



TEST REQUISITION FORM (TRF)

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

Name: Narun Naiknaware
Age: 42 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
Histo large [Lt Tongue]					
					B3373805
					B3377388

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.



Barshi Cancer Centre

Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

CA tongue ((lt) lateral)

Date & Time	Progress Note & Treatment
<u>26-8-2025</u>	<p>Mr. Arun Naiknawde 62 yr / M</p> <p>pt K1C10 - CA tongue ((lt) lateral)</p> <p>patient underwent</p> <p>[((lt) Hemiglossectomy + MND II]</p> <p>specimen sent for HPE</p> <p><i>for</i></p>

SO-044
B3373805

Dr. Shivaji Salunke
DrNB Surgical Oncology
Reg. No.- 2024020762



Case ID : 25010164410
 Patient Name : ARUN NAIKNAWARE
 Age/DOB/Sex : 42 Years / / Male
 Hospital Name : SLIL & Diagnostics Centre, Solapur
 Physician Name : DR. SHIVAJI SALUNKE
 Registration On : 17-Aug-2025 17:57
 Collection On : 16-Aug-2025 18:00
 Reported On : 20-Aug-2025 14:11
 Process AT : CORE-Gurugram
 Ref ID :
 Sample Type : Small Tissue
 Report Status : Final

UNIQUE PATIENT ID : 592445

TEST NAME

Histopathology Biopsy - Small Specimen

SPECIMEN INFORMATION

Left lateral tongue

CLINICAL HISTORY

Non healing ulcer over Left lateral tongue
 ? Neoplastic

METHODOLOGY

Histopathology

FINAL DIAGNOSIS

Left lateral tongue:

- Squamous cell carcinoma, Moderately differentiated.



COMMENTS

Correlation with imaging studies and clinical evaluation is recommended.

GROSS EXAMINATION

Received in formalin designated "Left lateral tongue" are multiple tan brown soft tissue pieces altogether measuring 1.5 x 1.5 x 0.6 cm.

SECTION KEY

Entirely sections are submitted in one cassette as A.

onCÔRE



UNIQUE PATIENT ID : 592445

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MICROSCOPIC EXAMINATION

Section shows a malignant epithelial neoplasm composed of infiltrating nests and sheets of atypical squamous cells breaching the basement membrane and invading the underlying connective tissue. The tumor cells exhibit marked nuclear pleomorphism, hyperchromasia, prominent nucleoli, and increased mitotic activity, including abnormal forms. Keratin pearl formation is seen in some areas, along with individual cell keratinization, consistent with squamous differentiation. There is evidence of stromal desmoplasia. No lymphovascular or perineural invasion is identified in the examined sections.

Puja Khanna

Patient Name : MR. NAIKNAWRE ARUN MAHADEV
Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology.

Age/Sex : 44 Yrs./M
Date : 24-Aug-2025

CT SCAN FACE & NECK WITH CONTRAST

TECHNIQUE

Axial sections of the neck were obtained before and after administration of intravenous contrast on a CT scanner.

FINDINGS

- Contrast enhanced CT through the oral cavity demonstrates an enhancing mass located on the lateral aspect of the anterior tongue on the left. It measures approximately 21x16mm (APxCC) with maximum depth of invasion is 12mm. It does not cross the midline and is limited to the intrinsic muscle of the tongue. There is no extension to the gingival mucosa or involvement of the adjacent mandibular bone. No enlarged lymph nodes are identified.
- Few sub centimetric lymph nodes are seen in bilateral submandibular region, largest measuring 6 mm in SAD in right and 4mm SAD in left submandibular region
- Both lobes of **thyroid** are normal in architecture, attenuation and enhancement. The isthmus is normal.
- The **nasopharynx, oropharynx** and **hypopharynx** appears normal.
- No pharyngeal wall thickening or intraluminal lesion noted. No evidence of diffuse or focal narrowing seen.
- Visualized part of **hard palate, soft palate** and **uvula** appears normal.
- **Parapharyngeal, carotid, pterygoid** and **buccal spaces** show normal appearances.
- The **pre-glottic, glottic** and **subglottic spaces** of larynx appear normal.
- **Epiglottis, Valleculae, AE folds, pyriform sinuses** appear normal.
- True and false **vocal cords** are normal in attenuation.
- **Hyoid bone** and **laryngeal cartilages** i.e. thyroid, cricoid and arytenoid appear normal.
- The **sternocleidomastoid** and **digastric muscles** on either side are normal.
- The **longus colli** on either side are normal.
- Both **parotids** and **submandibular** glands are normal.
- Cervical **oesophagus** and **trachea** appear normal.
- Bilateral styloid process are within normal limit.
- The visualized vertebrae are normal in density and trabecular pattern.

P.T.O

Patient Name : MR. NAIKNAWRE ARUN MAHADEV
Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology.

Age/Sex : 44 Yrs./M
Date : 24-Aug-2025

IMPRESSION: In this biopsy proven case of CA tongue

- Focal ulcerated lesion in the left lateral tongue, in lateral aspect of the anterior tongue on the left with extension as described s/o malignant neoplastic etiology – Ca Tongue. Suggested hisopathological correlation.
- Bilateral reactive sub centimetric submandibular lymph nodes.

RECOMMENDATION

Suggested clinical correlation.

Ashok
Dr. ASHOK SHARMA .
MD RADIOLOGY
Reg.No.2017040928

Disclaimer: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly

