



CONFIDENTIAL LABORATORY REPORT

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35+

ISO 9001:2015 ASIRI
LABORATORIES



ASIRI LABORATORIES

LIVE MORE
A Seelagig Group Company

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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

** IP/AHH/ASH **

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UHID : 120393245
 REFERENCE No. : 01 4081 13/05/24 IP No. : ASH020A688
 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

extra nodal infiltration.

15 other lymph nodes included contain extensive tumour deposits with extra nodal and perineural invasion. Numerous lympho-vascular tumour emboli and many soft tissue tumour deposits are seen in surrounding fatty tissue.

B) All 12 additional level I lymph nodes shows extensive tumour deposits with foci of extra nodal infiltration.

C) All 7 level II & II lymph nodes show extra nodal infiltration.

Conclusion : Appearances are consistent with multiple foci of invasive carcinoma of the breast - Nottingham grade 3.
 The largest tumour in the lateral breast measures 40 x 35 x 25mm.
 Other tumour foci are seen in the 12 O'clock and sub areolar tissue.
 Numerous lympho-vascular tumour emboli are noted including dermal lymphatic tumour emboli.
 The tumour foci are 7mm from the closest deep resection margin.
 Lymphotic tumour emboli are also seen in the separate skin ellipse sent.
 The nipple and areolar skin is free of tumour involvement. A pigmented basal cell papilloma is also noted.
 The matted axillary lymph nodes mass and twenty seven other level I nodes and all seven level II and III axillary nodes contain extensive tumour deposits with foci of extra nodal infiltration and perineural invasion. Multiple lympho-vascular tumour emboli are seen in surrounding fatty tissue with soft tissue deposits.
 Overall features favour an inflammatory breast carcinoma.