مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

US Thyroid

Name : Salma Mohd Nafel Alharbi
MRN : 5404954
Date : 10 January 2022

</CLINICAL INDICATION/>Case of multinodular goiter for assessment.

</FINDINGS/>The isthmus thickness is 0.2 cm.The right thyroid lobe measures 2.5 x 1.1 x 4.9 cm.The left thyroid lobe measures 1.4 x 4.6 x 0.9 cm. The thyroid gland exhibits nodular contour with multiple bilateral nodules as follow:Right thyroid lobe:Right mid pole mixed cystic and solid nodule without calcifications measuring 1.1 cm. (TR-3)Scattered spongiform nodules the largest measures 1.1 cm in diameter (TR-2).Three cystic nodules with the largest one showing colloid material measuring 0.7 cm in diamter (TR-2).Left thyroid lobe:scattered cystic nodules the largest one is measuring 0.5 cm in diameter with possible spongiform solid component (TR-2). Large spongiform nodule is seen inferiorly and anteriorly measuring 1.5 cm in diameter.Few reactive cervical lymph nodes.

</CONCLUSION/>Multiple bilateral thyroid nodules as detailed above, no FNA or routine sonographic follow-up is required.

ص . ب :٣٣٥٤ الرياض ١١٢١١ المملكة العربية السعودية . هاتف: ٤٦٤٧٢٧٢ ٩٦٦١١+ . فاكس: ٤٤١٤٨٣٩ ٩٦٦١١+
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Surgical Pathology Report

Name : Salma Mohd Nafel Alharbi
MRN : 5404954
Date : 24 January 2022

1. UTERUS; CERVIX; BILATERAL OVARIES AND FALLOPIAN TUBES

TUMOUR TYPE: ENDOMETRIOID ADENOCARCINOMA, (REF.SP-22-15, SP-21-19233)

TUMOUR GRADE: FIGO GRADE 2

TUMOUR SITE: ENDOMETRIUM

TUMOUR SIZE: 4 CM

MYOMETRIAL INVASION: PRESENT

DEPTH OF INVASION 8 MM, (LESS THAN 50% OF MYOMETRIAL THICKNESS)

DISTANCE FROM SEROSA 10 MM

LYMPHOVASCULAR INVASION: NOT IDENTIFIED

LOWER UTERINE SEGMENT: NOT INVOLVED BY THE TUMOUR

CERVIX: UNREMARKABLE, NOT INVOLVED BY THE TUMOUR

FALLOPIAN TUBES: UNREMARKABLE, NOT INVOLVED BY THE TUMOUR

OVARIES: UNREMARKABLE, NOT INVOLVED BY THE TUMOUR

PARAMETRIAL TISSUE: NOT INVOLVED BY THE TUMOUR

OTHER FINDINGS: LEIOMYOMATA

PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8TH Edition) pT1a N0

FIGO STAGE 1a

2. RIGHT PELVIC SITE WALL LYMPH NODE

ONE LYMPH NODE, NEGATIVE FOR METASTASIS, (0/1)

3. LEFT PELVIC SITE WALL LYMPH NODE

ONE LYMPH NODE, NEGATIVE FOR METASTASIS, (0/1)

ص . ب :٣٣٥٤ الرياض ١١٢١١ المملكة العربية السعودية . هاتف: ٤٦٤٧٢٧٢ ٩٦٦١١+ . فاكس: ٤٤١٤٨٣٩ ٩٦٦١١+
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Operative Reports

Name : Salma Mohd Nafel Alharbi
MRN : 5404954
Date : 25 January 2022
Authenticated By: Hany Salem

DATE OF OPERATION: 23 January 2022

CONSULTANT: Dr. Hany Hamed Mohammed Salem

SURGEON: Dr. Abdullah Almubarki, Dr. Hany Hamed Mohammed Salem, Dr. Walaa Aljarei, Dr. Sara Alkhaja

ASSISTANTS:

ANESTHETIST:

ANESTHESIA: General Anesthesia

PREOPERATIVE DIAGNOSIS: A 60-year-old patient, postmenopausal bleeding and endometrioid adenocarcinoma grade 1.

POSTOPERATIVE DIAGNOSIS: Histopathology is pending.

OPERATION PERFORMED: Laparotomy staging, total abdominal hysterectomy, bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection.

PROCEDURE:

The patient was consented for staging laparotomy and shifted to level 2 main theater. The patient received general anesthesia and kept in supine position. Foley catheter was inserted. The patient was prepped and draped in a routine manner. A Pfannenstiel incision was made and easily accessed to peritoneal cavity, cutting through skin, rectus sheath and parietal peritoneum.

INTRAOPERATIVE FINDING:

There was a fine adhesion at the left pelvic sidewall. Sharp dissection was done gently without any trauma. There was no carcinomatosis, no ascites and no abnormal pathological findings. Uterus was stabilized by two hysterectomy clamps. Round ligaments were identified on both sides, clamped, cut and ligated. Bilateral retroperitoneal spaces were entered. Ureters on both sides were identified. Infundibulopelvic ligaments on both sides were clamped, cut and ligated. Bladder was sharply dissected downward. Uterine artery on both sides was clamped, cut and ligated. Parametrium on both sides was clamped, cut and ligated. Uterosacral ligaments on both sides were clamped, cut and ligated. The specimen was removed cutting through the vagina circumferentially and specimen including cervix, uterus, bilateral adnexa including tubes and ovaries were sent for fresh histological examination. The vagina was closed with Vicryl stitch with good hemostasis in two layers. Bilateral ureters were

identified, no ligation and no trauma. Bilateral pelvic lymphadenopathy, all fat-bearing tissues covering the main pelvic vessels- sent for histopathological examination. Hemostasis was achieved.

The patient tolerated the procedure well. Irrigation was done. No active bleeding. Self-retractor and sponge were removed. Rectus sheath was closed with double loop MonoMax. Subcutaneous fat was approximated with Vicryl and skin was closed with surgical clips. The patient was shifted to Recovery Room for close observation.

ESTIMATED BLOOD LOSS:

Around 100 mL.

AA/3471232/DD:24/01/2022 17:50:14/DT: 24/01/2022 18:12:52/Doc ID: 133563

Patient Name : Salma Mohammed Alharbi.

File No. 15749

Age: 56 Y

BIOBSY (SMALL)

COMPONENTS:

Nature of Specimen & Procedure: Endometrial curetting

Anatomic Site: Endometrium

Clinical Data: Irregular vaginal bleeding

Specimen No.: H-6089/2021

GROSS DESCRIPTION:

Specimen consists of multiple fragments of grayish white tissue measuring together 3.5X3 cm. The specimen processed entirely in one cassette labeled.

MICROSCOPIC DESCRIPTION:

The examined section revealed tumor composed of complex papillo-glandular pattern with thin and thick fibrovascular cores lined by pleomorphic tumor cells exhibit prominent nucleoli and mitotic activity with small detached buds and tufts embedded within desmoplastic fibrotic stroma. There are foci of back to back endometrial type glands without intervening stroma lined by malignant endometroid cells. Fragments of unremarkable ectocervical and endocervical tissue are identified.

RESULT (DIAGNOSIS):

ENDOMETRIAL CURETTING BIOPSY;

- FEATURES ARE CONSISTENT WITH ENDOMETROID ADENOCARCINOMA, GRADE II.

** This test was outsourced to Delta Laboratory (Riyadh)

** Reviewed by DR. Rabie Elsayed Elshaer (Consultant Histopathologist)

مجمع داونا الطبي
قسم المختبر
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