PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48506768, Fax:
Email: , Website:

Dept Ref#	: PNAHIS23004720	Ordered By	:
MRNO	: PNA-00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse No-6886972 Sep Asghar Ali ..	In-house Consultant	: Admin Consultant
		Report Destination	: Histopathology
Age/Sex	: 36 Year(s)/Female	Requested	: 19-OCT-2023 08:37:22
Phone	: 03353035959	Specimen Received	: 19-OCT-2023 08:38:45
Address	: SHIFA, KARACHI - PAKISTAN	Reported	: 08-NOV-2023 15:54:18

Histopathology (Tissue)

Tubular differentiation: Score 3 (<10%).
Nuclear pleomorphism: Score 3 (Severe).
Mitotic rate: Score 3 (>15/10 HPF).
Total score: 9 out of 9.
Overall grade: Grade 3.
Tumor focality: Single focus of invasive carcinoma.
Ductal carcinoma in situ: Not identified.
Lobular carcinoma in situ: Not identified.
Tumor extent: Skin and nipple present and not involved.
Lymphovascular invasion: Not identified.
Dermal lymphovascular invasion: Not identified.
Microcalcifications: Not identified.
Treatment effect in breast: Partial response to therapy with approximately 85% of tumor remaining.
Treatment effect in lymph node: Metastatic tumor not detected but evidence of response seen i.e., hemosiderophages and focal fibrosis are seen.
MARGINS
Margin status for invasive carcinoma: All margins negative for invasive carcinoma.
Closest margin: Deep margin, 25 mm away from tumor.
Other margins:
Superior margin: Not involved (Distance from tumour is 26 mm).
Inferior margin: Not involved (Distance from tumour is 45 mm).
Medial margin: Not involved (Distance from tumour is 110 mm).
Lateral margin: Not involved (Distance from tumour is 120 mm).
Skin: Not involved (Distance from tumour is 6 mm).
REGIONAL LYMPH NODES
Regional lymph node status: All regional lymph nodes examined are negative for metastatic carcinoma.
Number of lymph nodes with macrometastasis: 00.
Number of lymph nodes with micrometastasis: 00.
Number of lymph nodes with isolated tumor cells (ITC): 00.
Lymphnode examined: 13 (axillary tail) & 06 (level I & II (histopath ID 4721/23 of PNS Shifa)).
DISTANT METASTASIS
Not applicable
PATHOLOGIC STAGE CLASSIFICATION
ypTcategory: ypT3 (Tumor greater than 50 mm in greatest dimension).
ypN category: ypT0 (No regional lymphnode metastases).
RECEPTOR STUDIES:
ESTROGEN RECEPTOR:
Proportion score: 0
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.
PROGESTERONE RECEPTOR:
Proportion score: 0.
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.
HER2:
HER2 membrane staining score: 0.
Interpretation: Negative.
IMMUNOHISTOCHEMISTRY:
Ki-67 index: Upto 80%.
OPINION

Surg Cdr Akhter Ali Bajwa P N
MBBS, FCPS (Histopathology)
Asst Professor Pathology

Surg Lt Cdr Muhammad Umair Pn
Registrar Histopathology

Electronically verified report, no signature(s) required.

Surg Cdr Nighat Jamal PN
MBBS,FCPS (Histopathology)
Associate professor of Pathology

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS (Histopathology)
FRC Path(UK)
Asst professor of Pathology

DEPARTMENT OF RADIOLOGY
PNS SHIFA KARACHI

[illegible] ABDOMEN AND PELVIS

NAME	[illegible]	[illegible]		RANK:	NK	AGE:	35 YRS
UNIT:		REG.	4062/24	WARD:	OPD	DATE	13-05 2024

Clinical History:

- Biopsy proven case of [illegible] ----status post-surgical MRM and chemotherapy

Technique: 5 mm contiguous slices are taken from apex to pubic symphysis.
IV contrast is given.

