



TEST REQUISITION FORM (TRF)

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

Name: Datta Jadhav.
Age: 53 Yrs: _____ Months _____ Days
Sex: Male ☒ Female ☐ Date of Birth: ☐☐☐☐☐☐☐☐☐☐
Ph: _____

Client Details:

SPP Code SO-044
Customer Name _____
Customer Contact No _____
Ref Doctor Name Dr. 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
Biopsy Extra Charge		
		B2907413

Clinical History:

[Commando Surgery]

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 @ BM

Date & Time

Progress Note & Treatment

05.08.15

Mr. Datta Jadhav

(Syrilm)

50-044
B2907413

194- @ @ BM
+ BM


||

Patient underwent

@ Composite resection

[WUE + segment + upper
① + Mandibled + areole]
+ MND @

specimen for (HPE)

1 
Dr. Shing



Krishna

SURGICAL PATHOLOGY LL

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

Dr. RUPESH P. GUNDAWAR
MD Path.

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.

Adeshmukh