

# CONFIDENTIAL LABORATORY REPORT

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



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ASIRI  
LABORATORIES



# ASIRI LABORATORIES

LIVE MORE  
A Softlogic Group Company

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  
**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

UHID : 120011487  
REFERENCE No. : 01 4161 11/01/20  
SAMPLE DATE & TIME : 11/01/2020 16:17  
REPORT DATE & TIME : 20/01/2020 16:24 ahh4820 / ASH5253  
PATIENT : MRS. K.N.D. FERNANDO [ROOM NO.DSUO]  
REFERRED BY : DR RANGA PERERA

\*\* IP/AHH/ASH \*\*  
IP No. : DAY0074527  
AGE : 39 Y

**TEST : CYTOLOGY (FROZEN BIOPSY)**

SPECIMEN :- Sentinel lymph node, right axilla.

MACROSCOPY :- Received a mass of fresh tissue with a lymph node,  
12 x 10 x 8 mm.  
Imprint cytology and a frozen section performed.

MICROSCOPY :- Smears reveal lymphoid cells only.  
No malignant cells are seen.  
Frozen sections confirms the absence of metastases.

CONCLUSION :- Sentinel lymph node, right axilla  
-----  
Negative for metastatic breast carcinoma.

KW



DR. KUMUDINI WASALAARACHCHI  
MBBS, D.Path, MD Histopath, FCPATHSL  
Consultant Histopathologist

Dr. Kumudini Wasalaarachchi  
MBBS, D.Path, MD Histopath, FCPATHSL  
Consultant Histopathologist

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UHID : 120011487  
 REFERENCE No. : 01 0629 23/01/20  
 SAMPLE DATE & TIME : 23/01/2020 11:29  
 REPORT DATE & TIME : 30/01/2020 18:02 AHH2007094 / ASH5008  
 PATIENT : MRS. K.N.D. FERNANDO DONE ON 1153 11/01/20  
 REFERRED BY : DR RANGA PERERA

\*\* OPD/AHH/ASH \*\*

AGE : 39 Y

### TEST : IMMUNOHISTOCHEMICAL ASSAY OF OESTROGEN RECEPTORS

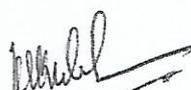
Histological diagnosis - Mucinous carcinoma of the breast.

#### Immunomarkers

- ER - Positive, score - 8/8 ✓
- PR - Positive, score - 7/8 ✓
- Her2neu - Negative
- Ki67 - Proliferation index is 15%.

629 - KW  
-----  
23/01/2020

FEB 03 2020

  
 DR. KUMUDINI WASALAARACHCHI  
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 Consultant Histopathologist

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UHID : 120011487  
REFERENCE No. : 01 1153 11/01/20  
SAMPLE DATE & TIME : 11/01/2020 18:24  
REPORT DATE & TIME : 20/01/2020 18:44 ahh5830 / ASH5253  
PATIENT : MRS. K.N.D. FERNANDO  
REFERRED BY : DR RANGA PERERA

\*\* OPD/AHH/ASH \*\*

AGE : 39 Y

## TEST : HISTOPATHOLOGY REPORT

Specimen :- 1. Wide local excision of right breast lesion.  
2. Sentinel lymph nodes.

Macroscopy :- 1. Received a mass of wedge-shaped tissue with overlying skin, 60 x 40 x 40 mm.  
Superior and lateral margins were marked with sutures.  
Cut sections revealed a mucinous tumour which 10 mm deep to the skin and 5 mm away from the closest point of deep margin. Medial margin is 4 mm away from the tumour. Superior, inferior and lateral margins are more than 20 mm away from the tumour.

2. A lymph node, 12 x 10 x 8 mm.  
Frozen section and remaining tissue is processed.

Microscopy :- 1. Sections reveal a mucinous carcinoma of the breast. The tumour is composed of small islands of malignant cells with glandular structures in pools of extracellular mucin. The tumour cells show moderate nuclear pleomorphism (score-2) and low mitoses (score-1). Tubular formation is poor (score-3). No lymphovascular or perineural invasion is seen. Lymphoplasmacytic response is poor. No in-situ component is seen. Rest of the mammary tissue and overlying skin are unremarkable. Excision margins are not involved by the tumour. Microscopic distances are compatible with macroscopic distances of tumour to the excision margins.

