NABL
MC-3633

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILLIN CAPITAL LETTERS ONLY) :

Name : Mrs. padmini patil

Age : 90 Yrs : ___ Months ___ Days

Sex : Male ☐ Female ☑ Date of Birth : DD MM YYYY

Ph : ___

Client Details :

SPP Code SO-044

Customer Name ___

Customer Contact No ___

Ref Doctor Name Shivaji Salunke.

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date : / Sample Collection Time : AM / PM	Specimen Temperature :				
		Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Large Biopsy.		
		B3593468.

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

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

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

Progress Note & Treatment Sheet

? Ca endometrium

Date & Time	Progress Note & Treatment
19/03/25	To Sage lab (Hyderabad) Patient Mrs. Padmini Patil (Female) (c/o) – (PV) bleed on & off since last few wks. Patient underwent (TAH + BSO) c (BIL) PLND ↓ specimen for (HPE)

50-044
B3593468

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

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

Patient Name	:	MS. PATIL PADMINI PUROSHATTAM	Age/Sex	:	93 Yrs./F
Ref. By	:	Dr. KOKATE ABHIJEET DM Medical Oncology.	Date	:	05-Sep-2025

HRCT CHEST

TECHNIQUE

The study was done by taking helical sections from lung apices to domes of diaphragm without 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:

- **CT scan shows herniation of stomach into the thorax through the hiatus with displacement of gastroesophageal junction.**
- 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.
- Soft tissues and muscles of chest wall are normal.
- **The right lobe measures 40x26x70mm and left lobe measures 46x40x100mm. The thyroid gland is markedly enlarged particularly the left lobe and contains multiple varying size nodular lesions with maximum diameter of 40 mm. Enlarged thyroid extends from C3 until T3 levels with retrosternal extension predominately on left side. Its seen compressing and displacing the trachea. Thyroid is heterogeneous, with areas of cystic and colloid degeneration, with calcifications up to 29x20 mm. Trachea and other midline cervical structures shifted to the right side and tracheal narrowing is observed. There is no sign of local invasion of adjacent structures.**

Dr. Vivekanand N. Janr
M.D. (Radiodiagno
Radiologist & Sonolo
Regd. No.: 68

P.T.O.

Patient Name : MS. PATIL PADMINI PUROSHATTAM
Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology.
Age/Sex : 93 Yrs./F
Date : 05-Sep-2025

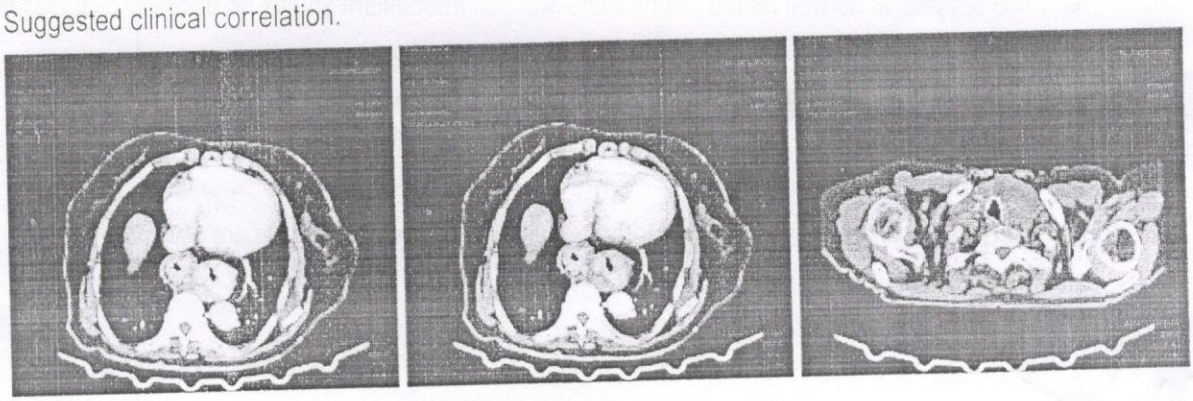
IMPRESSION

Type III hiatus hernia. No other significant abnormality detected. No metastasis.

Heterogeneous multinodular goiter with coarse calcifications, extending into the superior mediastinum, from the left thyroid lobe

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

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Patient Name : MS. PATIL PADMINI PUROSHATTAM Age/Sex : 93 Yrs./F

Ref. By : Dr. KOKATE ABHIJEET DM Medical Oncology. Date : 05-Sep-2025

CECT WHOLE ABDOMEN AND PELVIS

OBSERVATIONS:-

Liver is normal in size (10cm), outline and attenuation. There is no evidence of any dilatation of intrahepatic biliary radicles/CBD. The portal veins & hepatic veins appear normal.

