



Department of Pathology

VIEW: 30-Jun-2025 20:35:39

Histopathology Report

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MRNO	:	001-80005657879	Dept Ref#	:	001HIS25053185
Name	:	KHURSHIDA BIBI	Ordered By	:	Ahmed Naeem
Date of Birth	:	01-JAN-1975	Referring Physician	:	Dr Abdul Majid
Age/Sex	:	50 Year(s)/Female	In-house Consultant	:	
Phone	:	92 0318 7651019, 92 03209844649	Report Destination	:	Collection Centre - Cc254
			Requested	:	18-JUN-2025 20:38:09
			Specimen Collected	:	18-JUN-2025 20:42:17
			Specimen Received	:	19-JUN-2025 17:33:55
			Reported	:	30-JUN-2025 16:37:11
					Specimen is brought to Lab

Test : Histopathology (Gross, Microscopy, Special)

Specimen Nature: TRUCUT BIOPSIES

Specimen Site: RIGHT BREAST, RIGHT AXILLARY LYMPH NODE

History: Right breast malignant looking lesion and enlarged ipsilateral axillary lymph node.

Gross: SPECIMEN # 1:

Specimen container is labeled with the patient's name and medical record number and labeled as 1.

Fixation: Formalin

Number of cores: 2 cores and 2 core fragments

Core size and block key: Cores measure 18 mm, 17 mm, and two core fragments collectively measuring 3 x 2 mm. The entire specimen is submitted in single block.

SPECIMEN # 2:

Specimen container is labeled with the patient's name and medical record number and labeled as 2.

Fixation: Formalin

Number of cores: One fragile core and 2 core fragments

Core size and block key: Core measure 6 mm and two core fragments collectively measuring 2 x 2 mm.

The entire specimen is submitted in single block.

(Gross assisted by: Muhammad Haseeb)

Micro: Sections show an infiltrative tumor showing almost 50% duct formation. There is moderate pleomorphism. The mitotic rate is within 6-10 mitoses/10 HPFs.

Screened By: Nida Babar Dr.

IMMUNO/HISTOCHEMICAL/IN SITU HYBRIDIZATION (ISH) STAIN(S):

Estrogen receptors: Positive, strong staining in 80% tumor cells

Progesterone receptor: Positive, strong staining in 60% tumor cells

Her-2: Negative -0

Ki67: 25% proliferation index

Cold Ischemia and Fixation Times

Cannot be determined

COMMENT: Estrogen and progesterone receptors according to ASCO/CAP guidelines are considered +ve if >=1% of tumor cell nuclei are immunoreactive.

Mudassar Hussain Dr.

Consultant Pathologist

Electronically verified by,no signature(s) required.

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Interpretation of Her-2 according to ASCO and CAP recommendation is:

Her-2: 0- Negative

Her-2: score 1+ (Negative)

Her-2: Equivocal; score 2+ (COMMENT: Equivocal HER-2 immunohistochemical staining needs FISH testing for HER-2 gene amplification)

Her-2: score 3+ (Positive)

Assays used:

Estrogen receptors: Conformite Europeene (CE)/IVD approved, Primary antibody used; 6F11, Bond Polymer detection system

Progesterone receptors: Conformite Europeene (CE)/IVD approved, Primary antibody used; 16, Bond Polymer detection system

HER2: CE approved, Primary antibody used; Polyclonal, EnVision FLEX visualization system

Ki67 : Conformite Europeene (CE)/IVD approved, Primary antibody used; K2, Bond Polymer detection system

DISCLAIMER: Optimal fixation (6-72 Hours) in 10% buffered formalin and minimum cold ischemia time (less than 1 hour) is essential for proper evaluation of immunohistochemical stain. Results may vary (false negative/ positive) if any of the above pre-analytical parameters are not met.

Ref: Patrick L. Fitzgibbons, MD*; Angela N. Bartley, MD, PhD*; James L. Connolly. Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast.

Version: Breast Biomarkers 1.5.0.1 Template Posting Date: March 2025.

Diagnosis: SPECIMEN # 1:

Invasive breast carcinoma of no special type (ductal), grade-2.

SPECIMEN # 2:

Metastatic carcinoma.

For any query regarding diagnosis, treating physician can contact at 03000453078 between 8:00 AM to 5:00 PM (working days only).

SNOMED: T-04000

M-85003

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