



TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Dropadi Gannevad

Age: 50 Yrs: _____ Months: _____ Days: _____

Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Ph: _____

Client Details:

SPP Code: 90-044

Customer Name: _____

Customer Contact No: _____

Ref Doctor Name: Mr. 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
Histo - large		
		B3373781
		B3373781

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.

(Post NACT)

↓
TAH + BSO + ~~partial~~ omentectomy

specimen sent for HPE

for

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

Progress Note & Treatment Sheet

Date & Time	Progress Note & Treatment
<p>22-g-2025</p>	<p>To,</p> <p>Core Lab SAGE</p> <p>Pt Name — Dhaupadi Gaikwad Age/sex — 50 yr/F</p> <p>C/O — CA ovaries (high grade ^{shown} Adenocarcinoma) (Post NACT)</p> <p>↓ ifracolic.</p> <p>TAH + BSO + partial omentectomy</p> <p>specimen sent for HPE</p> <p><i>for</i></p> <p>Dr. Shivaji Salunke DNB 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 7.3×10.8×8.0 cm (APxTRxCC) large multiseptated, multilocular pelvic sloid 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 4.6x6.0x6.8cm.

Another 6.5×5.5×5.7 cm (APxTRxCC) large multiseptated, multilocular pelvic sloid 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. (Radiodiagnosis)
Radiologist & Sonologi
Regd. No : 6811

Pushpan Imaging Centre

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

The IVC and aorta appear normal.

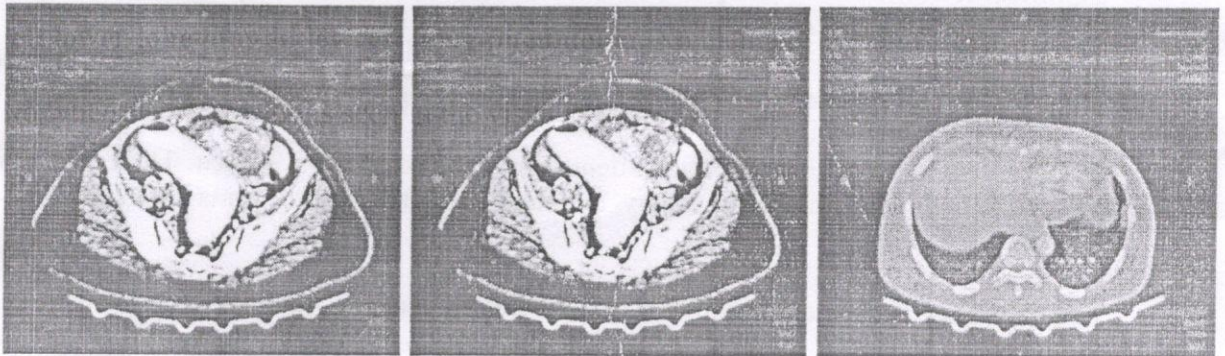
Visualised basal lung fields appear normal. Approx 16x6mm lesion in lateral basal segment of left lower lobe lung likley resolving pneumonia. No pleural effusion is seen.

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 6.5×5.5×5.7 cm in right ; APxTRxCC) 7.3×10.8×8.0 cm -APxTRxCC on left) likely arising from ovary- likely CA ovaries. Su (Singificant reduced in size from previous scan 22 june 25 suuggestive 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
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

Vivekanand

Dr. Vivekanand N. Janra

M.D. (Radiodiagnosis)
Radiologist & Sonologist