



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Datta Jadhav.

Age : 6 Yrs : 2 Months 2 Days

Age : 5 months Date : 2/2/2011

Ph:

Ph: _____

Client Details :

SPP Code 50-844

50 - 044

Customer Name _____

Customer Contact No. _____

Ref Doctor Name Dr. shivaji salunke

Ref Doctor Contact No _____

PROBLEMS

Specimen Details:

Clinical History:

[Commando Surgery]

No. of Samples Received:

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 IX BM

Date & Time	Progress Note & Treatment
<p>05/08/15</p>	<p>Mv. Datta Jadhav (54yrs) 194-@ IX RMT + BM </p> <p>Patient underwent ① Composite resection [FWB + segmental + upper Mandiblectomy cheek] + MND ②</p> <p>Specim for (H&E)</p> <p>Dr. Shing</p>



Krishna

Dr. RUJUTA S. AYACHIT
MD Path., PDCC Oncopath.

Dr. RUPESH P. GUNDAWAR
MD Path.

SURGICAL PATHOLOGY LI

Centre for Histopathology, Cytopathology & Immunohistochem

"Krishnai", Khardekar Stop, Near Godavari Hospital, Ram Na
Ausa Road, Latur-413531 Ph. 02382-225656, Mob. 758832

Working Time : Mon to Sat - 10am to 8pm, Sunday Cl

HPE No : S/3631/2025

Name : MR. DATTATRAY JADHAV

Age/Sex : 53 Yrs. / Male

Ref. By : Dr. Ajay Punpale MS, DNB, FCPS

Received On : 24/07/2025 10:58:44

Reported On : 29/07/2025 20:15:03

Client Name : Latur Superspeciality Hospital Pvt Ltd



HISTOPATHOLOGY REPORT

SPECIMEN

PUNCH BIOPSY

CLINICAL HISTORY

1 case of left RMT lesion under evaluation

GROSS FINDING

Received tiny tissue bits, aggregating to 1.3x1cm, whole processed.

MICROSCOPY FINDINGS

Serial sections show hyperplastic squamous mucosal bits with downgrowing and pushing lobules with full thickness nuclear atypia and surface keratosis. Occasional superficially invasive cords are noted. Deeper invasion is not seen.

IMPRESSION

Squamoproliferative lesion - s/o superficially invasive squamous carcinoma

NOTE

No of paraffin block(s) enclosed - 1

Test result relates only to the sample submitted.

*Individual laboratory investigations are never conclusive, should be interpreted with other relevant clinical findings and investigations.

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

Dr. Rupesh Gundawar
MBBS, MD Pathology
Reg. No. 2009030790

Dr. Rujuta Ayachit
MD Path, PDCC Oncopath
Reg. No. 073187



लातूर सुपरस्पेशलिटी हॉस्पिटल प्रा. लि.

गरुड चौक, नांदेड रोड, लातूर-413 512

Mob : 7448240888 / 7448242888 Tel : 02382-240888

Email : lshpvtltd@gmail.com

Web : www.laturcancerhospital.com

STUDY DATE:	23-Jul-2025	STUDY:	CECT PNS
PATIENT NAME:	DATTATRYA JADHAV 53Y/M	AGE:	53 Years
REF.DR:	DR AJAY PUNPALE MS ONCO	SEX:	M

CECT- P N S

Clinical indication: C/o Lesion along left RMT.

Findings:

There is ulcerative enhancing soft tissue growth seen involving left retromolar trigone measures approximately 1.5 x 1.2 x 2.8 cm in size. Loss of fat planes with adjacent GBS. Subtle erosive changes in underlying alveolus / mandible. Infratemporal fat planes are well preserved. Fat planes with pterygoid muscles are maintained. Pterygoid plates are intact.

No significantly enlarged neck nodes, short axis diameter not more than 10 mm.

Rest of the visualized neck spaces appear normal.

Cervical oesophagus is normal.

Polyp in left maxillary sinus.

Rest of the visualized paranasal sinuses appear normal.

The visualized great vessels appear normal.

Rest of the visualized bones appear normal.

Visualized bilateral upper lung parenchyma show emphysematous changes with subtle fibronodular lesions – sequelae of granulomatous infection – Koch's.

CONCLUSION:

Malignant neoplastic ulcerative enhancing soft tissue growth involving left retromolar trigone with loss of fat planes with adjacent GBS. Subtle erosive changes in underlying alveolus / mandible. Infratemporal fat planes are well preserved. Fat planes with pterygoid muscles are maintained. Pterygoid plates are intact.

No significantly enlarged neck nodes, short axis diameter not more than 10 mm.

Suggestion: HP correlation.

A. Deshmukh