Gall Bladder is well distended and shows normal wall thickness. No definite pericholecystic fluid or mass lesion is seen. *(Correlate with USG as CT is not the ideal modality for detecting gall stones)*

Pancreas is normal in size and attenuation. No evidence of pancreatic duct dilatation seen. No intraductal/ parenchymal calcifications seen.

Spleen is normal in size, outline & attenuation. No focal lesion seen. Splenoportal axis is normal.

Both Kidneys are normal in size, outline, position & attenuation. Pelvicalyceal system appears normal. No focal lesion is seen. No obvious calculi /calcifications seen.

Bilateral adrenal glands are normal in size and attenuation.

Urinary bladder is distended and reveals increased wall thickness (5mm).

Uterus is normal in size.

There is a well-defined intracavitary mass arising from endometrial cavity, filling and distended the uterine cavity and endocervical canal. The lesion measures approx. 4 x 3.9 x 4 cms in craniocaudal, transverse and anteroposterior planes respectively. The junctional zone between the endometrial cavity and inner myometrium is indistinct in anterior wall in the region of mass suggestive of invasion of inner myometrium. No obvious invasion of outer myometrium or extra uterine invasion is seen. The cervix appears normal in size and signal intensity. No obvious invasion of the cervix by the lesion is seen.. No pelvic lymphadenopathy or intraperitoneal effusion.

Both **ovaries** appear atrophic in size and signal intensity. No **adnexal mass** lesion seen

Pelvic **vasculature** is normal in course and caliber with normal flow voids.

There is no evidence of pelvic **lymphadenopathy** or free fluid.

No significant retroperitoneal lymph nodes are seen.

Multiple small size rounded air filled outpouchings seen arising from the outer wall of the colon mainly affecting the sigmoid colon and rectum. No acute diverticulitis.

The small and large bowel loops are normal.

The IVC and aorta appear normal.

No lytic/sclerotic lesion is seen in the visualised bones.

CT scan shows herniation of stomach into the thorax through the hiatus with displacement of gastroesophageal junction.

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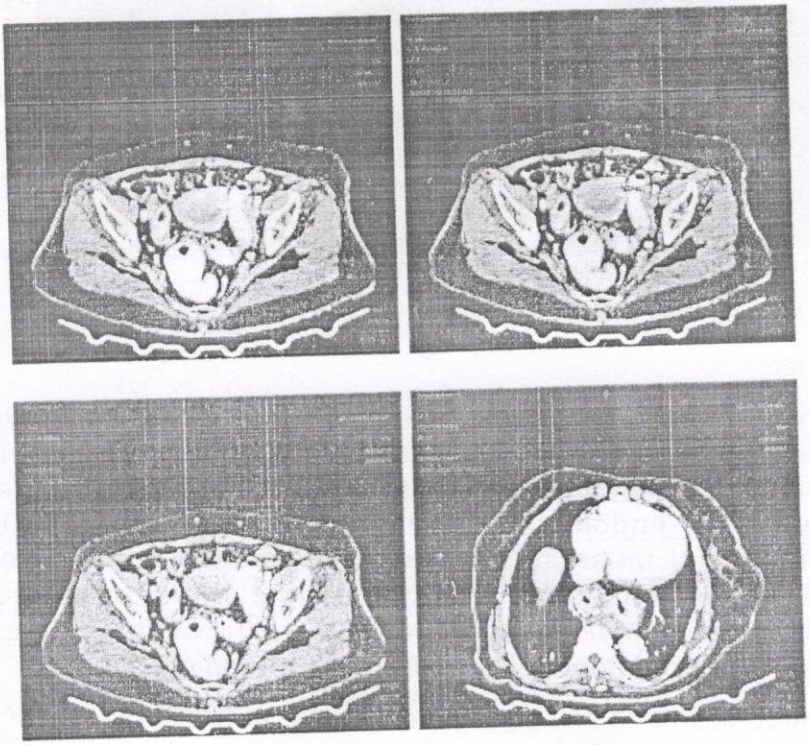
Patient Name	:	MS. PATIL PADMINI PUROSHATTAM	Age/Sex	:	93 Yrs./F
Ref. By	:	Dr. KOKATE ABHIJEET DM Medical Oncology.	Date	:	05-Sep-2025

IMPRESSION:

- Imaging findings are likely s/o endometrial adenocarcinoma - FIGO stage IA (an invasion of less than half of the myometrium). Suggested histopathological correlation
- Changes of cystitis.
- Colonic diverticulosis
- Type III hiatus hernia.

Please correlate clinically and with other relevant investigations for confirmation and further evaluation.



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