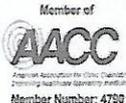


**CONFIDENTIAL LABORATORY REPORT**

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

** OPD/AHH/ALS **

Page 1 of 2

REFERENCE No. : 01 0647 20/01/25
 SAMPLE DATE & TIME : 20/01/2025 18:57 AGE : 54 Y/F
 REPORT DATE & TIME : 26/01/2025 16:07 AHH2099932 / AHH8876
 PATIENT : MRS. K.A.H. MALKANTHI (130687063) 181C
 REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

TEST : HISTOPATHOLOGY REPORT

Clinical features : CT scan showed matted para-aortic and mesenteric lymph nodes with a few pelvic nodes and ascites. No suspicious supra diaphragmatic lymph nodes or hepatosplenomegaly.

Specimen : Ultrasound guided Trucut biopsy of mesenteric lymph node mass

Macroscopy : 4 cores of tissue measuring 12, 11, 10 and 7mm in length.

Microscopy : The cores contain sheets of fairly monotonous, small lymphoid cells showing scanty cytoplasm and round to irregular hyperchromatic nuclei. Occasional aggregates of large cells are present, probably representing germinal center cells. There are hyaline bands within the diffuse lymphocytic infiltrate. Scattered macrophages and an occasional plasma cell are present. Mitotic figures are inconspicuous. There is no evidence of epithelioid cells, caseous necrosis or Reed-Sternberg cells. Core D contains scattered adipocytes. This may be due to infiltration of perinodal tissue by lymphocytes.

Conclusion : Ultrasound guided Trucut biopsy of mesenteric lymph node mass

 Sheets of small lymphocytes. This may represent the paracortex of a reactive, lymph node, but as sinuses are not identified, the possibility of the low-grade non-Hodgkin lymphoma (B-cell type) needs to be excluded.