



# TEST REQUISITION FORM (TRF)



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

Name: Mr. popat yadav  
Age: 55 Yrs: \_\_\_\_\_ Months \_\_\_\_\_ Days  
Sex: Male ☒ Female ☐ Date of Birth: ☐☐☐ ☐☐☐☐☐☐☐  
Ph: \_\_\_\_\_

## Client Details :

SPP Code 30-044  
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
Extra Large Biopsy.					B3597211

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

Pt Name — Popat YadaV  
Age/sex — 63 y+ 1M

Date & Time

Progress Note & Treatment

15-10-2025

To,  
SAGE PATH

Klclo - CA stomach



underwent

02 subtotal gastrectomy

(Post NACT status)

specimen sent for HPE

Kindly do needful!

~~S0-044~~

~~B3597211~~



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

# Pushpan Imaging Centre

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

Patient Name	: MR. YADAV POPAT SOPAN	Age/Sex	: 63 Yrs /M
Ref. By	: Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology	Date	: 10-Oct-2025

## CECT WHOLE ABDOMEN

Clinical History/ Indications- Follow UP Gastric carcinoma with chemotherapy

### OBSERVATIONS:-

There is heterogenous enhancing asymmetrical polypoidal intraluminal mass lesion with wall thickening seen involving distal body stomach at greater curvature with now measures 7.2x4.2x5.5cm.

Few perigastric lymph nodes are seen in lesser sac largest of size 9mm and splenic hilum 8mm.

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 and shows normal wall thickness. No definite pericholecystic fluid / calculus/ 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. Splenoportal 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.

Prostate and seminal vesicles are normal.

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

Rest of The small and large bowel loops are normal.

The IVC and aorta appear normal.

Visualised basal lung fields appear normal.

No pleural effusion is seen.

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

**Dr. Vivekanand N. Janra**

M.D. (Radiodiagnosis)  
Radiologist & Sonologist  
Regd. No : 631

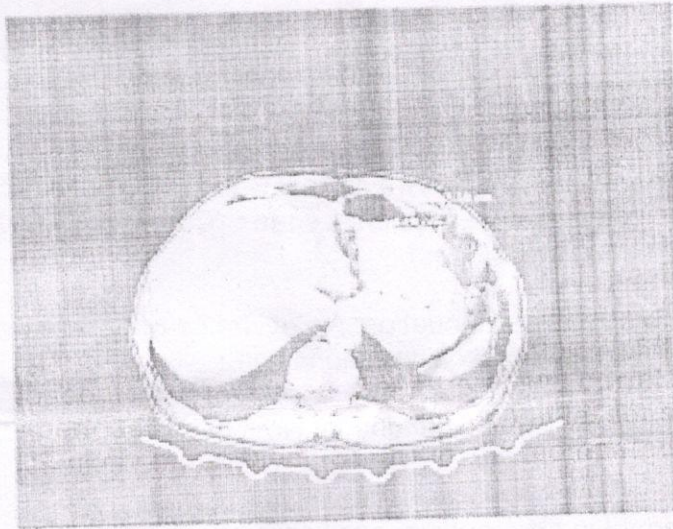
# PUSHPA Imaging Centre

• 1.5 Tesla MRI • 64 Slice CT Scan (Technically) • Digital XRay • Ultrasonography • Colonography

Patient Name	:	MR. YADAV POPAT SOPAN	Age/Sex	:	63 Yrs /M
Ref. By	:	Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology	Date	:	10-Oct-2025

CONCLUSION: In this know case of CA stomach with chemotherapy

- Heterogeneously enhancing wall thickening with intra luminal polypoidal lesion involving the distal body stomach at greater curvature as described above s/o neoplastic etiology- Gastric cancer. (Mild reduced in size compared to previous report dated 14 june 25 s/o partial reponses)ADV: Endoscopic biopsy and histopathological correlation.
- Few perigastric lymph nodes are seen in lesser sac and splenic hilar lymph nodes likely metastatic. (Stable in size compared to previous report dated 14 june 25)



*Ashok*

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

Disclaimer: Investigations have their limitations. Solitary pathological/Radiological and other investigations may 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  
Regd. No.: 6811