMBARI NAIKO
DOB	: 23-Oct-1969
Address	: CHATEAU BENARES CAMP DIABLE SAVANNE
Panel Name	: CASH
Panel e-mail	:

Cost Estimate No.	: FCEF/26-27/000001214 (Ver-1)
Valid for	: 30 Days
Age/Sex	: 56.8 YRS/Female
Contact No.	: 59206095
NIC/Passport No.	: K2310692603327
E-mail	:
Panel Type	: CASH
Length of stay	: 1 Days

- Please bring ID Card or Invoice for collection of reports

Patient/Next of Kin Name : .....

Signature : ..... Date : .....

*** END ***

Printed By : Mr. Diouman Hasan

ccare

Patient Name	:	MrsVEDWATEE SOMBARI NAIKO	**UHID**	:	C0618621
DOB/Age/Sex	:	23-Oct-1969/56 YRS 8 MONTHS/Female	**App. On**	:	21-Jul-2026
Doctor	:	Dr. Yanish Jainesh Veersing PURMAH	**Visit Type**	:	First Visit
Mobile No.	:	59206095	**Doc.Speciality**	:	CARDIOLOGIST
Panel	:	CASH			

Chief Complaint : For cardiac echocardiography prior to left breast cancer treatment.
Son

Mild SOBOE on exercise
No chest pain
No palps
No syncope

PMH
Hypertension
Hypercholesterolaemia
Left breast cancer with lung and hepatic metastases - awaiting treatment at Cancer Hospital
Asthma

FH
No cardiac issues

Meds
Nkda
TELVAS
Statin

SH
Never smoked
No alcohol

ECG - SR no acute ischaemic changes
130 at home

O/E
Soft ESM
Chest clear

Echocardiogram 21/7/26

Normal LV size (LVIDd 3.3cm, IVSd 1.2cm, PW 1.2cm). Normal LV systolic function, LVEF 55-60%.
Normal RV size with normal. No RV systolic function.
Trileaflet AV - No AS, no AR (Vmax 1.5m/s).
No significant valve disease

C-Lab (International) Ltd
24/7 Emergency & Ambulance Services

Barcode No	CW0042907	Age/Sex	56.8 YRS / Female
Patient Name	Mrs VEDWATEE SOMBARI NAIKO	Address	CHATEAU BENARES CAMP DIABLE
DOB	23-Oct-1969	NIC/PassportNo	K2310692603327 /
MobileNo	59206095	TelephoneNo	
Sample Coll. Date	20-Jul-2026 12:30 PM	Sample Receiving Date	20-Jul-2026 12:46 PM
UHID	C0618621	Reporting Date	20-Jul-2026 01:42 PM
IPD No. / Ward	/	Approved Date	20-Jul-2026 02:31 PM
Referring Doctor	Dr. Nitin Kumar AUCHARAZ		

DEPARTMENT OF COAGULATION

PROTHROMBIN TIME (I.N.R.)# *(Specimen : SODIUM CITRATE PLASMA)*

Patient Test	11.2	9.4-12.5	SECONDS
Control	10.0	10	SECONDS
I.N.R *(Turbodensitometric))*	1.10		RATIO

Interpretation :

FULL BLOOD COUNT

Analyzers used: Sysmex XN-330/350/550, or Beckman Coulter DxH 900 (All systems are verified for analytical equivalence and maintained per manufacturer instructions and laboratory SOPs)

Methodology Note: **Red blood cells and platelets** are counted using impedance technology. **Hemoglobin** is measured via spectrophotometry (SLS method in Sysmex; non-cyanide method in DxH 900). **White blood cell differentials** are performed using: fluorescent flow cytometry with hydrodynamic focusing in Sysmex analyzers (WDF channel), and Volume, Conductivity, and multi-angle light scatter (VCSn) in the DxH 900 and others are calculated.

INTERPRETATION

PROTHROMBIN TIME (I.N.R) may be prolonged due to deficiencies of factors X, VII, V, and II of the extrinsic pathway, presence of inhibitors, or oral anticoagulation therapy.

International normalized ratio (INR):0.9-1.1

International normalized ratio (INR) therapeutic ranges for orally administered drugs.
-Standard-intensity warfarin therapeutic range: 2.0 to 3.0
-High-intensity warfarin therapeutic range: 2.5 to 3.5

Note: The INR should only be used for patients on stable oral anticoagulant therapy, though it is reported for all patients despite whether they are receiving oral anticoagulants.

