




BCC
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Barshi Cancer Care

Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo. 8149856861

OPD Progress Note & Treatment Sheet

Mrs. Shilavanti Haddad 60y/HF

Date & Time	Progress Note & Treatment
<u>26/04/25</u>	<p>PE (14yr) (C) 4F junction (Sq. cell carcinoma)</p> <p>Post (NAC) status — took outside (Squid 607)</p> <p>↓</p> <p>Patient underwent For Lewis (47) specimen for (HPE)</p> <p>SO-044 A2112947</p> <p> Dr. Shivaji Salunke Consultant Surgical Oncologist M.B.B.S., DNB General Surgery DrNB Surgical Oncology FMAS, FALS (Robotic Surgeon) MMC 2024020762</p>



SHRI MARKANDEY SOLAPUR SAHAKARI RUGNALAYA & RESEARCH CENTRE NIYAMIT, SOLAPUR.

Pt. Name :- Shilvanti Hadpad

Path No. :- B 584/24

Age :- 60 Yrs. Sex :- F

Accession Date :- 07/12/2024

Ref By :- Dr. Suhas C. Pujar

Report Date :- 07/12/2024

M.D

Hospital Id. :- IPD OPD

HISTOPATHOLOGY REPORT

SPECIMEN : BIOPSY ,GROWTH, OESOPHAGUS (30 cm)**GROSS EXAMINATION :**

Few gray white bits measures 0.3 cm together.

STAIN :Hematoxylin and Eosin.**MICROSCOPIC EXAMINATION :**

Multiple and serial deep sections are studied.

They show fragments of tissue covered by acanthotic stratified squamous epithelium with changes of severe dysplasia bordering onto in situ carcinoma.

One fragment shows scanty subepithelial tissue. It is fibrovascular with microinvasion by the dysplastic lining epithelium.

Fragments of necrosed tissue and diffuse leukocytic infiltrate are seen.

IMPRESSION :**BIOPSY, GROWTH, OESOPHAGUS (30 cm)****SQUAMOUS CELL CARCINOMA, (MICROINVASIVE)****MODERATELY DIFFERENTIATED.**

With Regards,

Dr. N. V. Potdar, M.D. (Path.)

Dr. Sanjeevani Yemul DCP, DNB

Dr. Shwetha Walke
MD (Path)



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Degoan Road, Solapur - 413005.
Ph. : 0217-299 2611 / 9923463388
Email : solarismedicare@gmailcom

Patient Name: SHILAVANTI HADPAD Scan Number: 20250215/077

Age: 60 **Sex:** Female

Date: 15/02/2025

Referred By:- Dr Gowtham Raja, Reliance Hospital, Solapur.

Clinical Indication:- Carcinoma Esophagus S/p Chemotherapy – On follow for evaluation of treatment response.

WHOLE BODY PET CT IMAGING REPORT

PROCEDURE:-

10 mCi of 18F Fluoro 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 PET16 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: 100 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:

- * There is persistence of mildly increased FDG tracer uptake noted in right lobe of thyroid gland with internal hypodense nodule showing peripheral calcification, measures 16 x 14 mm (SUV Max 2.3). Suggested clinical/biochemical correlation & further evaluation.
- * Oropharynx, nasopharynx, laryngopharynx appear normal.
- * Common carotid artery and internal jugular vein appear normal.
- * No significant cervical lymphadenopathy.

Thorax:

- * There is complete anatomic and metabolic resolution of previously mentioned heterogeneously enhancing asymmetric, circumferential wall thickening involving lower 1/3rd of esophagus extending till GE junction causing marked luminal narrowing and resultant proximal esophageal dilatation.
- * Lung fields appear clear. No focal lesion.
- * No significant mediastinal lymphadenopathy.
- * Cardia and major vessels are normal. No pleural or pericardial effusion.

Abdomen & Pelvis:

- * There is complete anatomic and metabolic resolution of previously mentioned few enlarged perigastric & gastrohepatic lymph nodes.
- * Gallbladder, spleen, liver and pancreas appear normal.
- * Adrenals, kidneys and urinary bladder appear normal.
- * Contrast filled bowel loops are normal.



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Musculoskeletal:

* There is no evidence of any abnormal FDG uptake in skeleton imaged up to mid thigh.

CONCLUSION:-

WHEN COMPARED TO PREVIOUS WHOLE BODY PET CT SCAN DONE ON 11.12.2024,
TODAY'S SCAN SHOWS,

- * THERE IS COMPLETE ANATOMIC AND METABOLIC RESOLUTION OF PREVIOUSLY MENTIONED HETEROGENOUSLY ENHANCING ASYMMETRIC, CIRCUMFERENTIAL WALL THICKENING INVOLVING LOWER 1/3RD OF ESOPHAGUS EXTENDING TILL GE JUNCTION.
- * THERE IS COMPLETE ANATOMIC AND METABOLIC RESOLUTION OF PREVIOUSLY MENTIONED FEW ENLARGED PERIGASTRIC & GASTROHEPATIC LYMPH NODES.
- * NO EVIDENCE OF ANY OTHER NEW FDG AVID LYMPH NODAL / DISTANT METASTATIC DEPOSITS.
- * OVERALL PET/CT SCAN FINDINGS ARE SUGGESTIVE OF FAVORABLE RESPONSE TO THERAPY.

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