



Ms. MARIA APEWE

PID NO: P36180016782

Age: 35 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: 36180117536

Registered On:  
11/10/2018 05:35 PM  
Collected On:  
11/10/2018  
Reported On:  
20/10/2018 05:47 PM

METROPOLIS  
**HISTOXP**ERT  
GLOBAL EXPERTISE IN SUB SPECIALTY SOLUTIONS

INTERNATIONAL & NATIONAL  
SUBSPECIALTY PATHOLOGY

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)

Senior Consultant &  
Vice President Operations

Dr Kirti Chadha

Global Reference Laboratory Faculty

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Dr Anuradha Murthy  
Dr Vikas Kavishwar  
Dr Sushma Gurwale  
Dr Barodawala S.M

Consultants  
Dr Kunjal Lila  
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Dr Shital Munde  
Dr Aditi Raj  
Dr Ramrao Nilkanthe

## PAP SMEAR EXAMINATION

### Case Summary

CASE NO.	18MLG14730
SPECIMEN	CONVENTIONAL PAP SMEAR
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM)

### Clinical Notes

-

### Gross Examination

Received One unstained smear

### 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

Present

### Endocervical cells

-

### Others

-

### Inflammation

Moderate

### ORGANISMS

### Doderlein bacilli

-

### Trichomonas Vaginitis

-

### Fungal organisms

-

### Others

-

### EPITHELIAL CELL ABNORMALITIES

Not Detected

### 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 :

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

*Aditi Raj*

**Dr. Aditi Raj**

Page 1 of 3 DCP ,M.D (Pathology),  
Associate Consultant Pathologist

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METROPOLIS  
The Pathology Specialist

**INNER HEALTH REVEALED**



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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*

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.

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		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 --



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