



# CONFIDENTIAL LABORATORY REPORT

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



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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

\*\* OPD/AHH/ALS \*\*

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REFERENCE No. : 01 0361 10/07/24  
 SAMPLE DATE & TIME : 10/07/2024 11:44 AGE : 78 Y/M  
 REPORT DATE & TIME : 24/07/2024 17:14 AHH2099903 / AHH8876  
 PATIENT : MR. R SUSIL WEDDIKKARA (110197716) 4178/4180C  
 REFERRED BY : DR.SUNIL PERERA

### TEST : HISTOPATHOLOGY REPORT

Specimen : Right side superior temporal region SOL.  
 MRI - 22/07/23 - Infarct or encephalitis  
 28/07/23 - subacute infarct  
 ? Neoplastic process  
 ? Chronic small vessel ischemic changes.

Histology : 30/11/23 (LHD) reactive gliosis.  
 Neuro degenerative condition.

Frozen : 09/07/24 - Glial tumour (Oligo)  
 ? High grade.

Macroscopy : 1. Dura with attached tumour dura 6 x 4cm, tumour 3 x 2cm.  
 Several fragments 3 x 2cm.  
 Cut surface - gray white with haemorrhage.  
 ? Necrotic/ yellowish.

2. Small fragments in aggregate 1 x 1cm.

Microscopy : 1. Highly cellular tumour composed of malignant glial cells in a focally fibrillary and microcystic background. Both oligo II and oligo III areas are seen. Glomeruloid type capillary endothelial proliferation is seen. More cellular areas show neoplastic glial cells with brisk mitotic activity. Palisaded necrosis is prominent together with geographical necrosis. Calcification is seen in some of the slides. Features of encephalitis is not seen. Organisms or fungal spores / hyphae are not seen in this biopsy.

2. Remaining from frozen. Sections reveal moderately cellular tumour composed of neoplastic glial cells. Stroma shows thin capillary proliferation. Calcification is seen. (Oligo features).