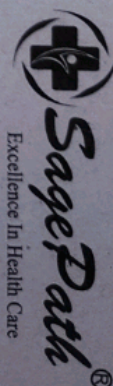




TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Chaya Grome

Age : 45 Yrs : _____ Months : _____ Days

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

Ph : _____

Client Details :

SPP Code 50-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Shivaji Salunke

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date :

Sample Collection Time :

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. { Level
[R+ MRM (Breast)] } I, II

Level - III

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 @ breast

Date & Time

Progress Note & Treatment

19/11/25

Mrs. Chaya Gome
(45YR/F)

Pt. (Ca.) Ca @ breast



patient underwent

@ mam

1. Entire breast tissue

+ axillary 1st lymph node 2. II

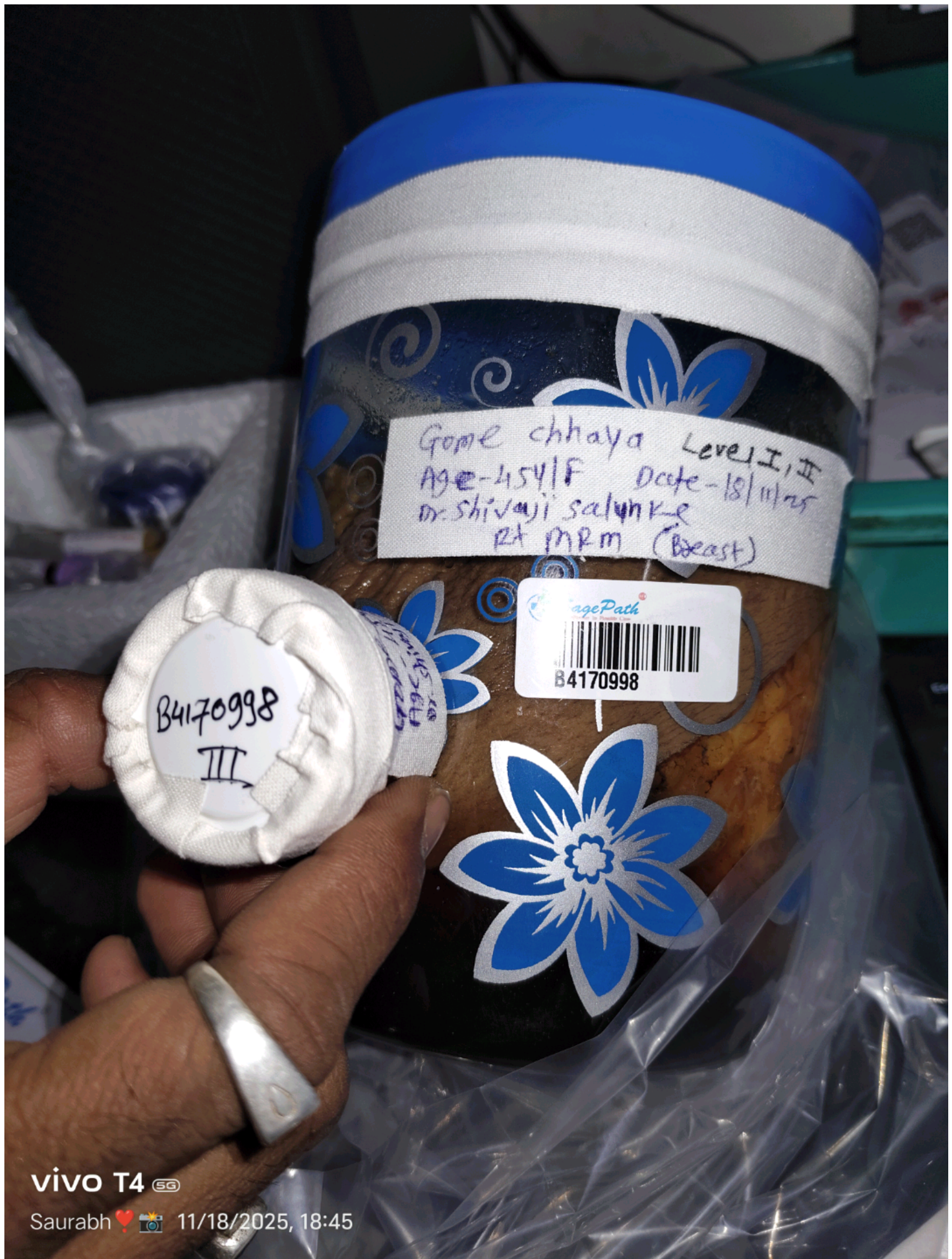
} B4170998

2. axillary 1st @ lymph node

} ~~B4170998~~

16-50-044

Dr. Shivaji Salunke
Consultant Surgical Oncologist
M.B.B.S., DNB General Surgery
DrNB Surgical Oncology
F.M.A.C. (Surgical Oncology)
Mobile: 9820020762



vivo T4 5G

Saurabh ❤️ 📷 11/18/2025, 18:45

Pushpan Imaging Centre

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

Patient Name : MRS. GOME CHAYA GOKUL
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 45 Yrs./F
Date : 17-Nov-2025

CECT CHEST WITH CONTRAST

TECHNIQUE

The study was done by taking helical sections from lung apices to domes of diaphragm with administration of intravenous contrast medium on a CT scanner.

