



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - IPD
COLOMBO - 05
SRI LANKA
IPD

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. T THARUSHI D C PEIRIS

PATIENT ID : LHC1.0001098517

ACCESSION NO : 6001XL017538

COLLECTED : 14/12/2024 09:41

AGE : 42 Years

SEX : Female

RECEIVED : 14/12/2024 09:41

DATE OF BIRTH :

REPORTED : 26/12/2024 15:04

REFERRING DOCTOR : Dr Lanka Hospital Doctor

CLINICAL INFORMATION :

OP2400003836/IPC1.0299414 IPD-OPERATION THEATRE 8043

Test Report Status Final

Results

HISTOPATHOLOGY

LARGE SPECIMEN OTHERS

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SPECIMEN: Right axillary lymphnodes

CLINICAL DETAILS: MRI- Enlarged right axillary nodes. R/breast 7o'clock BIRADS IV
USS- No suspicious lesion on R/breast
CECT-? R/parotid adenocarcinoma
IHC-ER Positive, PR Positive, Her 2 Negative

MACROSCOPY: Multiple pieces of fibrofatty tissue together measuring 100x90x40mm.
Twenty three lymphnodes are dissected measuring 7-30mm in diameter.
The largest node is 30x20x15mm.

MICROSCOPY: Sections show 23 lymphnodal tissue and some breast tissue.
Eight out of twenty three nodes show metastatic tumour deposits.
The tumour is composed of cords and tubules of cells with pleiomorphic nuclei
having prominent nucleoli. There is eosinophilic cytoplasm.
Increased mitotic activity is seen. There is lymphovascular invasion.
Extra nodal tumour is not seen. Some nodes show reactive lymphoid
follicular hyperplasia. Small amount of breast tissue present in the
specimen are histologically unremarkable.

CONCLUSION: Right axillary lymphnodes:
Lymphnodal deposits of a carcinoma is present.
Appearances favour nodal metastasis of invasive carcinoma of breast.
Eight out of twenty three nodes show metastatic tumour deposits (8/23).
Lymphovascular invasion is present.

COMMENT: Performance of Immunohistochemical stains ER/PR (Previously performed)
confirms breast origin.

Note -

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

Dr. L. N. Wijethunga informed to issue
F, G, H, J wax blocks.



CLIENT CODE : C000002746

CLIENT'S NAME AND ADDRESS :

 LHD - KADAWATHA
 NO 161/1 RAGAMA RD, KADAWATHA

 E - GAMAPAH
 SRI LANKA
 0742024610

 LANKA HOSPITALS DIAGNOSTICS PVT LTD.
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 WESTERN, SRI LANKA
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 Email : info@lhd.lk, Web : www.lhd.lk

PATIENT NAME : MRS. THARUSHI PIERIS

PATIENT ID : THARF261649110

ACCESSION NO : 6001XK032783

COLLECTED : 23/11/2024 17:05

AGE : 42 Years

SEX : Female

RECEIVED : 23/11/2024 23:37

DATE OF BIRTH :

REPORTED : 29/11/2024 14:40

REFERRING DOCTOR : DR SUJEEWA SIYABALAPITIYA

Test Report Status Final

Results

HISTOPATHOLOGY**IHC - CYTOKERATIN 07****INTERPRETATION****ADDENDUM REPORT - 28/11/2024****Specimen****TRUCUT BIOPSY OF RIGHT AXILLARY LYMPH NODE****Immunohistochemistry**
 Mammaglobin - Positive (cytoplasmic and membrane staining in
 > 80 % of cells; moderate intensity)

CK7 - Negative (control - positive)

CK20 - Negative (control - positive)

WT-1 - Negative (control - positive)

TTF1 - Negative (control - positive)

Comment**TRUCUT BIOPSY OF RIGHT AXILLARY LYMPH NODE**

* Metastatic carcinoma; Unknown primary

 Tumour cells are positive for Mammaglobin
 which is a marker for mammary tissue origin.
 (all other markers - negative)

 * Comment - It is advisable to combine with another marker of
 similar lineage.

