

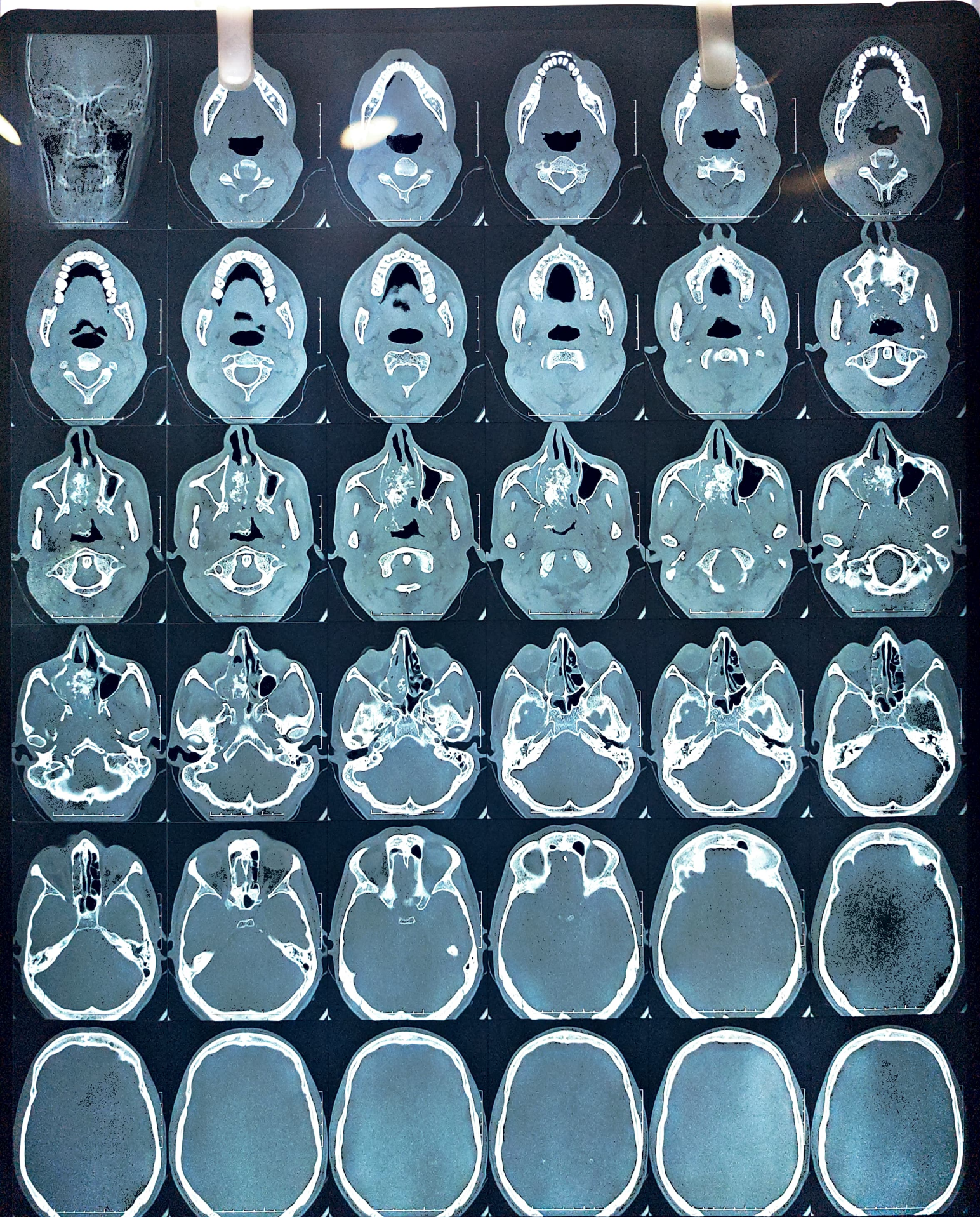


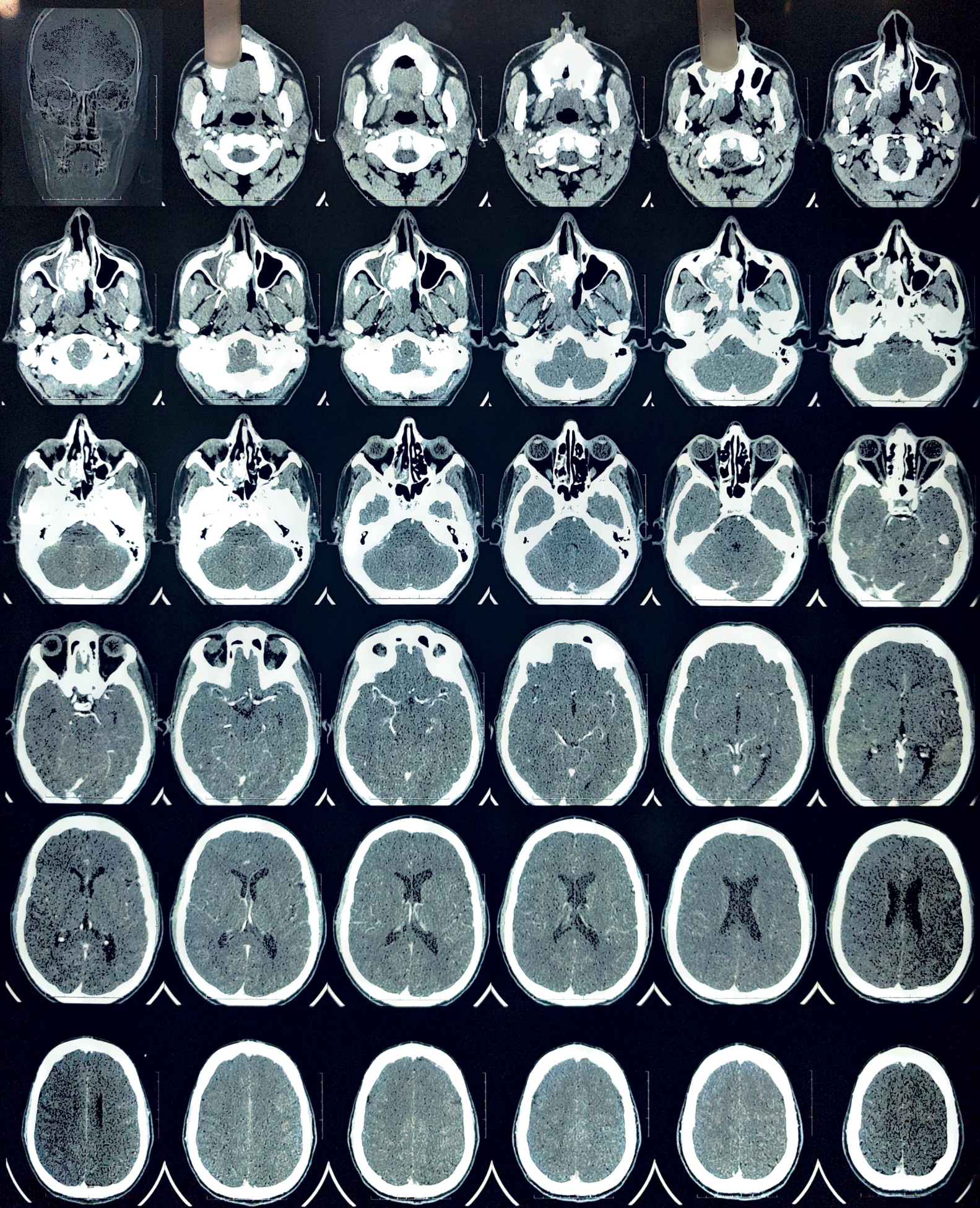
Patient ID:
Age:

2125105859
30Y

Patient Name:
Sex:

