

Pat ID:

2125105859  
30Y

Patient Name:  
Sex:

C GOPALAM ( 30 Y/M) ^^^^  
M

1 / 2

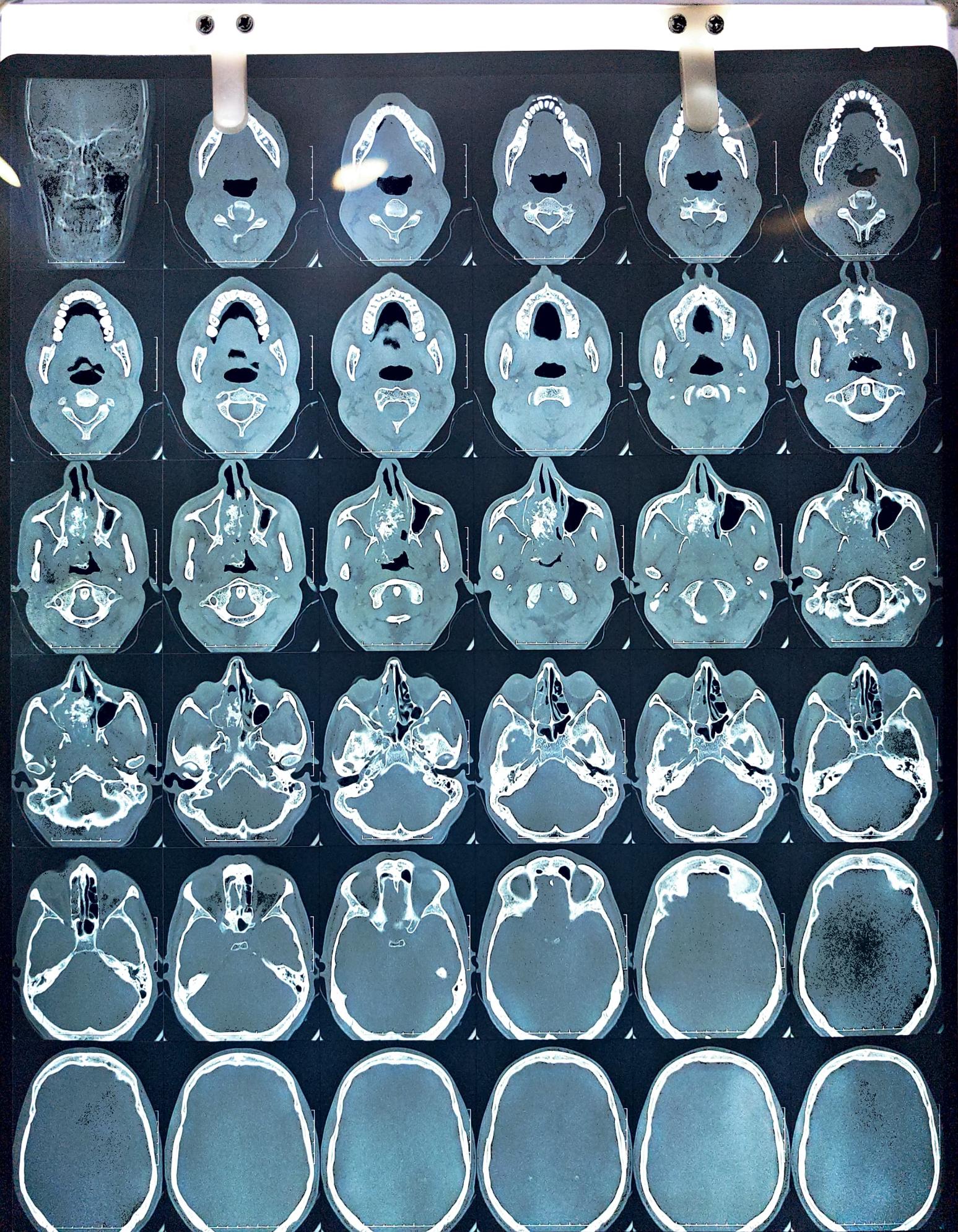


Patient ID:  
Age:

2125105859  
30Y

Patient Name:  
Sex:

