

Progress Note & Treatment Sheet

? recurrence
? (2nd) primary of
(M) BM

Date & Time

Progress Note & Treatment

26.01.15

to
safe lab

sure (C) (M) BM - per (M)
? recurrence
or (2nd) primary
of (M) BM

Patient Mr. Shivaji Khardkar
(414/M)
Underwent

(M) composite resection

WUE of primary
lesion

+ segmental Mandiblectomy

+ upper alvelectomy

+ Mx (II)

Dr. Lingi

Dr. Shivaji Salunke
DNB Surgical Oncology
Reg. No. 2015

specimen for
(Mx)


094
132906429



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Sagepath Labs Pvt. Ltd.

LABORATORY TEST REPORT

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

HISTOPATHOLOGY

BIOPSY-Small Specimen (< 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.

*** End Of Report ***



Page 1 of 1

Swarnabala . M
DR. SWARNA BALA
MD PATHOLOGY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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dr solav's spectlab
nuclear medicine services



F18-FDG WHOLE BODY PET CT SCAN

PATIENT ID : 97758

NAME : KHARADKAR SHIVAJI MAHARUDRA

REF. BY : Dr. Salunke Shivaji

SCAN DATE : 20/06/2025

REPORT DATE : 20/06/2025

AGE : 41 YEARS 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.

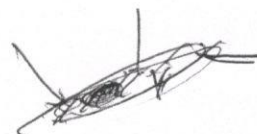
No lung nodules.

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 ramus. No extension in floor of mouth or in ITF}.



• Dr. Pallavi Solav
Consultant

• Dr. Shailendra Savale
DNB
Consultant Radiologist

Dr. Shrikant Solav
M. D., DRM, FANMB
Consultant Incharge

• Dr. Raunag Solav
Clinical Associate

• Dr. Rajlaxmi Jagtap
MBBS, DRM, DNB

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



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REF. BY : Dr. Salunke Shivaji

SCAN DATE : 20/06/2025

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AGE : 41YEARS SEX : Male

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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