Comment :

LIVER FUNCTION TESTS

Result Rechecked

Result Rechecked

Name : BHUSHAN BATRA RAJIV
Specialization : PATHOLOGIST
Date : 20-Jul-2026 02:31 PM

*** End Of Report ***

C-Care Darne
C-Care Hospitals and Clinics (Mauritius) Ltd
Georges Guibert Street, Floréal 74171
Tel : (230) 603 3610 | BRN: C22188727
24/7 Emergency & Ambulance Services: Dial 118
Email: darnelab@cliniquedarne.com | www.c-care.com

Patient Name	: **Mrs VEDWATEE SOMBARI NAIKO**	UHID No.	: C0618621
Age	: 56 YRS 9 MONTHS Sex : Female	IPD No.	: F131352
Mobile No.	: 59206095	Admission Date	: 23-Jul-2026 8:27 AM
Ward	: Chemo Chair/Cancer Level 1/Booth 8/8	Discharge Date	: -
Doctor	: Dr. Khevin Kumar BUJHAWON		
Address	: CHATEAU BENARES,RIVIERE DES ANGUILLE,MAURITIUS		

Review OPD in 2 weeks with fbc to be done prior.
? Admit in 3 weeks (13/08) for next cycle chemo with blood tests to be done prior. Follow ihc report

COST ESTIMATE

Date issued : 20-Jul-2026

Prepared by	: Mr Dexman Hasan	**Cost Estimate No.**	: FCEF/26-27/000001214 (Ver-1)
Contact No.	: 6012524	**Valid for**	: 30 Days
UHID	: C0618621	**Age/Sex**	: 56.8 YRS/Female
Patient Name	: Mrs VEDWATEE SOMBARI NAIKO	**Contact No.**	: 59206095
DOB	: 23-Oct-1969	**NIC/Passport No.**	: K2310692603327
Address	: CHATEAU BENARES CAMP DIABLE SAVANNE	**E-mail**	:
Panel Name	: CASH	**Panel Type**	: CASH
Panel e-mail	:	**Length of stay**	: 1 Days

Dear Mrs VEDWATEE SOMBARI NAIKO

Thank you for considering C-Care Darné as your trusted healthcare partner. With our extensive network of experienced doctors and advanced facilities, we are committed to delivering exceptional care. We are pleased to present you with our best proposal for your upcoming treatment.

Speciality	: GENERAL SURGEON		
Surgery Name	: SIMPLE MASTECTOMY INCLUDING AXILLARY NODE BIOPSY	**Surgery class**	: Major Plus(Code-5)
Doctor Name	: Dr. Nitin Kumar AUCHARAZ	**Surgery date/time**	: 20-Jul-26
Additional Notes	: OT CONSUMABLES INCLUDE LIGASURE CURVED JAW-RS 28,350. A DISCOUNT ON CLINIC FEE WILL BE GIVEN AT TIME OF DISCHARGE.		

S.No.	Particulars	Units	Discount (MUR)	Amount (MUR)
	DOCTOR FEES - SURGERY			
1.	ANESTHESIA ( )	1.00	0.00	21,500.00
2.	SURGEON (DR. AUCHARAZ NITIN KUMAR)	1.00	0.00	39,500.00
3.	**HOSPITAL - OPERATING THEATRE CHARGES**	1.00	0.00	26,700.00
	HOSPITAL - ROOM CHARGES			
4.	SINGLE ROOM	1.00	0.00	9,150.00
	MEDICINE & CONSUMABLES USED IN OPERATION THEATRE			
5.	OT MEDICAL CONSUMABLES	1.00	0.00	65,000.00
	MEDICINE AND CONSUMABLES USED WHILE ADMITTED			
6.	WARD MEDICAL STORE ITEMS	1.00	0.00	5,000.00
	MISCELLANEOUS			
7.	LABORATORY	1.00	0.00	10,000.00

C-Care Darné 20 JUL 2026 C-Care (Mauritius) Ltd

Total Amount (MUR) :	**176,950.00**
Total Item Discount (MUR) :	**0.00**
Total Estimated Cost of Treatment (MUR) :	**176,950.00**
Total Bill Discount (MUR) :	**0.00**
Interim Bill Amount (MUR) :	**0.00**
CostEstimate With Interim Bill Amount (MUR) :	**176,950.00**

- In case of recovery, the sum due through an attorney, the attorney's fees and charges will be payable by you.
- Note: This is a computerised Bill and does not require Seal & Sign.