



# TEST REQUISITION FORM (TRF)

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**Name : Dayanand shindeAge : 35 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ DaysSex : Male ☒ Female ☐ Date of Birth : DD MM YYYY

Ph : \_\_\_\_\_

**Client Details :**SPP Code SO-044

Customer Name \_\_\_\_\_

Customer Contact No \_\_\_\_\_

Ref Doctor Name Dr. Shivaji Sajnane

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
Histo - Extra large specimen [L+ Commando (GBG)]		
		<del>B359355</del>
		B359355

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple &amp; Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

## Progress Note & Treatment Sheet

— Ca (IT) lower  
485

Date & Time

Progress Note & Treatment

03/11/25

Mr. Dayanad Shinde  
(SMVM)

Patient (440) @ ~~IT~~ (IT) GBS (lower)

11

patient underwent

— left composite resection

[ WUE of segmental  
(1) + Mandibullectomy + Upper  
alvelectomy ]  
+ MND (II)

specimen for (HPE)

**Dr. Shivaji Salunke**  
Consultant Surgical Oncologist

M.B.B.S., DNB General Surgery  
DrNB Surgical Oncology  
FMAS, FALS (Robotic Surgeon)  
MMC 2024020762



LABORATORY TEST REPORT

Name	: DAYANAND SHINDE	Reg. No	: 0742510230120
Sample ID	: B3593530	SPP Code	: SPL-SO-044
Age/Gender	: 30 Years/Male	Collected On	: 23-Oct-2025 04:00 PM
Referred by	: Dr. SHIVAJI SALUNKE	Received On	: 25-Oct-2025 12:45 PM
Referring Customer	: BARSHI CANCER DIAGNOSTIC CENTER	Reported On	: 28-Oct-2025 05:58 PM
Primary Sample	:	Report Status	: Final Report
Sample Tested In	: Tissue		
Client Address	:		



HISTOPATHOLOGY

**BIOPSY-Small Specimen (< 2cm)**

Histopathological Number : HP 9854/2025

Site of Biopsy : Non healing ulcer in Left GBS

Gross Examination : Received multiple grey white to grey brown soft tissue bits altogether measuring 0.5 x 0.3 x 0.2 cm. A/E in one block.

Microscopic Examination : Sections studied show 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.

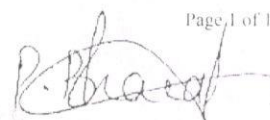
Advised correlation with clinical and imaging findings , further evaluation with ancillary studies (IHC) for confirmation, staging and further management

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 \*\*\*



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Dr. Potturu Bharat  
DNB, PATHOLOGY

\*TESTS CONDUCTED @ CENTRAL LAB. HYDERABAD

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# Pushpan Imaging Centre

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

Patient Name : MR. SHINDE DAYANAND YUVRAJ  
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 30 Yrs./M  
Date : 30-Oct-202

## CECT FACE AND NECK

**Technique:** CECT face and neck done in helical mode. Axial acquisition done with coronal & sagittal reformations.

### OBSERVATIONS:

There is 3.0x1.0x1.7cm (ApxTrxCc) sized fairly defined -heterogenously enhancing ulceroproliferative lesion noted involving the left inferior gingivobuccal sulcus from lateral incisor till 3rd molar level without bony erosion. It is reaching upto angle of mouth on left side. Laterally it is extending into buccal fat pad, however overlying skin appears normal.

Few prominent lymph nodes are noted at cervical level IB on left side, largest measuring 5.5mm on left at level IB.

Anatomical configuration of the visualised naso-pharynx & oro-pharyngeal regions are normal with no obvious distortion of the pharyngeal airways. The parotid glands under view appear essentially normal.

Zygomatic arches appear normal.

The nasal bones appear normal.

Both maxillas appear normal.

Mastoid air cells / mastoid antra & the middle ear structures appear unremarkable.

Internal auditory canals appear normal.

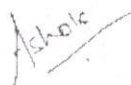
Both orbits and their contents appear unremarkable.

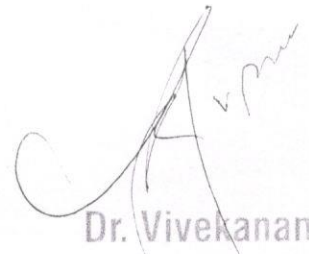
Sinusitis is seen involving both maxillary, ethmoid and frontal sinuses.

**CONCLUSION:** In this biopsy proven case of Buccal Carcinoma

- Fairly defined -heterogenously enhancing ulceroproliferative lesion noted involving the left inferior gingivobuccal sulcus from lateral incisor till 3rd molar level without bony erosion with extensions and morphology as described s/o malignant neoplastic etiology- Ca left buccal mucosa. Suggested histopathological correlation.
- Few prominent lymph nodes are noted at cervical level IB on left side likely reactive.

Please correlate with clinical features & other relevant investigations

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

  
Dr. Vivekanand N. Janri  
M.D. (Radiodiagnosis)