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Guwahati, Assam - 781005

The test was processed in Lab 102.

RADIOLOGY AND IMAGING



UHID : 110089024
PATIENT'S NAME : MS K.D.M. JAYAWICKREME
SCANNED REGION : CECT SCAN OF NECK AND CHEST
REQUESTED BY DR : DR. SOBITHA ATTYGALLA ABEYRATHNE
REFERENCE NO : RC01213256
DATE : 16-Mar-2024

PMR :
AGE : 64 Yrs
SEX : FEMALE
PLAIN :
ENHANCED : X

CT SCAN OF THE NECK & CHEST - CONTRAST

No cervical lymphadenopathy.

Thyroid gland is normal in size and show uniform contrast enhancement.

Submandibular glands and the parotid glands are normal in size and attenuation pattern.

The carotid space, masticator spaces, para pharyngeal and retro pharyngeal spaces are normal in size and shape.

The great vessels of the neck are normal in caliber and outline.

The nasopharynx, oropharynx, laryngopharynx and larynx are normal in size and shape.

Vocal cords are symmetrical.

Epiglottis is normal in size and position.

Evidence of right mastectomy and breast implant in situ.

Both lung parenchyma show normal CT architecture. Lung volumes are preserved.

No lung nodules or masses.

No evidence of bronchiectasis or interstitial thickening.

No 'ground glass' opacities, consolidation or generalized fibrosis.

No pleural thickening.

No pleural effusion or pneumothorax.

Trachea, its bifurcation, main bronchi and the central intra pulmonary branches are normal in caliber and outlines.

Heart is normal in size and configuration.

No pericardial effusion.

Great vessels are normal in caliber and outline.

Visualized bones are normal.

No hilar, mediastinal or axillary lymphadenopathy.

Demonstrated part of upper abdomen shows enlarged liver with fatty infiltration

IMPRESSION

- 1) Both lungs are normal.
- 2) No evidence of inflammatory disease or no pulmonary metastases.
- 3) No local recurrence in right chest wall or the axilla.
- 4) No cervical or mediastinal lymphadenopathy.



DR(MRS) ERANGA PERERA
CONSULTANT RADIOLOGIST



LABORATORY REPORT

NH/52/FO/LA/01
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RIQAS **BIO-RAD**

SL NEQAS (BGS) MRI-Colombo

UPIN : NH2109811185
PATIENT NAME : MRS K. D. M. JAYAWICKREME
REF. DOCTOR : DR. UDARI LIYANAGE
AGE : 63 years/8 months
SERVICE REF. NO : CHL080059504
GENDER : FEMALE
READY DATE : 30/08/2023 04:44 PM
SAMPLE COLLECTED: 28/08/2023 08:45 PM
PRINTED DATE : 09/09/2023 12:35 PM

Core Tru Cut Biopsy, Sample Processing

(PAGE 01)

HISTORY:

BIRADS IV complex cystic mass at 12 o'clock position in right breast.

MACROSCOPIC DESCRIPTION :

Three linear cores of tissue were received in a single container.
(AE x 3:- A - 14mm, B - 13mm, C - 10mm)

MICROSCOPIC DESCRIPTION :

All three cores are infiltrated by an invasive breast carcinoma (more prominent in core C) composed of nests, cords and occasional tubules that infiltrate a desmoplastic stroma. The cytoarchitectural features place the tumour in Nottingham grade II (Tubule formation - 3/3, Nuclear pleomorphism - 2/3, Mitoses - 1/3). The mitotic count is 3/10hpf (3/2mm²).

Foci of low grade ductal carcinoma in situ (DCIS) are present.

There is no lymphovascular or perineural invasion.

Tumour infiltrating lymphocytes are minimal.

There are no specific histological features to suggest lobular differentiation on this core biopsy sample. Foci of sclerosing adenosis are present in the tumour adjacent tissue.

P.T.O ----->

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Results relate only to the sample as received



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Biopsy

(PAGE 02)

CONCLUSION :

US GUIDED CORE BIOPSY OF RIGHT BREAST: INVASIVE BREAST CARCINOMA (B5b)
PROVISIONAL NOTTINGHAM GRADE II
LOW GRADE DCIS - PRESENT

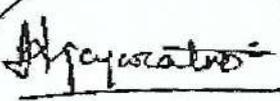
COMMENT :

Recommend immunohistochemistry for the assessment of the prognostic markers ER, PR, HER2 and Ki67. These can be performed on request (Block C).

HW/2029/23
30/08/2023

DR HARSHIMA WIJESINGHE

- End Of Report -


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