

**COMPLAINT HISTORY & EXAMINATION**

PM Hx /  $\Delta$  Rhabdomyosarcoma  
 PS Hx / Nil

Allergy Hx /  $\text{FCO DPO}$

PC/ AAE for further Mx of AKI

c/g - Lower abdominal pain  $\frac{1}{12}$   $\bar{c}$  R/LL pain

Fever  $\bar{c}$  chills + rigors x  $\frac{1}{52}$

Vomiting + 2 days.

No cough/cold/SOB

LUTS $\dagger$

BNO x 4 days.

Back pain $\dagger$

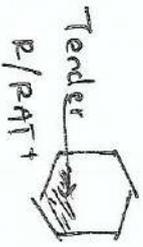
Social Hx/ Has faced ALL examination during onset of illness.

OE/ BP - 150/110

PA - 94

~~AHx~~

clear.



**INVESTIGATION**

Nephrology referral done - Dr. Diluteshi  
 Pilepitiya (CEN)

**TREATMENT**

\* - Urgent HD done via 12F double lumen vascular catheter inserted to R/S internal jugular vein.

AB given IV Meropenem 1g stat 1g stat  $\rightarrow$  500mg b.i.d. 2 days.

patient had developed antibiotic reaction

500mg bd 3 days.

IV Amikacin 500mg daily 3 days given  $\bar{c}$  microbiology opinion.

IV Metronidazole 500mg b.i.d. x 7 days.

\* 2 more HD done on 19/01/2025 & 21/02/2025.

OP No. 22/2025

Rigid Cystoscopy under GA on 20.01.2025

Mr. WGW Heshan

Performed by Dr Ranga E Wickramarachchi (Consultant Urological Surgeon)

GA by Dr. Sandaruwan (MOA)

Indication: Diagnosed patient with rhabdomyosarcoma, origin?

MRI pelvis - R/pelvic mass involving urinary bladder, prostate, seminal vesicle causing obstruction to R/ureter

Rigid cystoscopy performed

External urethral meatus: normal

External mass pressing on posterior urethra (fixed urethra)

And acute angle cannot be maneuvered by rigid cystoscope

Procedure abandoned

Post op

Continue IV AB

Continue Nephrology plan

Analgesics according to anesthetic noted

Need B/L PCN (to be arranged)

Further plan to be discussed with family

**-Follow-up-**

Next Visit Date	NOTES
	<p>- B/L Antegrade ureteric stenting done on 22.01.2025</p> <p>- TRUS guided biopsy of prostate mass ↓ LA on 29.01.2025                      Done by Dr. Lakshmi Parangheera (consultant interventional radiologist)                      at Private sector.</p> <p>- Patient developed polyuria after stenting fluid replacement done.</p> <p>- Neck line removed as AKI settled after stenting &amp; as no further HD needed.</p> <p>- CECT CAP done on 29/01/2025                      CT /0261/25</p> <p><u>Other medications</u></p> <p>3V Chlorperitrainin 10mg stat x 2</p> <p>3V hydrocortisone 200mg stat</p> <p>Sc / Morphine 5mg PRN</p> <p>TU Ondansetron 4mg PRN</p> <p>NaHCO<sub>3</sub> 600mg daily</p> <p>Paracetamol 1g tds → Panadoline 1g tds</p> <p>Tramadol 50mg bd</p> <p>Dompriiden 10mg tds.</p>

**TREATMENT**

Nifedipine SL 10mg bd → 20mg bd.  
 Fexofenadine 180mg bd  
 PO. Morphine 10mg PRN

**INSTRUCTIONS TO PATIENTS**

1. Bring this Card with you for it gives a record of your illness  
 මෙහි මඹලේ රෝගය පිලිබද විස්තර ඇතුලත් බැවින් සැමවිට පැමිණෙන විට රැගෙන එන්න
2. Please attend Clinics on  
 සානනයට පැමිණිය යුතු දිනය .....

