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# CONFIDENTIAL LABORATORY REPORT

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Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
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DONE ON ( 4159 04/11//23)

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|---|---|---|
| UHID | : 110191672 | |
| REFERENCE No. | : 01 0698 04/12/23 | |
| SAMPLE DATE & TIME | : 04/12/2023 18:35 | AGE : 31 Y/F |
| REPORT DATE & TIME | : 20/12/2023 22:33 | AHH2099920 / ASH2106888 |
| PATIENT | : MRS. M.N.F. NUFRA | |
| REFERRED BY | : PROF JAYANTHA BALAWARDANE | |

**TEST : IMMUNOHISTOCHEMICAL ASSAY OF WT1 PROTEIN**

Specimen : Bilateral ovarian tumours.

Provisional diagnosis : A low grade serous papillary carcinoma with possible focal high grade areas.

Immunoprofile : The tumour cells show diffuse positivity for WT1. P53 stain shows wild type (non mutant type) staining in tumour cells.

Conclusion : Findings are inkeeping with a low grade serous papillary carcinoma of both ovaries.

RG

DR. RENUKA GOONESINGHE
MBBS (Col), D.Path, MD (Histopath)
Consultant Histopathologist

Few prominent and enlarged non FDG avid lymphnodes with preservation of it's normal fatty hila are identified in the inguinal groups bilaterally most likely representing reactive hyperplasia. Largest lymphnode is in the left inguinal group measuring 1.36cm in diameter and relatively larger lymphnode in the right inguinal group measures 1.13cm in diameter.

**Musculoskeletal & Miscellaneous**

No sclerotic or lytic lesions or FDG avid osseous lesions are identified in the scanned region.

**IMPRESSION**

**Minimally FDG avid low attenuated lymphnodes with loss of it's normal fatty hila in left upper paratracheal group and in the anterior mediastinum.**

**Considering the given history, the appearances are suggestive of metastatic adenopathy from known ovarian carcinoma.**

**There is no hypermetabolic recurrence or metastatic disease in rest of the scanned region.**

**There is no pulmonary metastases.**

Dr. S. H. Munasinghe
Consultant Radiologist

are observed in anterior mediastinum measuring upto 1.02cm in diameter with SUV max of 4.02 (image 101).

No prominent, enlarged or FDG avid lymphnodes are identified in the rest of the mediastinum or hila. Great vessels of the mediastinum are within normal limits and mediastinal blood pool shows SUV max of 2.68.

There are no suspicious or FDG avid focal parenchymal nodules, areas of collapse or consolidations in the lungs which are clear bilaterally. No bronchial dilatation is evident.

There is no pleural or pericardial effusion.

**Abdomen and Pelvis**

There are no FDG avid or non FDG avid focal lesions in the liver which is not enlarged, maintains it's smooth regular contour, normal uniform parenchymal attenuation pattern and normal distribution of metabolic activity (SUV max of 3.79). Intrahepatic and extra hepatic ducts are within normal limits. Portal venous and hepatic venous radicles are within normal limits. Main portal vein is normal in caliber and no filling defects are present within. Gall bladder maintains it's normal distensibility and mural thickness. No calculi are present within it.

No FDG avid or non FDG avid lesions are identified in the pancreas, spleen, kidneys or adrenals, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity. Known small spenunculus adjacent to the splenic hilum measures 10.1mm in diameter.

Uterus and ovaries are absent and are in keeping with history of surgery. No adnexial mass lesions or fluid collections are evident

There are no prominent, enlarged or FDG avid lymphnodes in the para aortic, para caval, iliac or mesenteric groups.

No FDG avid or non FDG avid mass lesions are identified in the abdomen or pelvis. No localized fluid collection or free peritoneal fluid is present.

Normal distribution of the tracer in the small and large bowel are observed.

The pharynx, larynx and para pharyngeal spaces maintain it's normal CT morphology and otherwise normal distribution of metabolic activity.

The orbits, globes, optic nerves and extra ocular muscles maintain it's normal CT morphology and normal distribution of metabolic activity.

There are minimally FDG avid, minimally enlarged lymphnodes with preservation of it's normal fatty hila in the level 2A of upper neck bilaterally and are most likely of inflammatory in origin. Largest lymphnode is in right side measuring 12.4mm in diameter with SUV max of 3.71 and relatively larger lymphnode in the left sided level 2A group measure 12.2mm in diameter with SUV max of 2.88.

