



TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Dayanand Shinde

Age : 35 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 Salunkhe

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"/>	
		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		
<i>Histo - Extra large specimen</i>		<i> </i>		<i>B3593557</i>		
<i>[L + Commonal (GBG)]</i>		<i> </i>		<i>B3593551</i>		
<i> </i>		<i> </i>		<i> </i>		
<i> </i>		<i> </i>		<i> </i>		

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 1⁺ low
 GBS

Date & Time	Progress Note & Treatment
<p>03/11/25 B35 93552 50-044</p>	<p>Mrs. Dayanand Shinde (Srim)</p> <p>Patient (low) @ 1⁺ 1⁺ GBS (low)</p> <p>II</p> <p>patient underwent</p> <p>- left composite resection</p> <p>{ WLE of segmental ① + Mandibectomy + upper alveolity } + MN ②</p> <p>specimen for (H&E)</p>

LABORATORY TEST REPORT

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

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

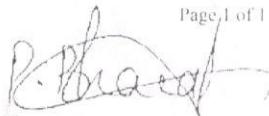
Note : All biopsy specimen will be stored for 15 (fifteen) days, blocks and slides for 10 (ten) years only from the time of receipt at the laboratory. No request will be entertained after the specified period.

*** End Of Report ***



TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Page 1 of 1
 Dr. Potturu Bharat
 DNB, PATHOLOGY

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

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.

Dr. Vivekanand N. Jani

M.D. (Radiodiagnos)
Radiologist & Positron