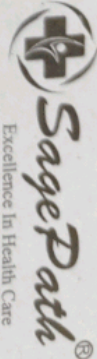




TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: prakash wadhore
Age: 39 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: Specimen Temperature: Sent ☐ Received ☐
Sample Collection Time: AM / PM Frozen (<-20°C) ☐ Refrigerator (2-8°C) ☐ Ambient (18-22°C) ☐
Frozer (<-20°C) ☐ Refrigerator (2-8°C) ☐ Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Extra Large Biopsy		B4L73516
[1+ Lower GBS Commando Commando]		

Clinical History:

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.

No. of Samples Received:
Received by:



Barshi Cancer Centre

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

Progress Note & Treatment Sheet

- Ca (IX) 435

Date & Time

Progress Note & Treatment

27/11/15

Mr. Prakash Wathore
(39y/m)

194. Ca (IX) 435 - Sq. cell carcinoma

1)

Patient underwent

(IX) Composite resection

[Wt. of + segmental
(IX) Mandibulectomy + upper
excision]

+
marg (II) of neck

1)

Entire specimen for
(HPE)

Dr. Shivaji Salunke
Consultant Surgical Oncologist
M.D. S. DNE General Surgery
F.R.C.S. (Robotic Surgeon)
Date: 2024020702

HISTOPATHOLOGY REPORT

Patient Name	Prakash Wathore	Order ID	1525931
Age / Gender	39 Years / Male	Sample ID	9547783
Physician	Dr. Shivaji Salunke	Collection Date	NA
Customer	MCC18169-Oncorelief Healthcare Private Limited	Sample Received Date	14-11-2025 12:20 PM
Report Date	19-11-2025 04:00 PM	Report Status	Final
Test Name : MEDIUM BIOPSY FOR HISTOPATHOLOGY			

Sample Details

- Lab/Biopsy No : MBH-6782-25
- Clinical Details : Non - healing ulcer, (L) cheek.
1) 0.5 x 0.5cm nodular leukoplakia lesion in left buccal mucosa.
2) Another small lesion (ulcerated) 0.5 x 0.5cm in (L) Gingivobuccal sulcus (GBS).
- Specimen Received : 1) Excision biopsy - (L) Buccal lesion.
2) Punch biopsy - (L) Gingivobuccal sulcus lesion.
- Gross Examination : 1) Specimen received mucosa covered soft tissue fragment measuring 1.0cm. Cut section gray white. Bisected. All embed - A.
2) Specimen consists of 0.8gm of brown tissue. All embed - B.
(Grossing done by Dr. R T).

Result**MICROSCOPIC DESCRIPTION**

- 1) Section shows tissue lined by hyperplastic squamous epithelium with parakeratosis and cautery artefacts. Foci shows presence of atypical squamous nests in the subepithelial stroma at one end, morphology not made out clearly due to artefacts. Moderate lymphoid aggregates are seen.
- 2) Section shows tissue fragments lined by squamous epithelium with stroma having squamous cell carcinoma, grade 1. Blood clots, inflammatory exudates and few bacterial colonies are seen.

IMPRESSION:

- 1) Suspicious atypical squamous cell clusters noted - Biopsy. (L) Buccal mucosa.
- 2) Squamous cell carcinoma, grade I - Biopsy. (L) Gingivobuccal sulcus

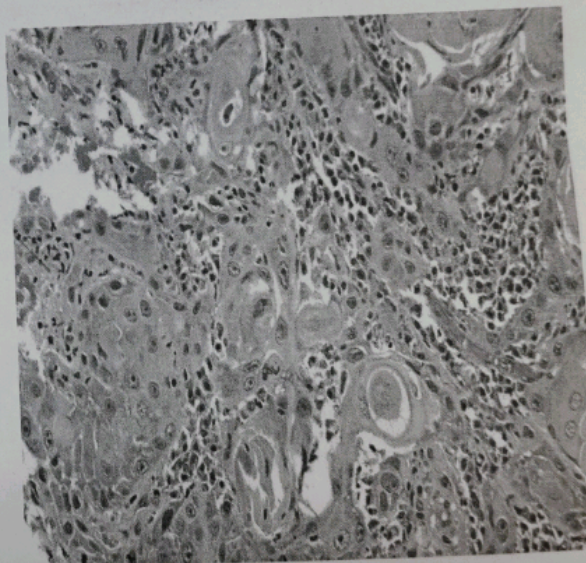


HISTOPATHOLOGY REPORT

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Test Name : MEDIUM BIOPSY FOR HISTOPATHOLOGY			

