

19 SEP 2024

De Souza

For mail -
865-160003

[Signature]

Name	Fathima Munazzira, 44 yrs	Our Reference No	FMSJ-H-24-H-1820-1821
BHT/Clinic No.	101065	Date of surgery	07/08/2024
Ward/Clinic	24	Date of reception	08/08/2024
Hospital	CSTH	Date of reporting	30/08/2024
Referring Consultant		Date of typing	03/09/2024
Reporting Consultant	Dr. Malhasi Gunawardena	Senior Registrar	Dr. U. Samaraweera

URGENT

**DEPARTMENT OF PATHOLOGY
FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA**

HISTOPATHOLOGY REPORT

Specimen: **H24H 1727:** Anterior resection specimen
H24H 1728: Distal doughnut

Clinical details: L/ colonic symptoms. Rectal CA. Polypoidal growth at upper rectum
 CECT - No masses/wall thickening in rectum/elsewhere
 Previous biopsy - Moderately differentiated adenocarcinoma

Macroscopy: **H24H 1727:** Received a cut opened segment of large intestine comprising rectum and sigmoid colon measuring 62 mm in length and 35 mm in maximum diameter with a suture marking the distal margin. The proximal resection margin measures 25 mm and the distal resection margin measures 35 mm in diameter. Plane of mesorectal excision is intramesorectal with the few irregular areas seen on the circumferential surface. A tan-white, polypoid tumour is seen on the luminal aspect of the posterior wall of the upper rectum measuring 42x36x14 mm. It is 32 mm from proximal resection margin, 8 mm from distal resection margin and 14 mm from the circumferential resection margin. The tumour lies above the level of peritoneal reflection. No tumour perforation is seen. Slicing of the tumour reveals it to be confined to the bowel wall without infiltrating the pericolic fat macroscopically. Rest of the colon appears macroscopically normal. Eighteen (18) lymph nodes are identified; the largest measuring 12 mm in maximum dimension.

H24H 1728: A doughnut measuring 16x15x6 mm.

Microscopy: **H24H 1727:** Sections of the tumour reveal an invasive, moderately differentiated adenocarcinoma composed of complex and irregular glands in a desmoplastic stroma. They are lined by columnar cells displaying moderately pleomorphic vesicular nuclei with eosinophilic cytoplasm.

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Tumour stage (TNM 8th) : pT2 pN1a
Stage group : IIIA

H24H 1728: Distal doughnut

Negative for malignancy.

**Dr. Malhasi Gunawardena,
Acting Consultant Histopathologist/Lecturer,
Dept. of Pathology,
FMS/USJ.**

Signature:

NB:*The specimen will be discarded after 03 months.

HRCT SCAN OF CHEST

COLOMBO SOUTH TEACHING HOSPITAL – Kalubowila- Sri Lanka

Name	: M. Munazira	Age/Sex	: 44 years/ Female
Ward/ BHI	: 24/81810	CT No	: 8545
Referred by	: Prof. D. Weerasekara	Date	: 1/7/2024

Indication: ? lung metastasis staging for rectal adenocarcinoma, awaiting AR

Technique: 1mm thickness spiral sections were obtained in inspiration.

Findings

No pulmonary masses or nodules depicted.

Both lungs are normal in volume & expansion.

No evidence of intra or inter lobular septal thickening.

No evidence of honey combing.

No evidence of ground glass opacification.

Tracheo-bronchial tree is unremarkable.

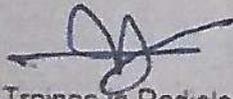
No pleural effusions are noted.

No mediastinal or hilar lymph nodes.

No bony lesions are noted.

Comment:

- No lung nodules or masses
- Normal HRCT chest



Reported By: Dr. A.C. Thambavita (PG Trainee in Radiology)

Approved By: Dr. Sandeepani Jayasuriya (Consultant Radiologist)

Dr. Sandeepani Jayasuriya
MBBS, MD (Radiology)
Fellow in Breast & MSK Imaging (AUS)
Consultant Radiology
Colombo South Teaching Hospital
Kalubowila.

