

39774

PN: MRS W.M.A.A.B. WALISUNDARA
 UHID : 150652035 IP : AKH0056957
 AGE : Y: 43 M: 5 D: 1 SEX : F D.O.B: 14-Feb-1981
 CONSULTANT : DR ROSHAN GUNARATHNE



DIAGNOSIS CARD

No. :

Patient's Name : Mrs. W.M.A.A.B. WALISUNDARA
 Age : 43 Years DOB : 14 / Feb / 1981 Gender: F
 Address :

UHID : 150652035 IPN : AKH56957
 Room / Unit / Bed No: 709 Speciality :
 Primary Consultant : DR. ROSHAN GUNARATHNE
 Date of Admission : 15 / 07 / 2024 Date of Discharge: 16 / 07 / 2024

Diagnosis: L/ovarian well differentiated papillary serous cyst Adenocarcinoma

Surgery: AAR FOR CHEMOTHERAPY

Presenting Complaint:

Allergy:

Past Medical History:

- | | | |
|--------------------------------------------|-------------------------------------------|-------------------------------------------|
| Diabetes Mellitus <input type="checkbox"/> | Hypertension <input type="checkbox"/> | Dyslipidemia <input type="checkbox"/> |
| IHD <input type="checkbox"/> | Bronchial Asthma <input type="checkbox"/> | Renal Impairment <input type="checkbox"/> |
| Other | | |

Physical Examination:

Temperature: °C Pulse : 80 /min BP : 150 / 100 mmHg

Investigations:

Date	Test	Result/s

In-Ward Management:

- 1 Lorazepam 10mg/0
- 2 Dexamethasone (IV) 20mg
- 3 IV Ranitidine 50mg / ~~10pm~~ 10 pm, 4 am, 8 am
- 4 Piriton IV 10mg
- 5 Zolozepam 0.25 IV/STAT
- 6 Paclitaxel 120mg + N/S 10

Discharge Plan

Medication: carboplatin 600mg + N/S 10

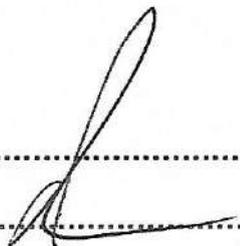
pacl

Advice & Follow-up Plan:

R/v 1/52

Dr. Roshan Gunaratne
MBBS, MD
Consultant Clinical Oncologist
SLMC Reg. No: 16763

Name of Consultant:

Signature : 

(Consultant's Stamp)

DEPARTMENT OF PATHOLOGY

District General Hospital - Kegalle

Tel No - 035 - 2222261-2

HISTOLOGY REPORT

Name: - W.M.A.A.B.Walisundara
Age :- 43 Years
Sex :- Female
Requested by:- Dr. A. Samarakoon (VOG)
Date received:- 17.03.2024

Ref. No: -724/KGH/24
Hospital: - DGH-Kegalle
Ward :- 1 B
BHT No:- 16783
Date reported: - 25.03.2024

SPECIMEN

Left ovarian cyst and left fallopian tube

MACROSCOPY

Sample consists of large dark brown cystic mass measuring 150x100x80mm with attached fallopian tube 100mm in length and average diameter of the tube is 12mm. Cut surface of the cystic mass shows multiple small cystic areas. The entire cyst is congested. No visible viable tissue. Representative sections are submitted for histological assessment.

MICROSCOPY

Sections show a predominant solid encapsulated mass with features of ischaemic necrosis. The viable part of the tumour shows well formed papillary structures and complex irregular fused glands lined by thickened serous type columnar epithelium with multilayering, moderate nuclear pleomorphism and high mitotic activity. Extensive stromal and capsular invasion is identified with a focus of surface capsular tumour deposits. Solid tumour foci are less than 5%. Scattered psammomatous calcification are seen.

CONCLUSION

Left ovarian well differentiated papillary serous cyst Adenocarcinoma.
Capsular tumour deposits are identified.
The tube appear unremarkable.

Dr. Jayantha Edirisooriya
Consultant Histopathologist
DGH Kegalle.


Dr. Jayantha Edirisooriya
MBBS, D Path, MD Histopathology
Consultant Pathologist
District General Hospital,
Kegalle.



CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mv, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

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

** IP/AHH/AHL **

Page 1 of 2

UHID	: 150652035	
REFERENCE No.	: 01 4117 15/06/24	IP No. : AHL0348249
SAMPLE DATE & TIME	: 15/06/2024 16:21	AGE : 43 Y/F
REPORT DATE & TIME	: 30/06/2024 23:31	AHH2007095 / AHL2011476
PATIENT	: MRS. W.M.A.A.B. WALISUNDARA [ROOM NO.108A]	
REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE	

TEST : HISTOPATHOLOGY REPORT

Clinical history :- H/O High grade serous carcinoma of ovary.
Chemotherapy 3 cycles given.
Left salpingectomy and ovarian cystectomy done.

Specimen :- A) Uterus, both ovaries and right tube
B) Omentum

Macroscopy :- A) Specimen consists of

1. Moderately enlarged uterus with attached both ovaries, right tube and attached peritoneal tissue. Uterus with cervix measures 90 x 55 x 42mm. Right ovary measures 30 x 20 x 15mm. No capsular breaches seen. Right tube measures 65 x 10mm, Enlarged cystic left ovarian mass measures 55 x 50 x 35mm. No capsular breaches seen. Surface nodules identified measuring 7-3mm in diameter. Attached peritoneal tissue measures 120 x 35 x 3mm.
2. Separate tan colour nodule measuring 13 x 10 x 5mm.

Cut surface of the uterus shows a thickened myometrium measuring 20mm. Endometrium is 1mm in thickness.

Cut surface of the right ovary is unremarkable macroscopically.

Cut surface of the left ovary mass shows a multinodular cyst with a few whitish nodules. Maximum wall thickness is 5mm.

- B) A mass of omental tissue measuring 320 x 75 x 10mm. No macroscopic tumour deposits identified.



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Microscopy :- A) Sections of the left ovary show multiple cystic and solid foci of residual tumour tissue of a high grade serous carcinoma with scattered psammoma bodies. A few surface tumour nodules are also seen. Rest of the ovarian stroma appears unremarkable. The right ovary contains a few surface nodules of residual tumour tissue. Rest of the ovary appears unremarkable. Right fallopian tube is free of tumour involvement. Endometrium is non reactive. No involvement by the tumour is seen. The myometrium and cervix appear unremarkable. Attached peritoneal tissue contains multiple foci of residual serous carcinoma with scattered psammoma bodies. A separate nodule of adipose tissue with evidence of fat necrosis is also included.

B) Omental tissue contains a single residual tumour focus. Two lymph nodes included appear unremarkable.

Conclusion :- The left ovary contain residual tumor tissue of a high grade serous carcinoma with surface nodules. Right ovary and attached peritoneal tissue show residual tumour deposits with scattered psammoma bodies. Uterus and cervix are free of tumour involvement. The omental tissue contains a single residual tumour deposit.

RGH - 9796 (S.C.T. 15/06/24 at 2.45pm)

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

DR. RENUKA GOONESINGHE
 Consultant Histopathologist
 ✓

Medications on Discharge: (Medication / Dose / Frequency / Route / Duration)
 දින 14 තුළදී මිනිත් කළ ඖෂධ (මෙහි / මොන / කීවරක් / දින සූදු ආකාරය / කාල පරිච්ඡේදය)
 වෙනත් ඖෂධ වලට මුහුණ දීමට අවධානය යොමු කළ යුතුය (වැරදිව භාවිතයෙන් අනතුරු වැළැක්වීමට)

O. Cefuroxime 500mg bd / 3d
 O. Flgyl 400 mg 8 hourly / 3d
 diclofenac Na 50 mg bd / 3d
 omeprazole 20 mg bd / 3d
 domperidone 10 mg tds / 3d

ඖෂධ භාවිතයේ ක්වන් දී ඖෂධ / වෛද්‍ය / වෛද්‍ය පරිදි පාවිච්චි කරන්න.
 ඖෂධ භාවිතයේ ක්වන් දී ඖෂධ / වෛද්‍ය / වෛද්‍ය පරිදි පාවිච්චි කරන්න.
 Please use prescribed medications as advised by the Physician.