Findings

- Left breast is not visualized, consistent with the history of mastectomy
- Mastectomy site along lateral aspect shows an ill defined heterogeneously enhancing soft tissue attenuation mass (measuring 2.6 x 2.5 cm) with irregular spiculated margins causing overlying skin puckering and skin thickening of 7.4 mm. Thickening and patchy heterogeneous enhancement of underlying pectoralis major and minor muscles is noted along with significant fat stranding representing recurrent/residual disease. Contralateral breast is normal.
- Few enhancing ipsilateral supra clavicular and axillary lymph nodes are noted, one of them measuring 8.4 mm in its short axis dimensions.
- Few sub centimetric contralateral axillary lymph nodes are noted. Largest one measuring 5.3 mm in its short axis dimensions.
- Bilater[illegible]
- [illegible] is noted in apical superior segment of right upper lobe [illegible] is noted in anteromedial basal segment of left lower lobe.
- No mediastinal mass or lymphadenopathy is detected. Mediastinum is normal in position.
- No chest wall or pleural-based lesion or mass is detected.
- Cardiac size is enlarged [illegible]
- Liver is normal in size shows homogeneous parenchyma with smooth outline. Normal intra-and extra hepatic biliary channels identified. CBD, portal vein is normal in caliber.
- Gall bladder reveal is normal wall thickness. No evidence of calculus or mass is seen within its lumen.
- Pancreas reveals normal parenchymal texture. No evidence of peripancreatic fat stranding or fluid collection.
- Spleen is normal in size and contour reveals normal enhancement.
- Adrenals are normal morphologically. No mass is noted.
- Both kidneys excrete contrast and normal morphologically. No solid / cystic mass is seen on either side.
- Few prominent mesenteric lymph nodes are noted, largest one measuring 5.5 mm in its short axis dimensions
- Urinary bladder shows normal wall thickness. No mass is seen in the lumen.
- Uterus and adnexa appear normal.
- Bone island is noted in right femoral head

IMPRESSION:

- Biopsy proven case of left breast invasive carcinoma ----status post-surgical and chemotherapy
- This is first post-surgery CT scan.
- Present scan shows recurrent/residual disease at mastectomy site, also involving ipsilateral pectoralis major and minor muscles with [illegible] ipsilateral axillary and supraclavicular lymphadenopathy and bilateral [illegible]
- Cardiomegaly.

[illegible] upper lobe [illegible]

[illegible] RADIOLOGIST

DR. [illegible]
RESIDENT RADIOLOGY

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48506768, Fax:
Email: , Website.

Lab Reports

MR: 0000017643.2

RABIA ASGHAR ... Spouse No-6886972 Sep
Asghar Ali
29 Year(s)/Female
[illegible]3035959
DHA KARACHI PAKISTAN

Ordered By : Muhammad Umair
In-house Consultant : Muhammad Umair
Requested : 18-JUL-2024 10:54:42
Specimen Received : 18-JUL-2024 11:43:44
Reported : 18-JUL-2024 14:12:21

[illegible] Picture)(Section No: PNAHEM24109897 Report Date: 18-07-2024 13:38:50)

	Result	Reference Intervals
	3.8	4 - 10 x10^9/L
	4.28	3.80 - 5.80 X10^12/L
	13.1	12 - 15 g/dl
	38.7	36 - 48 %
	90.5	76 - 96 fl
	30.7	27 - 32 pg
	33.9	31.5 - 34.5 g/dl
	226	150 - 400 x10^9/L
	44	40 - 80 %
	43	20 - 40 %
	07	2 - 10 %
	06	1 - 6 %

Report authorized by: Dr. Anam Shabbir

[illegible] Test)(Section No: PNARCH24122054 Report Date: 18-07-2024 14:12:21)

	Result	Reference Intervals
	07	Adult 2 - 18 Children 0 - 1 day (Premature) 17 - 187 (Full Term) 34 - 103 1 - 2 days (Pre) 103 - 208 (Full) 103 - 171 3 - days (Pre) 171 - 240 (Full) 68 - 137 umol/L
	23	Upto 45 u/L
	81	Male 40 - 130 Female 35 - 105 Child Aged < 1 y <390 1 - 3 y <409 4 - 6y <347 7 - 12y < 316 IU/L

Report authorized by: Surg Cdr Ghulam Murtaza Shaikh

[illegible] Test)(Section No: PNARCH24122054 Report Date: 18-07-2024 14:12:18)

	Result	Reference Intervals
	3.7	Newborn 1.4 - 4.3 mmol/L Adult 2.1 - 7.1 mmol/l > 60 years 2.9 - 8.2 mmol/l

Electronically verified report. no signature(s) required.