Rakshith V

Dr. Rakshith V
 Consultant Histopathologist
 KMC95334



End of Report

CONDITIONS OF LABORATORY TESTING AND REPORTING
 Medgenome Labs Ltd, Bangalore, Karnataka, India

Toll Free No: 1800 296 9696
diagnostics@medgenome.com

www.medgenome.com

Page : 2 of 3



MC-683

vivo T4 5G

Saurabh ❤️ 📷 11/27/2025, 19:13

Pushpan Imaging Centre

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

Patient Name : MR. WATHORE, PRAKASH BABURAO
Ref. By : Dr. SALUNKE SHIVAJI MS DrDNB Surgical oncology

Age/Sex : 39 Yrs./M
Date : 22-Nov-2025

CT SCAN NECK AND FACE WITH CONTRAST

TECHNIQUE

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

FINDINGS

- There is 24x6x23mm ill defined ulceroproliferative heterogeneously enhancing soft tissue density lesion seen involving the left inferior gingivobuccal sulcus from 1st molar till 3rd molar teeth and left buccal mucosa. No involvement of retromolar trigone. Mild erosion of outer cortex of alveolar process left mandible.
- 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 submandibular glands** are normal.
- No gross cervical **lymphadenopathy** is seen.
- Cervical **oesophagus and trachea** appear normal.
- Bilateral styloid process are within normal limit.
- The visualized vertebrae are normal in density and trabecular pattern.
- **Chronic sinusitis** is seen in both maxillary, both ethmoid and sphenoid sinuses.

P.T.O.

Dr. Vivekanand N. Janrao

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

vivoT4

977 255+5+6 / B, Kasarwadi Road, Barshi - 413411. Ph. : 02184 - 225474 | M.: 70208 82464, 74985 05481

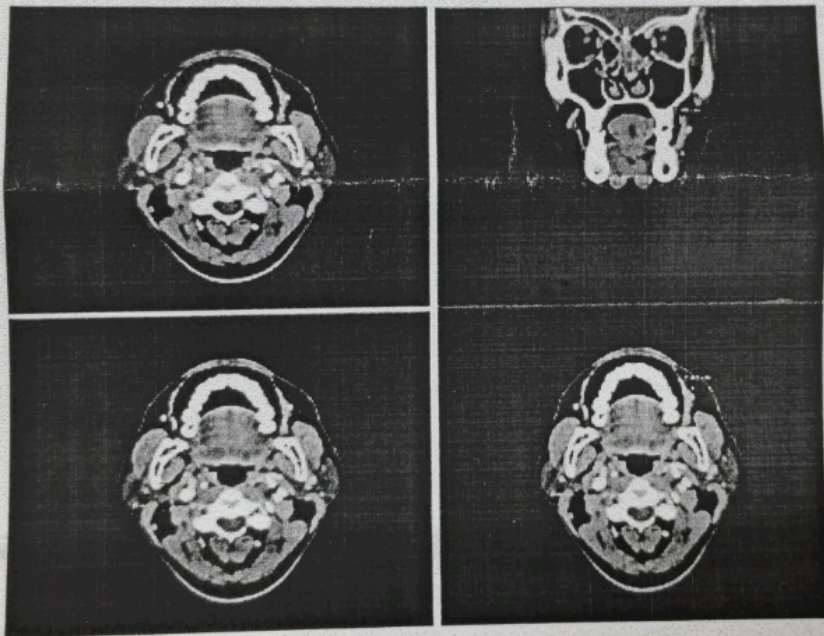
Saurabh 11/27/2025, 19:13

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

Age/Sex : 39 Yrs./M
Date : 22-Nov-2025

- Ill defined ulceroproliferative heterogeneously enhancing soft tissue density lesion seen involving the left inferior gingivobuccal sulcus from 1st molar till 3rd molar teeth and left buccal mucosa with mild erosion of outer cortex of alveolar process left mandible likely to represent neoplastic etiology. Suggested histopathological correlation.

Suggested clinical correlation.



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. Janra
M.D. (Radiodiagnosis)
Radiologist & Sonologist
Regd. No.: 681