



## DR. B BOROOAH CANCER INSTITUTE

A Grant-in-Aid Institute of Department of Atomic Energy, Govt. Of India  
and a Unit of Tata Memorial Centre (Mumbai), Guwahati - 781016  
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### DIAGNOSTIC SERVICES - SURGICAL PATHOLOGY

Case No. GG/08826 Requisition No. : FZZ/SP/22/000204 Req. Dt. 06-01-2022 Path No. : 000160/GH

Name SOMA DEY

Gender / Age F / 31 Years

Category/Status C/ In Patient

DMG : DMG - GYNEC ONCOLOGY

Nature of Material : Container A labelled as uterus with left ovary.  
Container B labelled as omentum.  
Container C labelled as right pelvic node.  
Container D labelled as left pelvic node.  
Container E labelled as right parametrium.

### FINAL HISTOPATHOLOGY REPORT

08-02-2022

Site : ENDOMETRIUM

Final Dignosis : Endometrioid Adenocarcinoma

#### Gross Description

Container A labelled as uterus with left ovary  
Specimen: hysterectomy with left adnexa (cut open distorted).  
Uterus with cervix measures 7.5x5x3 cm  
An ulceroproliferative tumour is seen in the fundus, body and isthmus of the uterus m/s 5x2x1.5cm  
The tumour invades less than half of the myometrium  
Uterine serosa is not involved and is 1.5 cm away from tumour.  
Isthmus is involved. The cervix is not involved.  
Myometrium shows tumour infiltration.  
The left ovary measures 5x4x2.5 cm, external surface bosselated, capsule intact. Cu section partly solid and cystic  
Attached the left fallopian tube is 4 cm long and is dilated.  
Left parametrium measures 2x1x1 cm and is unremarkable.

Container B labelled as omentum measuring 35x5x1 cm, cut section unremarkable.  
Container C labelled as right pelvic node fibrofatty tissue with lymph node measuring 3x3x1 cm.  
Container D labelled as left pelvic node fibrofatty tissue with lymph node measuring 3x3x1 cm, largest lymph node measuring 1x1x1 cm.  
Container E labelled as right parametrium fibrocollagenous with fibrofatty tissue measuring 5x5x1 cm, cut sections unremarkable.

Dr. DR. SWATI SHARMA

Resident Pathologist

10.60.1.84

Req dt/tm : 06-01-2022 / 2:26:57PM  
Collect dt/tm : /

DR. SIRAJ

Entered By :

END OF REPORT

"The report relates only to the sample submitted"

Dr. DR. SIRAJ

Pathologist

Recd dt/tm : 07-01-2022 / 12:39:20PM  
Commit dt/tm : 08-02-2022 / 4:10:45PM

"All Samples/Slides/Blocks Submitted For Evaluation Will Be Retained By The Hospital For 10 years only."  
"This Report has been electronically verified and authorized for release."

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PIN	: 128664	Accession No.	: 213360071
Patient Name	: Ms. SOMA DEY	Report Date	: 02/12/2021
Age / Gender	: 31 Y Female	Report Time	: 08:08 p.m.
Ref Dr. Name	: Dr. Debabrata Barmon, MBBS MS	Category Name	: CT

### CT WHOLE ABDOMEN DYNAMIC

Continuous axial helical sections of the whole abdomen were taken from the level of diaphragm to renal hilum in the arterial phase followed by sections of whole abdomen upto the level of pubic symphysis in the venous phase.

#### Findings:

#### H/O surgery, right ovary

Study reveals ill-defined soft tissue thickening in the right adnexa measuring approx. 34 mm. Complex cystic lesion is seen in the left adnexa measuring approx. 58 x 34 mm. Internal septations are seen within the lesion. No definite enhancing solid component, calcification or fatty component is seen. It is closely abutting the posterolateral wall of uterus. The left ureter is in close proximity with the lesion without proximal hydroureteronephrosis. No infiltration of bowel loops, urinary bladder or pelvic side wall muscles is seen. No encasement of iliac neurovascular bundle is seen.

Small loculated fluid collection is seen in the POD. No free fluid is seen in upper abdomen.

