



CONFIDENTIAL LABORATORY REPORT

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Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
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HISTOPATHOLOGY

Block and slides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week

** OPD/AHH/ALS **

Page 1 of

REFERENCE No. : 01 0631 22/07/24
SAMPLE DATE & TIME : 22/07/2024 19:38 AGE : 76 Y/F
REPORT DATE & TIME : 04/08/2024 17:29 ASH2010906 / ALS2009112
PATIENT : MRS. J.A.S. PERERA 159C UHID-130404447
REFERRED BY : DR.MRS.LAKMALIE PARANAHEWA

TEST : HISTOPATHOLOGY REPORT

Clinical history :- History of carcinoma of ovary and left breast, CT-Multiple pulmonary metastasis.

Specimen :- USS - guided tru-cut biopsy of mass lesion in the left lung for histology.

Macroscopy :- Received two core of pale tissue measuring 17 and 15 mm in length (2 blocks, A*, B*).

Microscopy :- Sections reveal cores of tumour tissue with large areas of tumour necrosis and an infiltrating carcinoma, composed of cohesive solid nodules and trabeculae lined by atypical non mucinous large epithelial cells with moderate nuclear atypia. These cells show dense irregular nuclei, inconspicuous nucleoli and scanty eccentric eosinophilic cytoplasm. Mitoses are frequent including abnormal forms. Desmoplasia is noted in the background. Normal lung, vascular emboli or perineural invasion are not seen.

Diagnosis :- L/Lung, mass lesion, USS - guided tru-cut biopsy :-
- Non small cell carcinoma, probably adenocarcinoma solid growth pattern-see comment.

Comment :- Morphology favours metastasis. Need IHC (Mammoglobin, WT1, TTF1) to find out the primary focus breast or ovary.

RPH-3214 (S.C.T - 22/07/2024 at 10.40 am)

G.P.H. Ramani

DR. RAMANI PUNCHIHEWA
MBBS, D path MD, (Histopathology)
Consultant Pathologist

*Dr. Ramani Punchihewa
Dear Madam
Please arrange 1st.*



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HISTOPATHOLOGY

** OPD/AHH/ALS **

Page 1 c

REFERENCE No. : 01 0320 08/08/24
 SAMPLE DATE & TIME : 08/08/2024 11:44 AGE : 76 Y/F
 REPORT DATE & TIME : 24/08/2024 06:14 AHH2009875 / AHH8876
 PATIENT : MRS. J.A.S. PERERA (130404447) 292C
 REFERRED BY :

TEST : IMMUNOHISTOCHEMICAL ASSAY OF THYROID TRANSCRIPTION FACTOR-1 (TTF-1)

Clinical history :- History of carcinoma of ovary and left breast, CT-Multiple pulmonary metastasis.

H & E diagnosis :- L/Lung, mass lesion, USS - guided tru-cut biopsy:-
 - Non small cell carcinoma, probably adenocarcinoma solid growth pattern.

Immunohistochemistry:-

- 1. TTF1 - Negative
- 2. WT1 - Repeatedly negative in nuclei of tumour cells.
Cytoplasmic positivity seen in some tumour cells.
- 3. Mammoglobin - Repeatedly done. Weak cytoplasmic positivity in tumour cells.

Conclusion :- Immunohistochemistry favours metastatic adenocarcinoma from breast. '

RP

G.P.H. Ramani

DR. RAMANI PUNCHIHEWA
 MBBS, D path MD, (Histopathology)
 Consultant Pathologist

COOP Hospital,

303 Colombo Road,
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AMI

DIAGNOSTIC IMAGING
AUSTRALASIAN MEDICAL IMAGING PVT LTD

Name of patient : Mrs. J.S.PERERA

Age : 76Yr. Sex:- F

SCAN Region: CHEST, ABDOMEN & PELVIS

Requested by : Dr. SUJEEVA SIYAMBALAPITIYA MD, MBBS

Date :- 06/07/2024

Consultant Oncologist

Radiologist : Dr SUDATH INAMALUWA MBBS, MD

CT Reference CC169/24

CT SCAN REPORT**INDICATION: H/O CA ovary and CA left breast****TECHNIQUE : Oral + rectal +Post IV contrast CT chest, abdomen & pelvis**

REPORT: Evidence of TAH & BSO and omentectomy. There are no cystic or solid mass lesions in the pelvis. No enhancing nodules, masses in the parametrium and peritoneum. No evidence of infiltration of the urinary bladder, rectum and lateral pelvic wall

There are no enhancing mass lesions in the left breast, chest wall and axilla. No mass lesions or calcifications in the right breast. No axillary lymphadenopathy.

There are multiple (6-7) enhancing pulmonary parenchymal nodules in upper lobe of left lung and B/L peri-hilar regions measuring 1.5-4cm in size, largest right hilar node measures 4x3cm. No mediastinal lymphadenopathy. No segmental consolidations or collapse. No pleural effusions

No pelvic, para-aortic or inguinal lymphadenopathy.

There are no enhancing focal lesions in the liver. No intra hepatic ducts/ CBD dilatation, The gallbladder is normally distended There are two calculi in the gallbladder measuring 7 & 8mm in size The CBD is mildly dilated (9mm in calibre), three calculi seen in the mid-distal CBD measuring 6 - 8mm in size.. No intra hepatic ducts dilatation.

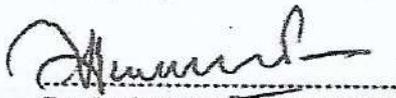
The pancreas and spleen are unremarkable.

The colon and the small bowel loops are unremarkable.

No destructive lesions in visualized bones.

No ascites.

COMMENT; Multiple pulmonary metastases.**No evidence of local tumour recurrence, peritoneal, liver, skeletal or nodal metastases****Multiple gallbladder and CBD calculi**


.....
Dr. Sudath Inamaluwa MBBS, MD (Radiology)
Consultant Radiologist
THKurunegala

Dr. Sudath Inamaluwa
MBBS, MD (Radiology)
Consultant Radiologist
Teaching Hospital
Kurunegala.

Thank you very much for referring this patient

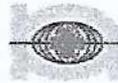
LABORATORY REPORT

NH52/FOIA/09
QAF REP FOR

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SL NEQAS (BCS) MRI-Colombo

UPIN : NH2312242171
PATIENT NAME : MRS J. SUNETHRA PERERA
REF. DOCTOR : DR. SUJEEWA SIYABALAPITIYA
AGE : 75 YEARS/7 MONTHS
SERVICE REF. NO : CHL080322576
GENDER : FEMALE

SAMPLE COLLECTED : 11/12/2023 08:25 AM
READY DATE : 27/12/2023 02:28 PM
PRINTED DATE : 27/12/2023 02:52 PM

IHC - ER

Immunohistochemistry Report

Indication - Invasive ductal carcinoma NOS
Nottingham grade 3

Microscopy - ER - Repeated - Negative
PR - Repeated - Negative
Her 2 - Negative
Ki 67 - Repeated - 45%

F/4654/23
27/12/2023

DR(MRS) JANAKIE FERNANDO.

J. Fernando
MRS. D. PATH MD(Histopathology)
CONSULTANT HISTOPATHOLOGY

Prof. Lal G. Chandrasena
Laboratory Director
MBBS, D Path, MD (Gen Med) FRCS
F. Dip. C. C. Chem. (FACS, FNA & FL)

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Consultant Haematologist

Dr. (Ms) Nilakshi Peery
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Consultant Microbiologist

Dr. Aruna Jayawardena
MBBS, D Path, MD
Consultant Haematologist

Results relate only to the sample as received

