

A 62 years old female was diagnosed as a case of Cancer Endometrium (Post Op) in September 2014. Due to inadequate surgical staging, she was given radiotherapy (50.4 Gy in 28# over 5½ weeks) followed by intravaginal brachytherapy (6 Gy in 2# in 2 weeks) which was completed on 10-12-2014. She is under regular follow up for more than 6 years and there is no evidence of disease.

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NAME OF PATIENT :	TEST REQUEST ID :	00126222
AGE / GENDER : 54 Years / Female	SPECIMEN DRAWN ON :	09/09/2014 10:15
COLLECTED AT :	TEST/S REGISTERED ON :	10/09/2014 11:07
REFERRED BY :	TEST/S REPORTED ON :	17/09/2014 17:09
SAMPLE TYPE : 872119 - Any Specimen/Slides	REF. CUSTOMER :	NA

**REPORTS FROM THE DEPARTMENT OF HISTOPATHOLOGY**

**Biopsy - Uterus with both Tubes & Ovaries - S-4647/2014**

SPECIMEN	UTERUS AND CERVIX WITH BOTH SIDE ADNEXA.
GROSS FEATURES	Received specimen of uterus and cervix with both side adnexa measuring 9.5 x 8 x 5.5 cms. External surface of cervix appears to be keratinized and hypertrophied. Endocervical length is 3.5 cms. and shows a nabothian cyst. Endometrium is 1cms. in thickness. Myometrium 4 cms. in thickness. Serial cuts shows a large fibroid measuring 4.5x4 cm. One tube measures 3.5 cm. Ovary measures 1.5x1x0.8 cm. Cut surface of ovary is unremarkable. Other tube measures 3.3 cm. Ovary measures 2x1.5x0.8 cm. Cut surface of ovary is unremarkable.
CERVIX	Chronic ectoendocervicitis.
ENDOMETRIUM	Section studied show back to back arranged glands. These glands are lined by cells showing stratification with many glands showing dysplastic epithelium, high nucleocytoplasmic ratio, rounding of nuclei, coarse chromatin and prominent nucleoli. <u>Stromal invasion is seen.</u>
MYOMETRIUM	Stroma shows lymphocytes and plasma cells <u>Tumour is infiltrating inner half of myometrium.</u> Leiomyoma, Uterus. <u>Tumour is infiltrating inner half of myometrium.</u>
BOTH TUBES	No significant histopathological changes noted.
ONE SIDE OVARY	Ovary shows corpus albicans.
OTHER SIDE OVARY	Ovary shows corpus albicans.
IMPRESSION	-Chronic ectoendocervicitis. <u>-Well-differentiated adenocarcinoma, endometrium (Stage- atleast IA).</u> -Leiomyoma, Uterus.
REMARKS	Please correlate clinically.
NOTE	1. All biopsy specimen will be stored for 15 (fifteen) days. 2. Block and slides for 5(five) years only from date, the time of receipt at the laboratory. 3. No request, for any of the above will be entertained after the due.

Method: Microscopy  
This report has been authorized by :  
  
Dr. Manupriya Nain, MD Pathology

-----End of Report-----

## Carcinoma Endometrium

Histopathology done on 10<sup>th</sup> Sep 2014

# Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly

(Established & run by Shri Ram Murti Smarak Trust)



# SRMS

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## DEPARTMENT OF RADIO-DIAGNOSIS

Patient Name : MRS. [REDACTED] Age : 56Yrs Sex : Female

Father/Husband : O. P SAXENA

Date : 04/09/2019 OPD Ptn/IP No: 20564932

Referred By : Dr. PIYUSH KUMAR Lab No: 5887107

### USG WHOLE ABDOMEN

#### K/C/O OF CA ENDOMETRIUM.

**Liver** - is normal in size with **grade I fatty changes**. Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

**Gall bladder** - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD -normal.

**Pancreas** - is normal in thickness and echotexture. Clearly defined margins are seen. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

**Spleen** - is normal in size and normal echotexture.

**Both kidneys** - are normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

**Urinary bladder** - No calculus is seen in the lumen. Wall is smooth and regular.

**Uterus** - Not seen due to history of surgery.

No evidence of significant fluid in the pouch of Douglas.

ADV - PLEASE CORRELATE CLINICALLY.

Dr. RAHUL KUMAR  
JR-2

## Ultrasound done on 04<sup>th</sup> Sep 2019

## There is no evidence of disease



#### \*Not for Medicolegal Purposes

The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and are not always conclusive. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary

### 24 HOURS HELPLINE : 0581-2582000