TEST REQUISITION FORM (TRF)

NABL MC-3609

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Anil Jadhav

Age : 55 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SO - 044

Customer Name ___

Customer Contact No ___

Ref Doctor Name Dr. Shivaji Salunke

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date : / Sample Collection Time : AM / PM	Specimen Temperature :				
	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
	Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Extra Large Biopsy. [Rt Commando Specimen]		
		BB593525

Clinical History:

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.

No. of Samples Received:

Received by:

Barshi Cancer Centre

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

Shivacharya Complex, Ainapur Maruti Road,Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

(2nd primary (R) upper alveolus.

Date & Time	Progress Note & Treatment
12.11.25	Mr. Anil Jadhav (55yr/M)
	Pt c/o known (Ca) tongue - underwent (Sx) for same (1yr) back
50-044 / B35935 25	Now developed (2nd primary of (R) upper alveolus
	⇓
	Patient underwent (R) Composite resection (WLE of (T) + segmental Mandibulectomy + upper alveolectomy)
Dr. Shivaji.	Specimen for (HPE)

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

SagePath™
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

LABORATORY TEST REPORT

Name	: ANIL JADHAV		
Sample ID	: B3373771	Reg. No	: 0742509260057
Age/Gender	: 55 Years/Male	SPP Code	: SPL-SO-044
Referred by	: Dr. SHIVAJI SALUNKE	Collected On	: 26-Sep-2025 06:00 PM
Referring Customer	: BARSHI CANCER DIAGNOSTIC CENTER	Received On	: 27-Sep-2025 11:09 PM
Primary Sample	:	Reported On	: 04-Oct-2025 10:11 AM
Sample Tested In	: Tissue	Report Status	: Final Report
Client Address	:		

HISTOPATHOLOGY

BIOPSY-Small Specimen (< 2cm)

Histopathological Number : HP 8948/2025

Site of Biopsy : tongue

Gross Examination : Received multiple grey white to grey brown soft tissue bits altogether measuring 0.8 x 0.5 x 0.2 cm. A/E in one block.

Microscopic Examination : Sections studied are lined by hyperplastic keratinized stratified squamous epithelium with marked acanthosis, loss of polarity and features of moderate to severe dysplasia with nucleomegaly, pleomorphic, hyperchromatic nuclei with prominent nucleoli. The epithelium shows endophytic growth with invasion into underlying stroma with nests, lobules and cords of tumor cells, dyskeratosis, keratin pearl formation, non-specific inflammatory infiltrates and focal areas of coagulative necrosis.

Impression : **Histopathological features are suggestive of Squamous cell carcinoma, moderately differentiated.**

Note : All biopsy specimen will be stored for 15 (fifteen) days, blocks and slides for 10 (ten) years only from the time of receipt at the laboratory. No request will be entertained after the specified period.

*** End Of Report ***

Dr.Potturu Bharat
DNB.PATHOLOGY

TESTS CONDUCTED @ CENTRAL LAB HYDERABAD
Note : This report is subject to the terms and conditions overleaf. Partial Reproduction of this report is not Permitted

MR. JADHAV ANIL DNYANDEV
Dr. SALUNKHE SHIVAJI MBBS DNB [GEN SUR] DrNB SUR ONCO

Age/Sex : 55 Yrs./M
Date : 16-Oct-2025

CT SCAN NECK WITH CONTRAST

of the neck were obtained before and after administration of intravenous contrast
ner.

perative changes are seen in right buccal region.

submandibular gland is not visualized - likely post-operative status.

al maxillary and ethmoids sinusitis is seen.

nyofascial edema is seen along the both medial pterygoid muscles, mild
in labial space, oropharynx.

is 31 x 25 x 35mm heterogeneous mass lesion centered on the right hard and soft plate, right maxillary alveolus and right maxillary sinus destroying ht hard palate, medial pterygoid plate, posterior inferior wall of right maxillary and posterior aspect of maxillary alveolus causing involvement of origin of nedial and lateral pterygoid muscles

bes of thyroid are normal in architecture, attenuation and enhancement. The s is normal.

sopharynx, oropharynx and hypopharynx appears normal.

ryngeal wall thickening or intraluminal lesion noted. No evidence of diffuse or focal ing seen.

zed part of hard palate, soft palate and uvula appears normal.

aryngeal, carotid, pterygoid and buccal spaces show normal appearances.

e-glottic, glottic and subglottic spaces of larynx appear normal.

ttis, Valleculae, AE folds, pyriform sinuses appear normal.

nd false vocal cords are normal in attenuation.

bone and laryngeal cartilages i.e. thyroid, cricoid and arytenoid appear normal.

ernocleidomastoid and digastric muscles on either side are normal.

P.T.O

Patient Name : MR. JADHAV ANIL DNYANDEV
Ref. By : Dr. SALUNKHE SHIVAJI MBBS DNB [GEN SUR] DrNB SUR ONCO

Age/Sex : 55 Yrs./M
Date : 16-Oct-2025

- The longus colli on either side are normal.
- Both parotids and left submandibular glands are normal.
- Cervical oesophagus and trachea appear normal.
- Bilateral styloid process are within normal limit.
- The visualized vertebrae shows degenerative changes.

IMPRESSION: In this operated case CA buccal mucosa

- **Heterogeneous mass lesion centered on the right hard palate and soft-plate, Right... maxillary alveolus and right maxillary sinus causing their destruction-s/o recurrence.**
- **Bilateral maxillary and ethmoids sinusitis is seen.**

RECOMMENDATION

Suggested clinical correlation.

Dr. ASHOK SHARMA.
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