C GOPALAM (30 Y/M) ^^^^  
M

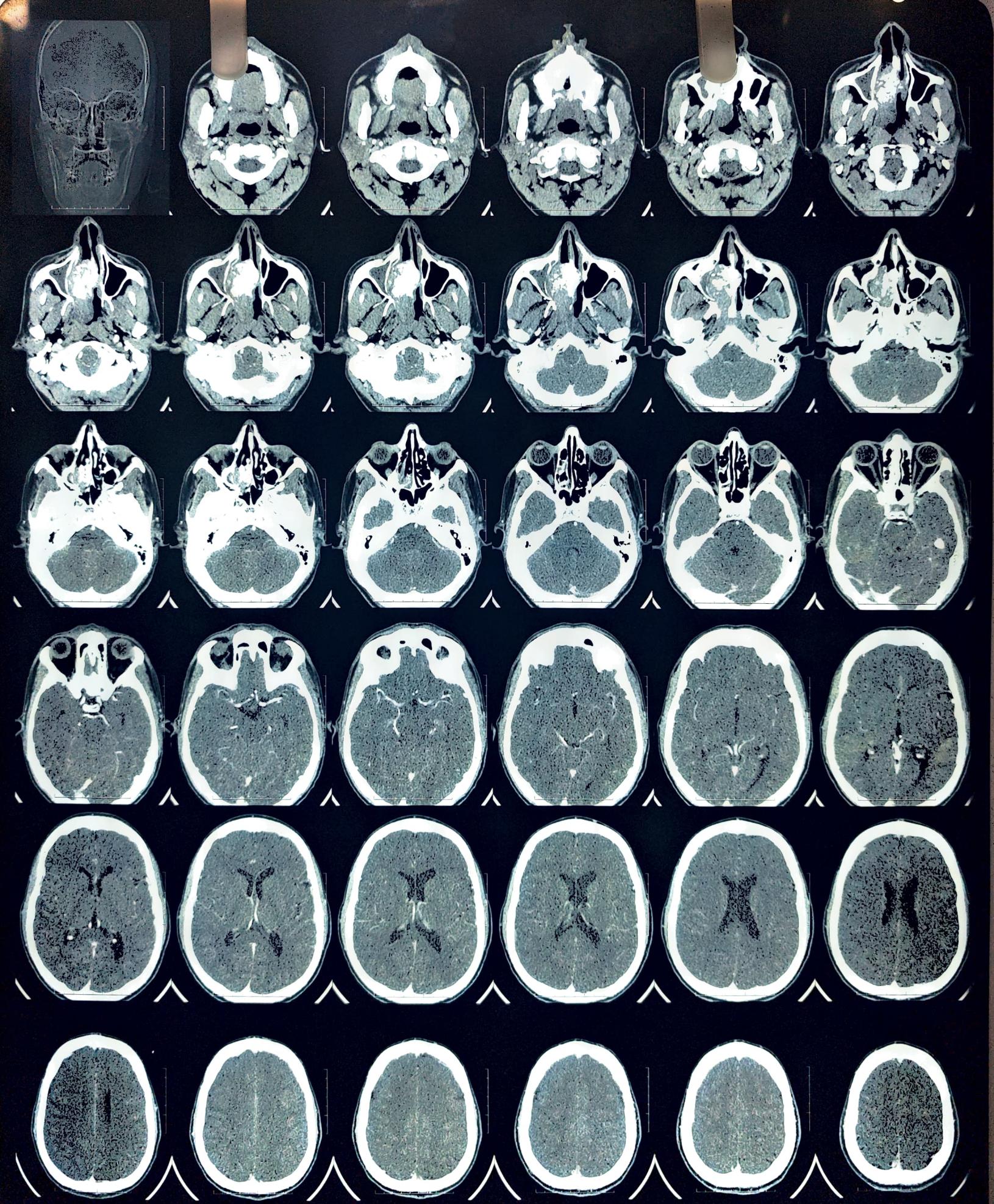


Patient ID:  
Age:

2125105859  
30Y

Patient Name:  
Sex:

