

#### Ms. HAWA SHADOW

PID NO: P36170028195

Age: 28 Year(s) Sex: Female

#### Reference:

Sample Collected At:

GILEAD MEDICAL & DENTAL CENTER HOUSE NO BALB NO C896/3,KANDA HIGHWAY NORTH RIDGE, ACCRA-14911

014911

## TEST REPORT

VID: 36170128786

Registered On: 20/03/2018 08:59 AM Collected On: 20/03/2018 9:20AM Reported On:

27/03/2018 03:35 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 -3919/18

**SPECIMEN** CONVENTIONAL PAP SMEAR

**DIAGNOSIS** Negative For Intraepithelial Lesion or Malignancy (NILM)

**Clinical Notes** 

**Gross Examination** Received one unstained smear (Hawa)

MICROSCOPIC EXAMINATION

Specimen 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 Mild

**ORGANISMS** 

Doderlein bacilli Present

Trichomonas Vaginilis **Fungal organisms** 

Others

**EPITHELIAL CELL** Not Detected

**ABNORMALITIES** 

**GLANDULAR CELLS** 

**SQUAMOUS 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: Manual. Staining: Papanicolaou method

## **Clinical Application:**

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



Refer to conditions of reporting overleaf \*\*Referred Test Results relate only to the sample as received





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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 Medicine

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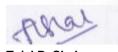
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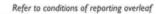
**Breast Pathology** Dermatopathology **Gastrointestinal Pathology Genitourinary Pathology** Gynecologic Pathology **Head & Neck Pathology** Hematolymphoid Pathology Hepatobiliary Pathology Neuropathology Paediatric & Perinatal Pathology Renal Pathology Soft tissue Pathology Transplant Pathology (Renal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

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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 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 --



Tejal R. Shah Page 2 of 2 DNB Pathology





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