

Mrs. Y. P. M. De Silva

73 years

pmHx - Hypertension, hyperlipidaemia.

Incidental finding of a Gall bladder Adenomatous hyperplasia
2023 November, was on USS followup.

MRI - 2024 July - ? Carcinoma of Gall bladder.
While awaiting cholecystectomy, Ix for an episode
of severe abdominal pain

CECT - 2024 /08/18

Gall bladder replaced by locally infiltrating mass.

Localised Perforation

No Distant Metastasis

Underwent Open Cholecystectomy - 22/08/2024

Awaiting to start chemotherapy (Gemci + Cis/Combo
on 06/09/2024
Platin)

OPERATION NOTE

22ND August 2024

YPM de Silva

73y, Female

IP No: 291842

Open Cholecystectomy

Indication –? GB malignancy with perforation and infiltration of the hepatic flexure

Surgeon – Prof Aloka Pathirana & Dr Malith Nandasena

Anaesthetist – Dr Neelangani Lamahewage

Assistant – Dr Janaarthan

Incision: Reversed “L” incision

Findings: Mass involving the peritoneum, transverse colon containing loculated fluid. Disintegrated GB body and fundus. No calculi in the GB. No liver deposits or peritoneal deposits or ascites. Reactive looking LN noted at the HD ligament.

Procedure: Mass dissected off peritoneum and overlying muscle and separated with the finger from the colon. The cystic duct dissected after identifying the CBD. The Proximal part of the GB resected and cystic duct tied off. The area of involved part of the colon covered with an omental patch.

Haemostasis achieved.

Drain – inserted to GB fossa.

Rectus – PDS

Skin: Staples

Specimens: gall bladder and part of omentum in the wall of cavity for histology. Fluid for culture.

Prof Aloka Pathirana MS, FRCS
Consultant Surgeon

Post – op
HDU for monitoring
KVO – bleeding, pulse, BP, resp ½ hourly for 8 hours
Continue IV antibiotics
Nil orally
IV fluids – 80ml/h
Pethidine 50mg IM 6 hourly (SOS)
Panadeine 2 tab TDS



Prof. Aloka Pathirana
MS, FRCS(Eng), FRCS(Edin)
Consultant Surgeon
University Surgical Unit
Teaching Hospital Colombo South
SLMC Reg No 0715

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL



CLIENT CODE : C000000673

CLIENT'S NAME AND ADDRESS :
Y P M DE SILVA

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 : MRS. Y P M DE SILVA

PATIENT ID : YPMDF3008516001

ACCESSION NO : 6001XH038252

COLLECTED : 30/08/2024 11:17

AGE : 73 Years

SEX : Female

RECEIVED : 30/08/2024 11:19

DATE OF BIRTH :

REPORTED : 02/09/2024 16:13

REFERRING DOCTOR : DR T SKANDARAJAH

Test Report Status **Final** Results

HISTOPATHOLOGY

IHC - CA 19-9 (NS 19-9)

INTERPRETATION

ADDENDUM REPORT - 02 / 09 / 2024

Specimen **PROXIMAL PART OF GALLBLADDER**

Immunohistochemistry

CK 7 - Positive (Tumour cells)

CK 20 - Negative

Hep par 1 - Negative

CA 19 -9 - Negative

Conclusion **PROXIMAL PART OF GALLBLADDER**

Overall findings are suggestive of Poorly-differentiated, high-grade, Gallbladder carcinoma.

Detailed report has been submitted (Ref: 6001XH028679)

Note-

IHC marker - CK7
IHC clone - OV-TL 12/30
IHC method - Manual
Detection system - Envision two step polymer based (Non Avidin-Biotin) system
Specimen - 10% neutral buffered formal saline fixed and paraffin embedded

IHC marker - CK20
IHC clone - KS20.8
IHC method - Manual
Detection system - Envision two step polymer based (Non Avidin-Biotin) system
Specimen - 10% neutral buffered formal saline fixed and paraffin embedded

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COLLEGE of AMERICAN PATHOLOGISTS

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IHC marker - CA19-9
IHC clone - 1116-NS-19-9
IHC method - Manual
Detection system - Envision two step polymer based (Non Avidin-Biotin) system
Specimen - 10% neutral buffered formal saline fixed and paraffin embedded

IHC marker - Hepatocyte Specific Antigen (Hep-Par-1)
IHC clone - OCH1E5
IHC method - Manual
Detection system - Envision two step polymer based (Non Avidin-Biotin) system
Specimen - 10% neutral buffered formal saline fixed and paraffin embedded

QUALITY CONTROL RESULTS (INTERNAL OR EXTERNAL AS APPROPRIATE)

Positive controls show appropriate positive immunostaining

Negative controls do not show immunostaining

ASR DISCLAIMER

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It has not been cleared or approved by the US Food and Drug Administration.

This test is used for clinical purposes. It should not be regarded as investigational or for research.

