

ANATOMICAL PATHOLOGY REPORT

Patient : NORALIZA BINTI MOHAMAD DARI
Ic/Pp : 00880326435206 Doctor : SARINAH BASRO
Age : 26/03/1988 (34Y) Location/Room : Avisena Specialist Hospital
Sex : F Date Received : 09/03/2023
MRN : Accession No : H230004277

CLINICAL HISTORY:

34 years old/ ♀
Left breast lump
Lump 2X2 cm irregular
U/S- 3x1.9x2.7 cm
Satellite lesion

SPECIMEN ELEMENTS:

Specimen designation --- Biopsy left breast
Three pieces of brownish and yellowish core biopsy tissue ranging from 6mm up to 10mm in length.
Specimen submitted entirely in one block.

MICROSCOPY:

Section shows three strips of breast tissue infiltrated by malignant cells in islands, clusters and small sheets surrounded by desmoplastic and myxoid stroma. The malignant cells have pleomorphic, hyperchromatic nuclei with abundant eosinophilic cytoplasm. Occasional mitotic figures are identified. There are several foci of necrosis within the tumour areas. .

INTERPRETATION:

Biopsy left breast : Invasive carcinoma of no special type

COMMENT:

Immunohistochemistry studies with ER, PR, HER-2 and Ki 67 are in progress. Supplementary report will follow.

Reported and electronically endorsed by
Pathologist: Dr Nurismah Md Isa

Validated: 10/03/2023 11:27:12 PM Page 1 of 1

Resident Pathologists

Dr Wan Muhatzan Bt Wan Mustafa - MD(UKM), MPath(UKM), AM(Mal), ISN Fellow(Aust) (Subspecialty: Renal pathology)

Dr Teoh Kean Hooi - MBChB, BAO, LRCP & LRSI, MPath(UM), MIAC, AM(Mal)

Dr Low Eng Chai - MBBS, MPath, MIAC, FRCPath

Dr Hoo Hui Ling - MD(UPM), MPath(UM), AM(Mal), Fellow (Australia, Singapore) (Subspecialty: Gastrointestinal & Hepatopancreaticobiliary Pathology)

Visiting Pathologists

Dr Shalini Kumar - MBBS, MPath, FRCPath, AM, Dr Lee Bang Rom - MBBS, MPath, Dip DermPath (Subspecialty: Dermatopathology)

Dr Nurismah Md Isa - MBChB, BAO (Ireland), MPath (UKM), MIAC, AM (Mal), Dr KT Wong - MBBS, MPath, FRCPath, MD, FdSc (Subspecialty: Neuropathology)

Dr Chew Bee See - MBBS, Doctor Of Pathology(UKM), AM(Mal), Fellow(Mal) (Subspecialty: Uropathology).

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INTERPRETATION:

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COMMENT:

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SUPPLEMENTARY REPORT:

Immunohistochemistry studies show the malignant cells are:

ER: Negative , 0 staining
PR: Negative , 0 staining
HER-2: Positive, score 3+
Ki 67 : Positive in 60-70 % of cells

Reported and electronically endorsed by
Pathologist: Dr Nurismah Md Isa

Validated: 12/03/2023 06:18:23 PM Page 1 of 1

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RADIOLOGY REPORT

AVISENA Specialist Hospital

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No. 4, Jalan Ikhtisat, Seksyen 14, 40000 Shah Alam, Selangor, Malaysia
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Report Date : 07/03/2023
Patient's name : NORALIZA BINTI MOHAMAD DARI
Date of Birth : 26/03/88
Item : Ultrasound Breasts Report
Requested By : DR SARINAH BINTI BASRO
Reported By : DR ZAIDAH MOHD ISMAIL

Radiology No. : RD000445503
Registration No. : M00099347
Admission No. : OP3283718

USG Breasts

Indication

Left Breast x 2/12

Findings

Normal fibroglandular pattern seen in both breasts.

