



TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Dattatray Sanap

Age : 46 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) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
Sample Collection Time :	AM / PM	Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Test Name / Test Code		Sample Type		SPL Barcode No	
<u>medium HPR</u>		<u>B2459960</u>		<u>1</u>	
<u>②</u>		<u>Tonuge punch</u>		<u>2</u>	

Clinical History:

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.

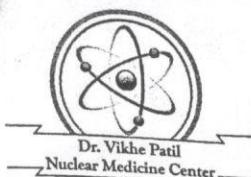
No. of Samples Received:

Received by:

Progress Note & Treatment Sheet

Mr. Dattatray Samp (46yrs)

Date & Time	Progress Note & Treatment
10/05/25	<p>To</p> <p>Sage lab</p> <p>Patient Mr. Dattatray Samp (46yrs)</p> <p>fric @ tongue @ lat, present, duralged</p> <p>ulcerated lesion in @ lat tongue & RMT (?end punc)</p> <p>specimen for confirmation of maligny</p> <p>1. punch biopsy from ulcer over @ lat tongue</p> <p>2. @ RMT ulcerated lesion</p> <p></p> <p>Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No. - 2024020762</p>



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Name	:	MR.DATTATRAY SANAP	Age/Sex	:	46YRS / MALE
Ref By	:	DR.BHUSHAN NIKAM	Date	:	01-04-2025

Clinical Indication: - Carcinoma left lateral aspect of tongue, status post-surgery in 2011. Whole body PET-CT in 2014 showed no recurrent or distant metastasis - for follow up evaluation.

WHOLE BODY PET CT IMAGING REPORT

PROCEDURE TECHNIQUE: 9.87mci of 18F-FDG was injected i.v. after overnight fasting. After waiting period of 50 minutes PET images with contrast enhanced CT were acquired extending from vertex to mid thigh region. SUVmax values normalized to body weight were noted. BSL at time of injection of FDG: 109mg/dl.

PET CT FINDINGS:-

Brain:-

* Normal physiological tracer distribution is noted in the supra and infra tentorial brain parenchyma.

(Note: All brain metastases may not be apparent on a PET-CT scan and an MRI may be performed where clinically indicated).

Head & Neck:

* Focal abnormal increased FDG uptake noted in left lateral margin of mid 1/3rd of tongue (SUVmax 6.3).

* No abnormal increased FDG uptake noted in subcentimetric bilateral level II cervical lymph nodes.

* Oropharynx, nasopharynx, laryngopharynx appear normal.

* Thyroid gland appears unremarkable with no demonstrable abnormal FDG uptake.

* No cervical lymphadenopathy.

Thorax:

* FDG non-avid left upper paratracheal lymph node subcentimetric in size.

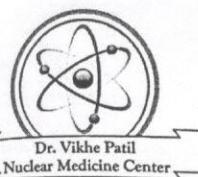
* Mediastinal vascular structures appear unremarkable.

* Normal physiological FDG uptake is seen in the myocardium.

* No evidence of any pleural or pericardial effusions seen.

* No focal lesion or abnormal FDG uptake is noted in the pleura.

* No significant mediastinal lymphadenopathy is noted.



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* Cardia and major vessels are normal.

Abdomen & Pelvis:

- * FDG non-avid right renal cortical cyst.
- * FDG non-avid mild prostatomegaly noted.
- * No evidence of ascites or free fluid seen.
- * Liver, Gall bladder, spleen and pancreas appear normal.
- * Stomach, small bowel & large bowel loops appear unremarkable and reveal normal physiologic FDG uptake.
- * Liver and spleen appears normal in size and reveals fairly homogeneous parenchyma & attenuation pattern with physiologic FDG uptake.
- * Otherwise bilateral kidneys and urinary bladder appear normal.

Musculoskeletal:

*No evidence of abnormal FDG uptake or skeletal lesions noted in the visualized skeletal system.

CONCLUSION:-

When compared to previous whole body PET CT report done elsewhere on 20/11/2014 , today's scan shows (DICOM images were not available for comparison):

- * Focal FDG avidity noted in left lateral margin of mid 1/3rd of tongue - Warrants clinical correlation to rule out recurrent primary malignancy of tongue .
- * FDG non-avid subcentimetric bilateral level II cervical lymph nodes.
- * No obvious FDG avid lymph nodal/distant metastasis.
- * FDG non-avid mild prostatomegaly noted - Suggested PSA correlation.

Dr. SUSHIL NEMANE
DMRD, DNB
Cons. Radiologist

Dr SANDEEP SASI
MD (Nuclear Medicine)