C COPALAM ( 30 Y/M) / AAA  
M

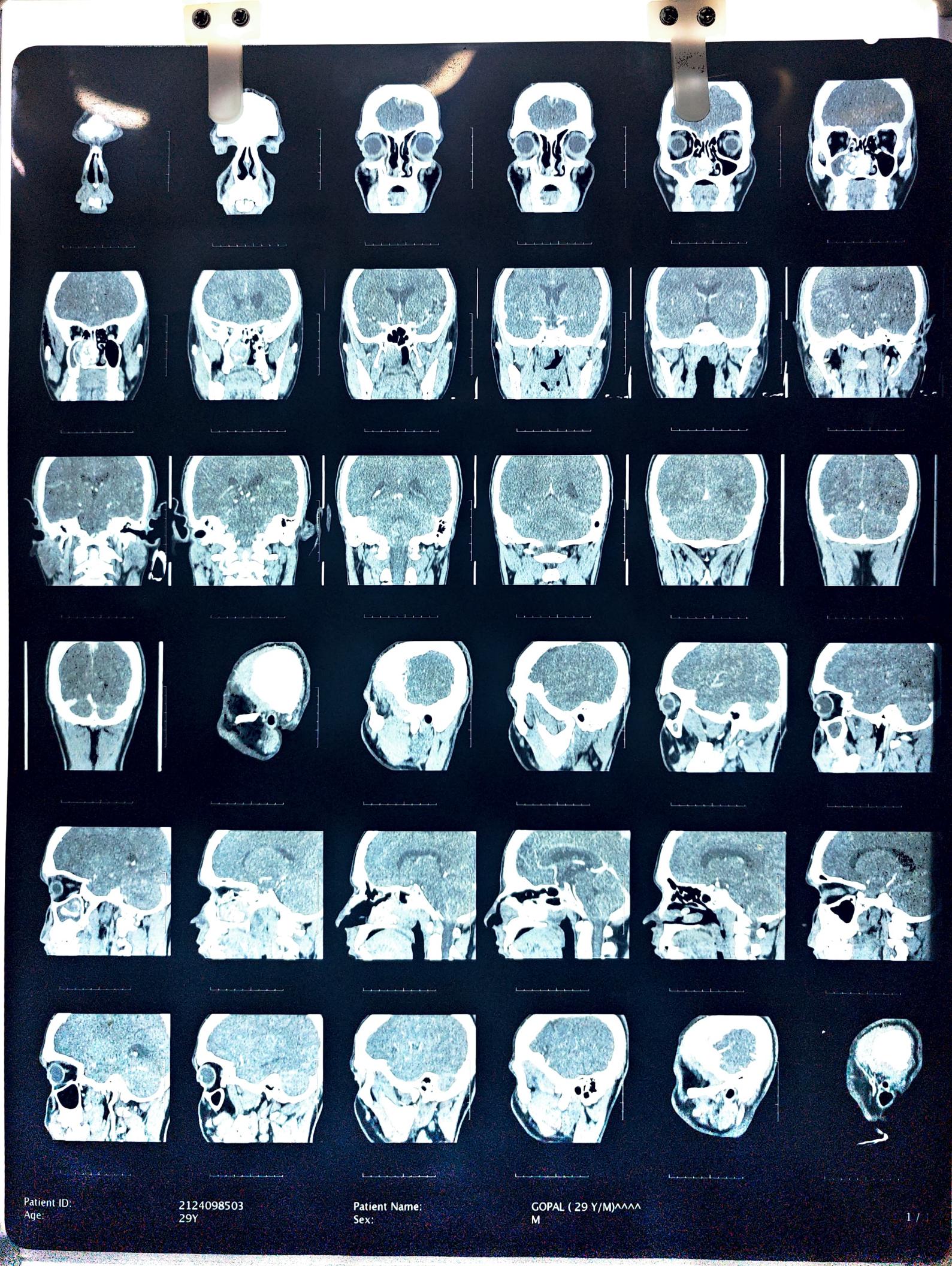


Patient ID:  
Age:

2124098503  
29Y

Patient Name:  
Sex:

GOPAL ( 29 Y/M)^^^^  
M

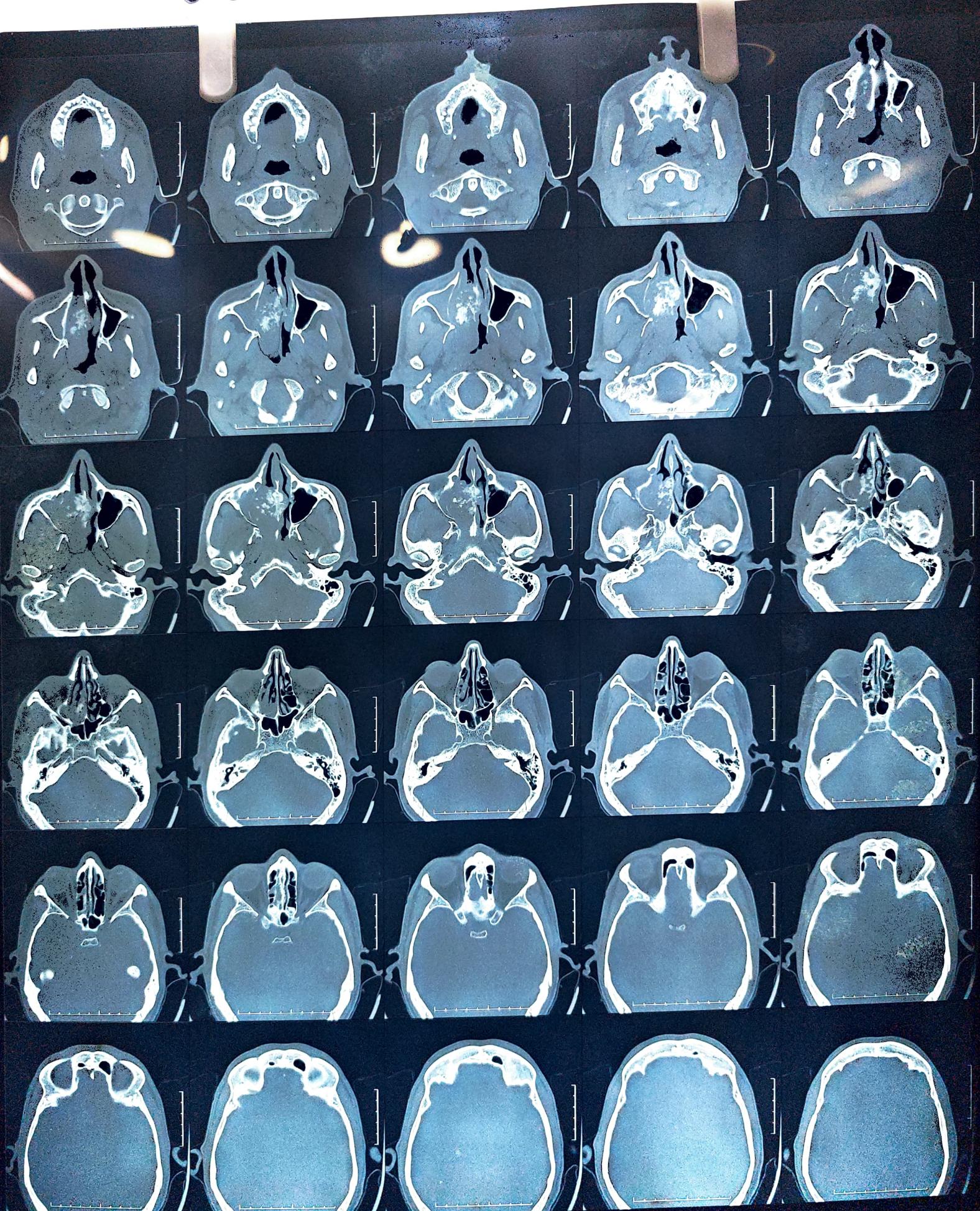


Patient ID:  
Age:

2124098503  
29Y

Patient Name:  
Sex:

GOPAL ( 29 Y/M) ^^^^  
M



Patient ID:  
Age:

2124098503  
29Y

Patient Name:  
Sex:

GOPAL ( 29 Y/M) ^^^^  
M

Patient : Mr.C GOPALAM  
 Age/Gender : 30 Y/M  
 SID No : 2125105859  
 Ref.By : R K DIAGNOSTIC CENTER

Registered Date: 04-06-2025



CT

CT - PNS PLAIN

**TECHNIQUE:** Supine axial with coronal reconstructions with thin sections through osteomeatal complex.

**FINDINGS:**

Known case of CA nasal septum. Post RT, CT and surgery.

