



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - IPD
COLOMBO - 05
SRI LANKA
IPD

LANKA HOSPITALS DIAGNOSTICS PVT LTD.
LHD REFERENCE LAB - COLOMBO
7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA
NARAHENPITA, COLOMBO 5
Tel : +94 11 5430000 , Fax : +94 11 5439032
Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mr SUDDA PATHIRANALAGE KARUNARATNE

PATIENT ID : LHC1.0001069014

ACCESSION NO : 6001XA026397

COLLECTED : 21/01/2024 09:29

AGE : 70 Years

SEX : Male

RECEIVED : 21/01/2024 09:29

DATE OF BIRTH :

REPORTED : 31/01/2024 15:11

REFERRING DOCTOR : Prof PATHIRANA ALOKA

CLINICAL INFORMATION :

OP2400000203/IPC1.0276847 IPD-OPERATION THEATRE 2005

Test Report Status **Final** Results

HISTOPATHOLOGY

LARGE SPECIMEN OTHERS

LARGE SPECIMEN OTHERS

Specimen **RIGHT HEMICOLECTOMY**

Macroscopy

The specimen received consists of a segment of ileum, caecum with attached appendix, ascending colon and a part of the transvers colon and attached mesenteric fatty tissue and a part of the omentum. Ileum measure 110 mm in length. Large bowel measures 300mm in length and attached fatty tissue measuring 210 x 150 x 10 mm. Appendix measures 50mm in length. Serosa is intact and there is no perforation of bowel. On opening the bowel, there is an annular constricting, ulcerated growth with luminal narrowing, involving 30mm length of bowel and 30mm of circumference (2/3 of circumference). Proximal transverse colon and the ascending colon are distended. No synchronous lesions seen. The tumour is located 20mm away from the distal transverse colon resection margin and well away from the proximal (ileal) resection margin. On slicing across the tumour, it extends beyond the muscularis propria into fatty tissue. Tumor thickness in 8mm. No omental nodules seen. Omental resection margin is well away from the tumour. Twenty-five (25) lymph nodes are retrieved.

- A, B- Distal resection margin with the tumour
- C, D, E- Tumour with maximum depth of invasion
- F- Proximal resection margin of ileum
- G- Appendix
- H- Caecum and transverse colon - random sections
- I-J - Lymph nodes at high tie - 4 lymph nodes
- K - 3 lymph nodes
- L - One lymph node
- M - Four lymph nodes
- N- One lymph node
- O - One lymph node
- P - Three lymph node
- Q- One lymph node
- R - One lymph node
- S- Two lymph nodes
- T - One lymph node
- U - One lymph node
- V, W - Random sections omental fat
- MP x 23B. PE



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15. Background colonic mucosa: Histologically unremarkable
16. Lymph nodes: Four out of twenty-five nodes (4/25) show tumour metastasis
17. Tumour deposits: Present
18. Pathological tumour stage: pT3 pN2a

Note -

Specimen -10% neutral buffered formal saline fixed and paraffin embedded

End Of Report


Prof. Priyani Amarathunga
MBBS, D Path, MD Pathology
(Histopath)
Professor in Pathology
Consultant Pathologist



Scan to View Details



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Microscopy

Sections from the tumour show a moderately differentiated adenocarcinoma composed of irregular, complex glandular structures surrounded by desmoplastic stroma. The constituent cells are moderately pleomorphic and contain moderate cytoplasm, enlarged vesicular nuclei with clumped chromatin and prominent nucleoli. Increased mitotic activity is noted. Tumour budding is seen at the advancing edge. The tumour infiltrates through the muscularis propria into the mesocolonic fat and extra-mural extension is 5mm. The host lymphocytic response is poor. Perineural invasion (Pn0) and lymphatic invasion (Lv0) are absent. Venous invasion (V0) is not seen. Mesenteric tumour deposit is present in block N. Sections from the uninvolved colonic mucosa are histologically unremarkable. Twenty- five lymph nodes are identified in and 4 show tumour deposits (4/25), one with extra nodal extension.