 Recommend - GCDFP15
 Contact the lab / 7th floor.
Note-

See reverse for list of ISO 15189 accredited tests



CLIENT CODE : C000000209

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - OPD
578, ELVITIGALA MAWATHA
NARAHENPITA
OPD
COLOMBO SRI LANKA

LANKA HOSPITALS DIAGNOSTICS PVT LTD.
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Tel : +94 11 5430000 , Fax : +94 11 5439032
Email : info@lhd.lk, Web : www.lhd.lk

PATIENT NAME : Mrs THARUSHI PIERIS

ACCESSION NO : 6001XL006494

AGE : 42 Years

SEX : Female

DATE OF BIRTH :

REFERRING DOCTOR : Dr Lanka Hospital Doctor

CLINICAL INFORMATION :

BI2400093496/CS24471767 OPD-BILLING 3RDFL

PATIENT ID : LHSP.0002477450

COLLECTED : 05/12/2024 20:09

RECEIVED : 05/12/2024 20:09

REPORTED : 10/12/2024 16:25

Test Report Status Final

Results

HISTOPATHOLOGY

IHC - ER

INTERPRETATION

ADDENDUM REPORT - 10/12/2024

Specimen

TRUCUT BIOPSY OF RIGHT AXILLARY LYMPH NODE

Immunohistochemistry

ER - Positive ; Proportion score - 4/5
Intensity score - 2/3
Total score - 6/8

PR - Positive; Proportion score - 5/5
Intensity score - 3/3
Total score - 8/8

Her2/neu - Negative / 1+ (> 10% of cells show weak, incomplete membrane staining).

Ki67 - 8 - 10 % proliferative index

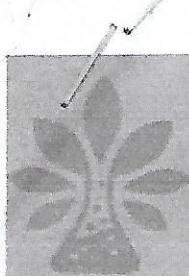
Comment

Molecular subtype : Luminal A.

Note-

IHC marker
IHC clone
IHC method
Detection system
Specimen
Fixation time
Cold ischemic time
Scoring method
Scoring Guidelines

- ER, PR, Her2, Ki-67
- ID5, PGR636, c-erbB-2 Oncoprotein, MIB-1
- Manual
- Envision two step polymer based (Non Avidin-Biotin) system
- 10% neutral buffered formal saline fixed and paraffin embedded
- Unknown
- Specimen was placed in fixative within an hour of removal
- Allred scoring system / ASCO/CAP guidelines
- ALLRED SCORING SYSTEM FOR ER & PR



Name : Mrs Dharushi Peiris

Age , Sex : 42 Yrs F

Ref. by : Dr M B S N Mundawala

Bill No : SPR 18410801

Specimen No: SKH 531/24

Date received - 15/11/2024

Date issued - 21/11/2024

HISTOPATHOLOGY REPORT

SPECIMEN	: Right axillary lymph node tru cut biopsy
U S SCAN	: Multiple enlarged lymph nodes in right axilla. No central echogenic fatty hilum identified to suggest benign lymph nodes.
MACROSCOPY	: Received one core measuring 10mm in length
MICROSCOPY	: Sections reveal a core of lymph node tissue partly replaced by cohesive nests of atypical cells with monomorphic nuclei and moderate eosinophilic cytoplasm. Very occasional gland formation is noted.
CONCLUSION	: Right axillary lymph node; Tru cut biopsy; Histology: Metastatic poorly differentiated adenocarcinoma.
COMMENT	Please exclude primaries in the breast and the vicinity. If a primary can be detected on radiology, immunohistochemistry is not required. If otherwise <u>paraffin block</u> can be provided for CK 7, CK 20, TTF 1, WT 1, Mammaglobin etc.

Shanika

Dr Shanika Fernandopulle
Consultant Histopathologist

Authorized by

Dr S. Hewavitharana Dr. Shanika Fernandopulle
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MBBS, Dip. Path., MD (Hist.)
FRC Path. (Infect. Unit)



HISTOPATHOLOGY

** OPD/AHH/ASH **

Page 1 of 1

UHID : 120453179
REFERENCE No. : 01 0223 12/12/24 /
SAMPLE DATE & TIME : 12/12/2024 09:38 AGE : 42 Y/F 13/11/1982
REPORT DATE & TIME : 13/12/2024 10:07 AHH2099810 / ASH2106653
PATIENT : MRS. THARUSHI PEIRIS
REFERRED BY : DR ERANGA PERERA

TEST : CYTOTOLOGY

SPECIMEN : Ultra Sound Guided FNAC- Left axillary lymphnodes

CLINICAL DETAILS : Right axillary lymphnodes- Biopsy showed metastatic poorly differentiated adenocarcinoma

MACROSCOPY : Five H&E stained smears examined.

MICROSCOPY : Smears reveal a polymorphous population of small and medium sized lymphocytes. There are no large atypical lymphocytes, granuloma formation or metastatic deposits of a carcinoma.

CONCLUSION : US Guided FNAC- Left axillary lymphnodes:

- Cells from a reactive lymphnode.
- No metastatic deposits of a carcinoma.

LNH-223
(S.C.T - 12/12/2024 at 09.18 am)

Wijethunge

DR L N WIJETHUNGE
MBBS, Dip(Path), MD (Histopathology)
Consultant Histopathologist