III defined heterogeneous expansile soft tissue density mass noted in nasal cavity adherent to nasal septum on right side showing extensive calcification measuring about 65 x 39 x 36 mm (ap x trans x cc) - s/o Neoplastic etiology.

Medially mass is seen extending into left nasal cavity adherent to medial wall of left maxillary sinus. Laterally mass is seen displacing medial wall of right maxillary sinus laterally with erosions of bilateral maxillary sinus walls and right medial orbital wall erosions.

Posteriorly mass is seen extending into nasopharynx. Posterolaterally it is extending upto medial pterygoid muscle on right side with no clearly defined intervening fat plane.

Superiorly mass is seen extending into bilateral ethmoidal aircells predominantly on right side. Cribiform plate appears intact.

Inferiorly it is seen extending into hard palate with erosion of hard palate on right side. Bilateral inferior and middle turbinates and right superior turbinate are not distinguished from the mass - s/o infiltration.

Diffuse complete mucosal opacification of right maxillary and ethmoidal sinuses.

Mild mucosal thickening in left ethmoidal sinuses, bilateral sphenoid sinuses and right frontal sinus.

Bilateral osteomeatal units are blocked.

Right sided keros type II, left side keros type I.

Bilateral delanos optic canal type I.

Orbits appear normal.

Visualized extent of brain parenchyma normal.

**IMPRESSION:**

III defined heterogeneous expansile soft tissue density mass in nasal cavity adherent to nasal septum on right side showing extensive calcification - s/o Neoplastic etiology - s/o tumour recurrence with extensions as described.

--SUGGESTED CLINICAL CORRELATION.

Checked By Dr Mounika Ashwin Bonasi

- End of the report -

Clinical Note : Assay results should be correlated clinically with other clinical findings and the overall status of the patient.

Page No : 1 of 1



Registered at

Suryapet Hwy, Gunti Jangaiah Nagar, Bahadurguda, LB Nagar, L B Nagar, Hyderabad, Telangana, India-500963,



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## DEPARTMENT OF RADIOLOGY & IMAGING

### MRI SCAN REPORT

NAME OF THE PATIENT : GOPALAM

AGE: 29Y/M

ID. NO: MR-1470

DATE: 14/05/25

Referred by: MNJ

Regd NO: 24-12945

### MRI HEAD & NECK REPORT

E/o relatively well defined heterogeneous T1 hypointense T2/STIR hyperintense lesion measuring 3.4 x 3.3 x 6.2 cm (T x CC x AP) noted in right nasal cavity abutting nasal septum showing restriction of DWI/ADC.

Anteriorly not reaching upto choana.

Posteriorly extending into posterior choana and obliterating nasopharynx and reaching till posterior pharyngeal wall. Right laterally involving right superior, mid, inferior turbinates.

Medially crossing midline with erosion of septum, extending into left nasal cavity and infiltrating of left mid and inferior turbinate. Right laterally causing mass effect on right maxillary sinus with thinning and bowing of medial wall, compression of right osteomeatal complex with mucosal thickening of right maxillary and ethmoidal sinuses.

Superiorly possible involvement of right middle ethmoidal sinuses.

Sphenoid sinuses – Normal; inferiorly abutting hard palate and soft palate with no obvious infiltration. - **Neoplastic etiology.**

Hypo Pharynx : Normal

Larynx : Normal

Thyroid : Normal

Trachea : Normal

Visualised sections of Brain : Normal

#### IMPRESSION :

- Neoplastic etiology

*X-ray comment on cribriform plate breach*

*RADIOLOGIST*

*- No obvious involvement of cribriform plate noted.*

## OUT PATIENT CARD

## ABHA CARD

Patient Name: CHIDIRALA GOPALAM

S.O: C NARAYANA

Age/Sex: 30/Yr/M

Mobile: 9542383152

Address: NA

Address: Chaithanyaapuri Dsrr, Surveyapet, Telangana, India

ABHA Address: 41280751563015@ahdra

ABHA Number: 41-2807-5156-3015



Category: Free

Department: ENT

Unit: Red Male Unit 4

Room: 5

Visit Date: 29-May-2025 08:27

Queue No: 25

OPD Days: Thu

Register By: Lavanya



ఈ ABHA కార్డు ఉపయోగించడానికి కల్పించాలి. ఈ కార్డు ఉపయోగించడానికి కల్పించాలి. ఈ కార్డు ఉపయోగించడానికి కల్పించాలి.

This card can be removed, cut and laminated.

Cough from mri

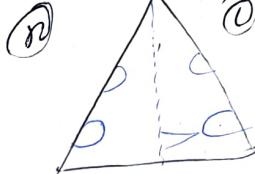
11/20 - Nasal Nasopharyngeal Soreness

both RT &amp; CT

R

Done @ mri  
on Monday 21/6/25  
9.00 AM

HN  
Abcys (R)  
2/6/25



Done @ mri 12/6/25

T - Axial

P - Lef

X-ray

Done  
NPA  
Acrylic stent  
Done of PNS  
OP on Thursday  
report 5/6/25

OP - 20

Done to O along floor  
smooth finished graft mineral antrix  
for rest of the time (R) IT.  
IT - could not be mineralized.

D - ? nasopharyngeal granuloma  
Plan - after CT PNS

R

CST





**M.N.J. INSTITUTE OF ONCOLOGY & REGIONAL CANCER CENTRE**  
**SUMMARY SHEET**

Government Employee <input type="checkbox"/>	Re-admitted	Ward	Income	Admission Date
Private <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Hours :
NAME OF THE PATIENT (write in block letters)		Age	Sex	Rel.

