



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Fulehand Galande

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: _____

AM / PM

Specimen Temperature:

Sent

Frozen ($\leq -20^{\circ}\text{C}$) ☐

Refrigerator ($2-8^{\circ}\text{C}$) ☐

Ambient ($18-22^{\circ}\text{C}$) ☐

Received

Frozen ($\leq -20^{\circ}\text{C}$) ☐

Refrigerator ($2-8^{\circ}\text{C}$) ☐

Ambient ($18-22^{\circ}\text{C}$) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Specimen exchange
[L+Commando (Bm)]

B3593556

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.

vivo T4

Saurabh 11/06/2025, 18:31

Pushpan Imaging Centre

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

Patient Name : MR. GALANDE FULCHAND DNYANOBA
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 55 Yrs./M
Date : 04-Nov-2025

CT SCAN NECK WITH CONTRAST

TECHNIQUE

Axial sections of the neck were obtained before and after administration of intravenous contrast on a CT scanner.

FINDINGS

- There is 4.0x1.2x2.3cm (APxTCxCC) sized fairly defined -heterogenously enhancing ulceroproliferative lesion noted involving the left inferior gingivobuccal sulcus from 1st premolar till 3rd molar level. Laterally it is extending into buccal fat pad, however overlying skin appears normal. The lesion extends superiorly along the left gingival mucosa up to mid part. Posteriorly it is not involving retromolar trigone and it is seen reaching up to the masseter muscle with focal loss of fat plane. It is abutting the ramus of mandible with its alveolar arch erosion.
- Multiple enlarged lymph nodes at IA, IB and level III on left side, largest of size 7mm at sub mental region and 20x22mm enlarged lymph nodes are noted at cervical level IB on left side. It involving the left submandibular gland.
- Both lobes of thyroid are normal in architecture, attenuation and enhancement. The isthmus is normal.
- The nasopharynx, oropharynx and hypopharynx appears normal.
- No pharyngeal wall thickening or intraluminal lesion noted. No evidence of diffuse or focal narrowing seen.
- Visualized part of hard palate, soft palate and uvula appears normal.
- Parapharyngeal, carotid, pterygoid and buccal spaces show normal appearances.
- The pre-glottic, glottic and subglottic spaces of larynx appear normal.
- Epiglottis, Valleculae, AE folds, pyriform sinuses appear normal.
- True and false vocal cords are normal in attenuation.
- Hyoid bone and laryngeal cartilages i.e. thyroid, cricoid and arytenoid appear normal.
- The sternocleidomastoid and digastric muscles on either side are normal.
- The longus colli on either side are normal.
- Both parotids and right submandibular glands are normal.
- Cervical oesophagus and trachea appear normal.
- Bilateral styloid process are within normal limit.
- The visualized vertebrae shows degenerative changes.

P.T.O

Dr. Vivekanand N. Janra

M.D. (Radiodiagnosis)
Radiologist & Sonologis
Regd. No.: 6811

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Pushpan Imaging Centre

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

IMPRESSION

- Fairly defined -heterogenously enhancing ulceroproliferative lesion involving the left inferior gingivobuccal sulcus with extensions and morphology as described s/o malignant neoplastic etiology- Ca left buccal mucosa. Suggested histopathological correlation.
- Multiple enlarged cervical lymph nodes at level IA and IB on left side as described likely metastatic.

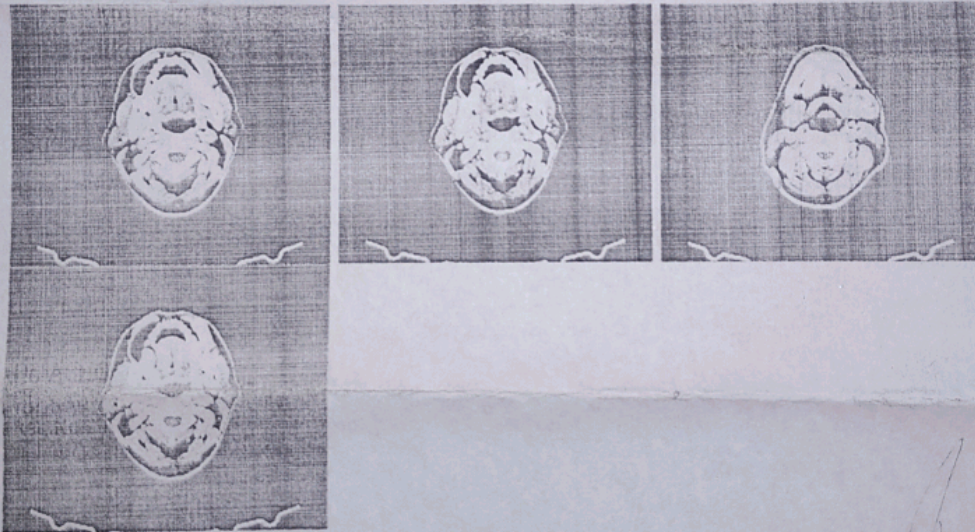
RECOMMENDATION

Suggested clinical correlation.

Ashok

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.



Vivekanand

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vivo T4 5G

Saurabh ❤️ 📸 11/07/2025, 13:18

Progress Note & Treatment Sheet

pt Name - Fulchand Galande
Age/sex - 55 yr/M

Date & Time	Progress Note & Treatment
6-11-2025	<p>To,</p> <p>SAGE Path</p> <p>clo - (Lt) sq cheek non-healing ulcer</p> <p>↓</p> <p>punch biopsy done</p> <p>↓</p> <p>(Lt) CA BM) sq. cell carcinoma</p> <p>(Lt) COMMANDO (Lt) maxillectomy + (Lt) segmental mandibulectomy + Alveolectomy) + MND II</p> <p>sample sent for HPE</p> <p>kindly do needful</p> <p>Dr. Shivaji Salunke Consultant Surgical Oncologist M.B.B.S., DNB General Surgery DrNB Surgical Oncology FMAS, FALS (Robotic Surgeon) MMC 2024020762</p> <p>for</p> <p>Dr. Abhinav Kulkarni</p>