

RUPARELIA FOUNDATION

PAYMENT VOUCHER

PAYMENT NO RF/2022/043/1273

Date: 18 October 2022

PAY M/S ARINAITWE OBA

Account Medical Expenses

AMOUNT UGX. 2,000,000/-

(IN WORDS) UGX Two Million Shillings Only

BEING PAYMENT MADE FOR THE CONTRIBUTION TOWARDS MEDICAL SUPPORT FOR MS. JENIFFER KYOTUNGIRE FOR 2022 BY RUPARELIA FOUNDATION

PREPARED BY

CHECKED BY

CONFIRMED BY

SANCTIONED

GRACE

Alwa
18/10/2022

MURSHID

[Signature]
18/10/22

TINA

[Signature]

BY

Bas approved
[Signature]

Chq No : 626

Chq Date : 18/10/2022

Chq Prepared By :

Signature :

RECEIVER DETAILS

NAME :

DATE :

ID TYPE :

SIGN : *[Signature]*

20/10/22

Stamp: 18 OCT 2022
Alwa
HOD ACCOUNTS GM/AGM

CHECKED BY AUDIT DEPT FOR :			
	Y	N	N/A
AGENTS FOR WHT		✓	
AGENTS FOR WHT VAT		✓	
WHT EXEMPTION			✓
WHT VAT EXEMPTION			✓
E-INV / E-RECEIPT			✓
DATE : In. 18/10/22 Out. 18/10/22			
NAME & SIGN:	<i>[Signature]</i>		

Jeniffer Kyotungire
18th/10/2022

To
Ruparelia Foundation
Kampala

RE: MEDICAL SUPPORT FOR MS. JENIFFER KYOTUNGIRE

This letter refers to the information I gave to Rotarian members about my wife's fellowship we had at Kabira Country Club for Rotarian members where Dr. Sudhir volunteered to give medical support for two (02) years to Ms. Jeniffer Kyotungire who is fighting breast cancer, diagnosis documents are attached.

In this regard, the Ruparelia Foundation has supported us with 4 million (Four million shillings) for two years i.e 2,000,000/= for 2022 and 2,000,000/= for 2023.

The cheque should be in the names of ARINAITWE OBA.

Thank you so much for your kind heart.

Yours faithfully,



ARINAITWE OBA
Tel: 0704-901034/0772-418568

10 OCT 2022
HOD ACCOUNTS GM/AGIWI

18 OCT 2022

Plot 4686 St Barnabas Road
Kisugu - Namuwongo
P.O. Box 8177 Kampala Uganda
Tel: +256 312 /414 200 400
email: ihk@img.co.ug



DATE: 18th.Jan.2022

Medical report

on

Jennifer Kyotungire 48y

Diagnosis: right breast Invasive ductal carcinoma Stage IIIA/ T3 N1 M0

I met this pleasant 48 year old a mother of four (para 4+0), who noticed a painless right breast mass 7 months ago but hesitated to have a biopsy taken. No family history of breast cancer, no prior breast related complaints.

She recently consented for a FNAB (was taken at a private lab facility) that revealed an invasive ductal carcinoma, immunohistochemistry tests (HER, ER, PR) and Ki67 pending.

On physical examination; she is good general condition. Significantly she has a 6cm right breast mass, spanning both upper and outer quadrants of the right breast, as well as a small palpable right axilla node. No skin changes apart from the FNAB puncture site. The chest and abdominal examinations are unremarkable so are the other systems.

Breast Mammogram and Ultrasound scans attached.

Staging CT scan: chest and abdomen are unremarkable (reports attached).

Echo and ECG is normal (see report attached).

She has been advised to complete investigations and start treatment as soon as is practically possible.

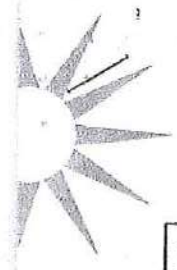
However, she wishes to seek a second opinion over her situation

Any assistance accorded to her is highly appreciated and should there be any queries do not hesitate to contact us

Prof. Moses Galukande M.Med, MSc, FCS, FACS, Ph.D.

Director Surgery





FDG PET CT SCAN

NAME:	JENIFFER KYOTUNGIRE	DATE:	28-01-2022
UHID:	KABHK.0000208837	AGE:	49Y
REF:	DR SRIDHAR P S	SEX:	F

CT SCAN FROM VERTEX TO MID THIGH (ORAL & IV CONTRAST)

INDICATION: Carcinoma right breast for staging.