Presenting Complaint, History, Examination Findings.

Treatment / Surgical Procedures

പിൻ വെട്ടിലൂടെ, മൂലം ഉണ്ടായ, താലിമം മടിയുടെ മരുന്നിന്, ഉണ്ടായ മറ്റ് രോഗങ്ങൾ
പ്രതിരോധം പ്രകാശിപ്പിക്കുക, അല്ലെങ്കിൽ, പരിസ്ഥിതിയെ നിയന്ത്രിക്കുക/മുൻകരുതൽ/പിൻ വെട്ടിലൂടെ ഉണ്ടായ

7/8/24

Laparoscopic AR / CIA
L DB Dr. Janarthan (SR)
Dr. Nimesha (R)
Dr. Abornayith (R)

Verus Needle - pneumoperitoneum
standard 4 port entry
F⁰ - Adhesions to bladder wall - rectum
upper rectal tumor.

Careful limited adhesiolysis done.
B/L ureters, Iliacs demonstrated & preserved
Medial to lateral dissection of sigmoid colon done.

Upper rectum mobilized
Inf. Mesenteric artery & vein defined, double ligated &
divided hemoclips.

Distal rectum divided using 45 Endo GIA
Specimen delivered through midline incision, using
retractor.

Colo-rectal anastomosis done \bar{c} 29 mm circular stapler

H/stasis achieved
Drain placed to pelvis.

Rouhe closure
Skin \bar{c} 2 \odot Nylon.

RADIOLOGY REPORT

CT STUDY					
NAME	Mrs. Fathima Munazzira		AGE	44 Years	
CT No.	68617	UHID No.	240038846	STUDY DATE	06/06/2024
REFERRED BY	Prof. Deepaka Weerasekara MS, FRCS				
INDICATION	Large rectal polyp, polypectomy done, histology - CA				
TECHNIQUE	Oral, rectal and IV contrast enhanced spiral CT study of the abdomen and pelvis (Pre contrast, Arterial phase, Portal venous phase and delayed images)				

CT STUDY OF THE ABDOMEN AND PELVIS

- Bowel loops are of normal calibre. No small or large bowel obstruction seen. No bowel masses or wall thickening identified in the rectum or elsewhere. Few mildly prominent lymph nodes noted in the mesorectal fat in the left side. Largest of them measure 7 x 4 mm.
- Normal homogenous liver density is seen. No focal liver lesions identified. There are no abnormal contrast enhancing regions within the liver. Liver surface is smooth. There is no intra- or extra-hepatic biliary duct dilatation.
- Gall bladder is distended. Normal gall bladder wall thickness is seen. No calculi are present within the gall bladder or CBD. No peri-cholecystic fluid collections seen. Calibre of the CBD and the portal vein are within normal limits.
- Normal pancreatic density patterns and outline is seen. No pancreatic masses, cysts or calcifications. The pancreatic duct is not dilated. No peri-pancreatic fluid collections.
- The kidneys are normal in size and shape. Renal outlines are smooth. No renal masses or complex cysts identified. There are no renal or ureteric calculi. No hydrocalycosis, hydronephrosis or hydroureter.
- There are no supra renal masses.
- No splenomegaly.
- The abdominal aorta is not aneurysmal. No pathologically enlarged intra abdominal or pelvic lymph nodes.
- The bladder has a smooth regular outline. No masses or calculi related to the bladder.
- No ascites / free intra-peritoneal fluid or gas.
- No large pelvic masses or cysts.
- No sinister bony lesions.

IMPRESSION :

- No bowel masses or wall thickening identified in the rectum or elsewhere.
- Few mildly prominent lymph nodes in the mesorectal fat in the left side.
- No focal liver lesions or para-aortic lymphadenopathy.

Dr. M N W A Y Salgado
 Consultant Radiologist

11 June 2024

DR. M.N.W.A.Y. SALGADO
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