

**Progress Note & Treatment Sheet**

Ca rectosigmoid  
AdenoCa

Date & Time

Progress Note & Treatment

31.12.25

Mrs. Mangal (Cumbhar)  
(70yrs)

Ca rectosigmoid  
AdenoCa

50-044  
B2907408

Expt. laparoscopy  
+ rectosigmoidectomy  
+ covering ileostomy.

specimen -

Upper & mid  
rectum & sigmoid  
colon  
& mesentery

specimen for (H&E)

Dr. Shivaji

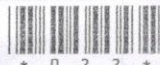
**Dr. Shivaji Salunke**  
Consultant Surgical Oncologist  
M.B.B.S., DNB General Surgery  
DrNB Surgical Oncology  
FMAS, FALS (Robotic Surgeon)  
MMC 2024020762

# Vijay Clinic

142, Railway Lines, Near Old R.T.O.  
Solapur - 413 001  
0217 - 2318252, 2319748

Dr. Pallavi Amol Kanetkar

Pathologist  
[MBBS MD DNB (Pathology)]  
Email : drpallavikanetkar@gmail.com

Patient ID	: 022 /OPD	Regn/Sample Date	: 04-Jul-2025 03.43 PM
Patient Name	: MRS. MANGAL KUMBHAR	Report Date	: 08-Jul-2025 02.29 PM
Age / Gender	: 71 Years / Female	Contact No	:
Referred By	: Dr. Amol V. Kanetkar MS MCH(Surg. Gastro)	Barcode	 * 0 2 2 *

## HISTOPATHOLOGY REPORT

**Histopathology No.**

**HP 408/25**

**Specimen**

**Biopsy from growth at 10 cm from the anal verge**

**Gross**

Received multiple irregular grey white tissue bits measuring 0.8 x 0.2 x 0.1 cm.  
Entire tissue is submitted for processing.

**Microscopy**

Section shows colonic mucosa infiltrated by a tumor. The neoplastic cells are arranged in glandular pattern. The cells are columnar having oval hyperchromatic nuclei with inconspicuous nucleoli & moderate cytoplasm. Adjacent tissue shows diffuse infiltration by neutrophils & lymphocytes.

**Opinion**

**Biopsy from growth at 10 cm from the anal verge  
- Adenocarcinoma.**

Note: Specimen will be discarded after 1 month. Slides will be preserved for 5 years. Block/s is/are given with the report. Please preserve carefully.

----- END OF REPORT -----

*Kanetkar*



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**DEPARTMENT OF RADIODIAGNOSIS AND IMAGING**

- Visualized lung bases appear normal.

**IMPRESSION:** CECT abdomen and pelvis study reveals,

- Long segment circumferential heterogeneously enhancing soft tissue in the upper rectum and recto-sigmoid junction. Findings consistent with neoplastic etiology.
- Mild peri-serosal fat stranding with few sub-centimeter sized heterogeneously enhancing lymph nodes adjacent to upper rectum.
- No evidence of hepatic, bone or lung metastasis.
- Heterogeneously enhancing soft tissue lesion in the anterior abdominal wall in the right rectus muscle in infra-umbilical region -- ? metastatic lesion.

Dr. Sharayu Walke.

MD, DNB, MNAMS.

Radio-diagnosis.

**Disclaimer-**It is interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.



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## DEPARTMENT OF RADIODIAGNOSIS AND IMAGING

- Liver appears normal in size 15.4 cm and normal attenuation and enhancement pattern. No focal lesion.
- Gall bladder is distended and normal.
- Portal vein normal in course, caliber 8.4 mm and contrast opacification.
- CBD normal in course, caliber 4.6 mm. No IHBR dilatation.
- Spleen appears normal in size 8 cm and normal attenuation and enhancement pattern. No focal lesion.
- Pancreas appears normal in attenuation and enhancement pattern. No focal lesion.
- Adrenal glands appear normal. No focal lesion.
- Right kidney measures: 8.1 x 4.3 cm. Left kidney measures: 8 x 3.7 cm. Both kidneys are normal in size, shape, attenuation and enhancement pattern and excretory function.
- **1.2 x 2.2 cm sized cortical cyst is noted at mid pole of left kidney – Bosniak type I.**
- Both ureters are normal in course and caliber.
- Urinary bladder is distended and appears normal.
- Uterus appears atrophic – Post menopausal.
- No evidence of free fluid.
- Visualized spine shows -- Degenerative changes in form of marginal osteophytes, schmorl's nodes, vacuum phenomena



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## DEPARTMENT OF RADIO DIAGNOSIS AND IMAGING

Patient Name: KUMBHAR MANGAL SHANTINATH-71Y/F  
Referred By: Dr. Kanetkar Amol V.(M.S.M.Ch.(SURGICAL GASTROENTR  
Patient ID: 281577-:OPDOPS2950526/25-26  
Study Date: 10-Jul-2025  
Location: OPD

### CECT ABDOMEN AND PELVIS

CLINICAL PROFILE: HP proven case of adenocarcinoma of rectum.

TECHNIQUE: Volumetric axial sections of the abdomen and pelvis were studied after administration of oral, rectal and IV contrast.

### FINDINGS:

- Long segment 6.1 cm (length) circumferential heterogeneously enhancing soft tissue is noted in the upper rectum and recto-sigmoid junction. Lesion shows apple core appearance with moderate luminal narrowing. Maximum uniwall thickness of the lesion is of 17.6 cm.
- Mild peri-serosal fat stranding is noted with few sub-centimeter sized heterogeneously enhancing lymph nodes adjacent to upper rectum.
- No evidence of proximal dilatation of bowel loops.
- Mid and lower rectum appears normal.
- Meso-rectal fascia is not involved.
- Extra mural vascular invasion – not involved.
- Fat plane with adjacent structure are well maintained.
- 1.3 x 1.1 cm sized heterogeneously enhancing soft tissue lesion is noted in the anterior abdominal wall in the right rectus muscle in infra-umbilical region -- ? metastatic lesion.
- Rest of the visualized bowel loops appears normal. I.C. junction appears normal. Appendix appears normal measuring 4.5 mm.