TEST REQUISITION FORM (TRF)

NABL MC-3633

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Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : ~~vidhya~~ vidya thorat

Age : 41 Yrs : ____ Months ____ Days

Sex : Male☐ Female☑ Date of Birth : DD MM YYYY

Ph :

Client Details :

SPP Code ~~So-044~~ So-44

Customer Name

Customer Contact No

Ref Doctor Name Dr. 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
B/ specimen Extra large Small. Biopsy.	HPE	B29 07189

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.

⇓

Patient underwent

[(Lt ovarian large complex cystectomy c̄ (B/ (salpingo-oophorectomy))]

specimen for (HPE)

Dr. Shivaji Salunke
DrNB Surgical Oncology
Reg. No.- 2024020762

Dr. Abhijeet Kokate
Consultant Hemato & Medical Oncologist
M.B.B.S., DNB General Medicine
DM Medical Oncology
ECMO (European Society Certified)
MMC 2014 030960

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

Barshi Cancer Centre

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

Progress Note & Treatment Sheet

— Ovarian mass

Date & Time	Progress Note & Treatment
29.12.25	Mrs. Vidya Thorat (45Y/F). Pt c (known) Ovarian mass ↓ Patient underwent [(R) ovarian large complex cystic mass c (R) salpingo-oophorectomy) specimen for (HPE)

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Pushpan Imaging Centre

1.5T MRI • 96 Slice CT Scan (Technically), Digital X-Ray • Ultrasonography • Colour Doppler, Digital OPG

Patient Name	:	MRS. THORAT VIDHYA ANANT	Age/Sex	:	45 Yrs/F
Ref. By	:	Dr.SALUNKHE SHIVAJI MBBS DNB [GEN SUR] DrNB SUR.ONCO	Date	:	08-May-2025

IMPRESSION: CT Study reveals-

•Multiseptated, multi loculated, large abdominopelvic solid cystic lesion is present at pelvis predominantly on left side that extends superiorly until the level of L3-3 and supra umbilical region with thick septae and both ovary couldn't be defined separate.

•Minimal free fluid is seen in pelvis.

Above finding are suspicious for mucinous cystadenocarcinoma ovarian origin. Suggested histopathological correlation, CEA, CA 125 and CA-19-9 correlation.

•Fibrotic, and fibro bronchiectatic changes are seen in left lower lobe lung volume reduction causing significant mediastinal shift towards left side—Sequel to old TB.

Dr. ASHOK SHARMA .
MD RADIOLOGY
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Dr. Vivekanand N. Janra
M.D. (Radiodiagnosis
Radiologist & Sonologi
Regd. No.: 681

M/2411, Ph. : 02184 - 225474 | M. 70208 82464, 74985 0548

Patient Name	: MRS. THORAT VIDHYA ANANT	Age/Sex	:	45 Yrs/F
Ref. By	: Dr SALUNKHE SHIVAJI MBBS DNB [GEN SUR] DrNB SUR ONCO.	Date	:	08-May-2025

CECT WHOLE ABDOMEN

OBSERVATIONS:-

A 9.6×15.0×19.2 cm (APxTRxCC) large multiseptated, multilocular abdominopelvic sloid cystic lesion is present at pelvis predominantly on left side that extends superiorly until the level L3-4 vertebral levels, containing denser areas (approx. 50 HU) and blood vessels, arising from the left adnexa.

Both ovaries not seen separately from this lesion. The largest solid components measuring 7.5x10.2x6.5cm in superior part of this lesion and it shows heterogenious enhnacement with washout in delayed images. The walls and septa are mostly thick and sharp. Mass effect on surrounding structures is significant, and bowel is displaced laterally and superiorly.

There are no sign of local invasion to adjacent structures and no regional lymphadenopathies. The left ovary couldn't be defined separate the mentioned cystic lesion. Fat plane with surrounding structure are well maintained.

Uterus and right ovaries appear normal.

Minimal free fluid is seen in pelvis.

Liver is normal in size, outline and attenuation. No focal lesion is seen. There is no evidence of any dilatation of intrahepatic biliary radicles/CBD. The portal veins & hepatic veins appear normal.

Gall Bladder is well distended and shows normal wall thickness. No definite pericholecystic fluid / calculus/ mass lesion is seen. (Correlate with USG as CT is not the ideal modality for detecting gall stones)

Pancreas is normal in size and attenuation. No evidence of pancreatic duct dilatation seen. No intraductal/ parenchymal calcifications seen.

Spleen is normal in size, outline & attenuation. No focal lesion seen. Splenoportal axis is normal.

Both Kidneys are normal in size, outline, position & attenuation. Pelvicalyceal system appears normal. No focal lesion is seen. No obvious calculi /calcifications seen. **Right side mild fullness is seen due to mass effect at right lower ureter.**

Bilateral adrenal glands are normal in size and attenuation.

Urinary bladder is well distended & normal.

The small and large bowel loops are normal.

The IVC and aorta appear normal.

Visualised basal lung fields appear normal on right side. Fibrotic, and fibro bronchiectatic changes are seen in left lower lobe lung volume reduction causing significant mediastinal shift towards left side.

No pleural effusion is seen.

No lytic/sclerotic lesion is seen in the visualised bones.

No free fluid in abdomen.

No enlarged mesenteric and retroperitoneal lymph nodes are seen.

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P.T.O.