



Ms. RHODALIN ARYEE

PID NO: P36180019711

Age: 42 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: 36180120618

Registered On:
14/11/2018 07:48 AM
Collected On:
14/11/2018
Reported On:
20/11/2018 05:39 PM



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

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

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

PAP SMEAR EXAMINATION

Case Summary

CASE NO	18MLG16362
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 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

-

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 : ThinPrepTM 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

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DNB Pathology
Associate Consultant Pathologist



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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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