ADDRESS : _____	Occupation and Identification
-----------------	-------------------------------

Father's / Husband Name \_\_\_\_\_ Emergency Address \_\_\_\_\_

FINAL DIAGNOSIS (in block letters)	Code No.
------------------------------------	----------

OPERATING PROCEDURE (in block letters)	Code No.
--	----------

RESULT				Date of Discharge
Cured	Relieved	Otherwise	Died	C. Gopalam 24/1/15 24-12-945

**DISCHARGE SUMMARY**

Symptoms : 19/3/25

RT Plan

60Gy in 30# @ 2Gy/1#

Nodal Cavity

25D	25D	12.2 x 9	91.8	142.143.4
325	325	11.2 x 9.5	92.8	96.7
0	0	10.5 x 9.5	91.8	114.2
85	35	11.5 x 9.5	92.5	137.5
110	110	12.5 x 9.0	92.0	145.5
NC330	330	12 x 11.5	90.4	145.5
NC30	30	9.2 x 11	91.9	111.5

Physical Findings

Treatment :

Operations :

Riopsy Findings

X 4 2  
0 3.5 9

S



TGTRUST | SPT(2025) | 150504 | 153/03.

✓ True Beam  
J Green

11:25AM

Phone : 23318414, 23397000

## M.N.J. INSTITUTE OF ONCOLOGY & REGIONAL CANCER CENTRE

RED HILLS, HYDERABAD-500 004.

### COBALT-60 TELE THERAPY TREATMENT CARD

Name : Chidirala Gopalam

Age : 29 Sex: Male

Diagnosis : Malignant spindle cell tumour of

State (TNM) : T1N1M0 Nasal Septum-Synovial Sarcoma

Histopathology : S1P 30 AJ

Hosp. No. : 2024-12945

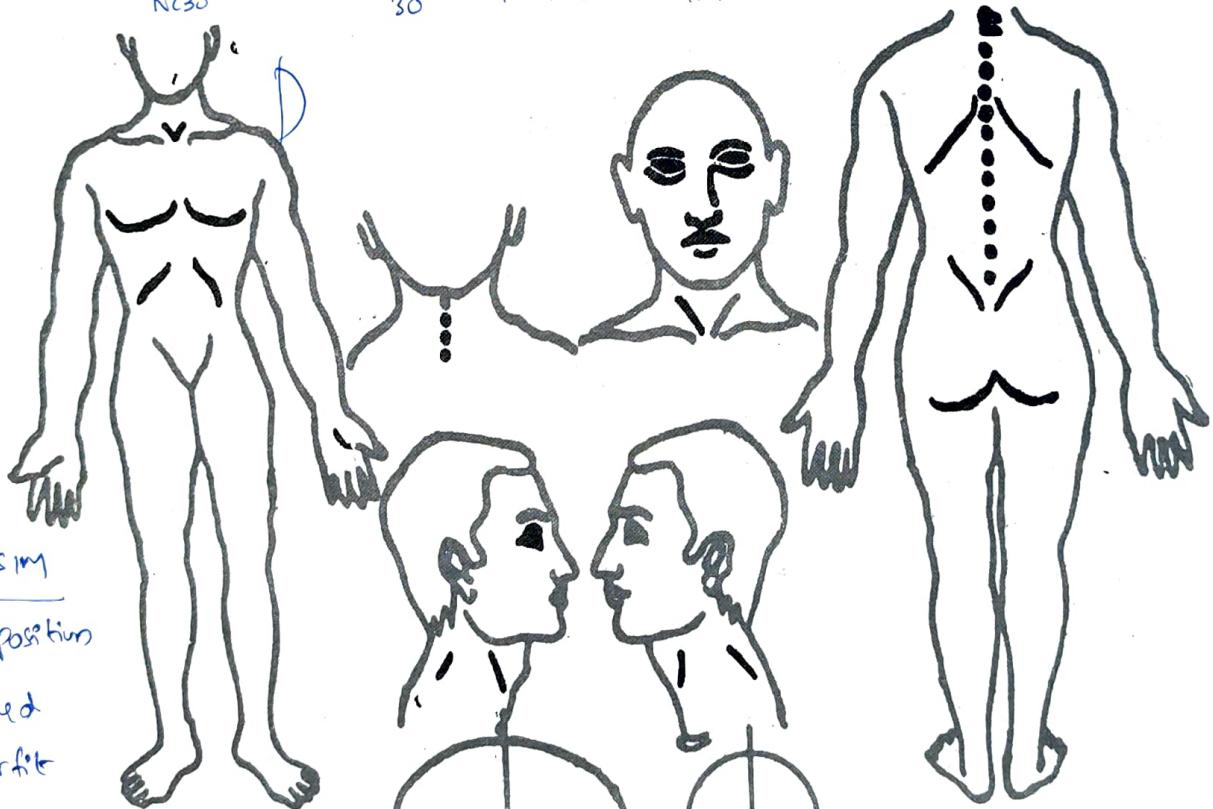
Unit : J Green

R.T. No. : J Dr. Sankanth Gil

Days of RT : 5 days/week

Code No. : Rad. RT (IMRT)

S. No.	Site	Description	SAD SSD	Gantry Angle	Wedge Angle	Field Size cm	Depth cm	Total Dose	Dose Frac.	No. of Frac	Exposure Time	Sign.
1.	Nasal Cavity	250		250	12.2 x 9	91.8		60 Gy	2 Gy/	30	143.4	
2.	60 Gy	325	S	325	11.2 x 9.5	92.8					96.7	
3.		0	S	0	10.5 x 9.5	91.8					114.2	
4.		35		35	11.5 x 9.5	92.5					137.5	
5.		110	A	110	12.5 x 9.0	92.0					145.5	
6.		NC30	A	330	12 x 11.5	90.4					145.5	
		NC30		30	9.2 x 11	91.9					111.5	



Child & CT SIM

Supine position

AO Board

AE N orbit

NR-3

Isocenter "33".