Liver is normal in size with normal outline and attenuation. No definite focal lesion is seen. Hepatic veins and IVC are patent. Portal vein at confluence including its proximal right and left main branches are normal. IHBRs are not dilated. Perihepatic spaces are normal.

Gall bladder is normally distended showing normal wall thickness. USG correlation reveals small echogenic focus in the posterior wall. No pericholecystic collection is seen. CBD is normal in caliber. No obvious mass is seen in the distal part.

Pancreas is normal in size, shape and attenuation. MPD is not dilated. No peripancreatic fluid or collection is seen.

Spleen is normal in size, outline and attenuation. No focal lesion is seen.

Adrenal glands are normal in size and attenuation.



PIN	: 128664	Accession No.	: 213360071
Patient Name	: Ms. SOMA DEY	Report Date	: 02/12/2021
Age / Gender	: 31 Y Female	Report Time	: 04:03 p.m.
Ref Dr. Name	: Dr. Debabrata Barmon, MBBS MS	Category Name	: USG

**USG BOTH BREAST**

All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

A well-defined rounded hypoechoic lesion is seen at 3 O'clock position of the right breast in the periareolar region measuring 7.4 mm. No internal vascularity or calcification. Another well-defined oval shaped hypoechoic lesion measuring 6.1 mm is seen at 10 O'clock position of the left breast 8 cm away from the left nipple – Likely to be fibroadenomas.

There is mild prominence of the fibroglandular tissue in the upper quadrant of the left breast – Likely fibroadenosis.

Otherwise rest of both breasts parenchyma displays a uniform echotexture of the fibrofatty and glandular components.

The subcutaneous, subareolar and retromammary soft tissue planes are normal.

Both the axillary tails are normal.

Subcentimetric sized bilateral axillary lymph nodes are seen with maintained echogenic hila – Likely to be reactive.

**IMPRESSION:**

• **BILATERAL BREASTS : BI-RADS Category 3: Probably benign**

**Advised: FNAC correlation from right breast lesion**

Prepared by: Dr. MS & MD

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L51 – TEJPUR-CITY LAB C.C  
CITY LAB DIAGNOSTIC CENTRE 9, IMA  
HOUSE,  
NEAR TEZ PUR ACADEMY, TEZPUR BAZAR,  
ASS I  
TEJPUR

Name	: Ms. SOMA DEY BHOWAL	Collected	: 01-09-2021 18:46:00				
Lab No.	: 315431153	Age	: 32 Years	Gender	: Female	Received	: 01-09-2021 19:06:26
A/c Status	: P	Ref by	: Dr. SUMITA GOGOI HAZARIKA, MD	Reported	: 11/09/2021 17:27:50	Report Status	: Final

**SURGICAL PATHOLOGY REPORT \*\***

**SPECIMEN** : Right sided ovarian cyst with attached fallopian tube.

**CLINICAL HISTORY** : Right sided ovarian cyst; cystectomy done.

**GROSS** : Received multiple fragmented brownish tissue bits together measuring 7.5 x 7.5 x 4 cm. Part of one ovary and fallopian tube identified. Fallopian tube measuring is 2 cm in length.

**MICROSCOPY** : Sections show a tumour composed of cells arranged in glands and papillae. Individual tumour cells show marked anisonucleosis, nucleomegaly, vesicular chromatin, conspicuous nuclei and scanty cytoplasm. Mitotic figures are seen.  
Lympho-vascular invasion - present.  
Residual ovary shows follicle cyst.  
Adjacent fallopian tube is unremarkable.  
Comment on capsular invasion cannot be made as tissue was received in fragments.

**IMPRESSION** : Histopathological features are suggestive of High grade endometrioid carcinoma.

**ADVISED** : Clinico-radiological correlation and IHC study.

**HISTOPATH NO** : [ L51/B/49765/21 : Fallopian tube, L51/B/49766/21 : Anatomically preserved part of ovary, L51/B/49767/21 : , L51/B/49768/21 : , L51/B/49769/21 : , L51/B/49770/21 : Other fragmented tissue bits; (Blocks : 6) ]

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.  
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.  
3. Contact histopathology department for any clarification.