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





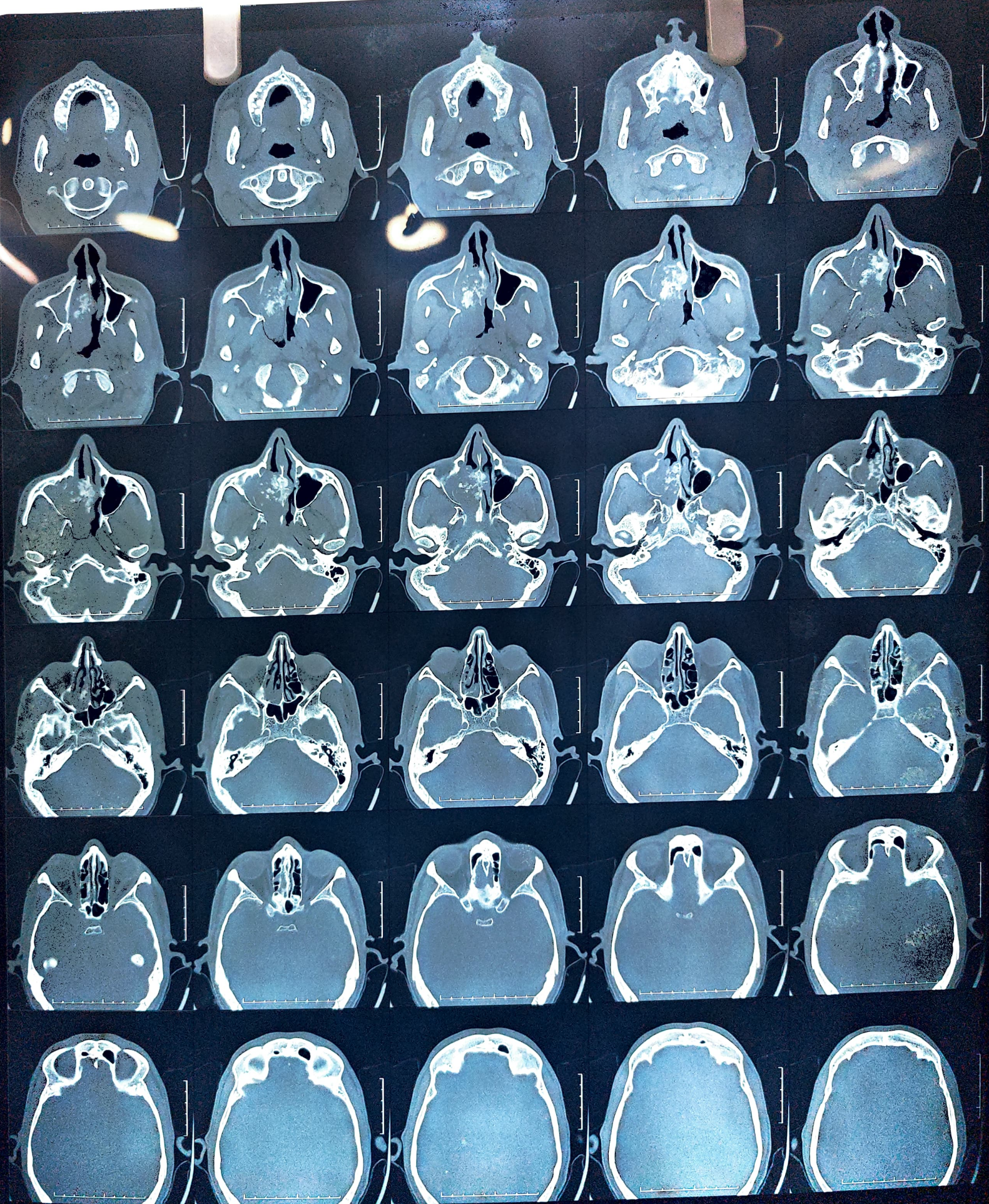


Patient ID:
Age:

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 axials 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. Cribriform 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 dehiscence of 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



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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

Kindly comment on cribriform plate breach

of
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

Aachear No: NA

Address: Chaithanyapuri Dsmr. Suryapct. Telangana,

India

ABHA Address: 41280751563015@abdra

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 కార్డును జిల్లా, తీయించుకొని కత్తిరించి ఎలామినేషన్ చేయించుకోవద్దు.
This card can be xeroxed, cut and laminated.

Chidira from mrs

1770 - Nodul / Nodopharyngeal Syneal Senlony

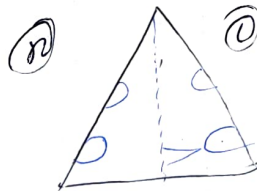
Post RT & CT

DNB @ mof @ w

on Sunday 2/6/25
9.00

HW
Hbby @
2/6/25

One @ mof 12 (A)



Dms

you to @ along floor

smoke pinkish greenish uncolored arising
pen refra. filtering @ IT.

of - could not be uncolored.

D - ? nasopharyngeal syneal genome

Plan - after CT on 5

T. Anals

I leaf

Kyml 2

Adh

After
Acrogyr shu
OP @ CT on 5
report on Thursday
5/6/25

OP - 20





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 No			Hours :
NAME OF THE PATIENT (write in block letters)		Age	Sex	Rel.
				Registration No.
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 24/11 24-12945

DISCHARGE SUMMARY

Symptoms : 19/3/25 RT Plan

60Gy Pn 30# @ 2Gy/1#

Physical Findings :

Nasal Cavity				
25D	25D	12.2 x 9	91.8	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

Treatment :

Operations :

Biopsy Findings

$$\begin{array}{r|l} x & 4 \quad 2 \\ \hline 0 & 3.5 \quad 9 \end{array}$$

Signature of Unit Chief

TGT TRUST / SPT (2021/1/5050) 153/03.

