



TEST REQUISITION FORM (TRF)

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**Name : Navnath KharatAge : 68 Yrs : Months DaysSex : Male Female Date of Birth : Ph : **Client Details :**SPP Code 500044Customer Name Customer Contact No Ref Doctor Name Dr. shivaji salunkheRef Doctor Contact No **Specimen Details:**

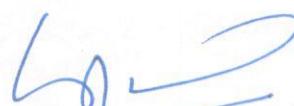
Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
Sample Collection Time :	AM / PM	Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Test Name / Test Code			Sample Type		SPL Barcode No
<u>Extra Large Fisto</u>			<u>B3379978</u>		
<u>[Commando Biopsy]</u>			<u>B3379975</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
<p>06/09/25</p> <p>SO-044 B3379978</p>	<p>Mrs. Navnath khavat (84) male</p> <p>PT = Mu. @ (I+) hard palate - locally advanced + RMT</p> <p>(II) post NACT status (3 cycle of DoF)</p> <p>Patient underwent ① composite resection [WIE + (213rd) hard palatectomy + segmental mandibulotomy] + MND (II)</p> <p>specime for (HPE)</p> <p>Kindly d. needed</p> <p></p> <p>Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No. - 2024020762</p>



F18-FDG WHOLE BODY PET CT SCAN

PATIENT ID :	111138	SCAN DATE :	01/07/2025
NAME :	KHARAT NAVNATH DATTU	REPORT DATE :	01/07/2025
REF. BY :	Dr. Salunke Shivaji	AGE :	63 YEARS
		SEX :	Male

Purpose: H/O Ulceroproliferative lesion over Lt side of hard palate since 1 year, 5 kg wt loss in 3 months; Biopsy from hard palate lesion (27.4.24): MDSCC; No treatment received; Now c/o difficulty in swallowing, stridor+; This is for staging;

Method:

Whole body CT scan was performed following negative oral contrast administration. 8.5 mCi-F18-FDG-(fluorodeoxyglucose) was administered IV and whole body images were acquired after 60 minutes using TOF-LSO based Biograph-Horizon /United imaging system. Images were reconstructed in the axial, coronal and sagittal planes. Blood sugar-105 mg/dl. Weight- 65 Kg.

Findings:

FDG avid soft tissue lesion in the left half of soft palate extending upto its junction of hard palate 28 x 18 mm (suv 12.75). It is crossing midline with mild extension into the right half of palate. Contiguous thickening in the left palatoglossal fold 22 x 10 mm (suv 10.96). Further extension into the left retromolar trigone 20 x 10 mm (suv 10.45).

Subtle erosion in the margin of adjoining ramus.

Left pterygomandibular raphe is involved. The lesion is abutting the left medial pterygoid.

Engulfing the left pterygoid hamulus.

No FDG avid lesions in the margins of tongue. No high ITF extension.

No erosion of pterygoid plates.

Inflammatory mucosal thickening in both maxillary sinuses.

Nodes: left I-b 16 x 7 mm (suv 1.80), left level II 18 mm (suv 2.62), level III 4 mm (suv 1.25), left level IV 6 mm (suv 1.30)

No obvious well defined lung nodules.

No FDG avid lesion in the liver, spleen or adrenals.

No evidence of FDG avid skeletal deposits. Healed rib fractures on the right 5th - 9th likely traumatic.

Physiological uptake in brain precludes detailed evaluation of intracerebral lesions.

Comments:

Known squamous cell carcinoma of palate; study shows-

1. FDG avid soft tissue lesion in the left half of soft palate crossing midline extending into the left palatoglossal fold, retromolar trigone and left pterygomandibular raphe. Subtle erosion of adjoining ramus of mandible.

- **Dr. Pallavi Solav**
Consultant

- **Dr. Raunak Solav**
Clinical Associate

- **Dr. Shailendra Savale**
DNB
Consultant Radiologist

- **Dr. Rajlaxmi Jagtap**
MBBS, DRM, DNB
Consultant in Nuclear Medicine



Dr. Shrikant Solav
M. D., DRM, FANMB
Consultant Incharge

डॉ. श्रीकांत सोलव
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2. Weakly metabolic regional lymph nodes.
3. No FDG avid distant organ involvement.

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Consultant Radiologist
- **Dr. Rajlaxmi Jagtap**
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Dr. Sakhare PATHOLOGY LAB

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Dr. Gaurav Pramod Sakhare

M.D. Pathology (Mumbai)
Reg No. 2007/10/3729

Patient Name : Navnath Dattu Kharat
Block No.: 24AP241
Referred by: Dr. Sudhir Bakare MS Surgery

Age / Sex : 70yr/M
Ref. No.: 10104/24
Reg. Date : 27/04/2024

Histopathology Report

Gross :

Biopsy from hard palate lesion.
Received multiple tissue bits, grey white. Processed completely.

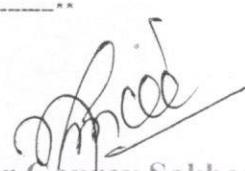
Microscopy :

H & E stained section from completely processed biopsy revealed
Section studied show mucosa having hyperplastic moderately dysplastic stratified squamous epithelium.
Submucosa show clusters of malignant squamous cells having large pleomorphic hyperchromatic nuclei, prominent nucleoli and scant to moderate amount of cytoplasm.
Focal keratin pearl formation with chronic inflammatory infiltrate noted.
Focal benign minor salivary gland seen.

Impression :

Biopsy from Hard Palate Lesion Revealed
Moderately Differentiated Squamous Cell Carcinoma.

----- End of Report -----



Dr. Gaurav Sakhare
M.D. Pathology

Note :- Reported as per specimen received. Remaining specimen if any will be discarded after 1 month. Paraffin blocks with slides will be discarded after 6 months.