



श्री कृष्णा

डायग्नोस्टिक सेंटर
भरोसेमंद सम्पूर्ण जांच केंद्र

डॉ. खुशबु उपवंशी (माहुले)

MBBS, DNB (MD) Radio Diagnosis
Consultant Radiologist

NAME: SAVITA SEWAIWAR
REF.F.BY: DR. SAURABH MESHRAM SIR

AGE/SEX: 42Y/FEMALE
DATE: 26/02/2024

CECT THORAX

TECHNIQUE: Axial sections of the thorax were performed with and without intravenous contrast. Sagittal and coronal reformats were obtained.

Histopathologically proven case of carcinoma left breast.

Findings:

There is an irregular soft tissue attenuation lesion of size of approx 4.6 x 2.3 x 1.9 cm in upper inner quadrant of left breast, there are few irregular spiculated linear enhancing bands extending from the lesion to the skin surface with a small nodular enhancing lesion on the skin surface. No obvious deep extension to the underlying muscles of the chest wall is noted in the present scan.

The lungs are adequately aerated. There is no focal parenchymal lesion, calcification or cavitation.

There is no abnormal enhancement noted on post contrast study.

Mediastinal position and contents including the trachea and its bifurcation, thoracic aorta, the main pulmonary artery and its branches appear normal.

The cardiac size and configuration are within normal limits.

No definite mass lesions are identified in the mediastinum / hilar regions.

No significant mediastinal lymph node enlargement is identified.

No significant pleural thickening / fluid collection is seen.

Sub centimetric axillary lymph nodes are noted on both sides.

Mild spondylotic changes are noted in the visualized spine.

Two tiny (3mm) hypodense lesion with no significant post contrast enhancement are noted in segment 8 of the right lobe of liver. Possibly small hepatic cysts.

No other obvious abnormality noted in visualized upper abdomen.

P.T.O.

8669977969, 9405242383

टी-पॉइंट के बाजु में, बालाघाट रोड, मरारटोली, गोंदिया - 441614, (महा.)



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Saving Lives; Saving Families.

Patient Name: Mrs. Savita Sewaiwar / MRN-230500345

Age / Gender: 40 Yr / Female

Address: Ward No 08, Post - seoli, Tah-kinapur, Binora, balaghat, Madhya Pradesh

Req. Doctor: Dr. RESIDENT DOCTOR

Regn. Number: WALKIN.23-24-1082

Request Date: 22-05-2023 12:11 PM

Reporting Date: 23-05-2023 09:27 AM

Report Status: Finalized

Collection Date: 22-05-2023 12:40 PM

Acceptance Date: 22-05-2023 12:40 PM

TAT: 20:47 [HH:MM]

Sample ID: HIS112

HISTOPATHO - SMALL(1ST SECTION)

OBSERVATION:

HISTOPATHOLOGY Second Opinion

Received 3 slides and blocks labelled as SMH/220, SMH/220 A, SMH/220 B.

Microscopy:

1. Tumor cells malignant cells in a diffuse and discohesive pattern, with some forming single files and small clusters, arranged in Indian file pattern with intervening stroma.

2. Individual tumor cell shows minimal cytoplasm, smooth to slightly irregular nuclear boundary, uniform hyperchromatic nucleus and high nuclear:cytoplasmic ratio.

3. Nottingham Histologic grade:

Gland/Tubule formation Score 3 (less than 10% of tumor area forming glandular / tubular structures)

Nuclear Pleomorphism Score 1 (Nuclei small with little increase in size in comparison with normal breast epithelial cells, regular outlines, uniform nuclear chromatin, little variation in size)

Mitotic Rate Score 1


Overall Grade: Grade 1

IMPRESSION:

Invasive lobular carcinoma: Nottingham Histologic Grade 1

END OF REPORT

Prepared by
Mr. Vipin Ghotkar


Dr Aniruddha Mundhada
MD

Dr Suchit Barapatre
MD

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CECT THORAX

CONCLUSION

Histopathologically proven case of carcinoma left breast.

- CECT findings described above are likely suggestive of neoplastic lesion of upper inner quadrant in left breast parenchyma with possible extension to skin and subcutaneous tissue as described above.
- No obvious abnormality is noted in bilateral lung parenchyma and mediastinal region in the present scan.
- Two tiny hypodense lesion with no significant post contrast enhancement are noted in right lobe of liver. Possibly small hepatic cysts.

Recommended PET CT, clinical correlation, further management and follow-up.



Dr. Ishan Tiwari
DMRD, DNB (Radiodiagnosis)
Consultant Radiologist.

Not for medico legal purpose. This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, CT and MRI Scan also has its limitations. Therefore CT / MRI Scan report should be interpreted in correlation with clinical and pathological findings. In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately. All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.