36180122705

Ms. CYNTHIA ADAMTEY

PID NO: P36180021668
Age: 37 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

VID: 36180122705
Registered On:
05/12/2018 12:35 PM
Collected On:
05/12/2018
Reported On:
12/12/2018 01:14 PM

PAP SMEAR EXAMINATION

METROPOLIS
HISTOXPERT
GLOBAL EXPERTISE IN SUB SPECIALTY SOLUTIONS

INTERNATIONAL & NATIONAL SUBSPECIALITY PATHOLOGY

Breast Pathology
Dermatopathology
Gastrointestinal Pathology
Genitourinary Pathology
Gynecologic Pathology
Head & Neck Pathology
Hematolymphoid Pathology
Hepatobillary 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 Sushma Gurwale
Dr Barodawala S.M

Consultants
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Dr Tejal Shah
Dr Shital Munde
Dr Aditi Raj
Dr Ramrao Nilkanthe

Case Summary

CASE NO.	18MLG17382
SPECIMEN	CONVENTIONAL PAP SMEAR
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM)

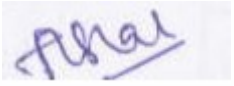
Clinical Notes	-
Gross Examination	Received one unstained smear labelled as Cynthia
MICROSCOPIC EXAMINATION	
Specimen Adequacy	Adequate
Superficial cells	Present
Intermediate cells	Present
Deep parabasal/ Basal cells	-
Parabasal cells	-
Metaplastic squamous cells	-
Endocervical cells	Present
Others	-
Inflammation	Mild
ORGANISMS	
Doderlein bacilli	-
Trichomonas Vaginilis	-
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 Force and the American Cancer Society/American Society for Colposcopy and Cervical



Dr. Tejal R. Shah
DNB Pathology
Associate Consultant Pathologist

Pathology/American Society for Clinical Pathology. *March 15, 2012, issue of Annals of Internal Medicine*

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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

Dr. Tejal R. Shah
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		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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