2. Section reveal reactive hyperplasia of the lymph nodes. No metastases is seen.

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AGE : 39 Y

Conclusion :- Wide local excision of right breast carcinoma and sentinel lymph node

- \* Tumour type - Invasive Mucinous Carcinoma of the breast.
- \* Tumour size - 15 x 15 x 10 mm. *T<sub>1</sub>*
- \* Tumour grade - Nottingham grade 2 (score-6/9). *G*
- \* Lymphovascular invasion - Absent. ✓
- \* Perineural invasion - Absent. ✓
- \* In-situ component - Absent. ✓
- \* Host lymphocytic response - Poor. ✓
- \* Skin - Not involved.
- \* Surgical excision margins - Not involved. The closest is the medial margin which is 4 mm away from the tumour.
- \* Sentinel lymph node - One lymph node which is negative.
- \* Tumour stage - pT1 N0 Mx, Stage 1
- \* Nottingham prognostic index - 3.3
- \* Recommend paraffin block KW 4343A6 for IHC (ER, PR, Her2neu & Ki67).

KWH - 4343/4344

*[Signature]*  
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*Dr. Meehan*  
*flour do fur*  
*ER/PR/Her2neu Ki67*

*[Signature]*



## Centre for Genetics & Genomics

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952, Maradana Road, Colombo 08  
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Email: [director@genetics.cmb.ac.lk](mailto:director@genetics.cmb.ac.lk)  
Website: <https://med.cmb.ac.lk/cgg/>

21/08/2025

Dr. T. Skandarajah,  
Consultant Oncologist,  
Apeksha Hospital Maharagama

Dear Skandarajah,

**Ref: Mrs. K.N.D. Fernando, 45 years**

Thank you for referring this patient.

We performed whole exome sequencing and were unable to identify any variants of clinical significance.

We have provided post-test counseling.

Thank you.

Yours sincerely,

  
**Prof. Vajira H. W. Dissanayake**  
MBBS, PhD, FNASSL, FIAHSI, FCMA, FRCP



# Centre for Genetics and Genomics

4<sup>th</sup> Floor, UCFM Tower,  
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Phone +94(011) 2629710  
director@genetics.cmb.ac.lk  
<https://med.cmb.ac.lk/cgg/>

## INHERITED CANCER REPORT

Reference Number: CG474  
Referred By: Dr. T. Skandarajah  
Sample: Blood  
Material Analysed: DNA

Patient Name: K. N. D. Fernando  
Sex: Female  
Age: 45 Years  
Report Date: 20/08/2025

### Indication:

Breast cancer

**RESULT: No variant of clinical significance was found**

### Interpretation of Findings:

This patient did not have any variants that predisposed her to the cancer. It may be because

- this patient does not have a disease predisposing variant,
- this patient may have a rare structural variant not detected by this test or
- this patient may have a variant in a yet unidentified cancer predisposing gene which is not a part of the Inherited Cancer Panel.

### Clinical Comments:

- Negative sequencing test results do not exclude the possibility of other genetic conditions in this individual.
- Genetic counselling is recommended for this patient and the patient's family to fully understand this report.

**GENE LIST:**

Following genes known to be associated with the clinical phenotype of the patient were screened for mutations using bioinformatics tools.

