

## OPD Progress Note & Treatment Sheet

Mr. Ankush Harishchandra Dhangale

Age - 40 yrs

Date & Time	Progress Note & Treatment
02/11/23	<p>Mr. Ankush Dhangale (40 yrs)</p> <p>Patient (class) @ to you (by law) (S1. cell carcinoma)</p> <p>1. (By) hemi-laparotomy</p> <p>2. (By) MND (S)</p> <p>specimen for (H&amp;E)</p> <p>41 2</p> <p>Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No. 2024020762</p> <p><u>50-044. . . . .</u></p> <p>23 A 2110649 12A 2110650.</p>

Patient Name : MR. DHENGALE ANKUSH HARISHCHANDRA  
Ref. By : Dr. SALUNKE SHIVAJI MBBS DNB [GEN SUR] DrNB SUR.ONCO

Age/Sex : 70 Yrs./M  
Date : 31-Jan-2025

## CEMRI NECK

MRI of the neck performed using dedicated neck coil on 1.5T unit. SE T1 weighted images were obtained in axial & coronal planes. FSE T2 weighted images were obtained in sagittal & coronal planes. STIR images were obtained in coronal plane. T2 FS weighted images were obtained in axial plane.

## OBSERVATIONS:

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There is a T1 isointense, T2 mildly hyperintense enhancing lesion centered in the right mid and posterior aspect of the oral tongue. It measures approximately 18x15mm (APxCC) with maximum depth of invasion is 13mm. The fat plane with right genioglossus muscle appears lost, however it is not crossing the midline.

Multiple enlarged lymph nodes are noted at cervical level at IA and IB and II on both sides, largest of size 8mm on right and 9mm on left.

The study reveals normal anatomical configuration of the visualised naso-pharynx & oro / laryngo pharyngeal regions with no obvious distortion of the pharyngeal airways.

The sub mandibular & Rest of the parotid glands under view appear essentially normal and reveal normal signal morphology. No obvious mass lesion could be seen.

Left Epiglottic pre-epiglottic space / epiglottic valleculae and the left base of tongue appear unremarkable.

Upper larynx: uniform sinuses & the laryngeal inlet reveal normal anatomical configuration.

## Hypo pharynx; pyriform sinuses & the laryngeal

Pharyngo-epiglottic folds appear unremarkable.  
Laryngeal vestibule; vestibular folds / vocal cords and the anterior / posterior commissures appear essentially

normal. *Microscopic examination appears normal.*

Maxilla & the mandible under view appear normal.

Hyoid bone and thyroid / cricoid cartilages appear unremarkable.

Thyroid gland & the trachea under view appear unremarkable.

Vascular structures under view display normal flow voids & a normal vascular pattern.

## Muscles & Rest of the soft tissues after 1000-1100

**IMPRESSION:** In this known case of CA tongue

- Focal lesion in the right lateral tongue, in the mid and posterior aspect with extension as described s/o malignant neoplastic aetiology - Ca Tongue. Suggested histopathological correlation.
- Few prominent cervical lymph nodes at IA, IB and II on both sides as described-Likely reactive

Please correlate clinically & with other relevant investigations also.

Dr. ASHOK SHARMA .  
MD RADIOLOGY  
Reg.No.2017040928

**Disclaimer:** Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Dr. Vivekanand N. Janra  
M.D. (Radiodiagnos)  
Radiologist & Sonolog  
Regd. No.: 681

Patient Name	:	MR. DHENGALE ANKUSH HARISHCHANDRA	Age/Sex	:	70 Yrs./M
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Hypo pharynx; pyriform sinuses & the laryngeal inlet reveal normal anatomical configuration.

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Laryngeal vestibule; vestibular folds / vocal cords and the anterior / posterior commissures appear essentially normal.

Maxilla & the mandible under view appear normal.

Hyoid bone and thyroid / cricoid cartilages appear unremarkable.

Thyroid gland & the trachea under view appear unremarkable.

Vascular structures under view display normal flow voids & appear normal in course/calibre.

Muscles & Rest of the soft tissues under view appear normal.

### IMPRESSION: In this known case of CA tongue

- Focal lesion in the right lateral tongue, in the mid and posterior aspect with extension as described s/o malignant neoplastic aetiology - Ca Tongue. Suggested histopathological correlation.
- Enlarged cervical lymph nodes at IA, IB and II on both sides as described-Likely metastatic.

Please correlate clinically & with other relevant investigations also.

Dr. ASHOK SHARMA .  
MD RADIOLOGY  
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Dr. Vivekanand N. Jani  
M.D. (Radiodiagnos)  
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# Dr. SAKHARE PATHOLOGY LA

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Dr. Gaurav Sakhare  
M.D. Pathology (Mumbai)

Patient Name : Ankush Dengale  
Block No.: 25JN164  
Referred by: Dr. Siddheshwar Shiral MS ENT

Age / Sex : 70yr/M  
Ref. No.: 6701/25  
Reg. Date : 20/01/2025

## Histopathology Report

### Gross :

Biopsy of tongue lesion.  
Received multiple tissue bits, grey white. Processed completely.

### Microscopy :

H & E stained section from completely processed biopsy revealed  
Mucosa show hyperplastic dysplastic stratified squamous epithelium.  
At places show submucosa with focal invasion of dysplastic squamous cells having  
large pleomorphic hyperchromatic nuclei, prominent nucleoli and scant to moderate amount  
of cytoplasm.  
Chronic inflammatory infiltrate around invasive focus in submucosa and other areas  
also noted.

### Impression :

Biopsy from Tongue Lesion Revealed  
Focal Invasive Squamous Cell Carcinoma

----- End of Report -----

  
Dr. Gaurav Sakhare  
M.D. Pathology  
Reg. No. 2007/10/3729

Note :- Reported as per specimen received. Remaining specimen if any will be discarded after  
1 month. Paraffin blocks with slides will be discarded after 6 months.