NABL
MC-3633

TEST REQUISITION FORM (TRF)

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Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mangal thorat

Age : ~~70~~ Yrs : ___ Months ___ Days

Sex : Male ☐ Female ☐ Date of Birth : ☐☐ ☐☐ ☐☐☐☐

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 : AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Small Biopsy	~~specimen~~	B2451897

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.

Barshi Cancer Care

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

OPD Progress Note & Treatment Sheet

Mangal Thorat
Age - 70Y/F

DAte & Time	Progress Note & Treatment
30-04-24 B2451897.	Mangal Thorat (70Y/F) Pt c/o (L) Rt breast lump since last few wks. - (MR) brain (Sl.) Multiple ? Metastatic lesion - brain biopsy - (Sl.) Adeno. Ca trucut biopsy taken from (Rt) breast lump ↓ Specimen for (HPE)

Dr.Shivaji Salunke
Consultant Surgical Oncologist
M.B.B.S.,DNB General Surgery
DrNB Surgical Oncology
FMAS, FALS (Robotic Surgeon)
MMC 2024020762

DR. JAGTAP LABORATORY

Dr R V Jagtap M B B S , D C P Consulting Pathologist

[illegible] Raja Pukka, Sulakhe Highschool Road, BARSHI - 413401. Ph.: 02184-223417, Cell : 8421340969, 9822340969

MANGAL POPAT THORAT	LAB ID : 019	Sample Collection : 30/01/2025 15:51
[illegible] V. College	Age : 70 Yrs Sex : F	Sample Received : 30/01/2025 15:51
	Printed : 17/02/2025 15:59	Report Released : 15/02/2025 17:58

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, prominant nucleoli and moderate cytoplasm.
Areas of hemorrhage noted.Capillar proliferation seen.

: Suggestive of metastasis of high grade carcinoma.
(Likely Adenocarcinoma)

: Clinical corelation and other relavant investigation for confirmatiom.

[illegible] Reported At 15/02/2025 17:58:31

——— End Of Report ———

Kindly provide blocks

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

Pushpan Imaging Centre

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

t Name	: MS. THORAT MANGAL POPAT	Age/Sex	:	70 Yrs./F	
y	: Dr. GODAGE KISHOR MS MCH (Neuro)	Date	:	24-Jan-2025	

MRI BRAIN PLAIN WITH CONTRAST

NGS:

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

effect noted without midline shift or herniation.

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

f the cerebral hemispheres are showing normal signal intensity.

dence of acute infarct or intracranial bleed.

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

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

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

ESSION:

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.

rath Kumar G G
M (Neuroradiology) Reg No KMC69137
sultant Interventional Neuroradiologist

vestigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final y only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret

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