



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: vidhya vidya Harad
Age: 45 Yrs: _____ Months: _____ Days: _____
Sex: Male ☐ Female ☒ Date of Birth: DD MM YYYY
Ph: _____

Client Details:

SPP Code: SO-044 SO-54
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
<u>Specimen Exam large</u> <u>Small. Biopsy.</u>			HPE		1329 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

[(1x ovarian large complex cystic mass) & (1x (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

Progress Note & Treatment Sheet

Ovarian mass

Date & Time

Progress Note & Treatment

29.1.25

Mrs. Vidya Thavat
(45yrf)

Pt. (Mrs) Ovarian mass



Patient underwent

[(1x ovarian large complex cystectomy
& (1x salpingo-oophorectomy)]

specimen for (HPE)

1/2

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DM Medical Oncology
ECMO (European Society Certified)
MMC 2014 030960

Rushipoin Imaging Centre

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

Patient Name : MRS. THORAT VIDHYA ANANT
Ref. By : Dr. SALUNKHE SHIVAJI MBBS DNB [GEN SUR] DNB
SUR.ONCO

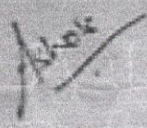
Age/Sex : 45 Yrs /F
Date : 08-May-2025

IMPRESSION: CT Study reveals-

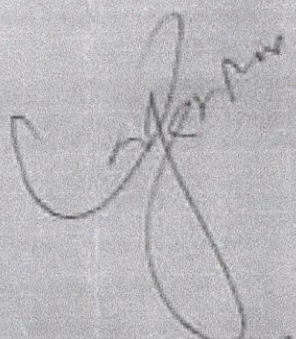
- Multiseptated, multi loculated, large abdominopelvic solid cystic lesion is present at pelvis predominantly on left side that extends superiorly until the level of L3-3 and supra umbilical region with thick septae and both ovary couldn't be defined separate.
- Minimal free fluid is seen in pelvis.

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
Reg.No.2017040928

Dr. Ashok Sharma is a qualified medical professional. Radiologist and Ultrasonographer. This report is for reference only. It is not a substitute for a clinical examination. Please consult your doctor for further advice.


Dr. Vivekanand N. Janra
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 6811

Pushpan Imaging Centre

1.5 Tesla MRI • 96 Slice CT Scan (Technical) • Digital X-Ray • Ultrasonography • Colour Doppler • Digital Endoscopy

Patient Name

MRS. THORAT VIDHYA ANANT

Age/Sex : 45 Yrs.F

Ref. By

Dr. SALUNKHE SHIVAJI MBS DNB (GEN SUR) DNB
SURONCO

Date : 08-May-2025

CECT WHOLE ABDOMEN

OBSERVATIONS:-

A 9.6x15.0x19.2 cm (APxTRxCC) large multiseptated, multilocular abdominopelvic solid 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 heterogeneous enhancement 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 signs 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 structures 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.

Dr. Vivekanand N. Jannao

M.D. (Radiodiagnosis)

Radiologist & Sonologist

Regd. No.: 68115

P.T.O.