Discharge Plan: (Inclusive of Management Plan, Advice, Diet, Life Style Behaviour)
 දින 14 තුළදී මිනිත් කළ ඖෂධ (මෙහි / මොන / කීවරක් / දින සූදු ආකාරය / කාල පරිච්ඡේදය)
 වෙනත් ඖෂධ වලට මුහුණ දීමට අවධානය යොමු කළ යුතුය (වැරදිව භාවිතයෙන් අනතුරු වැළැක්වීමට)

Suture removal on after 10 days at opb
 R/v a Histology report at GC in 4/52
 (18/4/2024)
 FBC to be done on 11/52 R/v @ WD 01.
 Follow up Details / පිළිගැනීමේ විස්තර / වෛද්‍ය උපදෙස් / වෛද්‍ය උපදෙස්

Date දින	Day දින	Time වේලාව	Type of Clinic වෛද්‍ය මධ්‍යස්ථානය	Consultant's Name වෛද්‍ය උපදෙස් දෙන උපදෙස්	Room No. කාමර අංකය

Instructions in Sinhala or Tamil (Optional) (Eg.- Disease Condition, Medication, Referrals)
 රෝග තත්වය, ඖෂධ, යොමු කළ යුතු වෛද්‍ය උපදෙස් (විකල්පයක් ලෙස)

Referral Note / පිටපත් / පිටපත්
 Mo opb, Dear doctor,
 please be kind enough to remove sutures of this pt on 10 (26/3/2024) + c&d Eop.
 Thank you
 A Ho

Medico-Legal
 MLEF No. Date
 අධිකාරී අංකය දිනය
 Name of JMO
 අධිකාරී නම

Please produce this Diagnosis Card at your next consultation.



රෝග නිශ්චය පත
நோய் நிர்ணய அட்டை
Diagnosis Card

Health 383A සෞඛ්‍ය 383 නොගනී 383	Personal Health No. වෛද්‍ය සෞඛ්‍ය අංකය	
	Contact No. දුරකථන අංකය	
	NIC No. ජාතික හැඳුනුම්පත් අංකය	
	Blood Group රුධිර සමූහය	O +ve
Hospital වෛද්‍ය මධ්‍යස්ථානය	DGH Kegalle	
Patient's Name රෝගියාගේ නම W.M.A.A.B. Walisundara		
BHT No. රාජ අංකය	16783	Ward/Unit වැඩිදුර/ඒකකය
		1B
Sex Male/Female ස්ත්‍රී/පුරුෂ	F	Age වයස
		43
Date of Admission ඇතුළත් වූ දිනය	16/3/2024	Date of Discharge මුදාහැරූ දිනය
		19/3/2024
Principal Diagnosis ප්‍රධාන රෝග නිශ්චය	EM / Exploratory Laparotomy ↓ GA on 16/3/2024	
Co-morbidities සමරෝග	PMH x / T2 Φ M HTN ↓ LD	
Surgeries වෛද්‍ය ක්‍රියා	PSH x / 2 x LSCS	
Mode of Admission ඇතුළත් වූ ආකාරය	Self මහජන	Requested / Referred මුදාහැරීම / යොමු කිරීම
	<input type="checkbox"/>	By Whom කුමරුන් විසින් වෛද්‍ය
		VOG
Mode of Discharge මුදාහැරූ ආකාරය	Routine සාමාන්‍ය	Transferred Out වෛද්‍ය මධ්‍යස්ථානයෙන් මුදාහැරීම
	<input checked="" type="checkbox"/>	Self Discharge මුදාහැරීම
Disease Notification රෝග දැනුම්පත	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Certificate Issued වෛද්‍ය සහතිකය	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Form Filled විද්‍යා මධ්‍යස්ථානයේ	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultant's Name and Stamp වෛද්‍ය උපදෙස් දෙන උපදෙස්		
DR. ANURA SAMARASEKERA ANURA SAMARASEKERA		
Consul සහතික		
GENEVA HOSPITAL ජෙනීවා රෝහල		

Presenting Complaint, History, Examination Finding:

Treatment / Surgical Procedures

ഓടിയ കഴിഞ്ഞു, ഓടിയ കഴിഞ്ഞു, ഓടിയ കഴിഞ്ഞു, ഓടിയ കഴിഞ്ഞു, ഓടിയ കഴിഞ്ഞു
 പ്രാഥമിക ചികിത്സ, പ്രാഥമിക ചികിത്സ, പ്രാഥമിക ചികിത്സ, പ്രാഥമിക ചികിത്സ, പ്രാഥമിക ചികിത്സ

