TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mahananda Chavgahade

Age : ~~70~~ Yrs : ___ Months ___ Days

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

Ph : ___

Client Details : So - 044

SPP Code ___

Customer Name ___

Customer Contact No ___

Ref Doctor Name ~~Dr~~ Shivaji Salunke

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date :	**Specimen Temperature :**	**Sent**	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : AM / PM		**Received**	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Small Biopsy		
		B4173370

Clinical History:

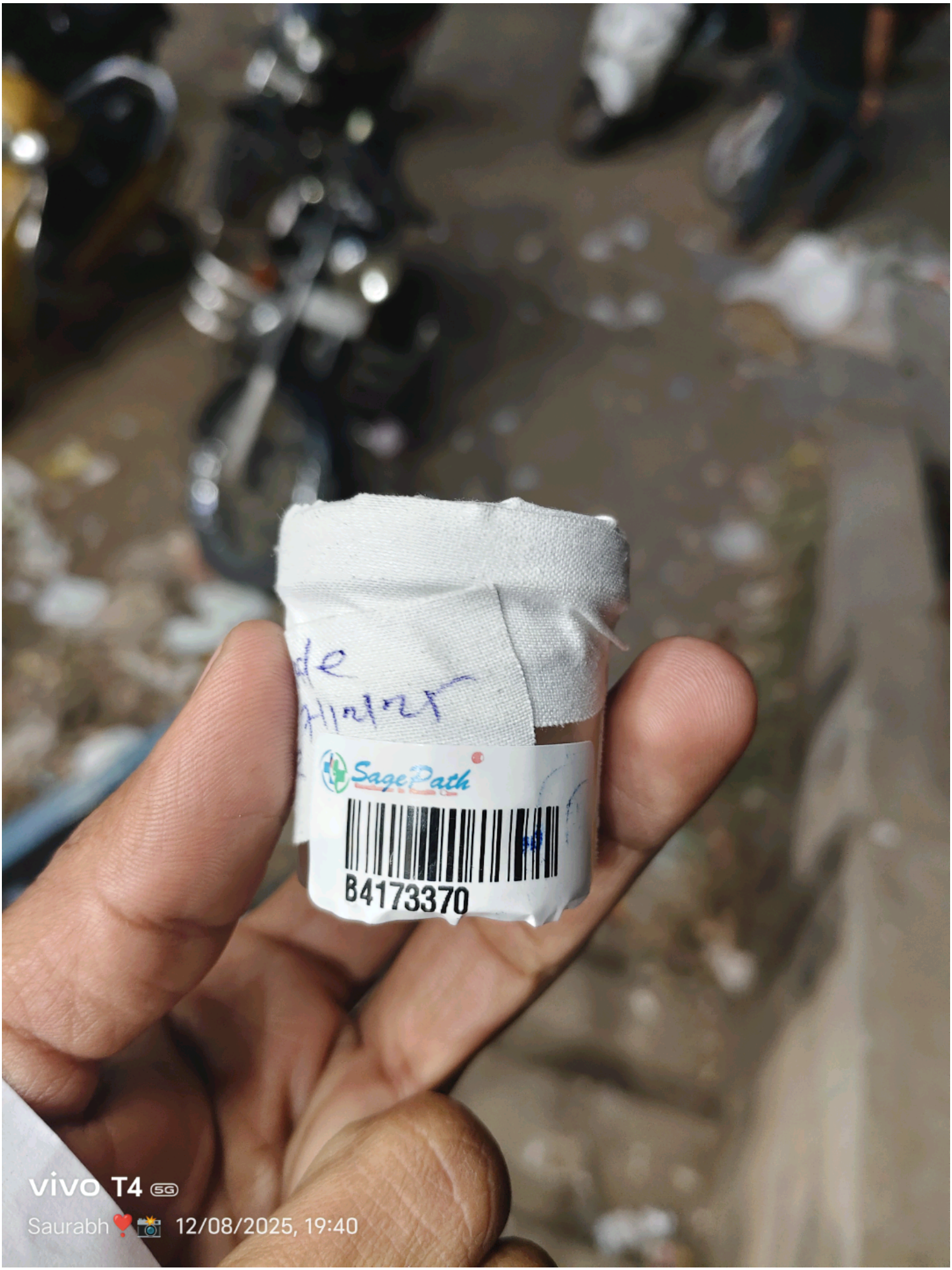
No. of Samples Received:

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 5G

Saurabh 12/08/2025, 19:56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BCC BARSHI CANCER CENTRE Your Life, Our Priority

Barshi Cancer Centre

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

Progress Note & Treatment Sheet

fuic
Ca (R) PFS

Date & Time	Progress Note & Treatment
07/1/25	Mrs. Mahananda Choghule (74y/F)
30-044 B44 73370	P/c (K/c/o) Ca (R) PFS — recd NACT (fb) RT (incomplete). Came to us c (c/o) - foreign body sensation in (R) throat since last few days.
	{CECT - face / neck; (S/o) thickening over (R) PFS} => Punch (bx) taken, specimen for (HPE)

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

Dr. [signature]

Pushpan Imaging Centre

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

Patient Name	:	MS. CHORGHADE MAHANANDA NIVRUTTI	Age/Sex	:	70 Yrs./F
Ref. By	:	Dr. KOKATE ABHIJEET DM Medical Oncology.	Date	:	02-Dec-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 5x7mm mild soft tissue thickening is seen in left pyriform sinuses and aryepiglottic fold-likely post RT changes. No evidence of any recurrence of residual lesion.**
- 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.
- **No abnormal asymmetry or enhancement seen.**
- 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.

IMPRESSION: in this know case of CA left aryepiglottic fold with RT in 2022

- **Mild soft tissue thickening is seen in left aryepiglottic fold and pyriform sinuses--- Likely post RT changes. No evidence of any recurrence of residual lesion. ADV: MRI neck P+C**

RECOMMENDATION

Suggested clinical correlation.

Dr. ASHOK SHARMA.
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M.D. (Radiodiagnos
Radiologist & Sonolo
Regd. No.: 681

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