

Name	: FATEMA ASEF SHAIKH	Sample ID	: 25019671
Age/Gender	: 35 Years/Female	Reg. No	: 0672312080128
Referred by	: Dr. SELF	SPP Code	: SPL-AU-010
Referring Customer	: SAGE JALNA COLLECTION CENTER	Collected On	: 08-Dec-2023 10:12 AM
Primary Sample	: Block	Received On	: 09-Dec-2023 12:25 PM
Sample Tested In	: Slides	Reported On	: 18-Dec-2023 08:31 PM
Client Address	:	Report Status	: Final Report

HISTOPATHOLOGY

Biopsy-Second Opinion

Histopathological Number : HP 7395/2023

Specimen : Left lobe of thyroid

Gross Examination : Received 12 Blocks and slides labbed as SHL-258 - A - L blocks and slides.

Sections from lesion proper - Partly capsulated Lesion proper with trabeculae, microfollicles and few papillary forms with fibrovascular core, of dysplastic follicular epithelial cells with glassy cytoplasm, crowded irregularly arranged nuclei with loss of polarity, anisokaryosis, focal optically clear nucleus(ground glass appearance) with focal nuclear inclusions and longitudinal nuclear grooves with areas of thick ropy colloid and foci of calcifications with interspersed delicate fibrovascular stroma

Capsular invasion- Detected

Sections from adjacent thyroid - nodular hyperplasia - nodules show partial encapsulation & well demarcation of thyroid follicles of varying sizes lined by cuboidal epithelium of benign nuclear morphology, with focal hyperplastic & hurthle cell change and focal cystic change, benign papillary formations & hemorrhages. Adjacent thyroid tissue is unremarkable with normal thyroid follicles & fibrous stroma with few congested blood vessels and non-specific inflammatory infiltrate

Microscopic Examination

Extrathyroid extension and margins- Cannot be assessed

Angioinvasion and lymphovascular invasion - Not detected

Perineural invasion - Not detected

No lymph nodes detected

FEATURES POSSIBLY SUGGESTIVE OF

- Impression** :
1. FOLLICULAR CARCINOMA WITH TUMOR CAPSULAR INVASION.
 2. PAPILLARY CARCINOMA THYROID - FOLLICULAR VARIANT WITH TUMOR CAPSULAR INVASION.

Adjacent thyroid shows Nodular hyperplasia

NOTE - Precise staging and typing could not be reported due to inadequate gross and section submission details, and processing artefacts obscuring the morphology and architecture



Swarnabala - M
DR.SWARNABALA
MD PATHOLOGY

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HISTOPATHOLOGY

Remarks : Advised clinical, radiological correlation , reanalysis of gross specimen and ancillary studies(IHC / Cytogenetics) for confirmation and further management.

Note : All biopsy specimen will be stored for 15 (fifteen) days, blocks and slides for 10 (ten) years only from the time of receipt at the laboratory. No request will be entertained after the specified period.

Correlate Clinically.

*** End Of Report ***



Swarnabala . M
DR.SWARNABALA
MD PATHOLOGY



Aslam

TEST REQUISITION FORM (TRF)



