



## CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : MRS. F.NUZRA NAZEER  
 AGE : 37 Years GENDER : FEMALE  
 BILL NO : EH\_MC\_415149 LAB REF NO : 25KH 0074544  
 OPD / IP : IP WARD : ICU  
 REFERRED BY : PROF. KEMAL I DEEN  
 COLLECTED TIME : 2025-11-30 08:26 REPORTED TIME : 2025-12-15 18:03

### Histopathology

#### Specimen

**EXTENDED RIGHT HEMI-COLECTOMY SPECIMEN**

#### Macroscopy

Extended right hemicolectomy specimen received measuring 280mm in length.  
 The ileum measures 80mm and the right colon measures 200mm in length.  
 The proximal resection margin is 30mm and the distal end resection margin is 40mm in circumference.  
 There is a stricturing tumour measuring 80mm in length, located 30mm from the distal end resection margin. Cut surface reveals a stricturing tumour obstructing >80% of the lumen.  
 The tumour appears to involve the serosa and the overlying fat. The appendix could not be identified.  
 17 lymph nodes have been identified (See microscopy below) The largest lymph node is 18mm in diameter.  
 There is a stricturing lesion closer to the distal end resection margin.

#### KEY TO BLOCKS :

- A. Proxial end resection margin.
- B. Distal end resection margin.
- C-H. Tumour to serosa
- I. Tumour
- J. Largest lymph node
- K- U. Lymph nodes



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#### LABORATORY CONSULTANT PANEL

##### Chemical Pathologist

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### Microscopy

These are sections of a poorly differentiated carcinoma with minimal glandular differentiation. The tumour is composed largely of strands and sheets of cells with a very high mitotic activity, (High grade - G3). The tumour infiltrates through the bowel wall with both pushing margins as well as focally infiltrative margins and is seen at the serosal surface (Blocks F and G) - pT4.

There is no evidence of tumour budding, but occasional isolated cell clusters are seen at the border.

There are only mild stromal tumour infiltrating lymphocytes (sTIL)

No intra-tumoral or extramural lymphovascular invasion is evident. No perineural invasion is present.

The end resection margins of the specimen are free of tumour and are histologically normal.

No synchronous bowel pathology is evident.

Two of the lymph nodes isolated reveals metastases. However there is a lymph node group (at least 2) at the tumour border in block K which are replaced by tumour involvement. Hence this would account for 4 lymph nodes with metastases making this pN2a (rather than a pN1b tumour)



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Conclusion

EXTENDED RIGHT HEMI-COLECTOMY SPECIMEN
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Poorly differentiated adenocarcinoma (High grade - G3)
pT4a pN2a
Tumour length - 40mm.
LV0 Pn0
No significant tumour budding present.
STIL- mild
End resection margins are free of tumour
No synchronous bowel pathology evident.
4/19 lymph nodes contain metastases - pN2a (Please see microscopy above)

JH 1946/25

- End of Report -

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\*\*\* Blocks and slides of this specimen will be retained as follows;
Slides - Five years, Blocks - Ten years & Specimen - Three months from the date of the report issued \*\*\*.



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Page 3 of 3

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