PNS SHIFA
DHA Phase 2, Karachi Phone: 021-48506608/48506768 Fax
Email: , Website

[redacted]

[redacted] Spouse No-6886972 Sep

[redacted]

[redacted]

[redacted] PAKISTAN

Ordered By : Muhammad [redacted]
In house Consultant : Muhammad Umair
Requested : 18-JUL-2024 10:04:42
Specimen Received : 18-JUL-2024 11:43:44
Reported : 18-JUL-2024 14:[redacted]:21

[redacted] Session No: PNARCH24122024 Report Date: 18-07-2024 14:12:18)

	49	Newborn: 27 - 88 Infant: 18 - 35 Child: 27 - 62 Adult Male: 70 - 119 Female: 53 - 106 [redacted]
	142	133.0 - 145.0 mmol/L
	4.0	3.5 - 5.0 mmol/L

[redacted] Surg Cdr Ghulam Murtaza Shaikh

PNS SHIFA

DHA Phase 2, Karachi Phone: 021 48506608/48506768 Fax
Email , Website

Lab Reports

		Ordered By	: Muhammad Umair
		In house Consultant	: Muhammad Umair
	Spouse No-6886972 Sep	Requested	: 18 JUL 2024 10:54:32
	female	Specimen Received	: 18 JUL 2024 11:43:44
		Reported	: 18 JUL 2024 13:38:56
	PAKISTAN		

(Section No: PNAHEM2410s897 Report Date: 18-07-2024 13:38:56)

	Result	Reference Intervals
	3.8	4 - 10 x10^9/L
	4.28	3.80 - 5.80 X10^12/L
	13.1	12 - 15 g/dl
	38.7	36 - 48 %
	90.5	76 - 96 fl
	30.7	27 - 32 pg
	33.9	31.5 - 34.5 g/dl
	226	150 - 400 x10^9/L
	44	40 - 80 %
	43	20 - 40 %
	07	2 - 10 %
	06	1 - 6 %

Report authorized by: Dr. Anam Shabbir

(Section No: PNARCH24122054 Report Date: 18-07-2024 14:12:21)

	Result	Reference Intervals
	07	Adult 2 - 18 Children 0 - 1 day (Premature) 17 - 187 (Full Term) 34 - 103 1 - 2 days (Pre) 103 - 208 (Full) 103 - 171 3 - days (Pre) 171 - 240 (Full) 68 - 137 umol/L
	23	Upto 45 u/L
	81	Male 40 - 130 Female 35 - 105 Child Aged < 1 y <390 1 - 3 y <409 4 - 6y <347 7 - 12y < 316 IU/L

Report authorized by: Surg Cdr Ghulam Murtaza Shaikh

(Section No: PNARCH24122054 Report Date: 18-07-2024 14:12:18)

	Result	Reference Intervals
	3.7	Newborn 1.4 - 4.3 mmol/l Adult 2.1 - 7.1 mmol/L > 60 years 2.9 - 8.2 mmol/l

Sickness Period
Date of Death:
Date of Burial/
Place of Death
Reason of Dea
urried/Last ri
Nam

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48506768, Fax
Email: , Website:

Dept Ref#	: PNAHIS24002844	Ordered By	:
MRNO	: PNA 00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse No-6886972 Sep Asghar Ali ..	In-house Consultant	: Admin Consultant
Age/Sex	: 36 Year(s)/Female	Report Destination	: Histopathology
Phone	: 0335 3035959	Requested	: 05-JUL-2024 10:03:59
Address	: SHIFA, KARACHI - PAKISTAN	Specimen Received	: 05-JUL-2024 10:04:22
		Reported	: 23-JUL-2024 15:46:19

Histopathology (Tissue)

Clinical History swelling on right arm near wtih axilla shows heterogenous lesin with increased vascularity (suspicious lesion). Patient is a known case of IBC NST left breast; postchemotherapy and post MRM

Referred By
PNS SHIFA
Nature Of Specimen
Biopsy
Specimen Site:
Right arm near axilla.
Macroscopic Appearance
The specimen received in formalin consists of two off white tissue cores collectively measuring 1 x 0.8 x 0.2 cm . Placed on filter paper entirely submitted in cassette 1.

Case Registrar: Surg Lt Cdr Muhammad Umair PN, Resident Histopathology.
Case Consultant: Surg Cdr Akhter Ali Bajwa PN, Classified Histopathologist.
Microscopic Appearance
CYTOLOGY
Type of biopsy: Needle biopsy.
Site of biopsy: Right arm near axilla.

TUMOR
Histologic diagnosis: Metastatic carcinoma.
Histologic grade: Not applicable.

MICROSCOPIC DESCRIPTION
The sections reveal linear tissue fragments with skin. The tissue shows infiltration by nests and cords of malignant epithelial cells with high N/C ratio, pleomorphism, prominent nucleoli, mitoses and eosinophilic cytoplasm surrounded by desmoplastic stroma.