FINDINGS

Lungs:

- Lungs appear normal in volume and attenuation.
- The peripheral as well as the peribronchovascular interstitium shows no thickening or nodularity.
- No ground glass opacification seen.
- The pleuro-parenchymal interfaces are smooth.
- No evidence of air trapping seen.

Airway and Hilum:

- Trachea, lobar bronchi, bronchus intermedius and segmental bronchi are normal.
- No intraluminal filling defects present.
- No dilated bronchi seen.
- Both hilar regions appear normal.
- No significant hilar lymphadenopathy is observed.

Pleural Surfaces:

- No pleural / fissural thickening seen in the sections evaluated.
- No evidence of pleural effusion present.

Mediastinum:

- Thoracic oesophagus and other mediastinal structures appears normal.
- No significant mediastinal adenopathy is observed.

Heart and Major Vessels:

- Heart outline and size appears normal.

P.T.O

Dr. Vivekanand N. Jani

M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 6111

Pushpan Imaging Centre

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

Patient Name : MRS. GOME CHAYA GOKUL
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 45 Yrs./F
Date : 17-Nov-2025

Others:

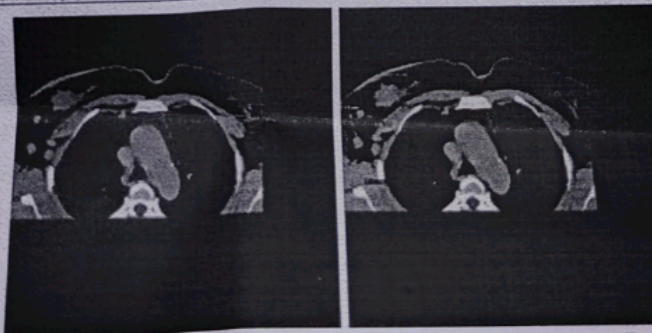
- Visualized vertebrae, shows degenerative changes.
- There is ill defined heterogeneously enhancing mass lesion of average size 2.5x2.6cm (APXML) noted involving the right breast in medial inner upper abutting the nipple areolar complex. It has irregular margins and is causing mild retraction of nipple areolar complex. It shows multiple non enhancing areas within it s/o necrosis. No evidence of any calcification noted within this lesion. Adjacent fat stranding is noted. Posteriorly fat plane with the underlying muscles appears maintained without involvement of chest wall. Contralateral breast appears normal.
- Multiple enlarged heterogeneous right axillary lymph nodes are noted, at Level I: lateral and inferior to the muscle. (Largest measuring 12x10mm); Level II: posterior to the muscle. (Largest measuring 11x10mm); and Level III (infraclavicular): medial and superior to the muscle. (Largest measuring 8x7mm)

IMPRESSION

- Heterogeneously enhancing mass lesion involving the right breast with features and extension as described above likely s/o malignant neoplastic etiology- CA breast. Suggested Histopathological Correlation.
- Right Axillary lymphadenopathy at level I, II and III on right likely metastatic.

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
Dr. Vivekanand M. Janra
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 68

vivo T4 5G

Saurabh 11/18/2025, 18:21

729/773+4+5+6/B, Kasarwadi Road, Barshi - 413411. Ph. :02184 -225474 | M.: 70208 82464, 74985 054

SHAH HOSPITAL (JAWALEKAR) PRIVATE LIMITED

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CIN - U86100PN2024PTC235652

☎ - 02182 - 350803

Email Id - shahjawalekarhospital@gmail.com



Date : 08.11.2025

Name of Patient : Mrs. Chaya G. Gome

Age: 45 Yrs.

Ref. Doctor : Sandesh Shah, MS

REPORT OF HISTOPATHOLOGICAL EXAMINATION

H.P. No.: 1993 / 2025

Specimen : Tru-cut needle biopsy - Lump in right breast.

Gross Appearance : The specimen was received weak 10% formalin fixative. It consists of few slivers of dull - grey white tissue; together measuring 0.7X0.2X0.2 cm. The entire tissue is submitted for processing.

Microscopy : Section and additional made serial deeper section shows suboptimally preserved ? neoplastic mammary parenchyma composed of intermediate sized, round to oval cells having scanty eosinophilic cytoplasm; seen to be arranged in clusters and nests. The interstitial stroma shows relative desmoplasia with residual dense mixed lymphoplasmacytic inflammatory infiltrate. No endothelial - lined space invasion seen.

Diagnosis : Tru-cut needle biopsy - Lump in right breast :
Suboptimally preserved mammary tissue with features suspicious of - Invasive Duct carcinoma.
Adv. : Ancillary IHC studies (sos).