NAWALOKA
RADIOLOGY
UNIT

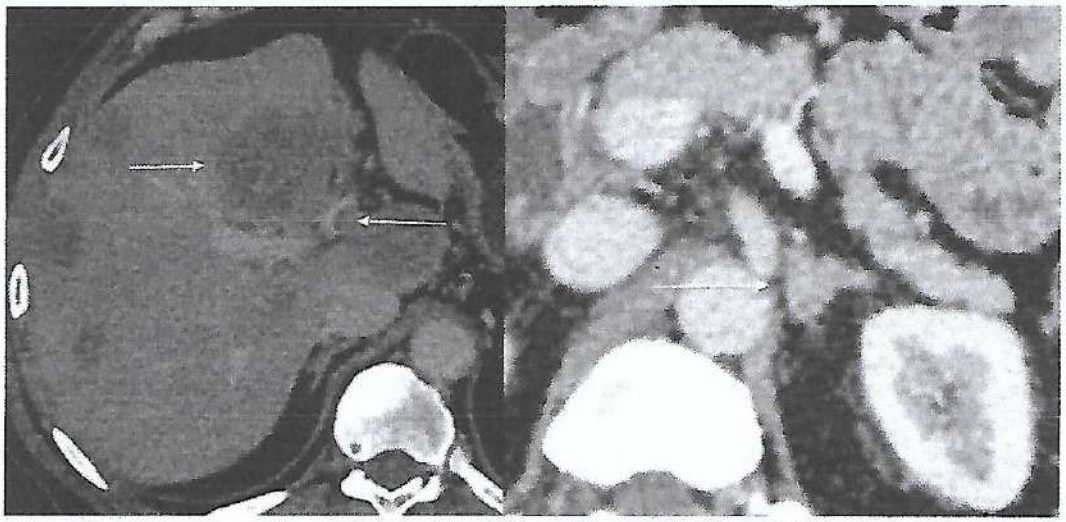
NAWALOKA
HOSPITALS

CT SCAN OF THE ABDOMEN AND PELVIS

Patient name	Mr. H. Peiris, 56Y
Referred by	Prof. Rohan C. Siriwardana (MBBS, MS, MRCS(Eng) - (Consultant GI and Hepatobiliary surgeon)
CT No -7224/24	Date-26/08/2024
Indication	Liver mets
UPIN NO	NH 2408347346

TECHNIQUE: Pre/ post iv(positive) and oral/rectal (negative) contrast enhanced CT axial images of abdomen and pelvis with MPR.
Recent USS abdomen report was noted.

FINDINGS:



Liver is not enlarged; peripherally enhancing multiple solid lesions are seen in both lobes; these show subtle contrast wash out in delayed phase; all lesions are <5cm in size; the largest mass in segment IV is of 4.5x4.6cm in size on axial image approximately- image I. It abuts PV branches and excerts mass effect on right branch; left branch appears minimally invaded; tiny focal thrombus also seen within the left branch-IMAGE I.

No features of cirrhosis and portal hypertension noted.
No dilated intra / extra hepatic bile ducts. All hepatic veins are not clearly identified.

The gallbladder is moderately distended with no calculi within. Spleen is normal in size. Normal CT attenuation and contrast enhancement is seen within the pancreas.

NAWALOKA
RADIOLOGY
UNIT

NAWALOKA
HOSPITALS

No calcifications, solid/cystic focal lesions or duct dilatation in the pancreas; **tiny fat density focus -0.3mm noted in the mid body region**. No peri-pancreatic fat stranding or fluid collection.
Both kidneys appear normal in size and parenchymal enhancement. There are no renal mass, stones or back pressure changes. **Bilateral few simple cysts seen; the largest in right kidney- 2.3x3.3cm in size.**

Right adrenal is normal in size and configuration; no mass lesion identified. Bulky left adrenal gland is seen; poorly defined 1.0x1.1cm nodule is likely within the medial limb- IMAGE II; no fat density seen within.

No obstructive bowel lesion or wall thickening noted. No free fluid. **No para-aortic/ pelvic lymphadenopathy.** Lung bases are clear.

No suspicious bone destruction.

COMMENT

- ***Peripherally enhancing multi focal liver lesions in both lobes possibly represent hypo vascular metastasis; background liver is non-cirrhotic with no portal hypertension; portal vein and right branch appear patent; left branch is mildly invaded and shows tiny focal thrombosis.***
- **Bulky left adrenal gland is also suspicious for metastasis in this patient.**
- **Primary malignancy is not identified in this study; no focal bowel wall thickening/ masses.**
- **No lymphadenopathy or ascites; no suspicious bone lesions.**

Dr. ChinthakaAppuhamy
MBBS (COL), MD (Radiology), M.MED(S'Pore), EDiR, FRCR (UK), EBIR (European Board of Interventional Radiology).
CONSULTANT RADIOLOGIST & SENIOR LECTURER IN SURGERY

Date: 3 September 2024

sew

Mr. HILARY PEIRIS
..
PID NO: P18024532859178
Age: 56 Year(s) Sex: Male
Acc: 600IXI022297

Reference: SELF
Sample Collected At:
Lanka Hospital Diagnostics Pvt Ltd
Colombo
Processing Location:- Metropolis Healthcare Ltd,Unit No409-416,4th Floor,Commercial Building-1,Kohinoor Mall,Mumbai-70

VID: 240090106213889
Registered On: 25/09/2024 01:25 PM
Collected On: 23/09/2024 1:24PM
Reported On: 28/09/2024 08:55 AM