Y | Y | 2  
0 | -35 | 9



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## DEPARTMENT OF RADIOLOGY & IMAGING

### CT SCAN REPORT

NAME OF THE PATIENT : CHIDIRALA. GOPALAM AGE:29Y/M

ID. NO:1661

DATE:8-3-25

Referred by:GREEN

Regd NO:12945/24

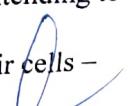
### C.T. SCAN BRAIN REPORT

Ventricular System	: Normal
Cisternal Spaces & Cortical Sulci	: Normal
Mid line structures	: Normal
Brain Parenchyma	: Normal
Sella & Para Sellar Regions	: Normal
Mid Brain, Pons, Medulla	: Normal
Both Cerebellar Hemispheres	: Normal
Both orbits and Retro bulbar spaces	: Normal

P.N.S E/o ill defined heterogeneously enhancing soft tissue density involving lower nasal septum, right upper middle and inferior turbinate measuring 5.9 x3.9 x4.1 cm . the lesion is posteriorly reaching upto posterior wall of nasopharynx and abutting prevertebral muscles with focal loss of fat planes. Inferolaterally closely abutting and displacing medial wall of maxillary sinus. Inferiorly infiltrating hard palate Superolaterally closely abutting lamina papyracea and superiorly extending to few ethmoidal air cells. Mucosal thickening noted in right maxillary sinus, few ethmoidal air cells – sinusitis

### IMPRESSION:

- E/o ill defined heterogeneously enhancing soft tissue density involving lower nasal septum, right upper middle and inferior turbinate measuring 5.9 x3.9 x4.1 cm . the lesion is posteriorly reaching upto posterior wall of nasopharynx and abutting prevertebral muscles with focal loss of fat planes.
- Inferolaterally closely abutting and displacing medial wall of maxillary sinus.
- Inferiorly infiltrating hard palate
- Superolaterally closely abutting lamina papyracea and superiorly extending to few ethmoidal air cells.
- Mucosal thickening noted in right maxillary sinus, few ethmoidal air cells – sinusitis

  
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## DEPARTMENT OF RADIOLOGY & IMAGING

### CT SCAN REPORT

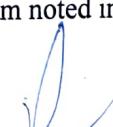
NAME OF THE PATIENT : CHIDIRALA. GOPALAM      AGE:29Y/M  
ID. NO:1661      DATE:8-3-25  
Referred by:GREEN      Regd NO:12945/24

### C.T. SCAN NECK REPORT

Oral Cavity	: Normal
Oro Pharynx	: Normal
Hypo Pharynx	: Normal
Larynx :	: Normal
Thyroid	: Normal
Trachea	: Normal
Few small volume lymphnodes noted with preserved fatty hilum noted in bilateral level 1B.	

### IMPRESSION :

- Few small volume lymphnodes noted with preserved fatty hilum noted in bilateral level 1B.

  
RADIOLOGIST



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**DEPARTMENT OF RADIOLOGY & IMAGING**

**CT SCAN REPORT**

NAME OF THE PATIENT : CHIDIRALA. GOPALAM      AGE: 29Y/M

ID. NO: 1661

DATE: 8-3-25

Referred by: GREEN

Regd NO: 12945/24

**C.T. SCAN CHEST REPORT**

Trachea	: Normal
Right Main Bronchus	: Normal
Left Main Bronchus	: Normal
Carina	: Normal
Aorta & Pulmonary Artery	: Normal
Both Hila	: Normal
Mediastinum	: Normal
Lungs:	: Normal
Both Domes of Diaphragm	: Normal
Soft Tissue Chest Wall & Bone Cage	: Normal

**IMPRESSION :**

C.T. Findings are suggestive of NORMAL STUDY

*[Signature]*  
**RADIOLOGIST**



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## DEPARTMENT OF RADIOLOGY & IMAGING

### CT SCAN REPORT

NAME OF THE PATIENT : CHIDIRALA GOPALAM

AGE: 29Y/M

ID. NO: 39239

DATE: 13-12-24

Referred by: GREEN

Regd NO: 12945/24

### C.T. SCAN BRAIN (PLAIN AND CONTRAST) REPORT

Ventricular System	: Normal
Cisternal Spaces & Cortical Sulci	: Normal
Mid line structures	: Normal
Brain Parenchyma	: Normal
Sella & Para Sellar Regions	: Normal
Mid Brain, Pons, Medulla	: Normal
Both Cerebellar Hemispheres	: Normal
Both orbits and Retro bulbar spaces	: Normal

P.N.S                    E/o ill defined heterogeneously enhancing soft tissue density lesion with few cystic area noted involving nasal septum, right upper middle and inferior turbinate measuring 6.9 x 3 .4 x 4.0 cm. the lesion posterior reaching upto posterior wall nasopharynx and abutting prevertebral muscles with focal loss of fat panes. Inferiolaterally closely abutting displacing medial wall maxillary sinus. Inferiorly, infiltrating hard palate. Superolaterally closely abutting lamina papyracea and superiorly extending into few ethmoidal cells. Right maxillary, hypodense fluid collection noted.

