



TEST REQUISITION FORM (TRF)



Clinical History:

No. of Samples Received:

Received by:

....., Maternal Screening form/for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

Patient Name : MRS. DARADE SONALI SACHIN
Ref. By : Dr. BHUMKAR SHIRISH D MD (OB&GY)

Age/Sex : 36 Yrs./F
Date : 14-Sep-2025

MRI SCAN OF BILATERAL BREASTS

TECHNIQUE:

Multiecho MR imaging of the bilateral breasts was performed with administration of intravenous contrast.

FINDINGS:

RIGHT BREAST

The right breast shows normal fibro-glandular architecture. No evidence of any architectural distortion is seen.

No evidence of any obvious diffuse lesion seen.

No evidence of any other abnormal enhancement seen. Normal glandular enhancement with normal mean curves are seen.

No dilated ducts seen.

Areola and retroareolar tissues appear normal.

The nipple and the overlying skin appears normal with no evidence of any nipple retraction.

Few reactive right axillary lymph nodes seen, largest 4mm in short-axis diameter.

LEFT BREAST

Left breast revealed an ill-defined, enhancing, oval lesion in outer upper quadrant measures 35x15mm at 2 o clock position approximately 5cm away from nipple areolar complex. Lesion has ill-defined margins with few lobulations or spiculations. Surrounding breast parenchyma and soft tissue also show edema and abnormal enhancement. No evidence of any architectural distortion or skin changes noted. Another similar morphology lesion in lower inner quadrant at 8 o clock position approx. 3cm away from nipple.

The left breast shows normal fibro-glandular architecture. No evidence of any architectural distortion is seen.

No evidence of any obvious diffuse lesion seen.

No evidence of any other abnormal enhancement seen. Normal glandular enhancement with normal mean curves are seen.

No dilated ducts seen.

Areola and retroareolar tissues appear normal.

The nipple and the overlying skin appears normal with no evidence of any nipple retraction.

Few reactive left axillary lymph nodes seen, largest 4mm in short-axis diameter.

P.T.O

Dr. Vivekanand N. Janra
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 6811

Pushpan Imaging Centre

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

Patient Name : MRS. DARADE SONALI SACHIN

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IMPRESSION:

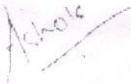
- RIGHT BIRADS: Normal- BIRADS 1.
- LEFT BIRADS: BI-RADS 4 lesion.
- ADV: Biopsy and histopathological correlation.

DIFFERENTIAL DIAGNOSIS:

N/A

RECOMMENDATION:

SUGGESTED CLINICAL CORRELATION


Dr. ASHOK SHARMA,
MD RADIOLOGY
Reg. No. 2017040928

Disclaimer: These reports have been made based on radiological and other investigations. They only aid in diagnosing the disease in relation to clinical symptoms and other related tests. Please interpret accordingly.



Dr. Vivekanand N. Janrao

M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 68115

Progress Note & Treatment Sheet

Pt Name - sondli Dardde

Age/ sex - 36 yrs F

Date & Time	Progress Note & Treatment
27-9-2025	<p>To, SAGE Path</p> <p>cl - (lt) breast lump (2 'o' clock 8 o'clock position)</p> <p>↓</p> <p>Thicut biopsy done (benign breast paranchyma)</p> <p><u>MRI - BIRADS - 4</u></p> <p>↓</p> <p>Now pt underwent lumpectomy (short thread superior long, thread lateral)</p> <p>↓</p> <p>specimen sent for HPE</p>

for
Dr. Shivaji Salunke
DrNB Surgical Oncology
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