Left Breast:

There are multiple ill defined hypoechoic solid lesions seen at 6:00 position at:

- 2cm FN: 0.84cm x 0.47cm (no calcification or vascularity within).
- 3cm FN: 3.28cm x 1.92cm x 2.75cm (multilobulated border with internal multiple small calcifications and vascularity seen within)
- 4cm FN: 1.37cm x 1.32cm (no calcification or vascularity within).

Several smaller well defined lesions with intralesional vascularity are seen at

a) 6:00- 7:00 positions at:

- 4cm FN : 2.80cm x 1.48cm x 1.47cm (with internal multiple small calcifications and peripheral penetrating vessels).
- 6cm FN: 0.83cm x 0.60cm and 0.86cm x 0.61cm (no calcification or vascularity within).

b) 7:00 position:

- periareolar region: 0.76cm x 0.51cm (no calcification or vascularity within).

No obvious dilated intramammary ducts,

An enlarged axillary lymph node with thickened cortex and reduced central fatty hilum measuring 1.08cm x 0.92cm x 0.39cm.

Right breast:

No solid lesion seen.

A focal cystic lesion with thin internal septations at 7:00 position periareolar region measuring 1.54cm x 0.70cm.

No solid component within.

No significant enlarged lymph nodes seen.

Impression

1. Multifocal suspicious left breast lesions at the lower quadrants and mildly enlarged left axillary lymph node. Multifocal malignant left breast lesions with left axillary lymphadenopathy need to be excluded. BIRADS 4B. Suggest HPE correlation.
2. A focal right breast cystic lesion with thin internal septations at 7:00 position periareolar region. Differential diagnosis is a complex breast cyst or a focal dilated intramammary ducts. BIRADS 2.

Disclaimer

Ultrasound may miss deep seated malignancy of the breast or microcalcifications which may be the earliest sign of malignancy. The management of patient with palpable breast lumps should be based on clinical ground.

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Report Date : 09/03/2023
Patient's name : NORALIZA BINTI MOHAMAD DARI
Date of Birth : 26/03/88
Item : Mammography Digital 3D (Tomo) Report
Requested By : DR SARINAH BINTI BASRO
Reported By : DR ZAIDAH MOHD ISMAIL

Radiology No. : RD000445928
Registration No. : M00099347
Admission No. : IP0220568

Bilateral Mammogram (CC and MLO Views)

Indication

Suspicious of multicentric left breast cancer

Findings

Breast Density Pattern: Type C (Heterogenous dense parenchymal pattern) fairly symmetrically distributed in both breasts, limiting the sensitivity of the examination.

There are several ill defined lesions with speculated borders seen in the mid lower quadrant of the left breast.

Minimal surrounding architectural distortion seen. Multiple clustered, grouped and suspicious microcalcifications are seen within these lesions. Mildly retracted skin seen at the inferior aspect of the left areolar region.

No evidence of clustered, grouped or suspicious microcalcifications seen in the right breast.

No distortion of breast architecture on the right side.

The right nipple and retroareolar region are normal.

A small left axillary lymph node with loss of normal fatty hilum seen.

A small normal looking right axillary lymph node seen.

USG on 7/3/2023

1. Multifocal suspicious left breast lesions at the lower quadrants and mildly enlarged left axillary lymph node. Multifocal malignant left breast lesions with left axillary lymphadenopathy need to be excluded. BIRADS 4B. Suggest HPE correlation.

2. A focal right breast cystic lesion with thin internal septations at 7:00 position periareolar region. Differential diagnosis is a complex breast cyst or a focal dilated intramammary ducts. BIRADS 2.

Impression

1. Multiple suspicious left breast lesions at the left lower quadrant with a left axillary lymphadenopathy. BIRADS 4B.

2. Normal mammographic appearance of the right breast but with a focal right breast cystic lesion with thin internal septations at 7:00 position periareolar region on USG. Differential diagnosis is a complex breast cyst or a focal dilated intramammary ducts. BIRADS 2.

Disclaimer

False negative mammogram rate ranges from 5-15%. Suggest regular self-breast palpation. Palpable breast lump should be managed based on clinical grounds.

(Please bring along previous mammogram and ultrasound studies on your next visit to the radiology department)