



# TEST REQUISITION FORM (TRF)



Excellence In Health Care

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Nasser Bin Mohammadi

Client Details:  
SPP Code: SPL-AU-034

Age: 53 Yrs  Months  Days

Sex: Male

Female  Date of Birth:

Ph:

Customer Name:

Customer Contact No:

Ref Doctor Name:

Ref Doctor Contact No:

**Specimen Details:**

Sample Collection date:	Specimen Temperature:	Sent	Frozen (<20°C)	Refrigerator (2-8°C)	Ambient(18-22°C)
Sample Collection Time:		Received	Frozen (<20°C)	Refrigerator(2-8°C)	Ambient (18-22°C)

Test Name / Test Code	Sample Type	SPL Barcode No
<u>27</u> <u>Blocks</u>		<u>A1751078</u>

**Clinical History:**

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form for Dual, Triple & Quadruplets, HIV consent form, Karyotyping History form, HbC form, HLA Typing form along with TRF.

## Advanced Center for Cancer Diagnostics and Research (ACCDR)

Case Number :	1324009255	Hospital Name :	Deepak Hospital
KH ID :	KH228992012288	Physician Name :	Dr. Avinash Gaikwad
Patient Name :	NASRIN BANO MOHAMMAD SHAFI	Date & Time of Collection :	07/10/2024 10:00 Hrs
Age/Sex :	53 Years/Female	Date & Time of Accessioning:	09/10/2024 12:06 Hrs
Patient Location :	Jalna, Maharashtra, India	Date & Time of Reporting :	15/10/2024 10:33 Hrs
Specimen ID :	KHM-B-1092-24		

## Lymph nodes:

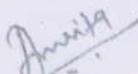
Axillary: 16 nodes identified are free of tumor.

Revised / Recut margins: Separately sent margin tissue is unremarkable.

**IMPRESSION**

Segmental mastectomy (WLE) breast:  
Invasive breast carcinoma, no special type, grade 3  
Extensive intraductal component  
Tumor size: 3.5 x 2.5 x 1.5 cm  
Background breast: Ductal carcinoma in situ  
Margins: Free of tumor  
Pathologic Stage (TNM, AJCC, 8th Edition): pT2N0

\*\*\*\* End of Report \*\*\*\*



Dr. Amrita Panday, MBBS,MD,PDCC,FCMP  
Reg No 2014041240

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Specimen ID :	KHM-B-1092-24		

Recut lateral margin: Received fibrofatty tissue measuring 1 x 0.5 cm. Submitted entirely.

Recut medial margin: Received fibrofatty tissue measuring 1 x 0.8 cm. Submitted entirely.

Recut deep margin: Received fibrofatty tiny tissue bits measuring 0.5 x 0.4 cm. Submitted entirely.

Sections: 1: Tumor with superior margin, 2: Tumor with inferior margin, 3: Tumor with base, 4: Tumor with lateral margin, 5: Medial margin, 6: Skin, 7 To 10: Tumor, 11: Fibrosis at superior margin, 12: Fibrosis at base, 13 and 14: Surrounding breast tissue, 15 To 22: Left axillary nodes:(15-17 largest node sliced, 18- 1 node bisected, 19- 1 node bisected, 20- 3 nodes, 21- 5 nodes, 22- 5 nodes) 23: Recut superior margin, 24: Recut inferior margin, 25: Recut lateral margin, 26: Recut medial margin, 27: Recut deep margin.

Grossed By: Dr. Amrita Panday

## MICROSCOPIC EXAMINATION

Segmental mastectomy (WLE) breast:

Invasive breast carcinoma, grade 3.

Tumor cells arranged in sheets and cells show marked atypia with prominent nucleoli

Areas of geographic necrosis noted.

Mitosis is variable with maximum of 2-3 / hpf

Nottingham Histologic Score: 3+3+3=9.

Ductal carcinoma in situ (DCIS) is seen of solid type with nuclear grade 3, and with comedo necrosis.

Extensive intraductal component (EIC) is present.

Stroma shows moderate desmoplasia.

Moderate stromal tumor infiltrating lymphocytes noted.

Marked periductal elastosis noted.

Lympho-vascular invasion not identified.

Perineural invasion is not identified.

Tumor does not involve the skin.

Background breast:

Ductal carcinoma in situ noted at multiple foci away from the main lesion (Nuclear grade 2).

Fibrocystic changes noted.

Cut margins: All the cut margins are free of tumor.

Closest being the base which is 2.5 mm away from Ductal carcinoma in situ.