6/2/25 ..... (34) ..... 70

NOTE: Please register the date for next clinic visit at the inquiries counter  
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**NAME** : Mr. W. G. W. Heshan Kumarasiri  
**AGE** : 19 Years  
**DATE** : 24.01.2025

**Biopsy done at** : Asiri Central Hospital

**Advise for patients undergoing TRUS guided biopsy of the prostate**

- During this procedure, samples from the prostate are obtained through the rectum.
- The possible side effects of the procedure includes pain, bleeding, hematuria (Passing blood with urine) and infection.
- Intravenous antibiotics will be given before the procedure and antibiotics will be continued orally as prophylaxis for infection.
- Following the procedure, the patient will be monitored for bleeding for 4-6 hours in hospital.
- Following discharge, the patient is advised to continue antibiotics as prescribed for the complete duration.
- In the event of any fever, chills, rigors, excessive bleeding or any unusual symptoms the patient is advised to present to contact the respective urologist/ present to the Asiri Central Hospital/ Asiri surgical Emergency Unit.



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**Dr. (Mrs) Lakmalie Paranehewa**  
**(Consultant Interventional Radiologist)**

Department of Histopathology  
The National Hospital of Sri Lanka

Telephone: 011 2601111 Ext. 2475

**Histopathology Report**

CONFIDENTIAL

Date Received : Friday, January 3, 2025

Pathology Report No. : 86/2025

Name : W.G Venula Heshan

Age : 19 years Sex: Male

Ward : 65

BHT: 260119

Date of print: Friday, January 10, 2025

History : Right pelvic mass involving bladder, prostate, seminal vesicles, bilateral pelvic lymph nodes suspicious of a malignant tumour

Specimen : TRUS guided biopsy of pelvic mass

Macroscopy : 4 cores and 2 fragments ranging from 1mm to 15mm.

Microscopy : Sections reveal vague nests and sheets of blue cells in a desmoplastic stroma. The cells contain moderately pleomorphic, hyperchromatic nuclei with scanty to pale eosinophilic cytoplasm. A few mitotic figures are seen. An area of necrosis is present. One focus suspicious for perineural invasion is seen. The lesional cells are seen within muscle tissue. One core contains papillary-like structures and glands lined by bland columnar cells with uniform basal nuclei, devoid of atypia at one end. This is separate from the tumour.

Immunohistochemistry findings:

MyoD1- Neoplastic cells show strong and diffuse nuclear positivity

Desmin- Neoplastic cells show strong, diffuse cytoplasmic positivity

CD99- Neoplastic cells are negative

Synaptophysin- Neoplastic cells show patchy mild to moderate cytoplasmic positivity

WT1- Neoplastic cells show cytoplasmic positivity (nuclear positivity is not seen).

Ki67 proliferation index- 95%

Conclusion : TRUS guided biopsy of pelvic mass:

The morphological and immunohistochemical features are compatible with a rhabdomyosarcoma

(Due to the small biopsy, the definite type is difficult to identify)

Dr. Rangana Korunaratne

Dr. S.R. Constantine

Consultant Histopathologist

Serial No. 88

Dr. (Mrs.) S.R. Constantine <sup>Page 1 of 2</sup>  
MBBS (Col) Dip (Path), MD (Histopath)  
Consultant Histopathologist  
National Hospital of Sri Lanka

National Hospital of Sri Lanka  
CR Diagnostic Report

Exam Time:2025-01-03 10:15:53

Approve Time:2025-01-07 13:57:48

PID:00052191400

Accession #:NHCR25010300126

Name:W G VENULA HESHAN .

Admission #:

Age:20Year

Bed No.:

Sex:Male

Order Department:General surgery clinic

Performed Procedures: XRAY-Abdomen - AP Supine

**Exam Finding:**

Indication: Right side pelvic mass involving the bladder, prostate and seminal vesicles. B/L pelvic LN +. ? cannon ball metastasis.

**Report:**

Both lungs are well aerated and apposed to chest wall.

Both lungs are clear.

No pleural effusion / pneumothorax.

No mediastinal shift or hilar adenopathy is evident.

No evidence of pulmonary Tuberculosis.

No evidence of hilar mass.

No cardiomegaly.

No abnormality seen within the rib cage.

**Impression:**

Normal CXR.

No CXR evidence of cannon ball deposits.

Apply Dr.: .

Report Dr.:W.H. Wasantha Soysa

Approved Dr.:Mahinda  
Abaywickrema

(This report is restricted to be used as reference only. )

**RADIOLOGY AND IMAGING**



UHID : 120457883  
PATIENT'S NAME : MR W G WENULA HESHAN  
SCANNED REGION : MRI PELVIS  
REQUESTED BY DR : M/O ETU  
REFERENCE NO : RC01316081  
DATE : 28-Dec-2024

PMR :  
AGE : 19 Yrs  
SEX : MALE  
PLAIN :  
ENHANCED : X

*INDICATION: ? Prostate CA*

**MRI PELVIS**

**TECHNIQUE**

Examination was performed using a 3T MRI without an endorectal coil. Multiparametric imaging was performed with T2 multiplanar sequences, axial diffusion weighted imaging and contrast enhanced imaging. Gadolinium based intravenous contrast agent was administered.