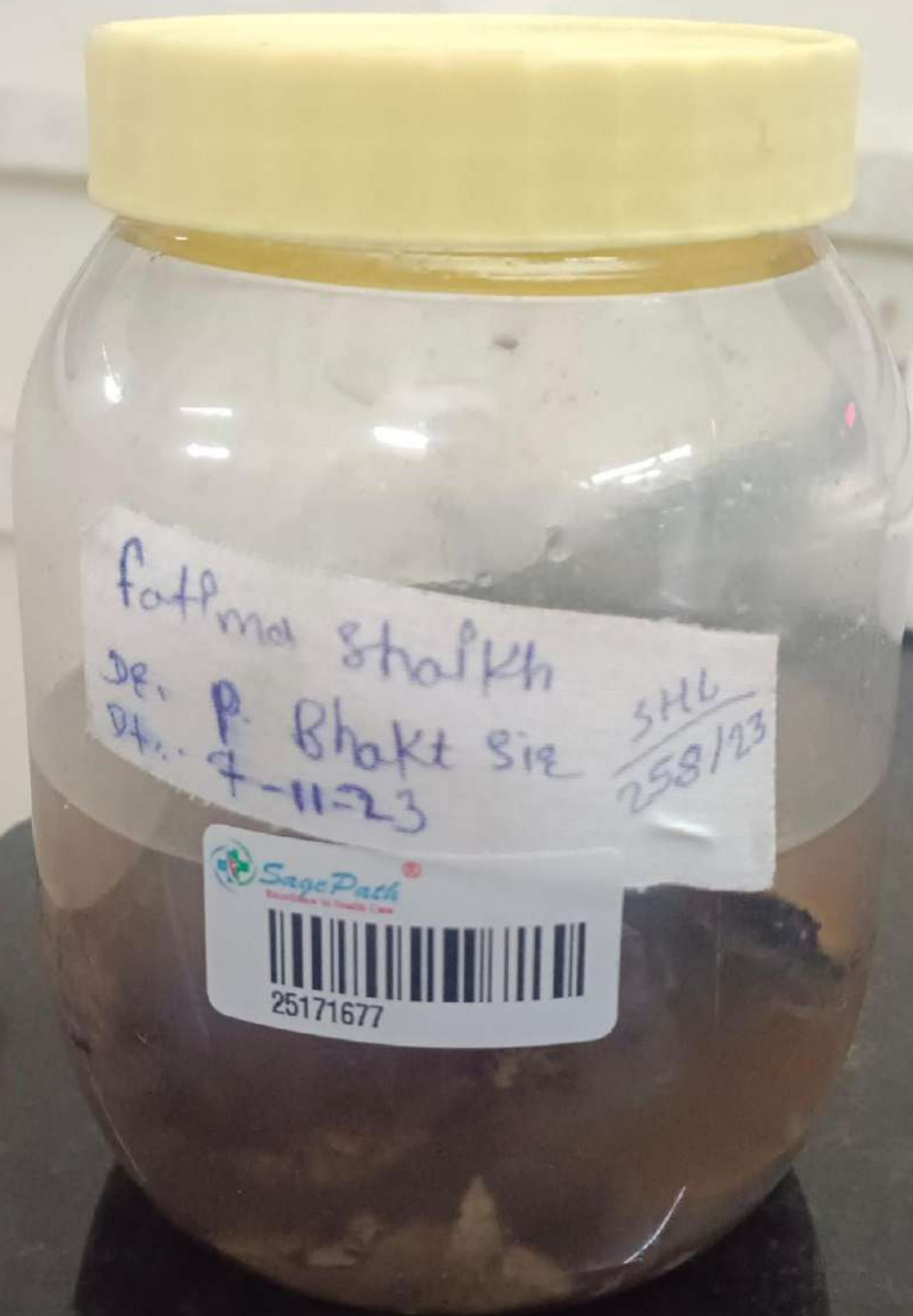
SPL CODE :

SNL 258123

Date :

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	fatima shaikh	00/F		medium	Histopath			
2.			07/11/2023					
3.					25171677			
4.								
5.								

* Note Attached Clinical Report If Required



fattma shaikh
Dr. P. Bhakt Sir
Dt. 7-11-23
SHL
258/23







HISTOPATHOLOGY REPORT

Name : Fatema Asif Shaikh

Age/Sex : 33 Yrs/ Female

Ref by : Dr. P. Bhakt

Date of collection: 07/11/2023

SHL NO: 258 /23

Date of Reporting: 20/11/2023

Gross :

Specimen – Left lobe thyroid for HPE.

Received gray white brownish nodular tissue mass measures 8 x 5 x 4 cm. Cut surface is gray white brownish solid and cystic containing hemorrhagic areas.

