

Margin Status for invasive carcinoma: The proximal resection margin of the main specimen and separately sent proximal doughnut appear normal. No infiltrating tumour or dysplasia is seen.

Tumour emboli are present in the distal resection margin of the resected specimen however separately sent distal doughnut is free of tumour emboli or direct tumour invasion

Regional Lymph Node Status

Number of Lymph Nodes Examined: 23

Number of Lymph Nodes with Tumor: 23

- pT3N2bMx (AJCC 8th Edition)

(For biomarkers Block A3)

24/10/2024

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Cons. Pathologist

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**NATIONAL HOSPITAL
KANDY
HISTOLOGY REPORT**

Name: BBCFA Wickramasooriya

Age: 57Y

Sex: Female

Ward/ Clinic: 47

BHT/ Clinic Number: 182398

Histology Reference number: KN 7513/24- B

Site/ Specimen: Right radical nephrectomy

Macroscopy: The specimen consists of right kidney measuring 120x78x65 mm with attached perinephric fat and Gerota fascia

The attached ureter measures 60 mm in length.

The cut surface of the kidney reveals a tan colour tumour with cystic areas containing mucoid material, measuring 110x90x50 mm involving almost all the kidney which is abutting the renal capsule.

Perinephric fat and Gerota fascia are not infiltrated by the tumour macroscopically. Adrenal gland is not included.

The tumour is seen infiltrating the renal sinus fat and appears to be extending to the perihilar soft tissue.

Microscopy: The right renal tumour shows the appearances of a clear cell renal cell carcinoma. The tumour infiltrates into the renal sinus fat and almost abutting the thinned out renal capsule.

The lesion is comprised of polygonal cells with small pyknotic nuclei (ISUP nuclear grade I) and abundant clear cytoplasm arranged as nests of varying sizes with intervening delicate vascular connective tissue.

Abundant oedema of the stroma leading to cystic changes is also seen. Necrosis is minimal. No sarcomatous or rhabdoid areas are recognized.

Direct invasion of perinephric fat or Gerota fascia by the tumour is not identified. However blood vessel within the perinephric fat reveals a tumour embolus.

The tumour is seen infiltrating the renal sinus fat and extending to the wall of the renal pelvis. The renal pelvic epithelium is intact.

The renal hilar vessels show many tumour emboli. The ureter appears normal and free of tumour invasion. The rest of the kidney appears normal.

Adrenal tissue is not present.

No hilar lymph nodes are identified.

Diagnosis:

Radical nephrectomy

Specimen Laterality: Right

Tumor Focality: Unifocal

Tumor Site: Most of the right kidney contains the tumour.

Tumor Size: 11cm

Histologic Type: Clear cell renal cell carcinoma

Histologic Grade (WHO / ISUP): Grade I

(PTO)

Tumor Extent: Renal sinus invasion / hilar blood vessels' perinephric fat- tumour emboli are present (pT3a)

The renal capsule, perinephric fat (blood vessel with tumour embolus is present), Gerota fascia, renal pelvis and ureter - free of direct tumour invasion

Sarcinomatoid Features: Not identified

Rhabdoid Features: Not identified

Tumor Necrosis: Minimal <5%

Lymphovascular invasion (excluding renal vein and its segmental branches and inferior vena cava): Identified

Margin Status: All margins negative for invasive carcinoma.

Regional Lymph Node Status: No lymph node identified

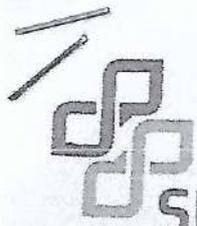
Distant Site(s) involved: No information available.

- pT3aNxMx (AJCC 8th Edition) At least

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SUWASEVANA
R A D I O L O G Y

Patients Name: **MRS. A. WICKRAMASOORIYA**

Age 57 yrs Female

CT No: 3517

Date: 03.10.2024

Referred By: **DR. C. KEPPETIYAGAMA MD MRCS**

Consultant G.I Surgeon

CT SCAN REPORT

Non contrast, oral, rectal and IV contrast [70 sec and 90 sec study] enhanced CT scan of abdomen with reconstructions

Both lungs are normally aerated and expanded. No inter lobar or intra lobar septal thickening. **No intra pulmonary nodules.** No lung volume loss. Pleura is normal. No pleural effusions or thickening. Broncho pulmonary structures are normal. Trachea and main pulmonary arteries are normal. Heart is normal. **B/L hilar are normal. No para tracheal or mediastinal lymphadenopathy.**

There is a circumferential irregular [about 9.0cm long] wall thickening noted in the sigmoid colon leading to almost complete obstruction. Extensive peri colic fat stranding noted all around the sigmoid colon. Multiple [5-6] enlarged lymph nodes [largest is 8.0X13.0mm] noted in the adjacent mesentery. No lesions or abnormality noted in the rest of the colon or rectum.

Liver is normal in size with uniform density. **No focal lesions.** No intra or extra hepatic duct dilatation. Gall bladder is normal. No gall stones.

Pancreas is normal. No pancreatic masses. No foci of calcifications. Spleen is normal. Spleen is normal.

Left kidney is are normal in size, position and contrast excretion. Left Pelvi calyceal systems and ureters are normal. No renal or ureteric calculi. Bladder is normal.

[PTO]



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There is a 12.0 X7.5X10.0 cm low density solid ball type mass noted in the posterior half of the right kidney. It shows inhomogeneous areas of contrast enhancement. No foci of calcifications. Mass is extending outside the capsule but confined to Gerota's fascia. Mass extends into the all group of calyx and into renal pelvis. No hydronephrosis. Intra renal arteries and veins are infiltrated by the mass. Main and branch renal arteries and veins are infiltrated by the mass and tumor is extending along the renal vein up to IVC. IVC is free of thrombus. No tumor thrombosis. Fat planes between mass and liver, ascending colon and psoas muscle are well demarcated. No infiltration to adrenal or diaphragm.

Small bowel is normal.

Multiple enlarged discrete lymph nodes noted in the upper Para aortic region. Largest 15.0X9.0mm

No ascites.

Spine shows degenerative changes. No evidence of metastasis

Carcinoma sigmoid colon with extensive pericolic infiltration with mesenteric and para aortic lymphadenopathy.

[TNM staging (8th edition) **T3, N2a: M1a**]

Right renal cell carcinoma [TNM staging (8th edition) T3a, N1: M0]

Normal CECT chest

✓

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