IMMUNOHISTOCHEMISTRY
CK7: Positive.
CK20: Negative
EMA: Diffuse positive.
GATA3: Negative
Mammoglobin: Negative
TTF1: Negative
PAX8: Negative
CDX2: Negative
PAX8: Negative
ER: Negative
p63/p4: Negative
Ki-67 index: Low

Please comment on ER/PR/Her 2 status

Dr. Ummarah Zafar
Registrar Oncology
PNS Shifa

DIAGNOSIS
METASTATIC CARCINOMA - RIGHT ARM NEAR AXILLA (NEEDLE BIOPSY).
COMMENTS:
1- Considering the prior history of left breast carcinoma and positive CK7 and EMA by immunohistochemistry, the primary is most likely from breast.
2- Correlate clinically and radiologically to ascertain primary tumor.

Surg Cdr Akhter Ali Bajwa Pn
MBBS, FCPS (Histopathology)
Associate Professor of Pathology

Surg Lt Cdr Muhammad Umair Pn
Registrar Histopathology

Electronically verified report, no signature(s) required.

Surg Cdr Akhter Ali Bajwa
MBBS, FCPS (Histopathology)
Associate Professor of
Pathology

Call

(۲۲ دسمبر ۸:۳۰ بجے)

ہدایات

Simulation Date: 22 دسمبر

Wed 12:30

کارڈ جمع کرانے کا مقررہ وقت ۔۔۔۔۔ بجے۔

۱۔ اپنے مقررہ وقت پر تشریف لا کر کارڈ مشین کے استقبالیہ (ریسپشن) پر جمع کروائیں۔ کارڈ جمع کرانے کے بعد شعاعیں لگنے میں ایک سے دو گھنٹے لگ سکتے ہیں۔

۲۔ شعاعیں پابندی سے لگوائیں اور ناغہ کرنے سے گریز کریں۔

۳۔ علاج کے دوران جلد پر لگائے گئے نشانات کی حفاظت کریں بصورت دیگر دوبارہ نشانات لگوانے کے لئے تاریخ لینا پڑے گی اور فیس چارج ہوگی۔

۴۔ جلد پر زخم، منہ پر چھالے، دست، الٹی یا بخار ہو تو فوراً ڈاکٹر سے رجوع کریں۔

۵۔ ہر پانچ شعاعوں کے بعد مشین پر موجود ڈاکٹر سے معائنہ کروائیں۔

۶۔ ہفتہ اور اتوار کو شعاعیں نہیں لگیں گی۔

۷۔ شعاعوں کا کورس مکمل ہونے کے بعد یا پھر دوبارہ معائنے کے لئے او پی ڈی وا۔۔۔ دن تشریف لائیں۔

3D SIM Dec 23

(NC)

(44)

ATOMIC ENERGY MEDICAL CENTRE

1978/23

JPMC, Rafiqui H J Shaheed Road, Telephone No: 021-9920563[illegible]

Department of Radiation Oncology

PRIMUS / ONCOR

MR. No: 015566/23 Reg. Date: 15-11-23

Patient Name: Rabia Asghar (CMH)

S/O, D/O, W/O: Asghar Ali (NK Attock)

Address: Karachi Age: 36

Consultant: Phone No.

Diagnosis: Ca Breast

حکومت سندھ

Government of Sindh

اندراج وفات سرٹیفکیٹ

Death Registration Certificate

Tracking Id: 91100052733126

CRMS No. D520395586

OLD/M REG #:

دفتر اندراج : UC 02 MANGHOPIR_200359

Old CRMS No. :

Deceased Person's Details — متوفی کے کوائف

Name :	Rabia Asghar	نام :	رابعہ اصغر
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	42401-0169772-6	شناختی کارڈ :	42401-0169772-6
Date of Birth:	22-Jul-1987	تاریخ پیدائش :	22-Jul-1987
Gender :	Female Religion : Islam	جنس :	عورت مذہب : اسلام
Sickness Period:	00 Days 00 Months 00 Years	مدت علالت :	00 دن 00 ماہ 00 سال
Date of Death:	21-Sep-2024	تاریخ وفات :	21-Sep-2024
Date of Burial/Last rite:	22-Sep-2024	تاریخ تدفین/اخری رسومات:	22-Sep-2024
Place of Death:	at House	جائے وفات :	گھر
Reason of Death:	Natural Nature of Death: Normal	وجہ وفات :	قدرتی کیفیت وفات : عام
Buried/Last rite at :	Sultanabad Graveyard Manghopir	جگہ تدفین/اخری رسومات :	سلطان آباد قبرستان منگھوپیر

