



Barcode

GENETIC TEST REQUISITION FORM

Test Code: Test Name: **Somatic BRCA Test** TR ID:

Test Code: Test Name: TR ID:

Test Code: Test Name: TR ID:

Test Code: Test Name: TR ID:

PATIENT DETAILS

Patient MRN/UHID #:

Patient Name: **Mrs. Nirmala Baylon** DOB: Age: **53** Sex: F M

Marital Status: Nationality: **Sri Lankan** Contact No.:

Address:

Email ID: Pincode:

ID Proof: Driving License Aadhaar Card Voter ID card Ration card Others:

ADDITIONAL DETAILS IF REQUIRED

Transfusion Date (if available): Blood Group:

CLINICIAN INFORMATION

Referring Clinician: **Dr. Roshan Gunarathne** Clinician Contact:

Referring Hospital: **General Hospital Kandy Sri Lanka**

Email Id:

Address:

ADDITIONAL FAMILY MEMBERS' DETAILS

Disease Status - Affected: Yes No Age at Diagnosis:

Affected Sibling/Family members: Yes No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex
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SAMPLE COLLECTION INFORMATION

Date & Time of Collection: Sample collected by: **District General Hospital Matale**

Clinical History/Pathology Report Attached: Yes No H and E Slides sent: **Sri Lanka**

FOR OFFICIAL USE ONLY

Region: Bill type (for internal use only):

Sales person: GC done by: GC date:



Mr Nimala Datta

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Ca ovary

rel was block + siber

BRACO 2 / 10

(Handwritten flourish)

Dr. Roshan Gunarathne
MBBS, MD.
Consultant Clinical Oncologist
SLMC Reg. No. 16753
National Hospital - Kandy

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**URGENT
ATTENTION**

**DISTRICT GENERAL HOSPITAL - MATALE
DEPARTMENT OF PATHOLOGY
HISTOLOGY REPORT.**

Lab Reference 1620/ML/24

Name : Nirmala Baylon

Age : 53yrs Sex : Female BHT : 40129 Ward : 01B

Specimen received date: 09/07/2024

Specimen :

- (A) Uterus (B) Left side tube
(C) Omentum (D) Right side adnexial sample

Macroscopy :

(A) The specimen consists of uterus and cervix measuring 110×80×75mm. There is a fibroid in the upper to lower uterine area measuring 65×62×66mm. Endometrial thickness measuring 1mm. Myometrial thickness measuring 25mm.

(B) Specimen consist of dilated left fallopian tube measuring 34×25×12mm.

(C) Omentum measuring 230×90×20mm. There are multiple nodules . 1st largest nodule measuring 55×25×10mm. 2nd largest nodules measuring 23×15×10mm.

(D) Fragmented tissue fragment with right fallopian tube measuring right fallopian tube measuring 50×12×10mm. Fragmented tissue fragment measuring 75×70×20mm.

Microscopy :

Sections through the right adnexal mass show high grade serous carcinoma of ovary infiltrating the right fallopian tube and right parametria. Surface of the ovary is involved by the tumour. Lympho-vascular emboli are noted. Fimbrial end of the right tube shows features of serous intratubular carcinoma (STIC).

Omental tissue shows tumour deposits from high grade serous carcinoma. Maximum size of the tumour deposits is 55mm.

SCAN REPORT

DEPARTMENT OF RADIOLOGY
District General Hospital, Matale

Name : Nirmala Baylon

Scan No : 19913

Age : 53y

Date : 05/07/2024

Sex : F

Ward/Clinic No: 01 B

BHT No : 38854

Referred by : Dr. Kanishka Samaranayaka (Consultant Obstetrician Gynaecologist)

CECT SCAN OF CHEST, ABDOMEN AND PELVIS.

Both lungs are normally aerated.

There are no intrapulmonary nodules or patchy opacities.

The mediastinum is centered and of normal width.

No mediastinal masses or adenopathy.

The hilar region on each side is unremarkable, and the main bronchi appear normal.

No pleural thickening or effusions.

Major intrathoracic vessels and imaged portions of the supra-aortic vessels are unremarkable.

Gross ascites involving abdomen and pelvis.

Evidence of solid and cystic ovarian mass lesion in both adnexa. Solid component of the lesion shows heterogenous contrast enhancement.

Right adnexal lesion 5.3 x 4.8cm, left adnexal lesion 12 x 8cm.

Uterus is bulky with calcified degenerative fibroids.

Evidence of omental thickening.

Liver is normal in size and outline. No bile duct dilatation seen. CBD is normal in size.

Gall bladder is normal in size and outline. No calculi or wall thickening seen.

Pancreas is normal in size, shape and density pattern. No calcification or mass lesion is seen.

Spleen appears normal.

Both adrenal glands appear normal. No cystic or solid adrenal masses are seen.

Both kidneys appear normal in size and contrast excretion. No masses, calculi or hydronephrosis seen.

Abdominal aorta and IVC appear normal.

No para aortic masses are seen.

No bowel wall masses or thickening is evident.

No destructive bone lesions.

Comment:

CT appearance suggestive of bilateral malignant ovarian neoplasm causing gross ascites with omental deposits.

Consultant Radiologist
District General Hospital, Matale

Dr. D.P.S. Chandana

(MBBS, MD)

Consultant Radiologist

DGH Matale

URGENT
ATTENTIO

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DISTRICT GENERAL HOSPITAL- MATALE
DEPARTMENT OF PATHOLOGY
CYTOLOGY REPORT

Lab Reference : 144/C/24

Name : Nirmala Baylon

Age : 53 yrs

Sex : Female

BHT : 40129

Ward : 1-8

Specimen : Ascitic fluid for cytology

Macroscopy : 6ml, yellow colour fluid received

Microscopy : Small clusters of atypical epithelial cells locally forming papillae admixed with mesothelial cells are noted. The background shows thick proteinaceous fluid and inflammatory cells.

Conclusion : **Malignant smear, favour atypical epithelial cells from a carcinoma.**

Date : 15/07/2024


Dr. Deshani Walisinghe
Consultant Histopathologist
D.G.H. Matale.

Dr. Deshani Walisinghe
M.B.B.S. - Manipal
M.D. (Histopathology)
Consultant Histopathologist
D.G.H. Matale

Lab Reference 1620/ML/24

Name : Nirmala Baylon

Age : 53yrs Sex : Female BHT : 40129 Ward : 01B.

Sections through the uterus show resting endometrium and leiomyoma. The cervix shows features of chronic cervicitis. The uterine corpus and cervix are clear of tumour deposits.

The left tube included is clear of tumour deposits.

Left ovarian tissue is not identified separately.

Conclusion

- High grade serous carcinoma of right ovary.
- The tumour show direct infiltration into right fallopian tube and parametria.
- Omental tissue included show tumour deposits, largest 55mm
- Lympho vascular emboli are evident
- Right fallopian tube show features of serous intratubular carcinoma
- Left tube is clear of tumour
- Uterus and cervix : clear of tumour deposits.

FIGO stage - IIIc (At least)

Date : 23/07/2024


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Consultant Histopathologist
D.G.H Matale

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