Additionally, there are few prominent non FDG avid lymphnodes with preservation of it's normal fatty hila in the upper neck bilaterally, most likely representing reactive hyperplasia. Relatively larger lymphnodes in the right and left sided level 1B groups measure 5.2mm and 6.1mm in diameters respectively. Relatively larger lymphnodes in the right and left sided level 2B groups measure 6.5mm and 7.3mm in diameters respectively.

No other prominent, enlarged or FDG avid lymphnodes are identified in the neck or supraclavicular region.

No FDG avid or non FDG avid focal lesions are identified in the bilateral parotid or submandibular glands or in the thyroid gland which maintain it's normal size, shape, attenuation pattern and normal distribution of metabolic activity.

**Chest:**

No FDG avid or non FDG avid mass lesions or abnormal calcifications are identified in the breasts.

Few prominent and minimally enlarged non FDG avid lymphnodes with preservation of it's normal fatty hila are observed in the axillae bilaterally and are most likely to be due to reactive hyperplasia. The largest lymphnode is in the right axilla measuring 1.12cm in diameter and relatively larger lymphnode in the left axilla measures 1.07cm in diameter.

There is a minimally FDG avid low attenuated enlarged lymphnode with loss of it's normal fatty hila in left upper paratracheal group (1L) measuring 1.20cm in diameter with SUV max of 2.63 (image 88). Few similar nodes with poorly defined margins interspaced with minimally FDG avid infiltrates

## Department of Nuclear Medicine

# Whole body PET-CT Report

**Name : Mrs.M.N.F.Nufra** Age/Sex :31Y/F Ref. No : RC00013706

Referred By:Prof.Jayantha Balawardhana PET CT No:483/24 Date: 19.06.2024

Whole body F-18 Fluorodeoxyglucose (FDG) PET CT imaging was performed from the vertex to mid-thigh 60 minutes following intravenous administration of 6.12 mCi of F18 FDG using GE Optima 560 dedicated 8 slice/sec PET-CT system without breath holding instruction. Intravenous contrast enhanced CT scan was performed for anatomical localization and attenuation correction. The images were reviewed in axial, coronal and sagittal projections. A semi quantitative analysis of FDG uptake was performed by calculating SUV max value corrected for dose administered and patient body weight. The blood sugar level was 91 mg/dl at the time of injection of tracer.

**Indication: :** Known patient with low grade serous papillary carcinoma of both ovaries undergone TAH and BSO on 04.11.2023 followed by eight cycles of chemotherapy, presenting with rising CA 125. PET CT scan being done for further evaluation. Images were reviewed with last CT scan of the chest, abdomen and pelvis done on 13.06.2024.

**FINDINGS**

**Head and Neck**

No FDG avid or non FDG avid focal parenchymal lesions are identified in the cerebral or cerebellar hemispheres or in the brain stem, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity. The ventricular system, basal cisterns and cortical sulci are within normal limits. There are no areas of infarctions, intra axial or extra axial mass lesions. No metabolic abnormality is detected in the skull vault or base.

There is no significant mucoperiosteal thickening, fluid levels or retention cysts in the paranasal sinuses which are clear bilaterally.

Mild to moderate degree of increased FGD uptake is observed in bilateral lingual and palatine tonsils and are more in favour of inflammatory in origin.

Bilateral asymmetrical increased FDG uptake in the mylohyoid muscles are probably due to muscle contractions.

1. CA Ovary
Low / High grade Serous CA

2. BLCA cases

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HISTOPATHOLOGY

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| SAMPLE DATE & TIME | : 04/11/2023 19:07 | AGE : 31 Y/F |
| REPORT DATE & TIME | : 17/11/2023 20:59 | AHH2099920 / AHL2010562 |
| PATIENT | : MRS. M.N.F. NUFRA [ROOM NO.114A] | |
| REFERRED BY | : DR. CHINTHANA HAPUACHCHIGE | |

**TEST : CYTOLOGY**

Specimen :- Ascetic fluid.

Macroscopy :- 15 ml of brownish turbid fluid with a blood clot.

Microscopy :- Cellular smears and the cell block reveal papillary fronds and clusters of medium size polygonal cells with round to oval moderately pleomorphic vesicular nuclei. The background contains many reactive mesothelial cells and scattered lymphocytes.

Conclusion :- Malignant cells from a papillary adenocarcinoma are present.

RG

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