



TEST REQUISITION FORM (TRF)

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mangal Tharot
Age : 40 Yrs Months Days
Sex : Male ☒ Female ☐ Date of Birth : DD MM YYYY
Ph. :

Client Details :

SPP Code SO-044
Customer Name
Customer Contact No
Ref Doctor Name Shivaji Salunke
Ref Doctor Contact No

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : <u> </u> AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐
Test Name / Test Code			Sample Type	SPL Barcode No	
<u>Small Biopsy</u>			<u>Specimen</u>	<u>B2451897</u>	

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form,HLA Typing form along with TRF.

OPD Progress Note & Treatment Sheet

Mangal Thorate
Age - 70 Yr

Date & Time

Progress Note & Treatment

Mangal Thirath (70 Yr)

pt c (41) - (M) breast
lump fine tan
faw wh.

(MR) brain

(SL) multiple

? Metastatic lesion

brain biopsy - (SL) Aden. (C)

truent biopsy taken
from (M) breast
lump

↓
Specimen for
(TPE)

41-2

Dr. Shivaji Salunke
Consultant Surgical Oncologist
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DrNB Surgical Oncology
FMAS, FALS (Robotic Surgeon)
MMC 2024020762

SC-044
B2451897.

DR. JAGTAP LABORATORY

Dr. R. V. Jagtap MBBS, DCP Consulting Pathologist

Office: Near Raja Park, Siddhanta Highschool Road, BARSHI - 413401. Ph. 02184-223417, Cell. 8421340960, 9822340969

MR. MANJAL POPAT THORAT

Pathologist V. Jagtap

LAB ID : 019

Age : 70 Yrs Sex : F

Printed : 17/02/2025 15:59

Sample Collection : 30/01/2025 15:51

Sample Received : 30/01/2025 15:51

Report Released : 15/02/2025 17:59

HISTOPATHOLOGY REPORT

- : Anterior skull base SOL.
- : .
- : Single rounded tissue mass of size 3.5 X 3 cm.
- : Section studied shows atypical cells arranged in sheets, papillae and glandular fashion
Cells are having large round to oval hyperchromatic nuclei, prominent nucleoli and moderate cytoplasm.
Areas of hemorrhage noted. Capillary proliferation seen.
- : Suggestive of metastasis of high grade carcinoma.
(Likely Adenocarcinoma)
- : Clinical correlation and other relevant investigation for confirmation.

Reported At: 15/02/2025 (17:59:31)

End Of Report

*Kindly write
Block*

Kindly



Dr. R. V. Jagtap
MBBS, DCP
Consulting Pathologist

NABL Accredited Laboratory and ICMR Approved Certificate No.: MC-4835

• Biochemistry on Fully Automated Biochemistry Analyser (Italy) • Total Hormone Assay on Fully Automated Immuno Analyser MIRA Vitos (France)
• Hemogram on Fully Automated Cell Counter Beckman Coulter (U.S.A.) • Electrolyte on Automated base Analyser (No. 8, U, Q)
• AHA Profile, Coagulation Test On Fully Automated Coagulometer • Histopathology, Cytology Microbiology - Bact Alert Vitek 2 (France)
• Genotype MTB DR for Tuberculosis • Other Special Test Under One Roof

Pushpan Imaging Centre

MRI • 96 Slice CT Scan (Technically), Digital X-Ray • Ultrasonography • Colour Doppler, Digital OPG

Name : MS. THORAT MANGAL POPAT
: Dr. GODAGE KISHOR MS MCH (Neuro)

Age/Sex : 70 Yrs./F
Date : 24-Jan-2025

MRI BRAIN PLAIN WITH CONTRAST

NGS:

Approximately 3.8 x 3.9 cm left frontal lobe heterogeneously enhancing mass lesion noted with significant proportionate perilesional vasogenic edema noted. Similar enhancing lesion is noted in the right posterior region measuring 11 x 17 mm.

Mass effect noted without midline shift or herniation.

Altered marrow signal intensity noted in the left parieto-occipital bone with associated enhancing subcutaneous overlying soft tissue. Adjacent dural thickening is also noted.

Both the cerebral hemispheres are showing normal signal intensity.

No evidence of acute infarct or intracranial bleed.

Basal sinuses are unremarkable. Brain stem and cerebellum appear normal.

Basal cisterns appear normal. Sellar, suprasellar and parasellar regions appear normal.

Atlanto-axial articulation appears normal with no features to suggest basilar invagination or Chiari malformation noted.

DISCUSSION:

At least two lesions are noted in bilateral frontal lobes with heterogeneous enhancement and significant disproportionate perilesional vasogenic edema on the left side.

Mass effect noted without midline shift or herniation.

Altered marrow signal intensity noted in the left parieto-occipital bone with associated enhancing subcutaneous overlying soft tissue. Adjacent dural thickening is also noted.

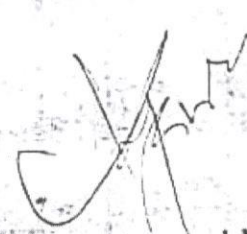
No evidence of acute infarct or intracranial bleed.

Possibility of metastatic brain disease to be considered and appropriate further evaluation and clinical correlation is required.



Prath Kumar G G
M (Neuroradiology) Reg No KMC69137
Consultant Interventional Neuroradiologist

Investigations have their limitations. Secondary pathological/radiological and other investigations never confirm the final diagnosis. Only help in diagnosing the disease in correlation to clinical symptoms and related tests. Please interpret.



Dr. Vivekanand N. Janrao
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No. 68115