

Name: Smt. LAXMI SHEWALE

Path No: 234W04612

Age: 60 Years **Gender:** Female

Accessioned on: 31-Aug-2023 13:14

Referred by: Dr. Anish Dekhne

Reported on: 01-Sep-2023 17:22

Nature of Material: 3 paraffin blocks (1658/23- A to C) excisional biopsy from polypoidal growth left lateral border of tongue

Gross Appearance :

Received 3 paraffin blocks labeled as (1658/23- A to C).

Microscopic Appearance :

The sections from polypoid growth on the left lateral border of tongue reveal a sarcomatoid neoplasm comprised of sheets of spindle cells. The tumor cells have ovoid nuclei, open chromatin, prominent nucleoli & eosinophilic cytoplasm. Brisk mitotic activity is seen (5-6/hpf). Atypical mitotic figures are also identified. There is no in-situ component seen. The stroma is edematous in nature.

Immunohistochemistry was performed on block no. 1658/23-B.

The tumor cells express CK (AE1/AE3) (dim), CK 8/18 and p63 (focal) and are immunonegative for EMA & S-100 protein.

The depth of invasion cannot be assessed in the material submitted.

Lymphovascular emboli & perineural invasion are not identified.

The tissue designated as "separately sent base" is free of tumor.

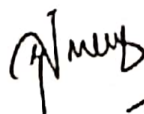
It is not possible to assess the adequacy of mucosal margins of excision, based on the material submitted.

Impression :

Polypoid growth on the left lateral border of tongue:-

Sarcomatoid squamous carcinoma.

----- End Of Report -----



Dr. Jay Mehta
MD





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Patient Name: LAXMI SHEWALE Scan Number: 20250705/024

Age: 60 Sex: Female

Date: 05/07/2025

Referred By:- Dr Abhijeet Kokate, Barshi Cancer Care, Barshi.

Musculoskeletal:

- No evidence of abnormal FDG tracer uptake in skeleton imaged upto mid thigh.

CONCLUSION:-

- FDG AVID HETEROGENOUSLY ENHANCING ILL DEFINED SOFT TISSUE LESION AT POST OP SITE INVOLVING LEFT LATERAL ASPECT OF TONGUE EXTENDING TO PALATOGLOSSAL ARCH - SUGGESTIVE OF METABOLICALLY ACTIVE RECURRENT MALIGNANCY.
- MILDLY FDG AVID FEW ENLARGED LEFT LEVEL IB, II, III LYMPH NODES - POSSIBILITY OF LYMPH NODAL METASTASES IS LIKELY.

WARRANTS CLINICAL & HISTOPATHOLOGICAL CORRELATION.

- NO EVIDENCE OF ANY OTHER FDG AVID LYMPH NODAL / DISTANT METASTATIC DEPOSITS.

Dr.PAVAN SHEVGAN
MBBS,DMRE,DNB(NUCLEAR MED), MNAMS

For complaints and suggestions,

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Interpretation of the scan should be done in correlation with the clinical picture and other relevant radiological and laboratory evidence.

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Patient Name: LAXMI SHEWALE **Scan Number:** 20250705/024

Age: 60 **Sex:** Female

Date: 05/07/2025

Referred By:- Dr Abhijeet Kokate, Barshi Cancer Care, Barshi.

Clinical Indication:- Carcinoma Left Tongue S/p WLE (2022), now with suspected recurrence –
For evaluation of disease status.

WHOLE BODY PET CT IMAGING REPORT

PROCEDURE:-

10 mCi of ¹⁸F Fluoro Deoxy Glucose (FDG) was injected IV in fasting status. One hour later Whole body PET CT Imaging (Head to mid-thigh) was performed on a GE Discovery PET16 slice CT scanner. Oral and IV contrast not given for CT study.
Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.
Fasting Blood Sugar: 100 mg / dl

PET CT FINDINGS:-

- Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords, myocardium intestinal loops, kidneys & urinary bladder.

Brain:

- Brain parenchyma appears normal in attenuation. Grey White differentiation is maintained.
- Brain stem is normal. Basal cisterns and subarachnoid spaces are normal.
- Cerebellum is normal.
- Lateral, IIIrd & IVth ventricles appear normal. CSF spaces are unremarkable.
- There is no evidence of any space occupying lesion/ mass effect or midline shift/ hemorrhagic pathology/ abnormal FDG tracer uptake in the supratentorial or infratentorial region.

Head & Neck:

- Abnormal focal increased FDG tracer uptake noted in heterogenously enhancing ill defined soft tissue lesion at post OP site involving left lateral aspect of tongue extending to palatoglossal arch, lesion measures 27 x 14 mm (SUV Max 10.2).
- Abnormal focal increased FDG tracer uptake noted in few enlarged left level IB, II, III lymph nodes, largest measuring 12 x 10 mm (SUV Max 4.2).
- Oropharynx, nasopharynx, laryngopharynx & thyroid glands appear normal.
- Common carotid artery and internal jugular vein appear normal.

Thorax:

- Lung fields appear clear. No focal lesion.
- No significant mediastinal lymphadenopathy.
- Cardiac and major vessels are normal.
- No pleural or pericardial effusion.

Abdomen & Pelvis:

- Gall bladder, spleen, liver and pancreas appear normal.
- Adrenals, kidneys and urinary bladder appear normal.
- No retroperitoneal mass lesion.
- No significant abdominopelvic lymphadenopathy.
- Contrast filled bowel loops are normal.

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Progress Note & Treatment Sheet

(Mrs.) Jaymi shewale
(SM/F)

Date & Time

Progress Note & Treatment

25.11.25

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(11)

Patient underwent

(1) extended Lemiglossech

+ MND (1)

specimen for
(H&E)

Dr. Shivaji

Dr. Shivaji Salonke
Consultant Surgical Oncologist
M.B.B.S., DNB General Surgery
DrNB Surgical Oncology
FMAS, FALS (Robotic Surgeon)
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