



# TEST REQUISITION FORM (TRF)

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**Name : Navnath KharaAge : 58 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ DaysSex : Male ☒ Female ☐ Date of Birth : ☐☐☐ ☐☐☐ ☐☐☐☐

Ph : \_\_\_\_\_

**Client Details :**SPP Code 500044

Customer Name \_\_\_\_\_

Customer Contact No \_\_\_\_\_

Ref Doctor Name Dr. Shivaji Salunkhe

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
Extra Large Fisto [Commando Biopsy]		B3379978
		<del>B3313195</del>

Clinical History:

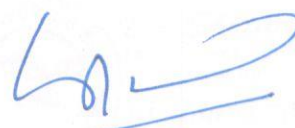
No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple &amp; Quad markers), HIV consent form, Karyotyping History form, IHC form,HLA Typing form along with TRF.

**Progress Note & Treatment Sheet**

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Date & Time	Progress Note & Treatment
<p><u>06/09/25</u></p> <p><u>SO-044</u> <u>B3379978</u></p> <p>kindly d. needed</p>	<p>Mr. Navnath Khavat 68Y male</p> <p>Pt = M. (C) (I+) hard palate - locally advanced + RMT</p> <p>⊥ post NACT status (3 cycle of DCF)</p> <p>Patient underwent (I+) composite resection</p> <p>[WUE + (2lyrd) hard + segmental mandibulectomy (I) + palatectomy]</p> <p>+ MND (II)</p> <p>specimen for (HPE)</p> <p></p> <p><b>Dr. Shivaji Salunke</b> 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 13 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-

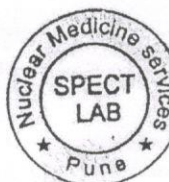
1. FDG avid soft tissue lesion in the left half of soft palate crossing midline extending into the left palatoglossal fold, retromolar trigone and left pterygomandibular raphe. Subtle erosion of adjoining ramus of mandible.

• **Dr. Pallavi Solav**  
Consultant

• **Dr. Raunag Salav**  
Clinical Associate

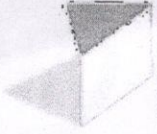
• **Dr. Shailendra Savale**  
DNB  
Consultant Radiologist

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



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

डॉ. श्रीकांत सोलव  
एम. बी., डी. आर. एन., एफ. ए. एन. एम. बी.



dr solav's spectlab  
nuclear medicine services



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

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

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Clinical Associate

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# DR. SAKHARE PATHOLOGY LAB

BARSHI - 413 401, Dist. Solapur

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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.