### IMPRESSION:

Case of spindle cell tumor of nasal septum

- E/o ill defined heterogeneously enhancing soft tissue density lesion with few cystic area noted involving nasal septum, right upper middle and inferior turbinate measuring 6.9 x 3 .4 x 4.0 cm. the lesion posterior reaching upto posterior wall nasopharynx and abutting prevertebral muscles with focal loss of fat panes. Inferiolaterally closely abutting displacing medial wall maxillary sinus.
  - Inferiorly, infiltrating hard palate.
  - Superolaterally closely abutting lamina papyracea and superiorly extending into few ethmoidal cells.
- Right maxillary, hypodense fluid collection noted

10  
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**DEPARTMENT OF RADIOLOGY & IMAGING**

**CT SCAN REPORT**

NAME OF THE PATIENT : CHIDIRALA GOPALAM  
ID. NO:39239  
Referred by:GREEN

AGE:29Y/M

DATE:13-12-24

Regd NO:12945/24

**C.T. SCAN NECK (PLAIN AND CONTRAST) REPORT**

Oro Pharynx	: Normal
Hypo Pharynx	: Normal
Larynx :	: Normal
Thyroid	: Normal
Trachea	: Normal
Few enlarged lymphnodes noted in bilateral level 1B, largest measuring 15 x6 mm with retained hilum	

**IMPRESSION :**

Case of spindle cell tumor of nasal septum

Few enlarged lymphnodes noted in bilateral level 1B, largest measuring 15 x6 mm with retained hilum

*19*  
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## DEPARTMENT OF RADIOLOGY & IMAGING

### CT SCAN REPORT

NAME OF THE PATIENT : CHIDIRALA GOPALAM

AGE: 29Y/M

ID. NO: 39239

DATE: 13-12-24

Referred by: GREEN

Regd NO: 12945/24

### C.T. SCAN CHEST REPORT

Trachea	: Normal
Right Main Bronchus	: Normal
Left Main Bronchus	: Normal
Carina	: Normal
Aorta & Pulmonary Artery	: Normal
Both Hila	: Normal
Mediastinum	: Normal
Lungs:	: Normal
Both Domes of Diaphragm	
Soft Tissue Chest Wall & Bone Cage	Bilateral gynecomastia noted
Visualized sections of abdomen normal	

### IMPRESSION :

Case of spindle cell tumor of nasal septum

C.T. Findings are suggestive of NORMAL STUDY

*12*  
RADIOLOGIST



Patient : Mr. GOPAL  
Age/Gender : 29 Y/M  
SID No : 2124098503  
Ref By : OMNI HOSPITAL

Registered Date: 23-11-2024  
Print Date: 23-11-2024



CT

CT - PNS PLAIN

Findings:

SEPTUM:

Well defined lobulated soft tissue density lesion with heterogenous enhancement on post contrast measuring ~ 3.5 x 3.3 x 3 cm multiple calcifications noted within.  
Lesion noted involving inferior aspect of nasal septum and right inferior turbinate.  
Lesion noted causing thinning of medial wall of right maxillary sinus and causing occlusion of right osteo-meatal complex and inferiorly abutting palatine bone.

TURBINATES:

Superior Turbinates: Normal.

Middle Turbinates: Normal.

Inferior Turbinates: Left Normal.

NASAL MUCOSA: Normal.

PARANASAL SINUSES:

Frontal sinuses: Normal.

Maxillary sinuses: Diffuse mucosal thickening in right maxillary sinus.

Ethmoid sinuses: Mild mucosal thickening noted right side.

Sphenoid sinuses: Mild mucosal thickening noted right side.

DRAINAGE PATHWAYS:

Ostio-meatal complexes: Occluded on right side.

Frontal sinus drainage pathway: Patent bilaterally

Spheno-ethmoid recess: Patent bilaterally

Cribriform plate: Normal.



Checked By Dr Meena Madhuri S

Authorized Date/Time : 23-11-2024 / 03.32 PM

Clinical Note : Assay results should be correlated clinically with other clinical findings and the overall status of the patient.  
Page No : 1 of 3



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Nagar, Hyderabad, Telangana, India-500963.

Scanned with OKEN Scanner

Professional & meticulous.

Patient  
Age/Gender  
SID No  
Ref By  
Mr. GOPAL  
29 Y/M  
2124098503  
OMNI HOSPITAL

Registered Date: 23-11-2024  
Print Date: 23-11-2024



CT

Lamina papyracea: Intact.

Optic nerve type: Type I.

Depth of olfactory fossa: Keros type II

Other visualized structures like orbits, base of skull, intracranial structures, CV junction are grossly appears normal.

Bilateral middle ears and mastoids are normal.

IMPRESSION:

- Well defined lobulated soft tissue density lesion with heterogenous enhancement on post contrast with multiple calcifications within.
- Lesion involving inferior aspect of nasal septum and right inferior turbinate and causing occlusion of right nasal cavity.
- Lesion causing thinning of medial wall of right maxillary sinus and causing occlusion of right osteo-meatal complex and inferiorly abutting palatine bone.
- F/s/o Nasal septal mass, Possibility of chondrosarcoma of nasal septum.
- Right maxillary, ethmoidal and sphenoidal sinusitis.

Checked By Dr Meena Madhuri S

Authorized Date/Time : 23-11-2024 / 03:32 PM



Dr Meena Madhuri S

Clinical Note : Assay results should be correlated clinically with other clinical findings and the overall status of the patient.  
Page No : 2 of 3



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Nagar, Hyderabad, Telangana, India-500963.

Scanned with OKEN Scanner

*posterior & anterior*



## DDH RENOVA CANCER CENTRE



Patient Name : MR. GOPALAM

Age / Gender : 29 years / Male .