Parental Information — والدین کے کوائف

Father's Name :	Dad Muhammad	والد کا نام :	داد محمد
CNIC No :		شناختی کارڈ :	
Mother's Name :	Safooran	والدہ کا نام :	سفوران
CNIC No:	42401-1639768-0	شناختی کارڈ :	42401-1639768-0

Husband's Information — شوہر کے کوائف

Name :	Asghar Ali	نام :	اصغر علی
CNIC No :	51102-8245142-9	شناختی کارڈ :	51102-8245142-9

Address — پتہ

Address :	House No. 530, Muhallah Mashkay Para Manghopir, City Karachi West	پتہ :	مکان نمبر 530 ، محلہ مشکے پاڑہ منگھوپیر ، شہر کراچی غربی
Tehsil :	Karachi West	تحصیل :	کراچی غربی
District :	Karachi West	ضلع :	کراچی غربی

Applicant's Details — درخواست دہندہ کے کوائف

Name :	Asghar Ali	نام :	اصغر علی
CNIC No :	51102-8245142-9	شناختی کارڈ :	51102-8245142-9
Relation with Deceased:	Husband	متوفی سے رشتہ :	خاوند

Entry Date :	09-Oct-2024	تاریخ اندراج :	09-Oct-2024
Issue Date :	09-Oct-2024	تاریخ اجراء :	09-Oct-2024
Entry Status :	Normal	اندراج اسٹیٹس :	نارمل
Additional Information:		اضافی معلومات :	

دستخط سیکریٹری

یونین کمیٹی 02 منگھوپیر

کراچی غربی

Union Committee No. 02 TMC Manghopir Karachi (West)

CONFIDENTIAL

F(MD)-12
(PN(MED)-12)

Continuation Sheet No.

MEDICAL CASE SHEET *(Continuation)*

6886972	Rank/Rate Sep	Name w/ Asghar Ali	65 [illegible]
Date	CLINICAL NOTES (To be signed by M.O. giving Rank Name & Appointment in block letters)		

35 y/o female NKCM
came in OPD with

- Lt breast lump
c̄ low grade fever ; pain for 1 month.

O/E

(L) breast - A lump of size 4x3cm noted
- in upper outer quadrant at 1 o'clock
- Hard and mild tender to touch
- No active discharge from nipple / Skin changes
- Immobile.

US - Fibrosclerosis L breast
NAC - Suspicious for malignancy
TruCut - Fibroadipose tissue

Adv: (S/B: Lt. Cdr. Noureen)
~~Bilateral mammogram (breast)~~
- Trucut biopsy left breast left upper Quadrant outer. (lump)

DR. SAJIDA
House Officer
PNS Shifa Hospital Karachi

27/3/23 11:30 hrs

Trucut biopsy ↓ L/A done.

Patient vitally stable.

Adv
F/U with HP report.

35 year old female ♀ WKCm
(married)

65
12

LCB
6 years

Past surgical hx
Insignificant

C/O

pain and feeling of lump Ⓛ breast] 2 months

O/E

Ⓛ breast, A lump of size of ~~4x3cm~~ 7x6cm at 1' o'clock Lt
- upper outer quadrant
- Hard and mild tenderness Ⓣ
- Immobile
- No nipple discharge / skin colour changes

Advice

- Oncologist Review for Neoadjuvant Chemotherapy
- Tab Nubenol fort - 01 tablet 1+0+1

USG Breast
(kindly comment on lump size)

USG breast
fibroadenoma Ⓛ breast

FNAC
Suspicious for malignancy Ca

Tru cut biopsy 11/4/22
- invasive breast CA of nospecial type Grade 3.

SHAFAQAT ALI
MBBS, FCPS Surgery
Assistant Professor Surgery
PMC SHIFA

F(MD)-12
(PN(MED)-12)

CONFIDENTIAL

Continuation Sheet No.

MEDICAL CASE SHEET (Continuation)

6886972	Rank/Rate NK	Name ASGHAR ALI	CMES

Date

CLINICAL NOTES (To be signed by M.O. giving Rank Name & Appointment in block letters)

22/6/24

CA Breast (R)

↓

ER] 3/3
PR]
Her 2 - ve

S/P NACT → MRM → RT

↓

on adj robaden + OFS x 7mo

↓

PET/CT = May '24 - lung mets

↓

on palliative femara + OFS
+ palbociclib (awaiting approval.
(x 2mo)

↓

New (R) axilla lesion

→ FNAC = malignant neoplasm

→ core biopsy done = metastatic carcinoma

↓

Plan: (1) palliative femara + OFS
+ palbociclib

(2) get fem ER/PR/Her 2 stat

(3) refer to surg OPD for (R) axilla abscess.

