



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Ratan Shinde
Age : 65 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	
<u>Medium Biopsy.</u>				<u>B3593498</u>	
<u>[Lt Breast Lump]</u>					

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

— (18) breast lump
(18) enlargement.

Date & Time

Progress Note & Treatment

07/10/15

Mrs. Shinde Ratan

(55401F)

Pt (40) - lump in

(18) breast w/ pain

since last few days.

(40)

(18) breast

Nipple retraction (+)

(32mm) palpable

lump retroareolar

↓
Patient underwent

(18) breast
lumpectomy

CEM (breast)

Band's (18) laceration

in (18) breast

specimen for (H+E)

Pushpan Imaging Centre

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

Patient Name : MS. SHINDE RATAN PRAKASH

Age/Sex : 65 Yrs./F

Ref. By : Dr. SALUNKE SHIVAJI. MS DrDNB Surgical oncology

Date : 19-Sep-2025

CEMRI 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 6mm in short-axis diameter.

LEFT BREAST

Single 8x4mm cystic lesions are seen in retro areolar region approx. 3.7cm from nipple.

There is 7x7mm solid irregular vascular lesion with mixed enhancement pattern including washout in the medial left nipple just under the areola.

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.

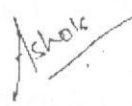
Areola and retroareolar tissues appear normal.

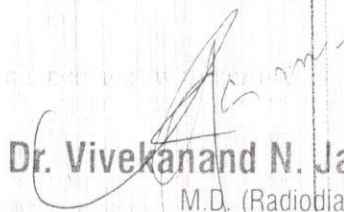
The nipple and the overlying skin appears normal with no evidence of any nipple retraction.

Few reactive left axillary lymph nodes seen, largest 8mm in short-axis diameter.

IMPRESSION:

- No significant abnormality in right breast-BIRADS:I
- Solid irregular vascular lesion with mixed enhancement pattern including washout in the medial left nipple just under the areola. (BIRADS 4A ?Paget disease of left breast)
- Single cyst lesion in left breast retro areolar region likely benign cyst.
- Bilateral reactive axillary lymph nodes.


Dr. ASHOK SHARMA .
MD RADIOLOGY
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Dr. Vivekanand N. Janrao
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 68115

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.