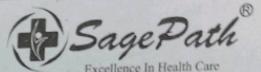




TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Fulchand Galande

Age : 55 Yrs : _____ Months _____ Days

Age : 15 months 0 days
Sex : Male Female Date of Birth : 01 01 1901

Sex: Male Female

Specimen Details:

Client Details :

50-044

SPP Code _____

Customer Name

Customer Contact No

Ref Doctor Name Dr. shivaji salunke

Ref Doctor Contact No.

Specimen Details:

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 Test Request Form.

vivo T4 5G

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 (APxTCxC) 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, Valleculeae, 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 & Sonologist
Regd. No.: 6811)

729 / 7 / 3+4+5+6 / B, Kasarwadi Road, Barshi - 413411. Ph. : 02184 - 225474 | M. : 70208 82464, 74985 05481

vivo T4

Saurabh ❤️📸 11/07/2025, 13:18

Pushparaj Imaging Centre

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

IMPRESSION

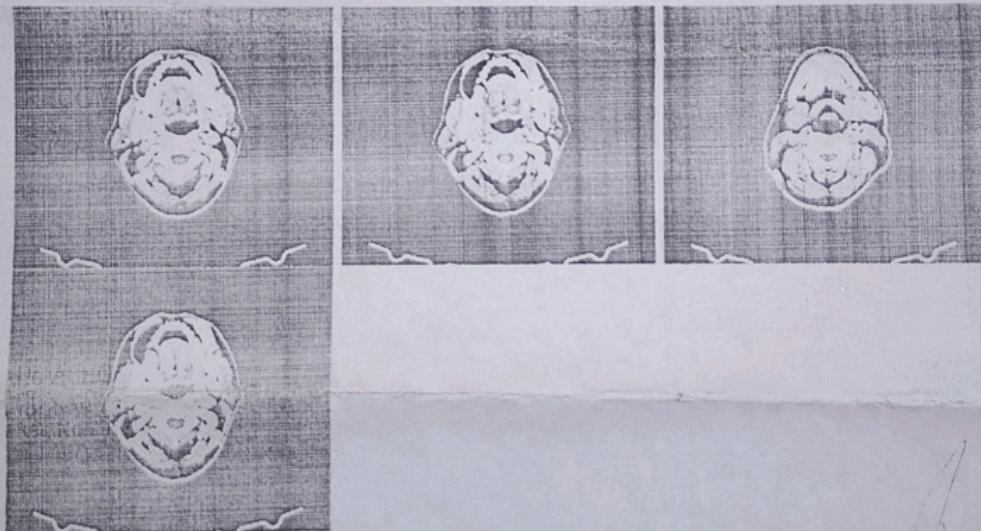
- Fairly defined -heterogenously enhancing ulceroproliferative lesion involving the left inferior gingivobuccal sulcus with extensions and morphology as described s/o malignant neoplastic etiology- Ca left buccal mucosa. Suggested histopathological correlation.
- Multiple enlarged cervical lymph nodes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

RECOMMENDATION

Suggested clinical correlation.

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 discussing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Dr. Vivekanand N. Janrao
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 68115

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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, SAGE Path</p> <p>cllo - (Lt) sq cheek non-healing ulcer</p> <p>↓ punch biopsy done</p> <p>↓ (Lt) CA BM (sq. cell carcinoma)</p> <p>(Lt) commando (Lt) maxillectomy + (Lt) segmental mandibulectomy + Alveolectomy + MNDO II</p> <p>sample sent for HPE</p> <p>Kindly do needful</p> <p><i>for</i></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>Dr. Abhijeet Kokate Surgical Oncologist</p>