(4) Tab Nexum 600mg 1+1 → 5 days

(5) Tab Actifer 1+1

(6) Tab Amara 2.5mg x OD

(7) Inj Zoladex 3.6mg x SC x monthly

(8) CT x Chest as on 2/7/24

(9) Dressing procedure minor OT.

SURGICAL OPD
24
3/9/24
PNS SHIFA KARACHI

Dr. Ummarah Zafar
Registrar Oncology
PNS Shifa

Stage IV Ca Breast

→ Fungating mass (Rt) axilla (upper medial)

c/o (Capt Rashid)

Adv.

- Palliative therapy

(1). Tab Flagyl 400mg x (40)

(2) - Dermovate ointment x (4)

(3) - Cicatrin powder x (2)

(4) - Inj 5 FU 500mg x (2) vial (Fluorouracil)

(5) Inj Transamin 1g x (1).

make a paste and apply x BD.

63

35 Y, female NKCM cam to OPD, with c/O:

- Lump in left breast / 2 month.
- U/S done
  ↳ (Lt) breast fibroadenoma
- FNAC
  ↳ Hypercellular smears, clusters of ductal epithelial cells.
  ↳ suspicious for malignancy
  ↳ C4.

Adv: Tab Artifen 50mg BD / 05 days
Tab Augmentin 625mg BD

Adv
- Truecut Biopsy
- Demand Monopty needle (16)
- F/U on Fri for Truecut biopsy in Minor OT (Lt cdr Noureen)

Dr. Nousheen

35 yr old female, NK/C/O

Presented with c/o

(Lt) breast lump — 20 days.

S/B IP Cdr
Oairu

O/E

Ir
breast: - lump measuring approx 4x3 cm

- Upper outer quadrant.
- Slip test +ve
- Tenderness (+ve)
- No discharge or skin changes

Rt breast: Normal

U/S breast

→ Fibroadenoma.

- multiple firm. benign L/N
- Birads c3

Adv/

- FNAC (ultrasound guided)
- Tab Nubenol fort 1+0+1 — 14 days.
- F/U in gs OPD & report.

6886972 VIK w/o

ASGHAR ALI CHEQ

19/09/24

36yrs old (F)

Δ CA Breast - (L)

cT2N1M0

ER
PR } 3/8

HER2 -ve.

Sp1. NACT → AC → T

MRM (ypT3 ypN0)

RT

On Adj: Femara + OFS + (Palbociclib ~~continue~~ initiated).

PS → III/IV.

C/O → Gweakness
vomiting } 1 week.

they will Advise.

Cy Ponchard →

(1) Tab: Palbociclib 125mg 1x0x0 = 21 days.

(2) Tab: Ondem 8mg 1+1+1

(3) Cap: Nexum 40mg 1x0x0

Tab: Femara 2.5mg 1x0x0

Syp: Dijex 2tsp x BD

Syp: Motinorm 2tsp x BD.

Cap: Nforte (+1)

(4) Tab: Pantop 40mg 1+1

Awaiting Appointment

CONFIDENTIAL

F(MD)-12
(PN(MED)-12)

c/o **Continuation Sheet No.**

MEDICAL CASE SHEET (Continuation)

6886972	Rank/Rate Sep	Name Asghar Ali	Care

Date	CLINICAL NOTES (To be signed by M.O. giving Rank Name & Appointment in block letters)
01/08/24	36yrs old (F)
	↓
	CA Breast - (L)
	↓
	$cT_2N_1M_0$
	↓
	ER / PR] 3/8
	HER 2 -ve.
	↓
CBC, RFT, LFT) (N)	S/P NACT
	MRM (ypT_3 ypN_0)
	(18/Oct/23)
	RT
	Adj: Nolvadex (7 months) (Stopped)
	then on
	Adj: Femara + OFS (3 months)
	↓
	PET-CT → May-24. (lung mets).
	(R) Axillary lesion.
	Core Biopsy → July-24 Metastatic lesion.
	↓
	~~Palbociclib (Summary Submitted)~~

Advice

1. continue Femara + OFS (Zoladex
2. Awaiting Palbociclib approval.
3. Kindly comment on ER / PR / HER2] Stat on Biopsy of Ax

4. Inj: Zoladex 3.6 s/c
   ↳ Today
5. Tab: Femara 2.5 mg 1x0D
   Cap: Nexium 40mg 1x0D
   cap: Nfexte 1+1
   - cap: Osnate D 1x0D
   cap: Jyobit 1x0D.