Microscopy :


Section show encapsulated thyroid nodule composed of thyroid follicles of varying sizes lined by cuboidal epithelium. At places follicles are small round to oval and compactly arranged. At place solid arrangement is noted. Follicles are lined by cuboidal epithelium showing nuclear clearing with intranuclear grooves and inclusion. Parenchyma shows areas of increased fibrosis and hyalinization. Dense lymphocytic infiltration is noted forming lymphoid aggregates. Slide B shows ? vascular invasion. Foci of cystically dilated follicles containing intraluminal colloid and foamy histiocytes are also noted.

Impression: - ? Follicular variant of Papillary Carcinoma.

An opinion of histopathologist is suggested for confirmation and further evaluation.

Note :

- 1) Slides & blocks are handed over to patient.
- 2) Gross specimen will be discarded after 1 month.

Pathologist

Dr. Milind R. Katole
(MBBS, D.C.P.)



MAULI

DIAGNOSTIC CENTRE

Dr. Valmik Kadpe
MBBS, MD Radiology

Dr. Shilpa Chate (Kadpe)
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+91 9563891111

Patient Name: FATEMA SHAIKH

Patient Id: ---

Ref Phy: DR. PARMANAND BHAKT, MBBS, MS, ENT

Date: 30/10/2023

Age/Sex: 33 Years / FEMALE

Hospital Name : GURUCHARAN
HOSPITAL

CECT NECK STUDY

Protocol: The study was done by taking pre and post contrast thin helical sections from base of the skull.

Clinical Details : C/o Neck lump. FNAC s/o MNG.

OBSERVATIONS

Nasopharynx: normal.

Oropharynx: normal :

- B/L fossa of rosenmullar are normal
- Palatine tonsillar fossa seen normal
- Base of tongue and B/L retro molar trigones are normal.

Hypopharynx:

- B/L valleculae are normal.
- B/L pyriform sinuses are normal.

Esophagus: normal, collapsed state.

Larynx: B/L true and B/L false vocal cords are normal. Supraglottic, glottic and subglottic areas are normal. Laryngeal cartilages are normal

Masticator spaces: normal

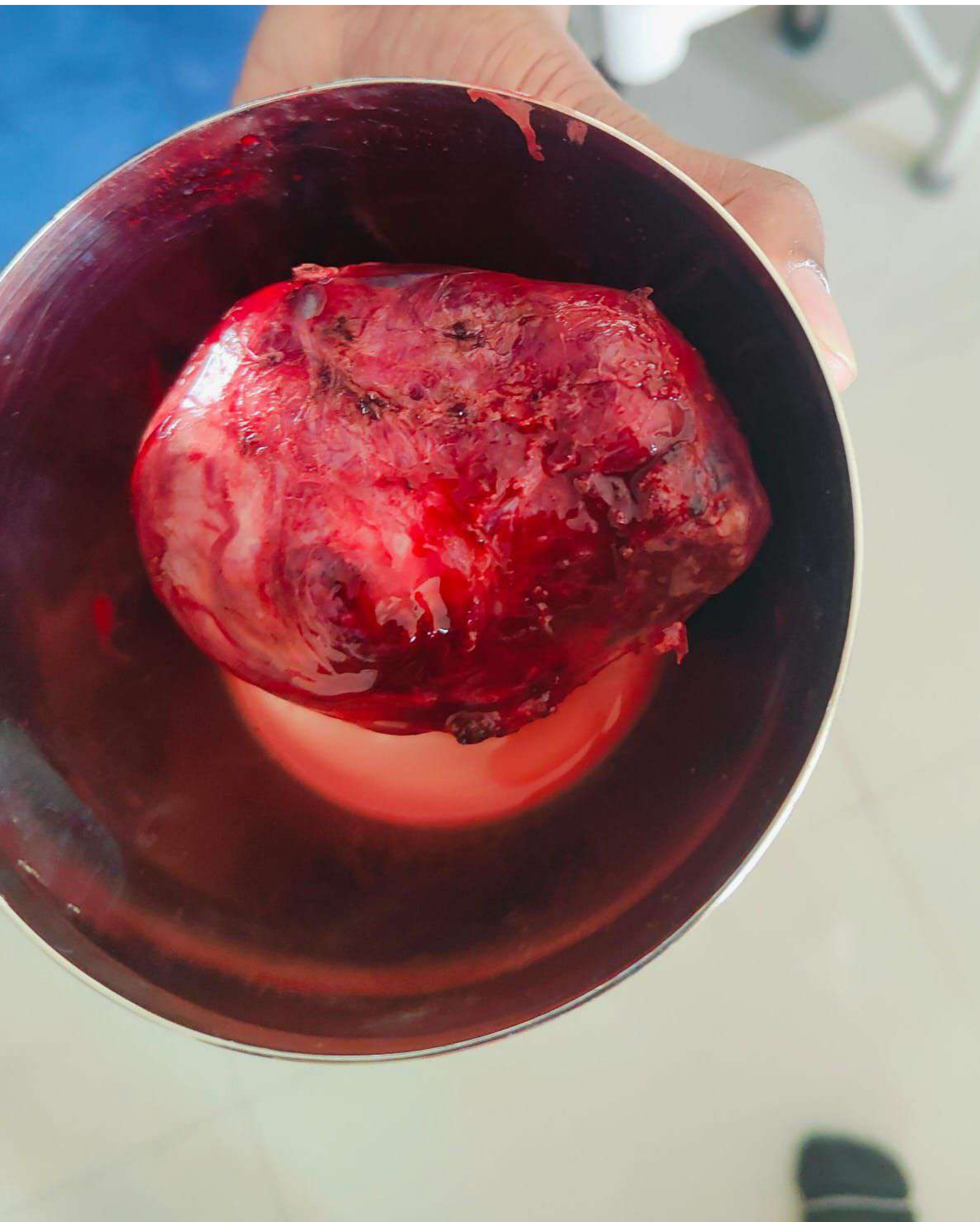
Salivary glands: B/L right parotid and submandibular glands are normal.

