



# TEST REQUISITION FORM (TRF)



## Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY)

Name : Sheela Kharade

Age : 55 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 |
|-----------------------|-------------|----------------|
| Large Biopsy.         |             | B3593520.      |
|                       |             |                |
|                       |             |                |
|                       |             |                |
|                       |             |                |
|                       |             |                |

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.

## Progress Note & Treatment Sheet

- (Ca Endometrium)

| Date & Time                                          | Progress Note & Treatment                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>11/10/25</u></p> <p>50-044</p> <p>B3393510</p> | <p>Mrs. Sneha Khavade</p> <p>(5844/f)</p> <p>Pt - (K14) (Ca) endometrium.</p> <p>↓</p> <p>Patient underwent</p> <p>[Medical hysterectomy<br/>+ (B14) PWR]</p> <p>Specimen for (HPE)</p> <p></p> <p>Dr. Shivaji Salunke<br/>DrNB Surgical Oncology<br/>Reg. No.- 2024020762</p> |

Dr. Reshma A. Gholkar  
M.B.B.S., D.M.R.E.  
Radiologist & Sonologist  
Reg.No. 2009/04/2055

# ASHIRWAD Diagnostic Centre

Age/Sex : 58 YEARS/F

Date : 18 Sep 2025

Name : MRS. SHEELA DIGAMBAR  
KHARADE  
Ref By : DR. SHWETA JAGTAP MADAM

## USG OF ABDOMEN AND PELVIS

Liver appears grossly normal in size & parenchymal reflectivity. No focal mass lesion or any neoplasm seen in liver. No signs of Obstructive Jaundice or Cirrhosis. Portal Vein & CBD are not dilated.

Gall bladder appears normal in size & shape. No e/o calculi seen in Gall Bladder. Gall Bladder Wall is not thickened. No edema around GB wall. 3.8mm tiny GB wall sessile benign polyp.

Pancreas appears normal in size & reflectivity. No evidence of ductal dilatation, calcification or Peri-pancreatic fluid collection seen. No focal mass seen in Pancreas.

Spleen normal in size (9.2cm) & echotexture, No focal mass lesion seen in Spleen.

Both Kidneys- appear normal size, shape, position & echotexture. Cortical echogenicity & thickness appears normal in both Kidneys. Cortico-medullary differentiation is maintained in both kidneys. No hydronephrosis or calculus or mass or scarring seen in Both Kidneys

RIGHT KIDNEY= 8.5X 4.0CM

LEFT KIDNEY= 9.8X 4.0CM

Urinary bladder -adequate distension with normal wall thickness. No calculus or mass lesion.

Uterus appears bulky (11.4X4.8X6.9cm) & coarse echotexture. No e/o adnexal mass seen. No Free Fluid noted in P.O.D.

Endometrial thickness- 22mm—thick with hypoechoic fluid collection and 20x18 mm hyperechoic solid contents within lower endometrial cavity showing mild vascularity within.

Right adnexa clear

Left ovary- 1.6x1.0cm—atrophic

No free fluid seen in pleural or peritoneal cavity. No para-aortic or mesenteric or pelvic lymphadenopathy. No abnormal dilatation of bowel loops in abdomen.

P.T.O=====



• Ultrasound being an imaging science, reliability is -95%  
• All congenital anomalies cannot be detected by USG, detection depends upon position of fetus, lie, quantity of amniotic fluid, gestational age, maternal ob  
• Sex determination is illegal and unethical and not done in any manner.

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Radiologist & Sonologist  
Reg.No. 2009/04/2055

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## CONCLUSION:

- SCANNED UPPER ABDOMINAL ORGANS APPEAR NORMAL.
- BULKY UTERUS WITH DIFFUSE ENDOMETRIAL HYPERPLASIA, HYPOECHOIC FLUID COLLECTION AND HYPERECHOIC SOLID LESION IN LOWER ENDOMETRIAL CAVITY—MOSTLY S/O NEOPLASTIC MASS OF ENDOMETRIAL ORIGIN THAN FOCAL ENDOMETRIAL HYPERPLASIA===ADV—H/P CORRELATION
- NO OBVIOUS ADNEXAL MASS.

Adv- h/p and ca-125 and ca -15-3 Ag correlation

DR. RESHMA A. GHOLKAR

M.B.B.S., D.M.R.E.

With regards



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