



TEST REQUISITION FORM (TRF)

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

Name : Saitani Sharich
Age : 38 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
<u>Histo - Large Extra.</u> <u>[L+ Commondo Mandible]</u>					
					<u>B-23</u>
					<u>B3373806</u>

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

Date & Time	Progress Note & Treatment
28-8-2025	<p>Pt Name - Shaikh Sailani</p> <p>Age/sex - 38 yr/M</p> <p>clo - CA (L2) Lower GBS</p> <p>↓</p> <p>Bx - squamous cell carcinoma</p> <p>patient underwent</p> <p>(L2) composite resection</p> <p>[WLE + segmental mandibulectomy + partial maxillectomy]</p> <p>+ MND II</p> <p>specimen for HPE</p>

50-044
B3373806

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

LABORATORY TEST REPORT

Name	: SHAILANI SHAIKH	Reg. No	: 0742508130087
Sample ID	: B3373826	SPP Code	: SPL-SO-044
Age/Gender	: 38 Years/Male	Collected On	: 13-Aug-2025 05:00 PM
Referred by	: Dr. SHIVAJI SALUNKE	Received On	: 14-Aug-2025 11:07 AM
Referring Customer	: BARSHI CANCER DIAGNOSTIC CENTER	Reported On	: 19-Aug-2025 04:03 PM
Primary Sample	:	Report Status	: Final Report
Sample Tested In	: Tissue		
Client Address	:		



HISTOPATHOLOGY

BIOPSY-Small Specimen (< 2cm)

Histopathological Number : HP 7158/2025

Site of Biopsy : Left lower gingiobuccal sulcus

Gross Examination : Received multiple grey white to grey brown soft tissue bits altogether measuring 1 x 0.6 x 0.2 cm. A/E in one block.

Microscopic Examination : Section studied shows hyperplastic keratinized stratified squamous epithelium with marked acanthosis, loss of polarity and features of moderate to severe dysplasia with nucleomegaly, pleomorphic, hyperchromatic nuclei with prominent nucleoli. The epithelium shows endophytic growth with invasion into underlying stroma with nests, lobules and cords of tumor cells, dyskeratosis, keratin pearl formation, non-specific inflammatory infiltrates and focal areas of coagulative necrosis.

Impression : Histopathological features are suggestive of Squamous cell carcinoma, moderately differentiated

Advised correlation with clinical and imaging findings , further evaluation with ancillary studies (IHC) for confirmation, staging and further management.

Note : All biopsy specimen will be stored for 15 (fifteen) days, blocks and slides for 10 (ten) years only from the time of receipt at the laboratory. No request will be entertained after the specified period.

*** End Of Report ***



Patient Name : MR. SHAIKH SAILANI MAGDUM

Age/Sex : 38 Yrs./M

Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology.

Date : 21-Aug-2025

CT SCAN NECK WITH CONTRAST

TECHNIQUE

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

FINDINGS

- There is 2.0x0.8x1.7cm (APxTRxCC) sized fairly defined -heterogenously enhancing ulceroproliferative lesion noted involving the left inferior gingivobuccal sulcus from lateral incisor till 1st molar level without bony erosion of mandible. Laterally it is extending into buccal fat pad, however overlying skin appears normal. The lesion extends up to the mid left gingival mucosa involving inferior gingivobuccal sulcus. Retromolar trigone is normal.
- Few (2-3) prominent lymph nodes are noted at cervical level IB and II on left side, largest measuring 7mm IB and 8mm at level II on left side.
- 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 shows degenerative changes.

P.T.O

Patient Name : MR. SHAIKH SAILANI MAGDUM

Age/Sex : 38 Yrs./M

Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology.

Date : 21-Aug-2025

IMPRESSION

- Fairly defined -heterogenously enhancing ulceroproliferative lesion involving the left gingivobuccal sulcus with extensions and morphology as described s/o malignant neoplastic etiology- Ca left buccal mucosa. Suggested histopathological correlation.
- Few (2-3) prominent lymph nodes are noted at cervical level IB and II on left side as described likely reactive. ADV: FNAC to rule out metastatic 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