IHC - CYTOKERATIN 07

INTERPRETATION

PLEASE SEE ABOVE

IHC - CYTOKERATIN 20

INTERPRETATION

PLEASE SEE ABOVE

IHC-HEP-PAR-1

INTERPRETATION

PLEASE SEE ABOVE

****End Of Report****

Prof. Bimalka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept. Of Pathology



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CLIENT CODE : C000000208

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Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mrs Y P M DE SILVA

PATIENT ID : LHC1.0001087970

ACCESSION NO : 6001XH028680

COLLECTED : 23/08/2024 10:46

AGE : 73 Years

SEX : Female

RECEIVED : 23/08/2024 10:46

DATE OF BIRTH :

REPORTED : 27/08/2024 14:38

REFERRING DOCTOR : Prof PATHIRANA ALOKA

CLINICAL INFORMATION :

OP2400002666/IPC1.0291842 IPD-OPERATION THEATRE 8067 8028

Test Report Status **Final** Results

HISTOPATHOLOGY

MEDIUM SPECIMEN OTHERS

INTERPRETATION

Specimen SPECIMEN (02) -PIECE OF OMENTUM

Macroscopy Piece of omental fatty tissue measuring 8 x 7 x 1.2 cm.
Cut surface is soft and yellow coloured.

4P x 4B - PE

Microscopy Sections show omental fatty tissue.
No abnormality is seen.

Conclusion SPECIMEN (02) - PIECE OF OMENTUM

No abnormality is seen.

Note -

Specimen -10% neutral buffered formal saline fixed and paraffin embedded

****End Of Report****

Prof. Bimalaka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept. Of Pathology



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AGE : 73 Years
DATE OF BIRTH :
REFERRING DOCTOR : Prof PATHIRANA ALOKA
CLINICAL INFORMATION :

SEX : Female

PATIENT ID : LHC1.0001087970
COLLECTED : 23/08/2024 10:45
RECEIVED : 23/08/2024 10:45
REPORTED : 27/08/2024 14:49

OP2400002665/IPC1.0291842 IPD-OPERATION THEATRE 8007 8028

Test Report Status **Final** Results

HISTOPATHOLOGY

MEDIUM SPECIMEN GALL BLADDER

INTERPRETATION

Specimen SPECIMEN (01) - PROXIMAL PART OF GALLBLADDER

Macroscopy Piece meal removal of proximal part of gallbladder together measuring 65 mm in length. Diameter is 25 mm and wall thickness is 14 mm. Mucosal surface is firm, irregular indurated and thickened. Normal velvety appearance is not seen. Serosal surface shows dark brown discoloration. Cystic duct margin is not seen. No lymph nodes.
A - D - Larger piece
G - H - Smaller piece 8P x 8B - PE

Microscopy Sections show a malignant tumour involving the full thickness of the gallbladder wall. Tumour is poorly differentiated and consists of sheets of large, polygonal shaped cells having atypical nuclei with macro nucleoli. There is a moderate amount of eosinophilic cytoplasm (hepatoid variant). Bizarre cells with pleomorphic nuclei are noted. Mitoses are increased. Tumour extends up to the serosa. Lymphovascular invasion is seen. Normal gallbladder mucosa is indistinct.

Conclusion SPECIMEN (01) - PROXIMAL PART OF GALLBLADDER

- * **Gross** - Gallbladder with marked thickening of the wall (piece meal removal).
- * **Tumour type** - Poorly-differentiated carcinoma of Gallbladder
- * **Tumour grade** - High grade
- * **Tumour site** - Diffusely infiltrating tumour; involves the fundus and the body
- * **Tumour size** - Maximum diameter - 65 mm (spreading through the wall). Depth - 14 mm.
- * **Lympho vascular invasion** - Present,
- * **Extent of spread** - Involves the full thickness of the GB wall and extends in to the serosal surface.

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 OP2400002665/IPC1.0291842 IPD-OPERATION THEATRE 8007

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Test Report Status	Final	Results
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- * Background gallbladder - not seen ; tumour involvement is almost 100%.
- * Surgical margin - Indistinct (piece meal removal).
- * Lymph nodes - Absent.
- * TNM (pathological) stage - pT3 pNx Mx
- * Recommend - Following IHC markers (in view of the poorly differentiated nature of the tumour).
 CK7, CK20, CA19-9, Hep -par 1
 (paraffin block - B block), Contact the lab, 7th floor.
 Addendum report will follow

Note -
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Bimalka Seneviratne

End Of Report

Prof. Bimalka Seneviratne
 (MBBS, Dip. Path, MD, FCPSL)
 Consultant Pathologist
 Dept. Of Pathology

M. L. S. M.

 DR. J. JAYATHARAKA MANI
 MBBS, MD, FCPS (Gen. Med) (Sri Lanka)
 Consultant
 Cancer Hospital, Colombo
 SLMC Reg. No. 73320