STUDY PROTOCOL: Serial helical sections from vertex to mid thigh were performed in Siemens Biography mCT64 slice Digital PET CT scanner. Multiplanar reformations were then performed on dedicated workstation.

Serum creatinine 0.72 mg /dl	IV Contrast Ultravist 300. Volume - 90 ml at flow rate of 3 ml / sec. Diluted oral contrast (Urografin) for bowel opacification	Contrast reaction: Nil
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FINDINGS:

CT Head:

The neuroparenchyma is unremarkable without evidence of mass effect, midline shift or abnormal enhancement. The ventricles, sulci and basal cisterns are unremarkable. The calvarium is unremarkable.

CT Neck:

The nasopharynx, oropharynx including posterior tongue, tonsillar fossa, tonsillar pillars and hypopharynx are unremarkable.

The supraglottic including epiglottis and aryepiglottic folds, vocal cords, infraglottic larynx and upper trachea are unremarkable.

The parapharyngeal, thyroid, submandibular, parotid and posterior cervical spaces are unremarkable.

A few subcentimeter lymphnodes are noted in the neck on both sides at levels I, II and III.

The superficial soft tissues of the neck are unremarkable.

CT Chest:

Heterogeneously dense breast parenchyma is seen bilaterally.

Ill-defined metabolically active heterogeneously enhancing mass is noted in the upper quadrant of right breast measuring approximately 5.7 x 3.7 x 6.0 cm (TR x AP x CC).

Ill-defined heterogeneously enhancing metabolically active lesion is noted in the retroareolar region of right breast measuring 1.0 x 0.5 cm.



Contd.....

Jeniffer Kyotungire, 49 yrs / F

Page 3

Musculoskeletal system:**Degenerative changes are noted in the spine.****PET findings:****Protocol:** With the patient fasting for 6 hours, 10mci of FDG was injected intravenously and 3D PET CT scan was performed.

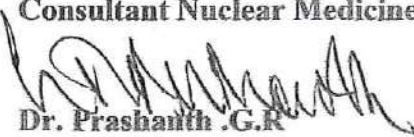

Physiological concentration is seen in the heart, gut, brain, kidneys and bladder. Back ground activity in the liver is 3.1

Increased FDG concentration is seen in the following regions (SUV as per Body Wt)

- Lesions in the right breast SUV: 12.6
- Nodules in the left breast SUV: 7.8
- Right axillary lymphnodes SUV: 4.8
- Nonspecific uptake is seen in the uterus, likely due to degenerating fibroid.

**IMPRESSION: PETCT:**

- 5.7 x 3.7 x 6.0 cm ill-defined metabolically active heterogeneously enhancing mass in the upper quadrant of right breast with another 1.0 x 0.5 cm ill-defined heterogeneously enhancing metabolically active lesion in the retroareolar region – possibility of multicentric carcinoma to be considered. Suggested ultrasound correlation.
- Multiple metabolically active enhancing nodules in the left breast as described above – of concern for synchronous carcinoma left breast. Recommended ultrasound and histopathological correlation.
- Few enhancing soft tissue nodules in both breasts. Recommended ultrasound correlation.
- Few enlarged mildly metabolically active right axillary lymph nodes + metastases.
- 3 mm nodule in the posterior segment of right upper lobe. Recommend direct comparison with prior studies / follow up to confirm stability.
- Bulky uterus with few ill-defined heterogeneous lesions in the fundus and anterior myometrium – likely fibroids. Suggested ultrasound correlation.
- Intrauterine contraceptive device in the lower uterine segment / cervix. Recommended clinical correlation.
- Other CT findings as described above.

Dr. K.G. Kallur
Consultant Nuclear Medicine
Dr. Prashanth G.R.
Consultant Nuclear Medicine
Dr. Indresh Desai
Consultant RadiologistDr. Anusha Paluri
Jr. Consultant Radiologist