1 month

6. F/up ē Reports.

Dr. S... Registrar... PN...

- Few prominent mesenteric L nodes seen. 9.6mm in short axis.

Uterus and both ovaries normal

- Post contrast — Homogeneous enhancement

27/4/23

① Breast lump + pain] — 2 months
suspicious for malignancy.

A/P: done
FNAC done suspicion

Δ Invasive Carcinoma of special type. Grade III
TO R/O metastasis.

- Sub pleural septal thickening (Post basal seg)
- Few prom L axi lymph node 16.7x10.8 mm. L one.
- Well defined lobula lesion e ~~Smooth~~ marg
  3.4 AP x 4.1 x 4.0 cc.
  e adjacent architectural distortion is noted / No overlying Skin thickening is noted
- Abutting underlying pectoral muscle peck complete however no infiltration is seen.
- Lung clear (likely Infective) etiology.
- ~~Visualized Bone appear~~ normal.
- No bony metastasis seen of ~~preserved~~
- ~~Bone~~ (Small sclerotic focus is seen in head of Rt femur) likely bone island

6886972 Sep w/o Asghar Ali

C/o,

35 y/o female NKCM
came in OPD c/o:-

(1) breast lump 20 days

U/S done - 20-2-23

(10 clock) position - Fibroadenoma left breast
- Histopath advised

O/E :- 1 lump noticed upper outer quadrant 4x3 cm
- slip test +ve
- tenderness +ve
- No discharge or skin change

S/B Medical Named

Adv :-
- FNAC (ultrasound guided)
- Tab Nubenol forte
- f/u in 4/5 OPD c/ reports/F

DR. SAJIDA
Housed Officer
JNS State Hospital, Karachi

PNA 174492

ANESTHESIA NOTES

OT. No. 04 Date: 18/10/2023

Number: 886972 Rank: N/IC Name: W/o Asghar Ali

Unit: Cliff Attock Age: 35Y Gender: Female / Male Ward: 11 Diagnosis CA Breast

Surgery: MRM Anesthetist: Lt Cdr Shah Dr Wajiha

Surgeons: Capt Rashid Lt Cdr Mahtab Dr Natasha

Anesthesia Assistant: Allah Ditta (LV) Surgeon Assistant: Salma LT

ASA Status	I	II	III	IV V	E
Anesthesia	GA	Spinal	Epidural	Monitored Anesthesia care	
Monitoring	Hear rate IBP	ECG CVP	NIBP Urine	SpO2 EtCO2 Others: IA line	Temp BSR
IV Line: CVC line:	16x 1 Cannula on (R) Hand + RL 1000				
Anti-Microbial Premedication	IV Dexa 04 mg	IV Metoclopramide 10 mg		IV Nalbuphine 06 mg	

SPINAL ANESTHESIA: After attaching monitoring and taking baseline vitals. Patient was pre-loaded / co-loaded with _____. Patient was placed in sitting / lateral position,. Under aseptic measures, spinal needle ___ G introduced at _____ level. 0.5% / 0.75 %bupivacaine _____ ml given Intrathecal.

GENERAL ANESTHESIA:

- After attaching monitoring, pre-oxygenation with 100% for 3 Minute. Induction done with Propofol 130 mg or ketamine — mg or Sevoflurane 8% Or Bakoreve. was done.
- Relaxant with Suxamethonium — mg or Atracurium 40 mg or _____
- Intubation with CET-Rbc 7.0
- Pressure areas secured and eyes taped shut.
- Maintenance: Isoflurane 1.5 % in 100 %Oxygen plus IV Atracurium 10mg SOS
- Reversal: Neostigmine 2.5 mg with Atropine ___mg or Glycopyrrolate 0.4 mg
- Extubation and recovery: & Suction Airway Clear

TOTAL FLUID INTAKE: RL 2000 ml

MISCELLANEOUS DRUGS: Inj Dormicum 2mg/IV

- Inj Augmentin 1.2g/IV Stat (#1) Inj Falgan 1G/IV
- _____

Intra-op Vitals	Baseline											
SBP	160	117	128	100	94	110						
DBP	78	77	73	87	64	70						
HR	79	73	80	81	91	98						
SpO2	100%	100%	100%	100%	100%	100%						
EICO2	—	31	30	32	34	35						
	—	—	—	—	—	—						

POST-OP VITALS:

PR: _____

BP: _____

SpO2: _____

POST ANESTHESIA ORDERS:

