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# CONFIDENTIAL LABORATORY REPORT

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# 35+

ASIR LABORATORY



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## HISTOPATHOLOGY

Back and sides of this document will be removed ONLY if for six months after the date of this report. Specimen will be kept for one week.

\*\* OPD/AMB/ASH \*\*

Page 2 of 2

REFERENCE No. : 01 0478 04/05/21  
 SAMPLE DATE & TIME : 04/04/2021 12:16 AGE : 54 Y  
 REPORT DATE & TIME : 07/04/2021 08:23 AMH2097092 / AS02106588  
 PATIENT : MRS. N WUSHIN  
 REFERRED BY : DR (MR) SWANNA PERERA

- Comments :
1. Hormonal receptor status and other immune markers (ER, PR, Her2 and Ki67) is best advised for further management (Block CF 517 A)
  2. The grading may be upgraded in assessment of the main specimen.
  3. The micrometastasis is best advised to be assessed on the main specimen.
  4. This report requires urgent review.

CF2 - 517

DR CHARISMA S. FERNANDO  
 MBBS, Dip Pathology, MD (Histopathology), FRCPath (UK)  
 Consultant Histopathologist

120145878

UHI0



UHID : 120145878  
 PATIENT'S NAME : MRS NAZRANA SHAFFIQ  
 SCANNED REGION : CT CHEST/ ABDOMEN & PELVIS  
 REQUESTED BY DR : DR JAYANTHA BALAWARDANA  
 REFERENCE NO : RC00025359  
 DATE : 23-Nov-2021

PMR  
 AGE : 54 yrs  
 SEX : FEMALE  
 PLAIN  
 ENHANCED : X

### CT CHEST/ ABDOMEN & PELVIS

#### FINDINGS:

Mediastinum is within normal limits.  
 No mediastinal or hilar lymphadenopathy.  
 No other mediastinal mass.  
 Heart is normal.  
 Lung fields are clear. No pulmonary masses or air space opacifications.  
 No pleural effusions.  
 Trachea and main bronchi are normal.  
 Aorta and branches, pulmonary vessels and SVC also are normal.  
  
 Liver is not enlarged. No diffuse or focal abnormality seen.  
 No intra or extra hepatic duct dilatation. CBD is normal.  
 Gall bladder is normal. No calculi.  
 No splenomegaly.  
 Pancreas is normal. No calcification masses or duct dilatation.  
 Both kidneys are normal in size and position.  
 No calculi. No hydronephrosis. No perinephric pathology.  
 Supra renal glands are normal.  
 Aorta and IVC are of normal calibre.  
 No ascites.  
 No obvious bowel pathology.  
 No paraortic or pelvic lymphadenopathy.  
 Bladder contour is normal. No intra or perivesical pathology.

#### COMMENTS

No abnormality detected.  
 No evidence of metastasis.

DR(MRS) GAYANI SENANAYAKE (RADIOLOGIST)

CONSULTANT RADIOLOGIST

Dr. G. SENANAYAKE

MBS (SL) Reg. 21235

RC00025359 (SL) FRCR (UK) Print Date: 23-Nov-2021 5:08 pm Page 1 of 2

Consultant Radiologist

Created By : Thushari  
 Modified By : Thushari

05.07.2022

Dr. Jayantha Balawardane

Senior Consultant Clinical Oncologist

Dear Sir,

Re: Mrs. Shaffie Nazrana (ASR120145178)

Thank you so much for referring Mrs. Shaffie Nazrana for adjuvant radiotherapy for ICD 10 Code: C50.4- Malignant neoplasm: Upper-outer quadrant of right breast. Combined mucinous and Grade III invasive carcinoma of no special type. High grade DCIS noted about 10%. Tumor size 45 mm. LVI negative. Surgical margins negative. Lymph nodes negative (0/30). Mucinous carcinoma (ER - 7/8, PR - 7/8, Her 2 neu negative and Ki 67 40 to 50 %) and invasive carcinoma NOS - triple negative with Ki 67 - 50 to 60%. Diagnosed 24.05. 2022 (Active). pT2pN0M0, prognostic stage IIIA.

She has completed the following course of radiation treatment under my care at Asiri-AOI Cancer Centre.

Treatment Course:

Patient received Radiotherapy from: 27.05.2022 to 05.07.2022

Beam energy/type: 6 MV and 10 MV Photons.

Treatment Technique: 3DCRT method in TRUE BEAM STx LINAC Machine

Dose Prescription: Phase - I - 50 Gy in 25 fractions to the right whole breast and Phase - II - 10 Gy in 5 fractions to the tumor bed

Concurrent chemotherapy was not given as it was not indicated.

Please be good enough to advise her for further management and follow up under your care.

Many thanks & Best regards,

Dr. Shama Goonatillake

Resident Consultant Clinical Oncologist

Master Trainer in Palliative Care

Asiri-American Oncology Institute Cancer Centre

Asiri Surgical Hospital

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**Dr. Shama Goonatillake**  
MBChB, MD (Colombia), SLACC Reg No 17204  
Consultant Clinical Oncologist  
Asiri-AOI Cancer Centre  
Asiri Surgical Hospital  
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MR Number: A SR 120145878 Gender:  Male /  Female

DOB: 07/07/1967 Age: 54 yrs.

Clinical Findings & History:

Sp WLE of Rt Breast Lumpy + AC

Tests / Investigations

Histology - Combined mucinous & ductal  
invasive carcinoma of no special type  
DCIS of 10% high grade cells.  
2° sq. met.  
WT 450g

mucinous component 9/10 (90%) PA 7/10 (70%)

Her2 neu & Ki67 40-50%

Diagnosis: Invasive Carcinoma component Type Mucinous P-57 50-60%

Δ Combined Mucinous and ductal  
invasive carcinoma of no special type

T<sub>2</sub>N<sub>0</sub>M<sub>0</sub> Stg IIIA

Invasive component Type Mucinous

RT LTRW Exam Report to 17/8  
with hist

Treatment Duration

Start Date: 27-05-2022

End Date: 05-07-2022

Treatment Summary

EBRT given is 50 Gy in 25 fractions  
Lumpectomy is BDCRT method  
Plan I - 50 Gy is 25F to Rt Breast  
Plan II - 10 Gy is 5F to Tumor bed

Dr. Shama Goonatilake  
MBBS, MD (Oncology), FRACR, FRCP, FRCR, FRCR (Soc) No 17334  
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Rubber Stamp