

Dt. / / 202

Mrs. Asha Gaikwad
(44 yrs)

(Oct. 11/25).

401F

A1468548
50-044

Pt. (44) a breast (R)

(L) outside (R)

No. (2nc) available
specimen

II

Repete direct biopsy

Performed from (R) breast

Specimen sent for confirmation of
malignancy (L) mc - [ER/PR/HER-
neu]

Kindly d. Need for

(Sage Pathlab)

1
S. D.

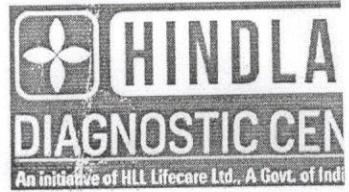
Dr. Shivaji Salunke
DrNB Surgical Oncology
Reg. No.- 2024020762



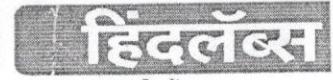
महालैब्स

राज्यीय आरोग्य अभियान
महाराष्ट्र

महाराष्ट्र शासनाची निशुल्क प्रयोगशाळा चाचण्या निदान योजना



(An Initiative of HLL Lifecare Ltd., A Govt. of India Enterprise)



चाचणी केंद्र

(एच. एल. एल. लाइफ्स के अर लिमिटेड यांच्या प्रयत्नाने, भारत सरकाराचा

PATIENT ID : 05D00140142699



REG. LAI

PATIENT NAME : MRS. ASHA GAIKWAD

AGE/SEX : 40 Year / Female

REF. BY DOCTOR : Medical Officer District Hospital Beed

SAMPLE COLL. DATE : 28/11/2024 06:1

FACILITY NAME : DISTRICT HOSPITAL BEED

REG. DATE/TIME : 28/11/2024 06:1

REPORT DATE/TIME : 02/12/2024 11:4

HISTOPATHOLOGY REPORT

SPECIMEN NUMBER:

HLL/KH/HP 8244/2024

SPECIMEN:

Right breast lump.

GROSS :

Received multiple yellow white tissue bits aggregating to 1 x 1 x 0.3 cm.

Submitted entirely.

MICROSCOPY:

The tissue represents an Invasive breast Carcinoma, grade 3.

It is composed of infiltrating nests, trabeculae, cords and occasional glandular pattern of malignant ductal cells.

The cells show moderately to markedly pleomorphic nuclei.

The surrounding stroma is desmoplastic with moderate lymphoplasmacytic infiltrates.

Tubule formation is ~5 %.

Mitosis are 20-22/ 10 hpf.

The Modified Bloom Richardson Score is (3+3+3 = 9), grade 3.

IMPRESSION:

Right breast - Invasive Breast Carcinoma, grade 3.

NOTE :

Immunohistochemistry and Clinicoradiological correlation is advised.

--End Of Report--

Mrs. Dr. Amrita Neelakantan

MD / Consultant Pathologist

PROCESSED AT HINDLABS LOWER PAREL-HISTOPATH

1 ST FLOOR, KOUSAR PLAZA, BASHERR GUNG, BEED

Patient Registration Code : 2000011203685

Page



Patient Name: ASHA GAIKWAD **Scan Number:** 20250103/010

Age: 45 **Sex:** Female

Date: 03/01/2025

Referred By:- Dr Shivaji Salunkhe, Solapur Cancer Hospital, Solapur.

Clinical Indication:- Carcinoma Right Breast – For evaluation of disease status.

WHOLE BODY PET CT IMAGING REPORT

PROCEDURE:-

9 mCi of 18F Flouro Deoxy Glucose (FDG) was injected IV in fasting status. One hour later Whole body PET CT Imaging (Head to mid thigh) was performed on a GE Discovery PET 16 slice CT scanner. Oral and IV contrast not given for CT study.

Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.

Fasting Blood Sugar: 111 mg / dl

PET CT FINDINGS:-

* Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords, myocardium, intestinal loops, kidneys & urinary bladder.

Brain:

* Brain parenchyma appears normal in attenuation. Grey White differentiation is maintained.
* Brain stem is normal. Basal cisterns and subarachnoid spaces are normal.
Cerebellum is normal.
* Lateral, IIIrd & IVth ventricles appear normal. CSF spaces are unremarkable.
* There is no evidence of any space occupying lesion/ mass effect or midline shift/ hemorrhagic pathology/ abnormal FDG tracer uptake in the supratentorial or infratentorial region.

Head & Neck:

* Oropharynx, nasopharynx, laryngopharynx & thyroid glands appear normal.
* Common carotid artery and internal jugular vein appear normal.
* No significant cervical lymphadenopathy.

Thorax:

* Abnormal focal increased FDG tracer uptake noted in heterogenously enhancing well defined soft tissue density lesion with irregular margins involving lower quadrant of right breast parenchyma involving NAC complex with associated superficial fascial thickening, lesion measures 63 x 42 mm (SUV Max 14.7).
* Abnormal focal increased FDG tracer uptake noted in multiple enlarged right supraclavicular, axillary, retropectoral lymph nodes, largest measures 27 x 20 mm (SUV Max 10.4).
* Lung fields appear clear. No focal lesion.
* No significant mediastinal lymphadenopathy.
* Cardia and major vessels are normal.
* No pleural or pericardial effusion.

Abdomen & Pelvis:

* Gall bladder, spleen, liver and pancreas appear normal.
* Adrenal glands, kidneys and urinary bladder appear normal.
* No retroperitoneal mass lesion.
* No significant abdominopelvic lymphadenopathy.
* Contrast filled bowel loops are normal.



Patient Name: ASHA GAIKWAD **Scan Number:** 20250103/010

Age: 45 **Sex:** Female

Date: 03/01/2025

Referred By:- Dr Shivaji Salunkhe, Solapur Cancer Hospital, Solapur.

Musculoskeletal:

* No abnormal focal/diffuse FDG tracer uptake seen in skeleton imaged up to mid thigh.

CONCLUSION:-

- * FDG AVID HETEROGENOUSLY ENHANCING WELL DEFINED SOFT TISSUE DENSITY LESION WITH IRREGULAR MARGINS INVOLVING LOWER QUADRANT OF RIGHT BREAST PARENCHYMA INVOLVING NAC COMPLEX WITH ASSOCIATED SUPERFICIAL FASCIAL THICKENING – SUGGESTIVE OF METABOLICALLY ACTIVE PRIMARY MALIGNANCY.
- * FDG AVID MULTIPLE ENLARGED RIGHT SUPRACLAVICULAR, AXILLARY, RETROPECTORAL LYMPH NODES – SUGGESTIVE OF LYMPH NODAL METASTASES.

WARRANTS CLINICAL & HISTOPATHOLOGICAL CORRELATION.

- * NO EVIDENCE OF ANY OTHER FDG AVID LYMPH NODAL / DISTANT METASTATIC DEPOSITS.

Dr.PAVAN SHEVGAN
MBBS,DMRE,DNB(NUCLEAR MED), MNAMS