



# TEST REQUISITION FORM (TRF)


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

Name : Dropadi Gaikwad

Age : 50 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ Days

Sex : Male  Female  Date of Birth : 00 00 0000

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

**Client Details :**

SPP Code 90-044

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

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

Ref Doctor Name Dr. 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"/>
		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>Histo - large</u>			<u>B3373781</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:**

(Post NACT) " shown to me"  
 ↓ ifracal's.  
 TAH + BSO + ~~partial~~ omentectomy  
 Specimen sent for HPE

*held for*

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

**Progress Note & Treatment Sheet**

Date & Time	Progress Note & Treatment
22-9-2025	<p>To,</p> <p><del>core</del> Lab SAGE</p> <p>Pt Name — Dhaupadi Gadikwad Age/sex — 50 yr/F</p> <p>C/O — CA ovaries (high grade <sup>now Aden</sup>) (Post NACT)</p> <p>↓</p> <p>TAH + BSO + <del>partial</del> omentectomy</p> <p>specimen sent for HPE</p> <p>for</p> <p>Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No. - 2024020762</p>

# Pushpan Imaging Centre

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

Patient Name	:	MS. GAIKWAD DROPADI KRISHNA	Age/Sex	:	50 Yrs./F
Ref. By	:	Dr. KOKATE ABHIJEET DM Medical Oncology.	Date	:	05-Sep-2025

## CECT WHOLE ABDOMEN

### OBSERVATIONS:-

A  $7.3 \times 10.8 \times 8.0$  cm (APxTRxCC) large multiseptated, multilocular pelvic solid cystic lesion is present at pelvis predominantly on left side, containing denser areas (approx. 25-30 HU) and blood vessels, arising from the left adnexa. The largest solid components measuring  $4.6 \times 6.0 \times 6.8$  cm.

Another  $6.5 \times 5.5 \times 5.7$  cm (APxTRxCC) large multiseptated, multilocular pelvic solid cystic lesion is present at pelvis predominantly on right side, containing denser areas (approx. 25-30 HU) and blood vessels, arising from the right adnexa.

Both of these adnexal masses seen merging with each other. The both ovary couldn't be defined separate the mentioned cystic lesion.

The walls and septa are mostly thick and sharp. Mass effect on surrounding structures is significant, and bowel is displaced laterally and superiorly. Loss of fat plane with adjacent bowel loops. There are no regional lymphadenopathies.

**Omental fat stranding anterior to the mass, suspicious metastatic spread to the omentum.**

**Liver** is normal in size, outline and attenuation. No focal lesion is seen. There is no evidence of any dilatation of intrahepatic biliary radicles/CBD. The portal veins & hepatic veins appear normal.

**Gall Bladder** is well distended. No definite pericholecystic fluid /mass lesion is seen. No 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. Splenoportai 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 well distended & normal.

**Uterus** appears normal.

No e/o free fluid noted in the peritoneal cavity.

The small bowel loops are normal.

**Dr. Vivekanand N. Janra**

M.D. (Radiodiagnosi)

Radiologist & Sonologi

Regd. No. 6811

# PUSHPA Imaging Centre

5 TUS	Patient Name	Slice	MS. GAIKWAD DROPAKI KRISHNA	Ray • Ultrasonography	Age/Sex	50 Yrs/F
Ref. By	:	Dr. KOKATE ABHIJEET DM Medical Oncology.		Date	:	05-Sep-2025

The IVC and aorta appear normal.

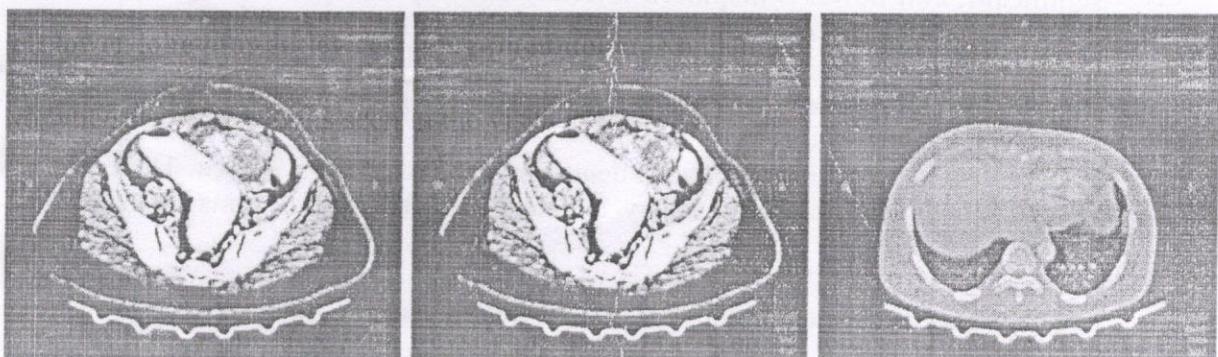
Visualised basal lung fields appear normal. Approx 16x6mm lesion in lateral basal segment of left lower lobe lung likley resolving pneumonia. No pleural effusion is seen.

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

**Partial thrombosis in bilateral external iliac, internal iliac artery and common iliac artery.**

**CONCLUSION:** In this know case of CA ovary with Chemotherapy

- A large, lobulated, solid-cystic mass lesion is seen in pelvis in bilateral adnexa (Approx  $6.5 \times 5.5 \times 5.7$  cm in right ; APxTRxCC)  $7.3 \times 10.8 \times 8.0$  cm -APxTRxCC on left ) likely arising from ovary- likely CA ovaries. Su (Singificant reduced in size from previous scan 22 june 25 suugestive partial response )
- Approx 16x6mm lesion in lateral basal segment of left lower lobe lung likley resolving pneumonia. ? Mets. ADV: Follow up



*ASHOK*

**Dr. ASHOK SHARMA .**  
**MD RADIOLOGY**  
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**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

*Vivekanand*  
**Dr. Vivekanand N. Janra**

M.D. (Radiodiagnos)  
 Radiologist & Sonolog