There is a irregular enhancing mass in the right sided of the pelvis. Main mass approximately measures 7 x 5cm. It is located in the right seminal vesicle area and normal right seminal vesicle not identified. Left seminal vesical appears normal.

The lesion invade the right lateral wall of the urinary bladder and shows intra luminal component. Inferiorly it extends to the prostate and further down to the perineum.

Fat plane between the right lateral rectal wall is preserved.

It also has a similar enhancement areas.

A 4.0 x 3.4cm size lesion is extending through the obturator foramen with possible involvement of right sciatic nerve.

Further this mass extends along the internal iliac vessels and appears to consist with nodal deposits.

On left side similar enhancing 2.5 x 1.5cm and 1.3 x 2.2cm nodal deposits seen along the left iliac vessels.

SI joints and sacrum are normal.

Bilateral hip joints also are normal. No joint effusion.

No abnormal signals in the bones. Both upper thighs also are normal.

**IMPRESSION**

Right pelvic mass involving the urinary bladder, prostate, seminal vesicle with bilateral intra pelvic lymphnodes are suspicious malignant tumour.

Possibilities tumours of the seminal vesicles (adenocarcinoma)

Suggest biopsy.

DR UDAYA WANIGASIRI

CONSULTANT RADIOLOGIST

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**Patient's Name :** Mr. W. G. W. Heshan  
**Age :** 19Y  
**Sex :** Male  
**Ref. No. :** BS/16/2025  
**Referred by :** Dr. Manjula Wijewardena  
**Date :** 11-01-2025

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### **Tc<sup>99m</sup>-MDP WHOLE BODY BONE SCAN**

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**Technique :** Tc<sup>99m</sup> MDP Bone scan done following IV injection of Tc<sup>99m</sup> 18mCi, using Siemens Symbia Evo Excel DUAL HEAD SPECT system.

**Indication :** Right pelvic mass  
**Comparison :** None

#### **Findings:**

Tc<sup>99m</sup> MDP Bone scan shows physiological tracer uptake in the skeleton.  
No scintigraphic evidence of abnormal uptake of tracer noted  
Focal tracer retention in the kidney lower pole.

#### **IMPRESSION**

**No evidence of skeletal metastatic disease.**  
**Focal tracer retention in the kidney lower pole, suggest US/ CT correlation.**

  
**DR. UDAYA WANIGASIRI (MBBS, EDiR,MD)**  
**CONSULTANT RADIOLOGIST**

**ULTRA SOUND SCAN REPORT**

Name of Patient : Mr. venula ..... Age : 19 yrs .....

Referred by : .....

Clinical History :

**US SCAN OF ABDOMEN / PELVIS**

The Liver is normal in size, margins and echotexture, No gall bladder / bile duct disease.

No ascites or enlarged lymphnodes.

The aorta and IVC are normal.

The spleen is not enlarged.

The Pancreas is normal in size and echotexture. No masses or foci of calcifications.

No pancreatic duct dilatation or peripancreatic fluid collections.

The right kidney measures..... 11.8cm ..... and left kidney measures..... 12.1cm .....

The renal cortical echogenicity is normal & the cortico-medullary differentiation is preserved.

No sonographic evidence of renal parenchymal disease.

No renal calculi or hydronephrosis.

The bladder wall thickness is normal and there are no calculi or SOL.

The prostate gland is normal in size.

The uterus is normal in size. No pelvic masses.

pre void - 580 cm<sup>3</sup>  
post - 294 cm<sup>3</sup>

**Conclusion**

Irregular mass in the prostate  
(6.1cm x 5.6cm). The mass causes  
obstruction of right ureter, causing  
mild hydronephrosis  
prostate neoplasm.  
Need CT scan, cystoscopy,  
TRUS. Biopsy

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CONSULTANT RADIOLOGIST  
GALLE CO-OPERATIVE HOSPITAL  
GALLE

Date : 2024/12/24 .....

Consultant Radiologist