CONCLUSION**RIGHT HEMICOLECTOMY**

1. Tumour type: Adenocarcinoma
2. Tumour grade: Moderately differentiated (low grade)
3. Site of the tumour: Transverse colon
4. Tumour size: 30 x 30 x 8mm
5. Tumour extent: The tumour infiltrates through the muscularis propria into the pericolic fat.
6. Extramural extension: 5mm
7. Tumour perforation: Not present
8. Resection margins: All margins are free of tumour
 Proximal resection margin well away from the tumour
 Distal resection margin 20mm away from the tumour
 (15 mm in microscopic section)
 Mesenteric and omental resection margins: well away from the tumour
9. Resection status: R0
10. Lymphatic invasion: Absent(Lv0)
11. Venous invasion: Absent (V0)
12. Perineural invasion: Absent(Pn0)
13. Tumour budding: Present
14. Host lymphocytic response: Minimal

Scope of accredited tests by ISO 15189: 2012 - see reverse

Report Format, GN-FM-20, Issue 04, Issue Date: 01.09.2020, Rev. No.: Rev. Date: -, Prepared by Ex QA, Reviewed by QAM, Approved by HCL; Page 01 of 02

Follow up

Next Visit Date	NOTES
	<p>Panadine 1g 6 hourly Diclofenac Na 50mg bd Omeprazole 20mg bd. Co-amoxyclov 625mg 8hrly } 5/365</p>



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University Hospital

Kothelawala Defence University

DIAGNOSIS CARD

Name : Mr. S. P. Karunaratne.

Age & Sex : 71 yrs Male

Reg. No : 130662

Ward : 9B

Date of Admission / Readmission : 28/03/2024

Date of discharge : 29/03/2024

Diagnosis :

Port Insertion

Consultant:

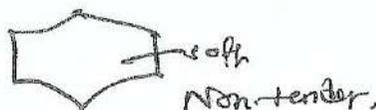
Dr. Ranaj Perera (RS)

COMPLAINT HISTORY & EXAMINATION

Admitted as requested for port insertion

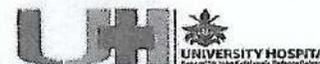
HTx - DM^T, DL^T, hypothyroidism,
BPH^T
HTx - cholecystectomy, Hemicolectomy,
Liner ablation, partial thyroidectomy.
largy HTx - F^oD^oP^o

sp - 110/74 mmHg
PR - 63 bpm.



INVESTIGATION

TREATMENT



Operation Note

Name: Mr. SP Karunarathna | BHT: UHKDU/PVT/130682
Sex: Male | DOB: 14/11/1953 | Age: 71 Years

Port insertion

Done by Dr. Ranga Perera (Consultant surgeon) on 28/03/2024
Assisted by Dr. Nasri Zuhair (SHO)
Under general anaesthesia administered by Dr. Chinthaka Warushawithana (Consultant anaesthetist)
Surgery lasted from 14:10:00H to 14:45:00H
Indication for TIVAD insertion: Colonic cancer

Prophylactic antibiotics: IV Co-amoxiclav 1.2g.
Procedure: The patient was placed in Trendelenberg position. The right internal jugular vein (IJV) was identified and accessed under ultrasound guidance. Guidewire inserted into the IJV using the Seldinger technique. Subcutaneous pocket made on the right chest wall. Catheter was tunneled subcutaneously. 8.5Fr Celsite® access port anchored onto the right pectoralis major muscle using 3/0 vicryl. System was flushed with heparinized saline (10U/mL) and locked with 10cc of 100U/ml heparin. Hemostasis achieved. Closed routinely.
Intraoperative problems/complications: None
Prosthesis/implants used: 8.5Fr Celsite® access port
Skin closure technique: Non-absorbable suture.,

Postoperative care instructions:
● Monitor blood pressure, pulse rate, saturation quarter hourly for one hour, half hourly for two hours, hourly for three hours, ● Resume normal diet and mobilise freely after recovering from anaesthesia, ● Analgesics according to the anaesthetist's note
Additional notes:
1. CXR PA soon after recovering from anaesthesia (X-ray no.)
2. Fit for chemotherapy after confirmation of catheter tip position
3. Continue IV Co-amoxiclav till in ward

Medication on discharge:
1. Panadine 1g Q6H
2. Diclofenac sodium 50mg bd
3. Omeprazole 20mg bd
4. Co-amoxiclav 625mg Q8H
all for 5 days

MODEL Celsite® ST201H
REF 型号规格 04433149 LOT 批号 37019638

PATIENT _____
DATE OF IMPLANTATION _____

PHYSICIAN _____
HP Max. Pressure 325psi/22.4bars

	Recommended Maximum flow rate (ml/s) with 20cm catheter					
Contrast media viscosity	5.8 mPa.s (cP)			11.4 mPa.s (cP)		
Needle	22G	20G	18G	22G	20G	18G
Winged/Analog Syringe						



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