

## Progress Note & Treatment Sheet

? recurrence  
 ? 2nd primary of  
 (R) BM

Date & Time	Progress Note & Treatment
26.6.15	<p>To</p> <p>safe lab</p> <p>?</p> <p>Recurrent (R) BM - primary or 2nd primary of (R) BM</p> <p>Patient Mr. Shivaji Khardicev (41y/m)</p> <p>Underwent</p> <p>(R) composite resection</p> <p>WRE of primary lesion + segmental Mandiblectomy + upper alvelectomy + m/s (II)</p> <p>Dr. Lingi</p> <p>Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No. 1000000000000000000</p> <p>099</p> <p>11</p> <p>Specimen for (R) BM</p> <p>32906929</p>

## LABORATORY TEST REPORT

Name	SHIVAJI KHARADKAR	Reg. No	0742506130102
Sample ID	B2451935	SPP Code	SPL-SO-044
Age/Gender	42 Years/Male	Collected On	13-Jun-2025 12:00 PM
Referred by	Dr. SHIVAJI SALUNKE	Received On	14-Jun-2025 06:50 PM
Referring Customer	BARSHI CANCER DIAGNOSTIC CENTER	Reported On	17-Jun-2025 02:29 PM
Primary Sample	:	Report Status	Final Report
Sample Tested In	Tissue		
Client Address	:		



## HISTOPATHOLOGY

## BIOPSY-Small Specimen (&lt; 2cm)

**Histopathological Number** : HP 4706/2025

**Site of Biopsy** : Right cheek

**Gross Examination** : Received grey white to grey brown soft tissue bits altogether measuring 1 x 0.5 x 0.2 cm. A/E in one block.

**Microscopic Examination** : Sections studied are lined by hyperplastic keratinized stratified squamous epithelium with marked acanthosis, loss of polarity and features of moderate to severe dysplasia with nucleomegaly, pleomorphic, hyperchromatic nuclei with prominent nucleoli. The epithelium shows endophytic growth with invasion into underlying stroma with nests, lobules and cords of tumor cells, dyskeratosis, keratin pearl formation, non-specific inflammatory infiltrates and focal areas of coagulative necrosis.

**Impression** : Partly autolysed tissue

**Histopathological features are possibly suggestive of Squamous cell carcinoma, well-differentiated.**

Advised correlation with clinical and imaging findings, representative deeper resampling and further evaluation with ancillary studies (IHC) for confirmation, staging and further management

**Note** : All biopsy specimen will be stored for 15 (fifteen) days, blocks and slides for 10 (ten) years only from the time of receipt at the laboratory. No request will be entertained after the specified period.

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\*\*\* End Of Report \*\*\*





## F18-FDG WHOLE BODY PET CT SCAN

PATIENT ID : 97758

SCAN DATE : 20/06/2025

NAME : KHARADKAR SHIVAJI MAHARUDRA

REPORT DATE : 20/06/2025

REF. BY : Dr. Salunke Shivaji

AGE : 41YEARS SEX : Male

### Purpose:

Lesion in gingivobuccal sulcus; bx rt Buccal mucosa 31.5.24 mod diff squamous cell carcinoma; PET on 7.6.24 showed FDG avid lesion in the right buccal mucosa extending to involve the inferior gingivobuccal sulcus with small weakly metabolic regional nodes. No FDG avid distant organ involvement. **WLE HP 13.6.24- mod diff sq cell ca; 0/25 nodes; T1N0; post RT Nov 2024: PET (15.1.25)-** 1. Post operative resolution of previously seen FDG avid lesion in the right buccal mucosa. 2. New FDG avid lesion in right retromolar trigone- needs histology to rule out second primary. 3. No FDG avid regional nodes or distant organ involvement; HP right retromolar trigone (20.1.25)- chronic inflammatory lesion; this is another follow up study.

### Method:

Whole body CT scan was performed following negative oral contrast administration. 5.8 mCi-F18-FDG-(fluorodeoxyglucose) was administered IV and whole body images were acquired after 60 minutes using TOF-LSO based Biograph Horizon system. Images were reconstructed in the axial, coronal and sagittal planes. Blood sugar- 85 mg/dl. Weight- 50 Kg.

### Findings:

Compared with previous scan dated 15.01.2025

**FDG avid thickening in right buccal mucosa with linear ulcer within 25 x 25 mm (7.75).**

Resolution of previously seen uptake in retromolar trigone.

Gingivo-buccal sulci free -no bony erosions.

No FDG avid cervical nodes.

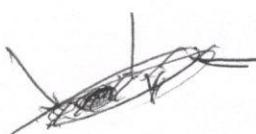
No lung nodules.

No FDG avid lesions in liver, spleen or adrenals.

Prostate gland measures 38 x 44 mm. No FDG avid skeletal lesions.

Physiological uptake in brain precludes detailed evaluation of intracerebral lesions.

{prev. post operative resolution of previously seen FDG avid lesion in right lower buccal mucosa. New FDG avid thickening is noted in the right retromolar trigone measuring 14 x 7 mm SUV 3.9. No erosion of adjoining rami. No extension in floor of mouth or in ITF}.



• **Dr. Pallavi Solav**  
Consultant

• **Dr. Shailendra Savale**  
DNB  
Consultant Radiologist

**Dr. Shrikant Sol**  
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Consultant Incharge

• **Dr. Raunag Solav**  
Clinical Associate

• **Dr. Rajlaxmi Jagtap**  
MRBS, DRM, DNB

**डॉ. श्रीकांत सोलव**  
एम. डी., डी आर एम, एफ ए एन एम बी



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### Comments :

Operated for moderately differentiated squamous cell carcinoma of right buccal mucosa, previous PET CT (15.1.2025) retromolar uptake-HP chronic inflammatory lesion; this follow up study shows;

New FDG avid thickening in right buccal mucosa with linear ulcer within- histology suggested.

No FDG avid lesion elsewhere.



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