



TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Sailani, shabirch

Age : 38 Yrs : _____ Months : _____ Days : _____

Sex : Male Female Date of Birth : 00 00 00

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+ commando Mandible]</u>	<u>B23</u>	<u>B2373806</u>

Clinical History:

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.

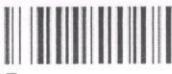
No. of Samples Received:

Received by:

Progress Note & Treatment Sheet

Date & Time	Progress Note & Treatment
<u>28-8-2025</u> 50-044 B3373806	<p>Pt Name - Shaikh Sildni Age/sex - 38 yr/m</p> <p>cl - CA (L⁺) Lower GBS ↓ Bx - squamous cell carcinoma</p> <p>Patient underwent</p> <p>(L⁺) Composite resection [WLE + segmental mandibulectomy + partial mandilectomy] + MND II</p> <p>specimen for HPE</p> <p style="text-align: right;">sent for</p>

LABORATORY TEST REPORT

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

HISTOPATHOLOGY

BIOPSY-Small Specimen (< 2cm)

Histopathological Number : HP 7158/2025
 Site of Biopsy : Left lower gingibuccal 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

Advice : 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

