



# CONFIDENTIAL LABORATORY REPORT

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



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**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/ASH \*\*

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AGE : 72 Y/M 08/02/1953

UHID : 120096491  
REFERENCE No. : 01 0455 22/05/25  
SAMPLE DATE & TIME : 22/05/2025 11:55  
REPORT DATE & TIME : 01/06/2025 15:38 AHH2099922 / ASH5253  
PATIENT : MR. B. DE ZILWA  
REFERRED BY : DR.MRS.LAKMALIE PARANAHEWA

## TEST : HISTOPATHOLOGY REPORT

Clinical history : PH of colon cancer treated with surgery and chemotherapy. Presented with an enlarged left cervical lymph node. FNAC :Metastatic deposits of papillary adenocarcinoma .CT revealed a large infiltrating mass involving the left lung upper lobe, lower lobe and extending along the pleural surface

Specimen : Tru cut biopsy of the lymph node in the left lower neck

Macroscopy : Three cores of tissue measuring 7mm, 8mm and 10 mm. (3px3B)

Microscopy : Sections show three cores of tissue infiltrated with a papillary adenocarcinoma composed of micropapillae and acini lined by columnar and cuboidal cells containing round hyperchromatic nuclei with prominent nucleoli. Few psommoma bodies are noted .

Conclusion : Tru cut biopsy of the lymph node in the left lower neck

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Metastatic deposits from a papillary adenocarcinoma  
Histology favours lung primary

Comment : Suggest Napsin , Thyroglobulin and CK 20 immunostains to differentiate the lung primary from thyroid and colon primaries

SKH-9791

*Kawi*

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