Patient ID : 79331

Source : RENOVA DD HOSPITAL

Indirect :

Referral : Dr. DR PRANEETH

Collection Time : 26/11/2024, 12:04 PM

Receiving Time : 26/11/2024, 12:04 PM

Reporting Time : 28/11/2024, 06:11 PM

Sample ID :



243310040

### Biopsy-Small specimen

Sample Type: Tissue

Biopsy -Small

HISTO NO: HP-2054/24.

### HISTORY

?Chondrosarcoma of nasal septum (CT), ? Osteosarcoma.

### NATURE OF SPECIMEN

Anterior part of the tumor in right nasal cavity for histopathological examination.

### GROSS EXAMINATION

Received multiple grey white to grey brown soft tissue bits altogether measuring 1.5 x 1.0 x 0.5 cm. A/E.

### MICROSCOPY

Section show multiple bits consisting of tumor arranged in fascicles and discrete. The cells are oval to spindle with moderate ill defined cytoplasm and spindle hyperchromatic nucleus. Mitosis seen. Tumor is infiltrating the bone.

### IMPRESSION

Features are suggestive of Malignant spindle cell tumor, Nasal septum.

Suggest IHC with Final diagnostic panel.

\*\*END OF REPORT\*\*



Dr. M. Z. Khan

Dr. Mohammed Zia ur Rehman Khan  
MD, DNB  
HOD Pathology

## DDH RENOVA CANCER CENTRE

1-9-27, Osmania University Road,  
Vidya Nagar, Adikmet, Hyderabad - 500 044. Telangana  
renovahospitals.com | info.ddh@renovahospitals.com

For Appointments : +91 8977743111

opposite to me in the .



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RED HILLS, HYDERABAD - 500 004. (T.S.)

Phone : 040 23397000

(DEPARTMENT OF PATHOLOGY)

## IMMUNOHISTO CHEMISTRY REPORT

Biopsy No. : R-1685/2y

IHC No : 2247/2y

Patient Name	Gopalam		Age / Sex	2ay / m
Reg. No.	24-12945	Ward Unit :	Date :	23/12/2y

Nature of Specimen : Anterior part of the tumor in RT. Nefal cavity

HPE Diagnosis : spindle cell neoplasm

IHC

: CD99 - positive  
p63 - negative  
CK516 - negative  
CD34 - negative  
Ki67 - focally high  
Synaptophysin - negative

Imp: Monomorphic spindle cell Sarcoma  
= Possibility for Synovial Sarcoma

Professor of Pathology

RIB  
Dr. Ganesh  
23/12/2y



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 RED HILLS, HYDERABAD - 500 004. (T.S.)



Phone : 040 23397000

(DEPARTMENT OF PATHOLOGY)

R-1685  
24

**HISTOPATHOLOGY REPORT**

Biopsy No. :

Patient Name	Gopalam	Age / Sex	29 / M
Reg. No.	24-12945	Ward Unit :	Date : 16/12/24

Clinical Diagnosis :

Unit :

Nature of Specimen

: Received ① block labelled as 2054/24

Site - Anterior part of the tumor in right nasal cavity

Microscopic Appearance : Section studied shows sheets of spindle cells. Individual cells are ~~round~~ to oval to elongated with moderate cytoplasm and pleomorphic vesicular nuclei. Adjacent stony trabeculae noted.

Imp : Spindle cell neoplasm.

Suggested IHC

IHC under process

X/13  
 Dr. Sai  
 13/12/24

Professor of Pathology

opposite side of section.

31/11/19

Adv. 2DECHO SI ECG  
e cardiac fitness.

To review e 2DECHO  
report.

Apply for CT-1 (AI) ↓ AAs.

(adenosine  
e ifosfamide). for

1/1/25 ← Admit in MW II

To

The RMO modify  
Kongly Supply Infras.

Long.

30.

① Inj Adenosine - 10 mg - ①  
 ② Inj Ifosfamide - 2g - ②

1g - ②

4/5

~~✓~~

2/1/25 pt Adv to show 2DECHO report for chems.

2 Decno - NO CERWMA

Wras

EF-62%

CT-1 (AI) (day  $\frac{1}{4}$ )

02/11/19

px2

① 2j Parasymp  $\uparrow$  in 100ul NS IV/BD  
 2j norep  $\uparrow$   $\uparrow$  over 30 mins  
 2j Dexa  $\uparrow$

② 2j Anil 2cc IM/Stat.

(day  $\frac{1}{3}$ ) ③ 2j Adenosine 30mg in 100 ul NS IV  
over 30 mins (anoxic extravasation)

④ 2j MESNA IV infusion e 0,4,8 hrs  
before & after ifosfamide.

~~Chemotherapy~~  
2/1/25

# NURSES' NOTES

Name :

C. Gopalam

Age 29/yr Sex: M

24-128cra  
Ward :

Hour  
13/3/25

To ~~\_\_\_\_\_~~

Dr. Vishal sir, medical oncologist  
at Room no (20)

To Review care and i/v/o continuation of CT & do  
the needful.

Thanking you

plan

To consider for RT

F/b surgery and Adj- chemo

13/3/25

C/S/B-DR/R/15-2

Pt. received 3 cycle CT  
subjectly & blindly 1 block from  
Radiotherapy without response.

Plan NART  
↓  
Σ.

Adm  
To review & Radiotherapy  
for NART

13/3/25

Thanks for referral

clp chest sit

Apply for IMRT

To  
The Medical physicist.

Kindly immobilise the patient in supine  
position and do CT simulation from vertex to mid-chest  
& head and neck say cont and do isocentre @  
acicord.

Thanking you

1/3  
my

14/3/25