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ID :	KH228992012288	Physician Name :	Dr. Avinash Gaikwad
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Case Number : 1324009255  
 KH ID : KH228992012288  
 Patient Name : NASRIN BANO MOHAMMAD SHAFI  
 Age/Sex : 53 Years/Female  
 Patient Location : Jalna, Maharashtra, India  
 Specimen ID : KHM-B-1092-24

Hospital Name : Deepak Hospital  
 Physician Name : Dr. Avinash Gaikwad  
 Date & Time of Collection : 07/10/2024 10:00 Hrs  
 Date & Time of Accessioning: 09/10/2024 12:06 Hrs  
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## Histopathology Test Report

### TEST NAME

Biopsy (HA1053)

### SPECIMEN

- 1) Left segmental / Partial mastectomy ( Short cut tie for superior margin, Long cut tie for lateral margin), 2) Left axillary dissection, 3) Recut superior margin, 4) Recut inferior margin, 5) Recut lateral margin, 6) Recut medial margin, 7) Recut deep margin.

### CLINICAL HISTORY

Known case of ca breast left side: cT2N0M0.

FNAC: Positive for malignancy.

Surgery Performed: Left segmental/ partial mastectomy + Axillary dissection.

CECT CHEST WITH UPPER ABDOMEN (03-10-24):

Left breast mass lesion of size 39 x 23 mm at 8'0 clock position.

No e/o pulmonary/ hepatic lesions. Multiple subcentimetric sized bilateral axillary lymph nodes with maintained fat hilum. No necrosis or abnormal enhancement seen.

Suggested radiological staging - cT2N0M0. Stage IIA.

Incidentally noted adrenal adenoma of size 25 x 20 mm.

### GROSS EXAMINATION

Segmental mastectomy (WLE) breast:

The left breast excision specimen is oriented with short superior and long lateral sutures and measures 6.5 x 6.5 x 4 cm.

Skin flap is present and measures 3.5 x 1 cm.

On serial sectioning, whitish firm to hard nodular tumor is identified, measuring 2.5 x 1.5 x 3.5 cm. (dimension include surrounding smaller nodules? Ductal carcinoma in situ)

It is located 1 cm from skin/ anterior margin, 0.3 cm from the posterior margin, 0.9 cm from the superior margin, 0.5 cm from the inferior margin, 1.2 cm from the medial margin, and 0.4 cm from the lateral margin.

The remaining breast tissue shows extensive fibrosis with few firm areas.

The remaining breast tissue shows extensive fibrosis with few firm areas.

Left axillary dissection: Received fatty tissue measuring 11 x 8 x 2 cm. 15 nodes are identified.

Nodes are submitted entirely.

Recut superior margin: Received fibrofatty tissue measuring 0.6 x 0.6 cm. Submitted entirely.

Recut inferior margin: Received fibrofatty tissue measuring 0.6 x 0.6 cm. Submitted entirely.

Patient Name: NASREEN MOHAMMAD	Date: 03/10/2024
Patient Id:	Age/Sex: 53 Years / FEMALE
Ref Phy: DR. AVINASH GAIKWAD, MBBS, MS, MCH ONCO	Hospital Name: KARKINOS CANCER CENTER

### CECT CHEST WITH UPPER ABDOMEN [Acquired in 32 slice Scanner]

**Clinical history and findings:** K/c/o Left carcinoma breast.

**Protocol:** The study was done by taking thin pre and post contrast axial sections from lung apices to domes of diaphragm. No immediate adverse contrast reaction seen.

#### **Report:**

There is a presence of lobulated soft tissue attenuation left breast mass lesion of approximate size 39 x 23 mm in inner lower quadrant at 8 O' clock position. Post contrast study demonstrates moderate to avid enhancement of the mass with central hypodense non-enhancing necrotic component. Mass is situated 1.7 cm away from nipple. No e/o direct involvement of chest wall muscles or overlying skin.

Both lungs show normal volume, attenuation and bronchovascular pattern.

Trachea and major bronchi are normal. Heart and great vessels of mediastinum are normal.

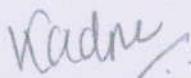
No significant mediastinal/hilar lymphadenopathy seen. No pleural or pericardial effusion is seen. Imaged bones appear normal. No lytic / sclerotic lesions seen.

**Upper abdominal organs** Viz; Liver, pancreas, kidneys and right adrenal gland, spleen and GI system under view is unremarkable. Few large peripherally hyperdense calculi noted in gall bladder larger of size 17 mm s/o cholelithiasis.

Incidentally noted well defined left adrenal lesion of size 25 x 20 mm demonstrating fluid attenuation (-6 HU) on plain scan and mild to moderate heterogeneous post contrast enhancement (+49 HU).

#### Impression: (K/c/o Left carcinoma breast)

- Left breast mass lesion of size 39 x 23 mm at 8 O' clock position as detailed.
- No e/o pulmonary / hepatic lesions. Multiple subcm size bilateral axillary lymph nodes with maintained fat hilum. No necrosis or abnormal enhancement seen. F/s/o nonspecific / indeterminate nature lymph nodes.
- SUGGEST RADIOLOGICAL STAGING – T2 cN0 M0, STAGE IIA.
- Incidentally noted left adrenal adenoma of size 25 x 20 mm.



Dr. Valmik Kadpe  
MBBS, MD Radiology  
Consultant Radiologist

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