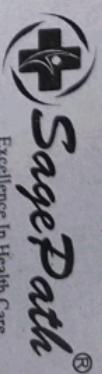




TEST REQUISITION FORM (TRF)



MC-3031

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Anjali Damgundale

Age: 45 Yrs Months Days

Sex: Male Female Date of Birth:

Ph: _____

Client Details:

SPP Code 50-04

Customer Name _____

Customer Contact No _____

Ref Doctor Name Mrs. J. S. Solanke

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date: _____

AM / PM

Specimen Temperature: Sent Received

Frozen (<-20°C) Refrigerator (2-8°C) Ambient (18-22°C)

Sample Collection Time: _____

Sample Type

SPL Barcode No

B4173366

Histo - Exm liver
[R + Breast (MRRM)]

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, HbC form, HLA Typing form along with TRF.

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Barshi Cancer Centre

Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo. 8149856861

Progress Note & Treatment Sheet

- Ca (R) breast

Date & Time	Progress Note & Treatment
3-11-15 SO-044 B4273366	Mrs. Anita Damgude (47 yrs) Pt: Recd @ R breast - p.sx (NACT) status I Patient underwent R MAM 1. Enucle breast tissue day 1 axillary (2, II) Ls. 2. axillary lnt (II) breast tissue Dr. Shivaji Salunke 12.11.2015

Dr. Shivaji Salunke
Consultant Surgical Oncologist
M.B.B.S., DNB General Surgery
DrNB Surgical Oncology
FMAS, FALS (Robotic Surgeon)
MMC 2024020762

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Note : *All Investigation are performed on fully automated Instruments. * Refer to conditions of reporting overleaf.

Investigation has their limitation and solitary test may not be confirmatory. Hence the interpretation of the scah

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EMERALD Medical Research Pvt. Ltd.

Department of Nuclear Medicine and PET-CT



Plot No. 110, Survey No 6/A Shahnoorwadi, Dargh Road, Chb. Sambhajinagar - 431 005. (M.S.) INDIA. Tel.: +91 7796100800 E-mail: dr.prafful@petct@gmail.com

Patient ID	EM - 13158	Patient Name	ANITA DAMGUNDE
Gender	Female	Age	45 Years
Study DateTime	2025-06-17 11:55:57	Study Type	PET/CT
Referring Physician	DR. UVT SIR		

Clinical Indication:- Carcinoma Right Breast – For evaluation of disease status.
WHOLE BODY PET CT IMAGING REPORT

PROCEDURE:-

8 mCi of 18F Flouro Deoxy Glucose (FDG) was injected IV in fasting status. One hour later Whole body PET CT Imaging (Head to mid thigh) was performed on a GE Discovery PET16 slice CT scanner. Oral and IV contrast given for CT study. Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml. Fasting Blood Sugar: 91 mg / dl.

PET CT FINDINGS:-

* Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords, myocardium, intestinal loops, kidneys & urinary bladder.

Head:

* Brain parenchyma appears normal in attenuation. Grey White differentiation is maintained.

Head & Neck:

* Oropharynx, nasopharynx, laryngopharynx & thyroid glands appear normal. No other cervical lymphadenopathy.

Thorax:

* Abnormal increased FDG uptake noted in inhomogeneously enhancing TWO irregular spiculated soft tissue lesion involving inner & upper Quadrant of right breast measuring 17X 15mm, SUVmax 10.2 AND another in retro-areolar region of right breast measures 27 x 30 mm (SUV Max 19.4). Fat planes with pectoralis muscle are maintained . No evidence of overlying skin thickening .

* Abnormal low grade increased FDG uptake noted in enlarged right axillary lymph nodes , largest measures 07 x 12 mm, SUVmax 2.8.

* Left Breast is unremarkable.

* Lung fields appear clear. No focal lesion. No pleural or pericardial effusion.