IMMUNO HISTO CHEMISTRY

CASE SUMMARY

CASE NO	**:24MLI14851**
SPECIMEN	**:Paraffin block - Gastric antral biopsy**
RESULT	**:Requested marker :** • **MLH1 : Retained nuclear staining** • **MSH2 : Retained nuclear staining** • **MSH6 : Retained nuclear staining** • **PMS2 : Retained nuclear staining**
DIAGNOSIS	**:MMR by IHC : Not Deficient**

Clinical Notes :-

Gross Examination :Received one paraffin block labelled as XI 12791

Original H & E Report :Suggestive of adenocarcinoma of gastric origin

Methodology :

- Automated immunohistochemical staining (Ventana Benchmark XT)

Quality Assurance :

- The external and internal control (wherever applicable) show appropriate reactivity.
- Detection system: Ultraview DAB IHC Detection kit
- Clone: MLH1 – M1, MSH2 – G219-1129, MSH6 – SP93, PMS2 – A16-4 ; Company: Roche diagnostic GmbH

Limitations:

- Suboptimal preanalytical factors may impact results, such as prolonged cold ischemia time, overfixation,
- underfixation, suboptimal processing & decalcification.

Dispatch Summary:

1. Blocks that are submitted are enclosed with the report.
2. Stained slide is archived.
3. Case images are available on request.

Report typed by : Sushma Shimpi

Dr. Shital Munde
Consultant Surgical Pathologist,
Reg No.2011/05/1650

240090106213889

Mr. HILARY PEIRIS
..

PID NO: P18024532859178
Age: 56 Year(s) Sex: Male

Reference: SELF

Sample Collected At:
Lanka Hospital Diagnostics Pvt Ltd Colombo
Processing Location:- Metropolis Healthcare Ltd,Unit No409-416,4th Floor,Commercial Building-1,Kohinoor Mall,Mumbai-70

VID: 240090106213889
Registered On: 25/09/2024 01:25 PM
Collected On: 23/09/2024 1:24PM
Reported On: 28/09/2024 08:55 AM

-- End of Report --

METROPOLIS
HISTOXPERT

INTERNATIONAL & NATIONAL SUBSPECIALITY PATHOLOGY

Breast Pathology
Dermatopathology
Gastrointestinal Pathology
Genitourinary Pathology
Gynecologic Pathology
Head & Neck Pathology
Hematolymphoid Pathology
Hepatobiliary Pathology
Neuropathology
Paediatric & Perinatal Pathology
Pulmonary Pathology
Renal Pathology
Soft tissue Pathology
Transplant Pathology (Renal & Hepatic)

Chief Scientific Officer,
Senior Consultant Oncopathologist

Dr Kirti Chadha

In - House Faculty

Senior Consultants
Dr Anuradha Murthy
Dr Amita Joshi
Dr Meenal Hastak
Dr Leena Naik
Dr Vikas Kawishwar

Consultants
Dr Barodawala S M
Dr Kunal Lila
Dr Shital Munde
Dr Shraddha More

Dr. Shital Munde
Consultant Surgical Pathologist,
Reg No.2011/05/1650

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL

Lanka Hospitals Laboratories
Accurate, Reliable and Fast

CLIENT CODE : C000000209

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - OPD
578, ELVITIGALA MAWATHA
NARAHENPITA
OPD
COLOMBO SRI LANKA

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 HILARY PEIRIS
ACCESSION NO : **6001XI015587**
AGE : 56 Years SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : Dr SKANDARAJAH T
CLINICAL INFORMATION :
BI2400068891/CS24405108 OPD-BILLING 3RDFL

PATIENT ID : **LHC1.0001091164**
COLLECTED : 12/09/2024 19:26
RECEIVED : 12/09/2024 19:26
REPORTED : 13/09/2024 16:15

Test Report Status **Final** **Results**

MOLECULAR BIOLOGY

PCR - DPYD GENE MUTATION

DPYD Mutation

PCR - DPYD Gene Mutation

Specimen Source : **BLOOD**

Test Results :

ALLELE DESCRIPTION	RESULTS
*2A (c1905+1G>A)	Not Detected
*13 (c1679T>G)	Not Detected
Haplotype B3 (c1236G>A)	Not Detected
C2846A>T	Not Detected

Test Method(s)
PCR DPYD gene mutation detection - Real Time PCR by fluorescently labelled probes.
The assay determines genotypes of four polymorphisms; *2A (c1905+1G>A) - rs3918290, *13 (c1679T>G) - rs5588662, Haplotype B3 (c1236G>A) - rs56038477, C2846A>T - rs67376798 in the human genome.
This assay **does NOT detect** other rare or novel variations, besides those listed here.

Interpretation
Analytical specificity : 100%
Analytical sensitivity : 5% mutant allele

The final output of the analysis is to determine a genotype - wild type (WT), mutant (MUT) or heterozygote (HET) for all four alleles mentioned in the below table.

DPYD Allele	Effect on DPD enzyme	Predicted consequence	WT variant	MUT variant
*2A (c1905+1G>A)	No activity	Greatly increased toxicity risk	G	A
*13 (c1679T>G)	No activity	Greatly increased toxicity risk	T	G
Haplotype B3 (c1236G>A)	Decreased activity	Increased toxicity risk	G	A
C2846A>T	Decreased activity	Increased toxicity risk	A	T

Limitations
The presence of allele in the genome must be at least 5% in order to be detected through this assay. Less than 5% may cause a false negative result or incorrect allele frequency.

This test was validated at Lanka Hospitals Diagnostics (Pvt) Ltd.

****End Of Report****

Dr. Thanuja Denipitiya (PhD.)
Head of Molecular Diagnostics

See reverse for list of ISO 15189 accredited tests