



RML-Quality Assurance Program (RML-QAP)



Result Sheet

HISTOPATHOLOGY VIRTUAL

(Filled by Participant)

Lab Code No.

2239

(Filled by QAP Provider)

Cycle No.: 14

Round No.: 02

Date: 20.03.2025

Last Date for Result Submission: 04.04.2025

Part -B: Virtual slide (WSI Images)

The scanned virtual slides can be accessed as per the details given below.

Website: <http://digitalpathology.rmlqap.com>

- User name: RMLQAPHISTOR2
- Password: Admin@1\$

| History Details | PARTICIPANTS DIAGNOSIS |
|---|--|
| CASE-1-R2-2025 History: 61/M USG abdomen shows a well-defined heterogeneous hypoechoic region with significant raised internal vascularity on colour Doppler examination S.AFP=13.75mg/ml. CECT Abdomen shows a large heterogeneously enhancing SOL of size 10.7x9.4 cm in segment V & VI of liver with a smaller similar satellite lesion in segment VIII. Procedure: USG Guided liver biopsy. Slides Submitted: H&E-2 (Slide No-1&2), PAS-1 (Slide No-3) | <i>Hepato cellular Carcinoma</i> |
| CASE-2-R2-2025 History: 37/F Right sided thyroid nodule , Grossly a single lobe of thyroid received , measuring 4.5x3.5x 2cms. Cut surface showed a tan white nodule measuring 3.5x3x1. Slides Submitted: H&E: 3 (Slide No-1,2&3), MT-1 (Slide No-4), PAS-1 (Slide No-5), IHC:CD138 (Slide No-6), IgG4 (Slide No-7) | <i>Lymphocytic thyroiditis IgG4 variant.</i> |
| CASE-3-R2-2025 History: 45/m c/o pain & swelling in the right ankle; Clinical dx Neurofibroma; Procedure : Excision Biopsy :Rt ankle. Slides Submitted: H&E -3 (Slide No-1, 4 & 5), MT-1 (Slide No-2), PAS-1 (Slide No-3), IHC-ERG (Slide No-6) | <i>Angiosarcoma</i> |

Doc. No.: RES / FR / 07 A/ R 03 / Dt.: 05.01.2025

Address: B-171, Nirala Nagar, Lucknow-226020

Ph.4034100-130 (30 Lines), 4077180 | Email: qap@rmlqap.com

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MAKE IN INDIA



RML

RML-Quality Assurance Program (RML-QAP)

CASE-4-R2-2025

History: 30/F with complaints of a cystic swelling in the temporo-occipital region of scalp. Excision done.

Slides Submitted: H&E-2 (Slide No-1&3), PAS-1 (Slide No-2)

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Diagnosis: ~~Hidradenoma~~

Hidradenoma

CASE-5-R2-2025

History: Bx from left Tibia lytic lesion.

34/m, MRI of left ankle showed well defined eccentric expansive lytic encapsulated lesion involving epiphyseal-metaphyseal region of left distal tibia (antero medial aspect) having narrow zone of transition and calcification causing cortical destruction extending up to articular margin and into adjacent soft tissue with associated mild joint effusion. *X-ray attached.

Slides Submitted :H&E -4 (Slide No-1,2,3 & 4), PAS-1 (Slide No-5) ,VG-1 (Slide No-6)

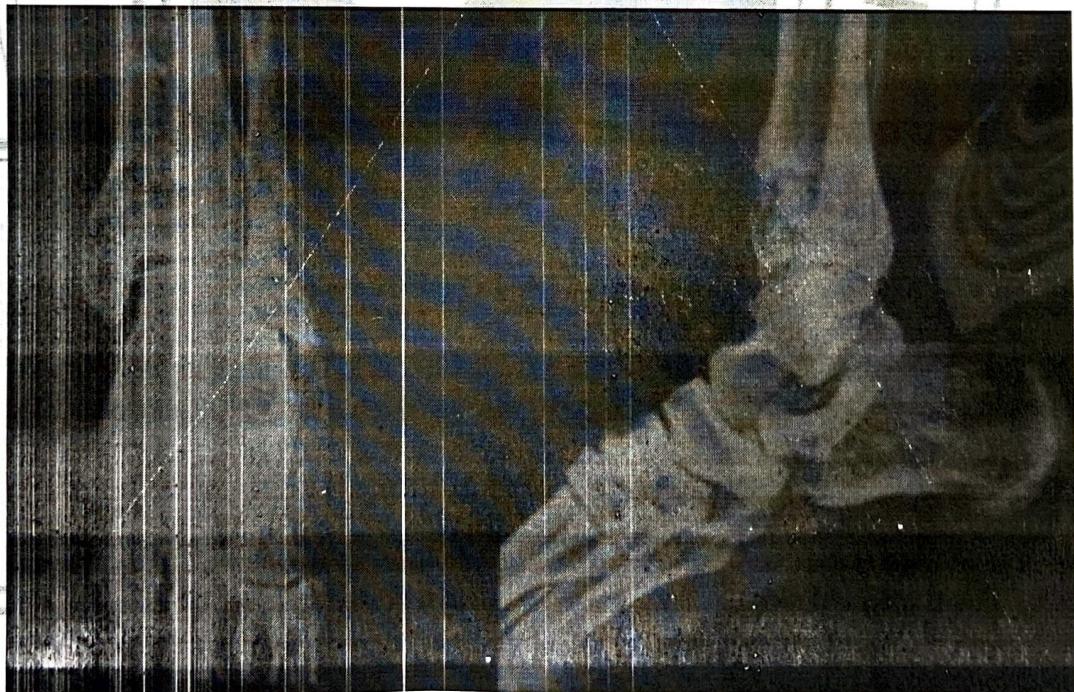
chondrosarcoma

secondary infection

Note:

- The results are to be submitted online on portal rmlqap.com by using your Login ID and password and also a filled copy is to be mailed to us.(Email: qap@rmlqap.com)
- In case of diagnosis of a tumor, kindly follow WHO Classification.

*X-Ray of Case No-05



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