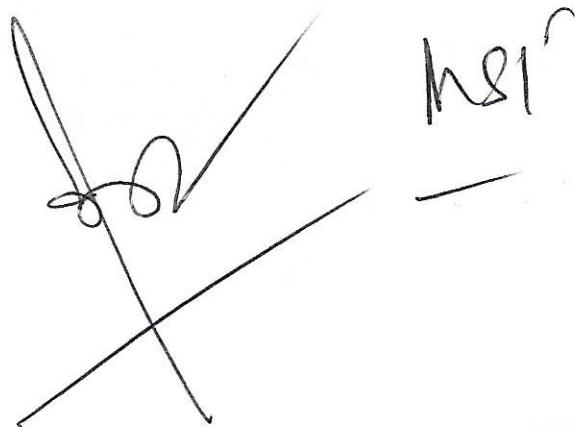


01 SEP 2021

Colorectal Cancer

Bladder
Tr

APC Colono



Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials



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,
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Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mrs. N M V RANI FERNANDO
ACCESSION NO : 6001YH023627
PATIENT ID : LHC1.0001119531

AGE : 68 Years

SEX : Female

COLLECTED : 18/08/2025 08:31

DATE OF BIRTH :

REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA

RECEIVED : 18/08/2025 08:31

CLINICAL INFORMATION :

REPORTED : 27/08/2025 18:24

OP2500002575/IPC1.0317271 IPD-OPERATION THEATRE 8023

Test Report Status	Final	Results

HISTOPATHOLOGY**LARGE SPECIMEN OTHERS****LARGE SPECIMEN OTHERS**

Specimen SIGMOID COLON

Macroscopy

Segment of sigmoid colon with the mesentery and stitch at the proximal end and rectum received.
 The entire specimen is 162 mm in length.
 16mm in open circumference at the distal end and 38 at the proximal end.
 Mesenteric width 9 mm.
 Proximal margin - blue.
 Distal margin / circumference margin - green.
 Cut surface reveals non circumferential polypoidal tumour occupying 80% of the lumen measuring 28 x 30 x 20 mm in the mesenteric and anti mesenteric border.
 Tumour appears to infiltrate the muscle. Tumour is 64 mm away from the proximal margin, 100 mm away from distal margin and 90 mm away from the circumferential resection margin.
 No satellite lesions. 24 lymph nodes retrieved ranging 10-2 mm.

A - Proximal margin

B - Distal margin

C,D - Tumour infiltrate muscle

E - Tumour with the serosa

F - Tumour with the mesocolic fat

G - Circumference margin

H - Tumour with the normal mucosa

I - Apical lymph node

J - Uninvolved bowel

K,L - Possible lymph node within 10 mm from the circumferential margin

N - 01 lymph node (Bisected)

M - 03 lymph nodes

P - 01 lymph node (Bisected)

O - 02 lymph nodes

R - 02 lymph nodes

Q - 02 lymph nodes (Bisected)

T - 02 lymph nodes

S - 03 lymph nodes

V - 02 lymph nodes

U - 01 lymph node

X - 03 lymph nodes

W - 03 lymph nodes

MP x 24B - PE

- PTO -



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REFERRING DOCTOR : Dr RANDIMA NANAYAKKARA**CLINICAL INFORMATION :**

OP2500002575/IPC1.0317271 IPD-OPERATION THEATRE 8023

Test Report Status **Final****Results****Microscopy**

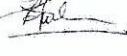
Sections from the tumour reveal an adenocarcinoma. The tumour is composed of complex, crowded neoplastic glands lined by moderately pleomorphic columnar epithelium. The tumour infiltrates the muscularis propria and reaches meso colic fat. No infiltration into serosa. No perforation. Tumour infiltrating lymphocytes score is 02. (Increased infiltrating lymphocytes). Lymphovascular tumour emboli present. (Both intratumoural and extratumoural). Tumour budding is minimal. No necrosis. Circumferential resection margin is more than 30 mm clear. Both proximal and distal resection margins are well away from the tumour (> 40 mm). Sections also reveal metastatic deposits of adenocarcinoma in 5 out of 24 lymph nodes. Perinodal extension present.

Conclusion**SIGMOID COLON**

Features are compatible with moderately differentiated adenocarcinoma of the sigmoid colon. Tumour size is 30 x 28 x 20 mm. Tumour infiltrates the muscularis propria and extends to mesocolic fat. Lymphovascular tumour emboli present (Intra tumoural and extra tumoural). Tumour infiltrating lymphocyte score - 02. Tumour budding score - BD I (0-4 buds). 05 lymph nodes contain metastatic deposits. Perinodal extension present. Circumferential margin - more than 30 mm clear. TNM stage - T3 N2 Mx

Note -

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

****End Of Report****

Dr. (Mrs) P. N. Amarabandu
 MBBS(Col),D. Path,MD
 (Histopathology)
 Consultant Histopathologist

See reverse for list of ISO 15189 accredited tests

Report Format, GN-FM-20, Issue 05, Issue Date: 01/05/2022, Rev. No. , Rev. Date , Prepared by Ex QA, Reviewed by QAM, Approved by HOL, Page 01 of 02

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MI-006-01

Page 2 of 2

COLLEGE OF AMERICAN PATHOLOGISTS



UHID : 120505123
 PATIENT'S NAME : MRS RANI FERNANDO
 SCANNED REGION : ABDOMEN & PELVIS
 REQUESTED BY DR : MAHENDRA PERERA
 REFERENCE NO : RC01395331
 DATE : 05-Aug-2025

PMR :
 AGE : 68 Yrs
 SEX : FEMALE
 PLAIN :
 ENHANCED : X

CT SCAN OF THE WHOLE ABDOMEN & PELVIS

The liver is normal in size and outline. It shows a uniform density. No obvious focal or diffuse pathology is noted. The intra and extra hepatic biliary passages are not dilated.

The gall bladder is normal in size and has normal wall thickness with no evidence of calculi.

Pancreas is normal in size and shows distinct outline. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and attenuation.

Right kidney measures - 9.5cm.

Left kidney measures - 9.0cm

Both kidneys are normal in size, position and outline. No evidence of calculi or calyceal dilatation is seen on either side. There is satisfactory excretion bilaterally.

There is no evidence of ascites.

The urinary bladder is normal in size and outline.

No evidence of any pelvic masses.

A circumferential lobulated growth in mid sigmoid colon measuring 3.5cm in length without significant obstruction to the lumen.

No para colic soft tissue infiltration to the mesentery.

Marginally prominent multiple lymphnodes in adjoining mesenteric group. Largest measuring 9.0mm.

No upper para aortic lymphadenopathy.

A benign small cyst in right adnexae measuring 3.0 x 3.2cm favoring for an right ovarian cyst.

COMMENTS

1. Circumferential annular growth in mid sigmoid colon concerning for a malignant neoplasm.
2. No extra serosal infiltration.
3. Multiple infiltrated locoregional lymphnodes along the mesenteric vessels.
4. No liver metastasis or para aortic lymphadenopathy.

DR(MRS) ERANGA PERERA

CONSULTANT RADIOLOGIST