UGANDA CANCER INSTITUTE LABORATORY
HAEMATOLOGY CBC REPORT FROM SYSMEX XNL-550 SN: 14275
P.O BOX 3935, KAMPALA- UGANDA

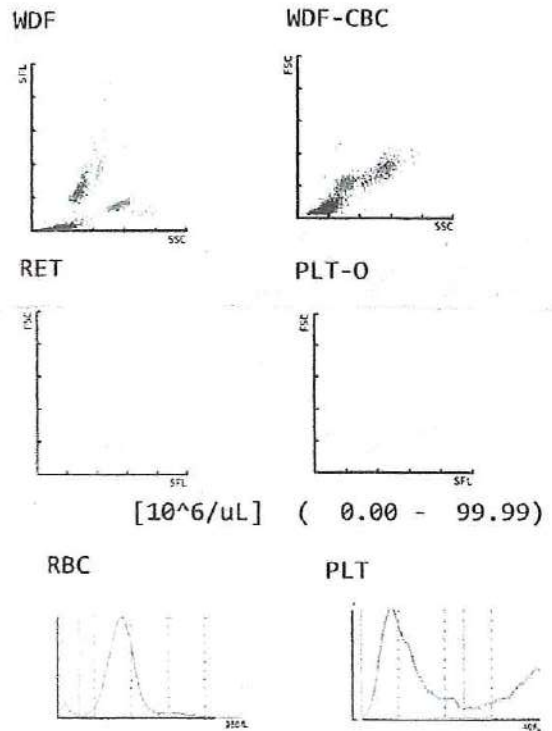
FINAL CBC/Diff REPORT

Sample No.:35
 Patient ID: KYOTUNGIRE
 Name: KYOTUNGIRE JENIPHER
 Birth: 1974/05/10 Age: 48

Analysis Date/Time: 2022/09/27 12:00:11
 Print Date/Time: 2022/09/27 12:00
 Doctor: Sex: Female
 StudyID: OPD

	Results	Ranges
WBC	2.55 - [10 ³ /uL]	(2.80 - 7.70)
NEUT	0.92 - [10 ³ /uL]	(1.00 - 5.00)
LYMPH	1.36 - [10 ³ /uL]	(1.60 - 4.50)
MONO	0.23 [10 ³ /uL]	(0.10 - 0.60)
EO	0.03 - [10 ³ /uL]	(0.04 - 0.40)
BASO	0.01 - [10 ³ /uL]	(0.02 - 0.10)
IG	0.00 [10 ³ /uL]	(0.00 - 7.00)
RBC	4.57 - [10 ⁶ /uL]	(4.70 - 6.60)
HGB	12.1 - [g/dL]	(14.4 - 18.9)
HCT	38.4 - [%]	(43.0 - 54.0)
MCV	84.0 [fL]	(73.0 - 99.0)
MCH	26.5 [pg]	(24.0 - 35.0)
MCHC	31.5 - [g/dL]	(32.0 - 36.0)
RDW-SD	53.4 [fL]	(37.0 - 54.0)
RDW-CV	17.1 + [%]	(11.4 - 15.8)
PLT	229 [10 ³ /uL]	(156 - 358)
PDW	14.0 [fL]	(9.0 - 17.0)
MPV	11.3 + [fL]	(6.0 - 10.0)
P-LCR	36.0 [%]	(13.0 - 43.0)
PCT	0.26 [%]	(0.17 - 0.35)
RET	[%]	(0.0000 - 0.9999)
IRF	[%]	(0.0 - 100.0)
LFR	[%]	(0.0 - 100.0)
MFR	[%]	(0.0 - 100.0)
HFR	[%]	(0.0 - 100.0)
RET-He	[pg]	(0.0 - 99.9)

	Results	Ranges
	36.1 [%]	(27.0 - 67.0)
	53.3 [%]	(30.0 - 61.0)
	9.0 [%]	(2.0 - 9.0)
	1.2 [%]	(1.0 - 5.0)
	0.4 [%]	(0.0 - 1.0)
	0.0 [%]	(0.0 - 72.0)




WBC IP Message
 Neutropenia


RBC IP Message


PLT IP Message

Analyzed by : MPIIMA



 **REPUBLIC OF UGANDA**
NATIONAL ID CARD





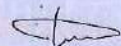
SURNAME
ARINAITWE


GIVEN NAME
OBA


NATIONALITY **SEX** **DATE OF BIRTH**
UGA **M** 27.04.1985

HN **CA'D NO**
CF65034103306H 001812168

DATE OF EXPIRY
27.11.2024

HOLDERS SIGNATURE





20/10/22

Guaranty Trust Bank (Uganda) Ltd
Plot 56 Kira Road
PO Box 7323 Kampala, Uganda

KIRA ROAD BRANCH

11 27-18-47

000626 218001102

NOT EXCEEDING Ugx.2,000,000/-

Date 18-Oct-2022

Arinaitwe Oba

Pay

or order

Not Negotiable
A/C Payee only

Two Million Only

Uganda Shillings

UGX **2,000,000/-



A/C 218 131161 1 5111 0

THE RUPARELIA FOUNDATION

Bank Code

Account Number

Authorised Signatory Above

⑈000626⑈ 09⑈27⑈847⑈ 2180011027⑈ 11

Oba
20/10/22

IMAGE CHEQUE SECURITY PK (011)