



36170123322

Mrs. PIMPONG-QUARTEY DAMARIS N.K

Tel No : 02441234

PID NO: P36170023095

Age: 36 Year(s) Sex: Female

Reference: Dr.GILEAD MEDICAL

Sample Collected At:
Ghana**TEST REPORT**
VID: 36170123322

Registered On:

25/01/2018 11:00 AM

Collected On:

25/01/2018 11:00AM

Reported On:

31/01/2018 04:16 PM

HISTOPINE
Branching Specialities - Uniting Experts**PAP SMEAR EXAMINATION**Case Summary

CASE NO	ML G - 1041/18
SPECIMEN	PAP SMEAR - LIQUID BASED CYTOLOGY
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM)

Clinical Notes

-

Gross Examination

Specimen received in PreservCyt solution vial

MICROSCOPIC EXAMINATIONSPECIMEN ADEQUACY

satisfactory for evaluation; endocervical/transformation zone component present.

Superficial cells

Present

Intermediate cells

Present

Deep parabasal/ Basal cells

-

Parabasal cells

-

Metaplastic squamous cells

-

Endocervical cells

Present

Others

-

Inflammation

-

ORGANISMSDoderlein bacilli

-

Trichomonas Vaginitis

-

Fungal organisms

-

Others

-

EPITHELIAL CELL

-

ABNORMALITIES

Not Detected

SQUAMOUS CELLS

-

GLANDULAR CELLS

-

Note :

"Cervical cytology is a screening test and has associated false negative and false positive results. Regular sampling and follow up is recommended".

Processing Method : ThinPrep™ 2000 System. **Staining :** Papanicolaou method

Clinical Application :

1. The smears are reported using the Bethesda System for Reporting Cervical Cytology (2014)
2. New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task

Dr. Kirti Chadha

Divisional Head - Oncology

Consultant Oncopathologist, Metropolis GRL

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Refer to conditions of reporting overleaf. Sample as received

METROPOLIS
The Pathology Specialist**INNER HEALTH REVEALED**



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Branching Specialities Uniting Experts

Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology. March 15, 2012, issue of Annals of Internal Medicine

IN-HOUSE FACULTY (MUMBAI)

Senior Consultants

Dr Anuradha Murthy
Dr Vikas Kavishwar

Consultants

Dr Kush Raut
Dr Shaikhali Barodawala
Dr Kunjal Lila

**Divisional Head - Oncology
Surgical Pathology Coordinator**

Dr Kirti Chadha
Consultant Oncopathologist

**INTERNATIONAL & NATIONAL
SUBSPECIALITY EXPERT PANEL**

Breast Pathology
Dermatopathology
Gastrointestinal Pathology
Genitourinary Pathology
Gynecologic Pathology
Head & Neck Pathology
Hematolymphoid Pathology
Hepatobiliary Pathology
Neuropathology
Paediatric & Perinatal Pathology
Renal Pathology
Soft tissue Pathology
Transplant Pathology (Renal & Hepatic)

Population	USPSTF	ACS/ASCCP/ASCP
Younger than 21 years	Recommends against screening. Grade: D recommendation.	Women should not be screened regardless of the age of sexual initiation or other risk factors.
21-29 years	Recommends screening with cytology every 3 years. Grade: A recommendation	Screening with cytology alone every 3 years is recommended.
30-65 years	Recommends screening with cytology every 3 years or for women who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. Grade: A recommendation.	Screening with cytology and HPV testing ("co-testing") every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Recommends against screening women who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade: D recommendation.	Women with evidence of adequate negative prior screening and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Recommends against screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (ie, CIN 2 or 3) or cervical cancer. Grade: D recommendation	Women of any age following a hysterectomy with removal of the cervix who have no history of CIN2+ should not be screened for vaginal cancer. Evidence of adequate negative prior screening is not required. Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.
HPV vaccinated	Women who have been vaccinated should continue to be screened.	Recommended screening practices should not change on the basis of HPV vaccination status.

-- End of Report --

Dr. Kirti Chadha
Divisional Head - Oncology
Consultant Oncopathologist, Metropolis - GRL
Mumbai

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Refer to conditions of reporting overleaf

**Referred Test

Results relate only to the sample as received

METROPOLIS
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INNER HEALTH REVEALED