Dr. Prafful V. Jatale

Consultant Nuclear Medicine & PET-CT

MBBS, DNB (TATA Memorial Hospital, Mumbai)

Fellow in European Board of Nuclear Medicine (FEBNM) Dip. CBNM (USA) MRCR Consultant incharge

Nuclear Medicine & PET-CT

Regd. No. 2007/04/0685

M : 7796100800, 9881648088, E-mail : dr.prafful@petct@gmail.com

Note : *All Investigation are performed on fully automated Instruments. * Refer to conditions of reporting overleaf.
 All Investigations have their limitation and solitary test may not be confirmatory. Hence the interpretation of the scans

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Abdomen & Pelvis:-

- * Liver, Gall bladder, spleen and pancreas appear normal.
- * Adrenals, kidneys and urinary bladder appear normal.
- * No retroperitoneal mass lesion.
- * No other significant lymphadenopathy.
- * Contrast filled bowel loops are normal.

Musculoskeletal:

- * There is no evidence of abnormal FDG tracer uptake in skeleton imaged up to mid-thigh.

CONCLUSION:-WB PET-CT SCAN REVEALS :-

* Abnormal increased FDG uptake noted in inhomogeneously enhancing TWO irregular spiculated soft tissue lesion involving inner & upper Quadrant of right breast AND another in retro-areolar region of right breast as described above—Metabolically active primary malignancy involving involving right breast. Warrants clinical and HPR correlation.

- * Abnormal low grade increased FDG uptake noted in enlarged right axillary lymph nodes - likely lymph nodal metastases.
- * No evidence of any other FDG avid lymph nodal / distant deposits.

Dr. Prafful V. Jatale

Consultant Nuclear Medicine & PET-CT

MBBS, DPM, DNB (TATA Memorial Hospital, Mumbai)

Fellow in European Board of Nuclear Medicine (FEBNM) Dip. CBNC (USA), MICNM Consultant incharge

Nuclear Medicine & PET-CT

Regd. No. 2007/04/0685

M : 7796100800, 9881648088, E-mail : dr.prafful@petct@gmail.com

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Note : *All Investigation are performed on fully automated Instruments. * Refer to conditions of reporting overleaf.

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Patient Name: ANITA DAMGUNDE	Date: 21/09/2025
Patient Id: 78202	Age/Sex: 45 Years / FEMALE
Ref Phy: DR. SELF	

SONOGRAPHY OF RIGHT BREAST

FINDINGS:

Two ill marginated, heterogenous, hypoechoic area of architectural distortion measuring approx 28X17 mm 25X17 mm are noted involving fibroglandular tissues in upper inner quadrant and retroareolar tissue of right breast at 1 o clock. Visualised ducts in this region appear prominent. It shows mild vascularity. Posterior acoustic shadowing seen. Posteriorly pectorals appear normal.

Single prominent right axillary lymph nodes seen.

Few tiny hypoechoic lymph nodes / satellite nodules are seen in right breast along lesions.

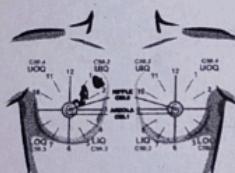
Rest of the bilateral Fibroglandular tissues appear normal. There is no e/o any focal mass lesion in mammary tissue

The skin is seen as homogenous echogenic band. The skin thickness is normal.

The nipple is visualised as well defined nodule, causing distal attenuation of sound beam.

Visualised lactiferous ducts appear normal. .

No significant axillary adenopathy.



IMPRESSION :

- Two ill marginated ,heterogenous ,hypoechoic area of architectural distortion measuring approx 28X17 mm, 25X17 mm are noted involving fibroglandular tissues in upper inner quadrant and retroareolar tissue of right breast at 1 o clock. Visualised ducts in this region appear prominent .it show mild vascularity. Posterior acoustic shadowing seen posteriorly pectorals appear normal.
- Single prominent right axillary lymph nodes seen.
- Few tiny hypoechoic lymph nodes / satellite nodules are seen in right breast along lesions

Possibility of malignant neoplastic ethiology should be rule out (BI RADS III / IV). Compare to previous report minimal increase in size of lesion noted.

DR GAJANAN BASTEWAD
CONSULTANT RADIOLOGIST
(MBBS DMRD DNB RADIOLOGY)

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J J HOSPITAL MUMBAI EX CONSULTANT ASTER HOSPITAL DUBAI
floor Changak Dental Clinic. Infront of Hake Medical Beh

HOSPITAL MUMBAI EX-CONSULTANT ASTER HOSPITAL DURBAN
floor Chandak Dental Clinic, Infront of Hake Medical, Behidi Bus Stand, Dr. Hedgewar Road, Parbhani 431

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