1. Breast cancer

AAGAB	AKT1	APC	ATM	ATR	AXIN2	BARD1	BRCA1
BRCA2	BRIP1	CASP8	CDH1	CDKN2A	CHEK2	COL14A1	CTNNB1
ERBB2	ESR1	FGFR2	GNAS	HMMR	IDH1	IDH2	KLLN
KRAS	MDM2	MEFV	MLH1	MRE11	MSH2	MSH6	NBN
NF1	NQO2	NTHL1	OPCML	PALB2	PALLD	PHB1	PIK3CA
POLD1	POLE	PPM1D	PRKN	PTEN	RABL3	RAD50	RAD51
RAD51C	RAD51D	RAD54L	RB1CC1	RNF43	SDHB	SDHC	SDHD
SEC23B	SLC22A18	SLC6A17	SMAD4	STK11	TP53	TWIST1	USF3
WRN	XRCC3	ABRAXAS1	DICER1	EPCAM	FANCC	MEN1	MUTYH
PTAS1	PMS2	RECQL	SMARCA4	XRCC2			

2. Cancer panel

ABRAXAS1	AIP	ALK	APC	ATM	AXIN2	BAP1	BARD1
BLM	BMPR1A	BRCA1	BRCA2	BRIP1	BUB1B	CDC73	CDH1
CDK4	CDKN1C	CDKN2A	CEBPA	CEP57	CHEK2	CYLD	DDB2
DICER1	DIS3L2	EGFR	EPCAM	ERCC2	ERCC3	ERCC4	ERCC5
EXT1	EXT2	EZH2	FANCA	FANCB	FANCC	FANCD2	FANCE
FANCF	FANCG	FANCI	FANCL	FANCM	FH	FLCN	GALNT12
GATA2	GPC3	HNF1A	HNF1B	HOXB13	HRAS	KIT	MAX
MC1R	MEN1	MET	MITF	MLH1	MLH3	MRE11	MSH2
MSH3	MSH6	MUTYH	NBN	NF1	NF2	NSD1	NTHL1
PALB2	PHOX2B	PMS1	PMS2	POLD1	POLE	POT1	PRF1
PRKAR1A	PRSS1	PTCH1	PTEN	RAD50	RAD51C	RAD51D	RB1
RECQL	RECQL4	RET	RHBDF2	RNF43	RUNX1	SBDS	SDHA
SDHAF2	SDHB	SDHC	SDHD	SLX4	SMAD4	SMARCA4	SMARCB1
STK11	SUFU	TGFBR2	TMEM127	TP53	TSC1	TSC2	VHL
WRN	WT1	XPA	XPC	XRCC2	XRCC3		

Genes identified by The American College of Medical Genetics and Genomics (ACMG) which may harbor variants of medical value for patient care [Genet Med. 2013 Jul; 15(7): 565-574] and genes recorded in Clinvar database with significant clinical associations were also examined in your genome to identify variants of medical value for patient care.

ACMG SF V3.2 Gene list

ACTA2	ACTC1	ACVRL1	APC	APOB	ATP7B
BAG3	BMPR1A	BRCA1	BRCA2	BTD	CACNA1S
CALM1	CALM2	CALM3	CASQ2	COL3A1	DES
DSC2	DSG2	DSP	ENG	FBN1	FLNC
GAA	GLA	HFE	HNF1A	KCNH2	KCNQ1
LDLR	LMNA	MAX	MEN1	MLH1	MSH2
MSH6	MUTYH	MYBPC3	MYH11	MYH7	MYL2
MYL3	NF2	OTC	PALB2	PCSK9	PKP2
PMS2	PRKAG2	PTEN	RB1	RBM20	RET
RPE65	RYR1	RYR2	SCN5A	SDHAF2	SDHB
SDHC	SDHD	SMAD3	SMAD4	STK11	TGFBR1
TGFBR2	TMEM127	TMEM43	TNNC1	TNNI3	TNNT2
TP53	TPM1	TRDN	TRDN	TSC1	TSC2
TTN	TTR	VHL	WT1		

~~CRAB~~

Amoxicillin (advised)

↓  
2 weeks

↓ 5 yrs

\* Placed - Dopamine

\* - med - Sleep anal for 5 days

- Check ESR - Refuse

Dr. YASHEERA PERERA  
MBChB, Dip. Med. Oncol. (UK), FRCP  
Consultant in Clinical Oncology  
& Radiotherapy  
Paediatric Oncology - Clinical Trials

ESR