

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

VID: 36170123322 ORT

Registered On: 25/01/2018 11:00 AM Collected On: 25/01/2018 11:00AM Reported On: 31/01/2018 04:16 PM

IN-HOUSE FACULTY (MUMBAI)

Senior Consultants

Dr Anuradha Murthy

Dr Vikas Kavishwar

Consultants

Dr Kush Raut

Dr Shailkhali 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)

PAP SMEAR EXAMINATION

Case Summary

CASE NO ML G - 1041/18

PAP SMEAR - LIQUID BASED CYTOLOGY SPECIMEN

Negative For Intraepithelial Lesion or Malignancy (NILM) DIAGNOSIS

Clinical Notes

Specimen received in PreservCyt solution vial Gross Examination

MICROSCOPIC EXAMINATION

satisfactory for evaluation; endocervical/transformation SPECIMEN ADEQUACY

zone component present.

Superficial cells Present Intermediate cells Present

Deep parabasal/ Basal cells

Parabasal cells

Metaplastic squamous cells

Endocervical cells Present

Others

Inflammation

Doderlein bacilli

Trichomonas Vaginilis

Fungal organisms

Others

EPITHELIAL CELL

ABNORMALITIES

ORGANISMS

SQUAMOUS CELLS

Not Detected

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 : ThinPrepTM 2000 System. Staining : Papanicolaou method

Clinical Application:

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



Dr. Kirti Chadha Page 1 of 2 Divisional Head - Oncology

Refer to conditions of reporting overl@onsultanteOncopathologist, Metropolis + 16RL sample as received



INNER HEALTH REVEALED



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Age: 36 Year(s) Sex: Female

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Ghana

VID: TEST REPORT

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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

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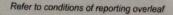
Population	USPSTF	ACS/ASCCP/ASCP
Younger than 21 years	Recommends against screening. Grade: D recommendation.	Women should not be screened regardless of the age of sexual initiation or other risk factors.
21–29 years	Recommends screening with cytology every 3 years. Grade: A recommendation	Screening 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 resume for any reason, even if a womar 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 resume 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

-- End of Report --



Dr. Kirti Chadha

Divisional Head - Oncology Consultant Oncopathologist, Metropolis - GRL



**Referred Test

Results relate only to the sample as received



INNER HEALTH REVEALED