↓ True Beam

↓ Green

11:25 AM

Phone : 23318414, 23397000

RT Implementation done on 19/3/25

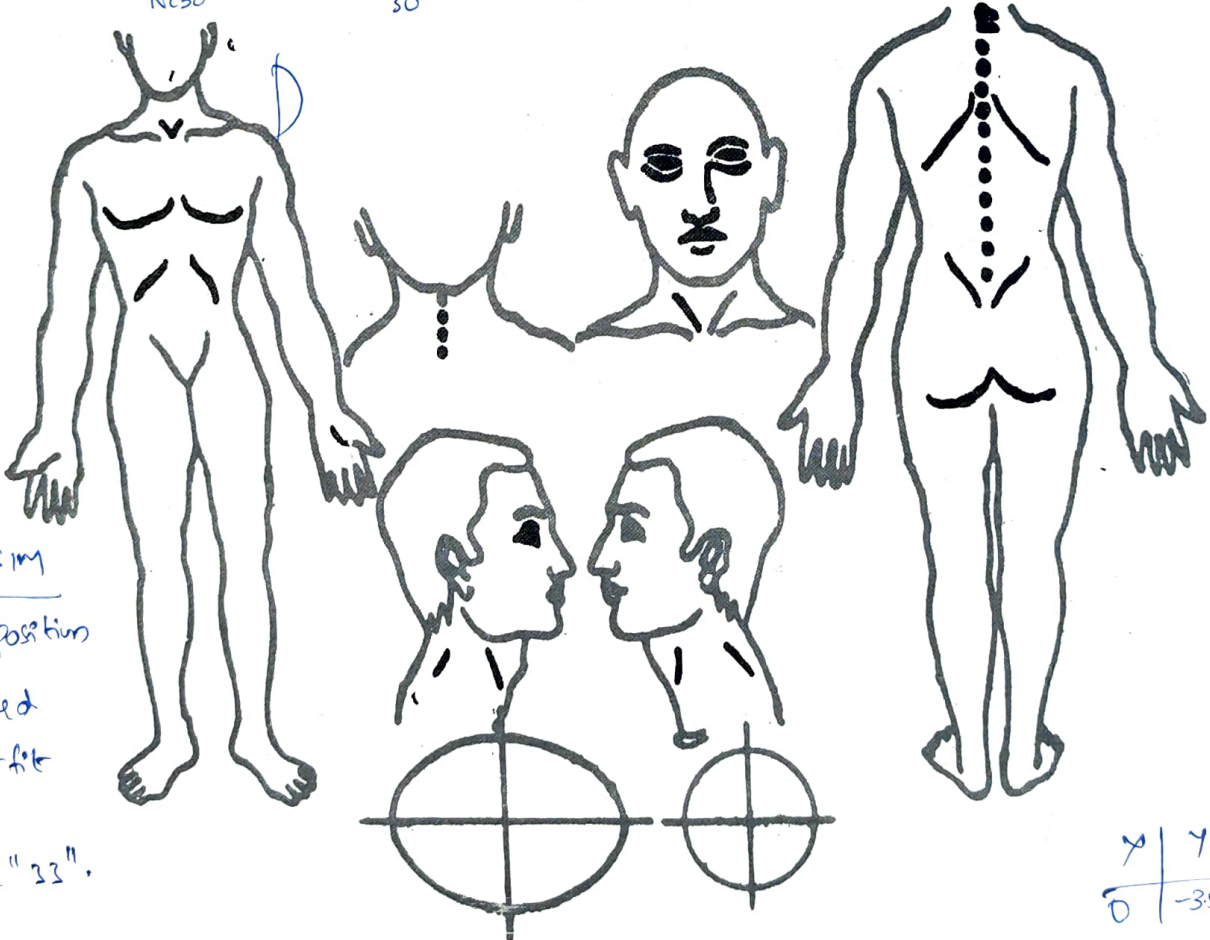
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RED HILLS, HYDERABAD-500 004.

