



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

AGE : 42 Years

SEX : Female

COLLECTED : 14/12/2024 09:41

DATE OF BIRTH :

RECEIVED : 14/12/2024 09:41

REFERRING DOCTOR : Dr Lanka Hospital Doctor

REPORTED : 26/12/2024 15:04

CLINICAL INFORMATION :

OP2400003836/IPC1.0299414 IPD-OPERATION THEATRE 8043

Test Report Status **Final**

Results

HISTOPATHOLOGY

LARGE SPECIMEN OTHERS

LARGE SPECIMEN OTHERS

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 pleomorphic 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.



IENT 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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Tel : +94 11 5430000 , Fax : +94 11 5439032  
Email : info@lhd.lk, Web : www.lhd.lk

PATIENT NAME : MRS. THARUSHI PIERIS

ACCESSION NO : 6001XK032783

AGE : 42 Years

SEX : Female

DATE OF BIRTH :

REFERRING DOCTOR : DR SUJEEWA SIYABALAPITIYA

PATIENT ID : THARF261649110

COLLECTED : 23/11/2024 17:05

RECEIVED : 23/11/2024 23:37

REPORTED : 29/11/2024 14:40

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 - GCDPF15  
Contact the lab / 7th floor.

**Note-**





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
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### 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

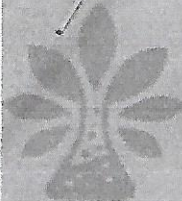
Molecular subtype : Luminal A.

#### 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





**LEESONS  
LABORATORY**

**CONFIDENTIAL**

**MEDICAL LABORATORY REPORT**

External Quality Assurance

**BIO RAD EQAS®**

ISO 9001:2015 Certified Laboratory

Name : Mrs Tharushi Peiris

Age, Sex: 42 Yrs/F

Ref. by: Dr M B S N Mandawala

Bill No : SPR 18410801

Specimen No: SFH 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 paraffin block can be provided for CK 7, CK 20, TTF 1, WT 1, Mammaglobin etc.

*Shanika*

**Dr Shanika Fernandopulle**  
**Consultant Histopathologist**

Authorized by

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 MBBS, Dip. Path., MD  
 FRC Path. (HkM UK)





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  
REPORT DATE & TIME : 13/12/2024 10:07 AGE : 42 Y/F 13/11/1982  
PATIENT : MRS. THARUSHI PEIRIS  
REFERRED BY : DR ERANGA PERERA

TEST : CYTOLOGY

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)

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