



# CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC, No. 21, Kirimandala Mw, Colombo 05.  
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

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.

## HISTOPATHOLOGY

\*\* IP/AHH/ASH \*\*

Page 2 of

UHID : 120393245  
 REFERENCE No. : 01 4081 13/05/24 IP No. : ASH0204688  
 SAMPLE DATE & TIME : 13/05/2024 21:22 AGE : 62 Y/F 19/02/196  
 REPORT DATE & TIME : 25/05/2024 20:40 AHH2099920 / ASH2106280  
 PATIENT : MRS. B.A.K.M. WEERAKOON [ROOM NO.815A]  
 REFERRED BY : DR MAHANADA UDUKALA

fat.

- B) Pieces of fatty tissue with lymph nodes collectively measuring 90 x 80 x 15mm. 12 nodes were identified.
- C) Pieces of fatty tissue with lymph nodes collectively measuring 40 x 20 x 15mm. 7 lymph nodes identified.

Microscopy : A) Sections of the breast show multiple foci of an invasive breast carcinoma (NST) - Nottingham grade 3 with areas of fibrosis and focal necrosis. The tumour composed of nests and cords of large polygonal cells with a moderate cytoplasm (Score 3/3). The nuclei are enlarged, markedly pleomorphic and hyperchromatic (Score 3/3). The mitotic activity is brisk (Score 3/3). Background stroma is sclerotic with focal calcifications. Tumour infiltrating lymphocytes are sparse. No DCIS component is seen. The largest tumour focus is seen in lateral 9 O'clock zone II region measuring 40 x 35 x 25mm. Numerous lympho-vascular tumour emboli and foci of perineural invasion are noted. Other tumour foci are seen in the 12 O'clock and subareolar areas with stromal sclerosis. Rest of breast tissue show many lympho-vascular tumour emboli and foci of perineural invasion. Fibro cystic changes are seen in the medial breast. Many dermal lymphatic tumour emboli are noted. No DCIS component is seen. Skin, nipple and areola are free of tumour involvement. The pigmented skin papule reveals a basal cell papilloma (Seborrhoid keratosis). The separate skin ellipse included also contain scattered dermal lymphatic tumour emboli. The axillary fat mass contains a mass of matted axillary nodes with extensive tumour deposits showing