COBALT-60 TELE THERAPY TREATMENT CARD

Name : Chidurala GopalamAge : 29 Sex : MaleDiagnosis : Malignant spindle cell tumour ofState (TNM) : Nasal Septum - Synovial SarcomaHistopathology : S/P 30 AJHosp. No. : 2024-12945Unit : ↓ GreenR.T. No.: ↓ Dr. Srikanth SirDays of RT : 5 days/weekCode 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	604y	24y/1#	30	143.4	
2.	604y	325		325	11.2 x	9.5	92.8				96.7	
3.		0		0	10.5 x	9.5	91.8				114.2	
4.		35		35	11.5 x	9.5	92.5				137.5	
5.		110		110	12.5 x	9.0	92.0				145.5	
6.		NC330		330	12 x	11.5	90.4				145.5	
	NC30			30	9.2 x	11	91.9				111.5	



and 4 CT SIM

-supine position

ASO Board

4x N orbit

NR-3

Isocenter "33".

7	7	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 x 3.9 x 4.1 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 x 3.9 x 4.1 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.


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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


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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


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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 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


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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	: Normal
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


RADIOLOGIST



NABL
ACCREDITED LAB
MC - 2976



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

MedQuest
Diagnostics

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.

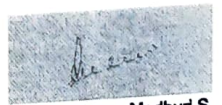
DRAINAGE PATHWAYS :

Ostio-meatal complexes: Occluded on right side.

Frontal sinus drainage pathway: Patent bilaterally

Spheno-ethmoid recess: Patent bilaterally

Cribriform plate: Normal.



Dr Meena Madhuri S

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.

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Handwritten signature/initials



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

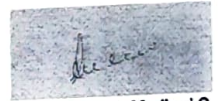
Other visualized structures like orbits, base of skull, intracranial structures, CV junction are grossly appears normal.

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



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 : 2 of 3



Registered at

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pressure & medication.



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****



Md. Z. I. 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

for more & verification.



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

Phone : 040 23397000

(DEPARTMENT OF PATHOLOGY)

IMMUNOHISTO CHEMISTRY REPORT

Biopsy No. : R-1685/24

IHC No : 2247/24

Patient Name	Gopaleem	Age / Sex	29y / m
Reg. No.	24-12945	Ward Unit :	Date : 23/12/24

Nature of Specimen : Anterior part of the tumor in Rt. Vaginal cavity

HPE Diagnosis : Spindle cell neoplasm

IHC :
CD99 — Positive
p16 — Negative
CK5/6 — Negative
CD34 — Negative
Ki67 — focally High
Synaptophysin — Negative

Imp: Monomorphic Spindle Cell Sarcoma
Possibility of Synovial Sarcoma

RIB
Dr. Gan
23/12/24

Professor of Pathology



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Phone : 040 23397000

(DEPARTMENT OF PATHOLOGY)

HISTOPATHOLOGY REPORT

A-1685
24

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 mild-moderate cytoplasm, pleomorphic vesicular nuclei. Adjacent bony trabeculae noted.

Imp: Spindle cell Neoplasm.
Suggested IHC
IHC under process

R/B

Dr. Sai
13/12/24

Professor of Pathology

pressure & necrosis.

3/1/24

Adv.

2DECHO EI ECG

cardiac fitness.

To review 2DECHO report.

Apply for CT-1 (AI) ↓ ARS.

(adenomycin
EI ifosfamide). *for*

1/1/25

Admit in MW II

To

The Rmo med/ary

Kindly Supply ↓ ARS.

Long
Long.

30

2/1/25

① Inj Adenomycin - 10 mg - ⑨

② Inj Ifosfamide - 2g - ④

1g - ②

4/5
[Signature]

2/1/25

pt Adv to show 2DECHO report for chems.

hires

2DECHO - NO CURR MTH

EF-624.

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

2/10/25

PX2

① 2j PAM 40mg
2j refer Rng } in 100ml NS IV BD
2j Dexa Rng } over 30 mins

② 2j Anal 2cc IM/Stat.

(day $\frac{1}{3}$) ③ 2j Adenomycin 30mg in 100 ml NS IV
over 30 mins (avoid extravasation)

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

CT given
2/1/25

NURSES' NOTES

Name :

C. Gopalam

Age 29/4

Sex : M

24-12947
Ward :

Hour

Meditation and Diet

Notes

Signature

13/3/25

To

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

To Review case and info continuation of CT & do
the needful.

Thanking you

plan

To consider for RT

Flb surgery and Adj: chemo

13/3/25

C/S/B - DNA 15-8

Pt. received 3 cycles of
surgery & bleed & block from
Reddighally medical region.

Plan NART

↓
S.

Adv

To review & Reddighally
for NART

13/3/25

Thanks for referral

old chest x

Apply for IMRT

14/3/25

To
The Medical physicist.

Kindly Immobilize the patient in supine
position and do CT simulation from vertebra to mid chest
& head and neck ray cut and do isocenter @
cricoid.

Thanking you

CB
sig