Retropharyngeal and parapharyngeal spaces: normal

Carotid arteries and IJV normal.

Thyroid gland: Diffusely enlarged left lobe of thyroid gland with presence of large solid cystic well-defined mass of size 74 mm (TR) x 96 mm (CC) x 60 mm (AP). Post contrast study demonstrates avid enhancement of the solid part with non-enhancing multifocal cystic component predominantly in the centre. Few coarse calcifications noted within. Inferiorly the thyroid mass extends in substernal region, laterally it is displacing bilateral IJV and CCA. Significant compression and rightward deviation of trachea seen by the mass. Fat planes with adjacent structures are well maintained. No e/o vascular encasement. No e/o infiltration of the adjacent structures.

Multiple tiny enhancing and non-enhancing cystic nodules noted in right thyroid lobe.





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Lymph nodes: No e/o significant neck lymphadenopathy. No e/o abnormally enlarged / enhancing lymph nodes

Mandible, Hyoid, thyroid and cricoid cartilages are normal.

Muscles of neck: normal

Bones: Normal.

Visualised sinuses and base of skull: unremarkable.

IMPRESSION:

- FNAC proved c/o multinodular goitre.
- Diffusely enlarged left lobe of thyroid gland with presence of large solid cystic well-defined mass of size 74 mm (TR) x 96 mm (CC) x 60 mm (AP). Post contrast study demonstrates avid enhancement of the solid part with non-enhancing multifocal cystic component predominantly in the centre. Few coarse calcifications noted within. Inferiorly the thyroid mass extends in substernal region, laterally it is displacing bilateral IJV and CCA. Significant compression and rightward deviation of trachea seen by the mass. Fat planes with adjacent structures are well maintained. No e/o vascular encasement. No e/o infiltration of the adjacent structures.
- Multiple tiny enhancing and non-enhancing cystic nodules noted in right thyroid lobe.
- No e/o significant neck lymphadenopathy. No e/o abnormally enlarged / enhancing lymph nodes.
- Findings c/w multinodular goitre.

Kadpe

Dr. Valmik Kadpe
MBBS, MD Radiology
Consultant Radiologist

Dr. Shilpa Chate (Kadpe)
MBBS, DMRE
Consultant Radiologist