



# TEST REQUISITION FORM (TRF)



## Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Kaushalya Kokate.  
Age : 75 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ Days  
Sex : Male ☐ Female ☒ Date of Birth : ☐☐☐☐☐☐☐☐☐☐  
Ph : \_\_\_\_\_

## Client Details :

SPP Code 50-044  
Customer Name \_\_\_\_\_  
Customer Contact No \_\_\_\_\_  
Ref Doctor Name Shivaji Salunke.  
Ref Doctor Contact No \_\_\_\_\_

## Specimen Details:

Sample Collection date : _____	Specimen Temperature : _____	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Sample Collection Time : _____ AM / PM		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code	Sample Type	SPL Barcode No
① small HPR. [Level-3]	Small HPR	B3371047
② Extra Large HPR	E. Large HPR	B3371048
[MRM Surgery], [Breast]		
Comment →		

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.

**Progress Note & Treatment Sheet**

Ca breast (18)

Date & Time

Progress Note & Treatment

26.11.25

Mrs. Kaushya Devrao Kolate  
(75yrs)

Pt (18y) @ breast

(18) - (ENT/Pat/NEB)

11

Patient underwent

m. distal radical

1. [Mastectomy + (18y) @ axillary  
dissem.]

Specimen for (H+E)

Kindly dr. Needham

Dr. Shivaji

**Dr. Shivaji Salunke**  
Consultant Surgical Oncologist  
M.B.B.S., DNB General Surgery  
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FMAS, FALS (Robotic Surgeon)  
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# Aditi Pathology Laboratory

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M. Pharm DMLT (Nashik)

DIAGNOSTICA SPA  
Dr. KAPSE A.A.

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Reg.No. 2007062108

• Pathology • Biochemistry • Microbiology • Immunoassays • Histopathology • Tumor Markers • Serology

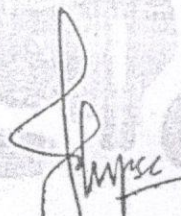
Patient name : Kaushalya Kokate Age/Sex : 60 yrs/Female  
Ref.by : Dr. Sudhir Avate sir  
Sample received on : 04/07/2025 Reported on : 10/07/2025

## HISTOPATHOLOGY REPORT

Histopathology No.:	APL / 71 / 25
Clinical diagnosis :	Left breast lump ? malignancy
Nature of Specimen:	Tru-cut biopsy of left breast lump
Gross Examination :	Received multiple tiny tissue bits, totally aggregating 0.3 cc, gray-white, firm threadlike. Totally submitted for HP examination
Microscopy :	Sections reveal lining epidermis, dermis and subcutaneous tissue, along with a tumour arranged in solid sheets and clusters. Individual tumour cells are pleomorphic with round to oval vesicular nuclei with irregular nuclear membrane with prominent nucleoli and moderate to scant amount of eosinophilic cytoplasm. At places, dense desmoplastic reaction seen. Also seen sparse chronic inflammatory infiltrates.
Impression :	Histological Features Are suggestive of Epithelial Malignancy, s/o Infiltrating Carcinoma Of Left Breast
Advice :	Immunohistochemistry for confirmation

End of Report

- Test results relates only to the sample submitted.
- Individual laboratory investigations are never conclusive, should be interpreted with the relevant clinical findings and investigations

  
Dr. Amol A. Kapse  
MBBS, MD, DNB, DCP (Path)  
Reg.No. 2007062108



Patient Name	: Mrs. Kaushalya Kokate	Age/Sex	: 60 Years/ Female
Ref. By	: Dr. Awate Sir	Date	: 03-Jul-25

**USG - LEFT BREAST**

H/o - pain in left breast.

USG - Breast done by using linear probe 5 to 14 MHZ.

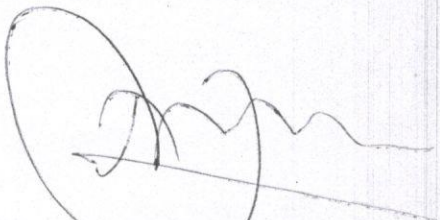
**REPORTS -**

- E/o hypoechoic lobulated solid lesion is seen in left breast at 9 to 12 o'clock position with anechoic areas noted within, lesion shows 1.7cm away from the nipple areolar region.
- Nipple appears retracted.
- The lesion shows internal vascularity on colour Doppler, indicating increased blood flow, which may suggest a solid and possibly aggressive nature.
- Margins appear partially indistinct.
- Echotexture is heterogeneous.
- No definite calcifications seen.
- 2 to 3 enlarge axillary lymph nodes on left side, largest measuring 2.0x1.3cm.
- E/o Fibro glandular tissue appears normal.
- Sub areolar area appears normal.
- No obvious diffuse altered density noted.
- Axillary tail region appear normal.
- Retromammary and pectoral muscle regions region appear normal.
- Subcutaneous plane appear normal and breast fatty tissue do not show any obvious density changes.

**IMPRESSION: -**

- Suspicious solid lesion in the left breast with internal vascularity - BI-RADS IV C - High suspicious for malignancy (Estimated risk: 50-95%)
- Left sided enlarge axillary lymph nodes as described above.

Suggested - Clinical & FNAC/Biopsy correlation and Mammography correlation for further evaluation & follow up SOS.



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