43 yrs. P₂C₂ - 2x LSCS EM / Exploratory
 LRMP - 22/2/2024

PC / Lower abdominal pain x 1d

HPC / Abd. pain - Lower abd, on & off

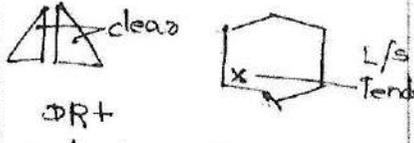
PV Bleeding°
 Anaemic symptomst
 Faintishnesst, SOB°

Vomited - 2 times
 Fever°, PV°

Urinary symptoms°
 UOP, BO - NL

Menstruation /
 Regular, HMB⁺, clots⁺
 Dysmenorrhea°

O/E Afebrile, pallor⁺⁺
 BP-120/80 PR-100



VE / L/s Adenexial mass⁺

Laparotomy ↓ GA
 (I^o - Large L/s pelvic mass ± free fluid)
 D/B Dr. Mahesh (SHO)
 A/B Dr. Jayathree (HO)
 U/s Dr. Jayalath (VOG)
 U/guidance of Dr. A. Samarakoon (VOG)
 GA by Dr. Geethani (MOA)
 Dr. Deepani (MOA)

Supine position cleaned & draped

Midline vertical incision made
 Peritoneal cavity opened into

F° / Hemoperitoneum noted

Twisted complex cyst in L/s Fallopian tube

(size 15 x 10 cm)
 Multiloculated, Hemorrhagic

B/L ovaries appear normal
 R/s Fallopian tube normal

L/s Fallopian tube ± twisted cyst removed.

Resected end ligated ± Yicoryl

Peritoneal cavity washed ± warm N/a
 18 G Drain inserted

Investigations

ഉടമയുടെ ഉടമയുടെ

പ്രാഥമിക ചികിത്സ

Specimen sent for

histology

Rectus sutured ±

2 nylon

complete hemostasis

achieved

skin sutured ± 20

nylon - verticle mattress

ix / U. HCG +ve

WBC - 11 PLT - 258

Hb - 6.1 → 9.8 → 8.8 → 8 → 9.1

Scr - 0.62 Na - 131 K⁺ - 3

RBS - 316 UFR - NL

Mx /

- 30 Blood transfusion done

- IV cefuroxime 750mg 8H

- IV Flagyl 500mg 8H / 2d

- o. cefuroxime 500mg bd

- o. Flagyl 400mg 8H

- o. Diclofenac Na 50mg bd

- o. Domperidone 10mg tds

- IV Maxalon 10mg SOS

- s/c Morphine 5mg SOS

- PCM 1g tds / SOS

- Lactulose 10me tds

- FesO₄ 1 tab bd

- Vit c - 1 tab bd

Special Investigations: (Eg.- Histology Report, CT Scan)

ഉടമയുടെ ഉടമയുടെ (Eg.- ഹിസ്റ്റോളി റിപ്പോർട്ട് / CT സ്കാൻ)

പ്രാഥമിക ചികിത്സ (Eg.- പ്രാഥമിക ചികിത്സ, CT സ്കാൻ)

USS C CR scan)

Large L/s pelvic mass ± moderate amount of free fluid suggestive of blood.

Ruptured ectopic pregnancy is a possibility.

Patient's Condition at the Time of Discharge

ഉടമയുടെ ഉടമയുടെ

പ്രാഥമിക ചികിത്സ



Abd. soft

scar Healthy

UOP, BO - Normal, No fever

Drain - 57cc

Hb - 9.1



Dr Roshan Guneratne
Consultant Pathologist
Senior MBChB

MV W.M.A.P.D. W.A.S.S.

22 10 12 every

ph 10 of 200 in wax block

to BACTO LIn

21/12

Wax block
+
slide


Dr Roshan Guneratne
MBBS, MD
Consultant Clinical Oncologist
SLMC Reg. No 16753



Mrs. W.M.A.A.D. Watsurana

Ca overy II B

BRACO I 1/2

Mutaly

Genk asuz

Dr Roshan Gunaratne
MBBS, MD
Consultant Clinical Oncologist
SLMC Reg. No 16753