



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):
 Name: Mr. Rajabhai pandharmise.
 Age: 45 Yrs : ___ Months ___ Days
 Sex: Male Female Date of Birth:
 Ph: _____

Client Details:
 SPP Code 50-044
 Customer Name _____
 Customer Contact No _____
 Ref Doctor Name 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>Extra Large Biopsy.</u>		<u>B3593488</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.



Barshi Cancer Centre

Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

Ca Colon

Date & Time

Progress Note & Treatment

18.01.25

To
Sage lab Hyderabad

Patient Mr. Rajendra Pandarmise (45y/M)
cur. @ right Hemi Leptic flexure, Patient
underwent Msnt extended Hemicolectomy - (02)
specimen for (H+E)

Dr. Shivaji Salunke

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

50-044
B3593488

onCÖRE



Case ID : 25010183118
Patient Name : RAJENDRA PANDHARMISE
Age/DOB/Sex : 40 Years / / Male
Hospital Name : SLIL & Diagnostics Centre, Solapur
Physician Name : DR. SHIVAJI SALUNKE
Registration On : 12-Sep-2025 15:54
Collection On : 11-Sep-2025 18:00
Reported On : 17-Sep-2025 17:02
Process AT : CORE-Gurugram
Ref ID :
Sample Type : Small Tissue
Report Status : Final

UNIQUE PATIENT ID : 616676

TEST NAME

Histopathology Biopsy - Small Specimen

SPECIMEN INFORMATION

Colon, biopsy

CLINICAL HISTORY

Known case of colonic mass.

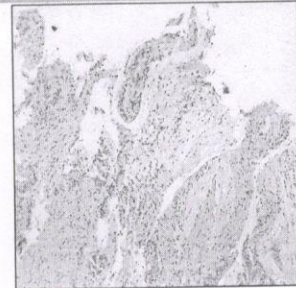
METHODOLOGY

Histopathology

FINAL DIAGNOSIS

Colon, biopsy:

- Adenocarcinoma, see comment



COMMENTS

IHC testing is recommended further evaluation

GROSS EXAMINATION

Received in formalin and designated as "Colon, biopsy" are multiple tan-white soft tissue pieces measuring 0.5 x 0.3 x 0.2 cm.

SECTION KEY

Entirely submitted in one cassette as A.

MICROSCOPIC EXAMINATION

Manisha Panda

F18-FDG WHOLE BODY PET CT SCAN

PATIENT ID :	113,447	SCAN DATE :	06/09/2025
NAME :	PANDHARMISE RAJABHAU RANGANATH	REPORT DATE :	06/09/2025
REF. BY :	Dr. Manjare Rahul	AGE : 45 YEARS	SEX : Male

Purpose: c/o occasional PR bleeding, malena, anemia, dyspepsia, flatulence,, USG A/P(4.9.25): Hepatic flexure colonic neoplastic mass with thickness 85 x 18 mm for a length of 11.3 cm. Mildly enlarged prostate(29 cc); Hb 8.0 g%,wbc 5000/cmm, plt 266000/cmm (26.8.25);CEA 6.5 ng/ml(5.9.25);Creat 1.11 mg/dl (4.9.25); this is for evaluation of suspected colonic malignancy.

Method:

Whole body CT scan was performed following IV and negative oral contrast administration. 7.8 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-95 mg/dl. Weight-76 Kg.

Findings:

FDG avid thickening (max thickness 20 mm) in hepatic flexure of colon for a length of 9 cm, SUVmax 17.39. Perilesional fat stranding noted.

Tiny omental nodule in the vicinity SUVmax 1.46.

Nodes: Mesocolic nodes upto 9 mm SUVmax 2.59. Anterior to right psoas 13 mm SUVmax 1.78.

A couple of inflammatory fissural nodules in left lung 3 mm.

No FDG avid lesions in liver, spleen or adrenals.

No FDG avid skeletal lesions.

Physiological uptake in brain precludes detailed evaluation of intracerebral lesions.

Comments :

Suspected colonic malignancy under evaluation, study shows;

FDG avid thickening in hepatic flexure of colon with regional nodes.

No FDG avid distant organ involvement.

Suggest colonoscopy and histology.

• *Dr. Pallavi Solav*
Consultant

• *Dr. Shailendra Savale*
DNB
Consultant Radiologist

• *Dr. Raunag Salav*
Clinical Associate

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



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

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

SPECT LAB NUCLEAR MEDICINE AND PET CT SER...

