



# TEST REQUISITION FORM (TRF)


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

Name : Mrs - Savita Lokhande

Age : 47 Yrs : \_\_\_\_\_ Months : \_\_\_\_\_ Days

Sex : Male  Female  Date of Birth : 00 00 0000

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

**Client Details :**

SPP Code : 50-044

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"/>
		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 Biopsy.</u>		
<u><del>Extra Large</del></u>		
<u>[L+ Breast]</u>		
		<u>B3373796</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

— ⑩ breast  
phyll-ids

Date & Time	Progress Note & Treatment
<p><del>09/09/13 50-044 B337396</del></p>	<p>Mrs. Savita Jayram Lokhande (43yrs/ F)</p> <p>PT (444.) phyll-ids tumor ⑩ breast</p> <p>II</p> <p>(M1) Impacted eng back reported as phylloden. defaunted for tumor (tumor)</p> <p>II</p> <p>Patient undergoing</p> <p>⑩ MAM</p> <p>16</p> <p>D.S.L.</p>

# Insapan Imaging Centre

• 1.5 Tesla MRI • 96 Slice CT Scan (Technically), Digital X-Ray • Ultrasonography • Colour Doppler, Digital OPG

Patient Name : MS. LOKHANDE SAVITA JAYRAM  
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 47 Yrs./F  
Date : 14-Aug-2025

## CECT CHEST AND UPPER ABDOMEN

### TECHNIQUE

The study was done by taking helical sections from lung apices to upper abdomen performed before and after administration of intravenous contrast on a CT scanner.

### FINDINGS

#### Lungs:

- Lungs appear normal in volume, attenuation and enhancement.
- The peripheral as well as the peribronchovascular interstitium shows no thickening or nodularity.
- No ground glass opacification seen.
- The pleuro-parenchymal interfaces are smooth.
- No evidence of air trapping seen.

#### Airway and Hilum:

- Trachea, lobar bronchi, bronchus intermedius and segmental bronchi are normal.
- No intraluminal filling defects present.
- No dilated bronchi seen.
- Both hilar regions appear normal.
- No significant hilar lymphadenopathy is observed.

#### Pleural Surfaces:

- No pleural / fissural thickening seen in the sections evaluated.
- No evidence of pleural effusion present.

#### Mediastinum:

- Thoracic oesophagus and other mediastinal structures appears normal.
- No significant mediastinal adenopathy is observed.

#### Heart and Major Vessels:

- Heart outline and size appears normal.
- Major Pulmonary artery, right pulmonary artery and left pulmonary artery show no abnormality.

#### Others:

- Visualized vertebrae, sternum and ribs appear normal.
- Mass measuring 8.5 x 4.5 x 11.5 cm (TR x AP x CC) fills and expands the left breast. The mass shows extensive areas of necrosis. The mass visually separated from the left pectoralis muscles with maximum thickness of fat plane 4mm. Subcutaneous fat stranding in the chest wall posterior and inferior to the mass. This lesion has lobulated margin. It is causing mild retraction of overlying skin and subcutaneous tissue and nipple areolar complex with thickening of skin. It shows multiple non enhancing areas within it s/o necrosis. No evidence of any calcification noted within this lesion. Adjacent fat stranding is noted. Posteriorly fat plane (4mm) with the underlying muscles appears well maintained without involvement of chest wall.
- Contralateral breast appears normal.
- No enlarged axillary lymph nodes.
- Liver, both adrenal and spleen is normal
- No enlarged lymph nodes are seen.

P.T.O

Dr. Vivekanand N. Janra

M.D. (Radiodiagnosis)  
Radiologist & Sonologi  
Regd. No.: 6811

# Aspan Imaging Centre

1.5 Tesla MRI • 96 Slice CT Scan (Technically), Digital X-Ray • Ultrasonography • Colour Doppler, Digital OP

Patient Name : MS. LOKHANDE SAVITA JAYRAM  
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

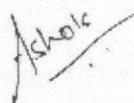
Age/Sex : 47 Yrs./F  
Date : 14-Aug-2025

**IMPRESSION:** In this biopsy proven operated case of borderline phyllodes tumor

- Well defined heterogeneously enhancing mass lesion fills and expands the left breast likely neoplastic etiology-Recurrence of phyllodes tumor.

## RECOMMENDATION

Suggested clinical correlation.



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

Dr. Vivekanand N. Jani

M.D. (Radiodiagn)  
Radiologist & Sonolo



# Dr. SAKHARE PATHOLOGY LAB

BARSHI - 413 401, Dist. Solapur

Phone : (02184) 222666, 9405455382, 8097557020 Email : gaurav.sakhare@gmail.com

## Dr. Gaurav Pramod Sakhare

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

**Patient Name :** Savita Lokhande  
**Block No.:** 141DC22 to 145DC22  
**Referred by:** Dr. Sudhir Bakare MS Surgery

**Age / Sex :** 45yr/F  
**Ref. No.:** 5812/22  
**Reg. Date :** 14/12/2022

## Histopathology Report

### Gross :

Left breast lumpectomy specimen.  
Single tissue mass 7.5x6.5x6 cm. external surface is congested and bossilated. On cut section they are grey white with glistening areas.  
No necrosis or hemorrhage.

### Microscopy :

H & E stained section from different areas revealed  
Tumour composed of predominantly mesenchymal component and focal epithelial elements and it is well circumscribed. Focal adipose tissue within stroma is seen.  
Epithelial component consists of elongated, leaf like epithelial proliferation.  
Mesenchymal component show increased stromal cellularity typically in periductal regions. Cellular atypia or mitotic activity not seen.  
Focal areas of adenosis seen.  
No evidence of atypia or malignancy. No evidence of hemorrhage or necrosis.  
Feature suggestive of benign phyllodes tumor.

### Impression :

Left Breast Lumpectomy Specimen Revealed  
Benign Phyllodes Tumour.

\*\* ----- 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.