Case of C/A
Keep NPO Till
Vital Monitoring 1/2 Hourly
Shift Toward

DEPARTMENT OF ANAESTHESIOLOGY / CRITICAL CARE
PNS SHIFA
PRE-ANAESTHESIA ASSESSMENT

PATIENT PARTICULARS w/o Date: 3/10

P.No 6826472 Rank Sep		Name: Asghar	Unit
Age 36yrs	SEX M / F		Weight

Diagnosis		Operation	mrm → Chemotherapy — 2 cycles (last session 26/3

Comorbid	~~HTN / IHD / CVA / Asthma / Epilepsy / DM / TB / Jaundice / Smoking~~ Addiction
Current Medications	Nil
Drug allergies	Yes/No
Past Surgical History	Nil
Past Anaesthesia History	GA / Spinal / Epidural / LA / Sedation

Vitals:	Air way Assessment:
Pulse: 92/m NIBP: 120/70 mmHg Temp: RR: Spo2: 60%	Mouth opening: 3 fingers / limited Mallampati: I, II, III, IV Teeth: Normal / Loose teeth / Dentures Prominent incisors. Neck Movement: Normal / Restricted Thyromental distance: >3 finger Breadth
Systemic Exam:	SPINE : Palpable / Not Palpable / Curved
Chest: Clear / wheeze / crepts CVS: S1-S2-S1 CNS: Normal / Neurological deficit	Other Relevant examination: METS > 4

Investigations:

Hb	11.5	TLC	4.6	Platelets	247	BSR		Urea	3.4	Creat	55
ALT	26	Bilirubin	86	HBsAg	ve	Anti HCV	+ve	Na+	139	K+	3.9
HIV		Other	Cg (N)			ECG	✓	NSR			
ECHO	✓ EF 60%					CXR	✓	NAD	Blood Group		

ASA-status	I, II, III, IV, V, VI	E
ANAESTHESIA PLAN	GA / Regional / MAC	

Adv:

1. Written consent form (High Risk.) — 2D Echo
2. NPO 6-8 hours prior to surgery.
3. Take morning dose of Anti-hypertensive / Anti-epileptics / Anti-Asthma medication with a sip of water.
4. Omit morning dose of oral hypoglycemic / Insulin injection.
5. Arrange
   - RCC 1 units.
   - FFPs _____ units.
   - Platelet concentrates _____ units.
6. Remove dentures / jewelry before coming to OT.
7. Can proceed for surgery as per plan
8.

Dr. Wajiha Mehmood
Resident Anaesthesiology

Anesthesiologist

PNS SHIFA
Department of Anesthesiology & Critical Care
Anesthesia Consent Form

اجازت نامہ برائے بے ہوشی برائے آپریشن

میں _____ ریک/ ریٹ: _____ اپنا/اپنے والد/ والدہ/بیٹا/ بیٹی/ شوہر/ بیوی کے آپریشن کے لئے Anesthesia کی ٹیم کو اختیار دیتا / دیتی ہوں۔ دوران بے ہوشی و آپریشن چونکہ مریض کے دل سانس کے نظام کو مشینوں، کے ذریعے کنٹرول کیا جاتا ہے۔ اس لئے مندرجہ ذیل حقائق سے آگاہی ضروری ہے۔

۱۔ آپریشن پورا بے ہوش کر کے یا اس حصے کو سُن کر کے کرنے کی اجازت ہے۔

۲۔ میں ہر قسم کی دوائی کے استعمال کے لئے رضامند ہوں۔

۳۔ میں اقرار کرتا/ کرتی ہوں کہ:

(۱) مذکورہ بالا آپریشن کے لئے Ansethesia سے متعلق خطرات سے مکمل طور پر آگاہ کر دیا گیا ہے۔

(۲) ممکنہ خطرات جو کہ اس آپریشن کے دوران یا آپریشن کے بعد قدرتی طور پر یا حادثاتی طور پر واقع ہو سکتے ہیں، سے آگاہ ہوں۔

۴۔ تمام تر احتیاطی تدابیر کے باوجود کسی بھی مریض میں دانت ٹوٹنے سے لے کر فوتگی (Death) واقع ہونے تک کا خطرہ لاحق رہتا ہے۔

۵۔ مریضوں میں ECG نارمل ہونے کے باوجود خدانخواستہ ہارٹ اٹیک، فالج، پلمونری ایمبولزم، پلمونری ایڈیما، ایمبولزم کو خارج از امکان قرار نہیں دیا جا سکتا۔ عمر رسیدہ مریضوں میں ان پیچیدگیوں کا خدشہ بڑھ جاتا ہے۔

۶۔ Difficult Airway ہونے کی صورت میں جان بچانے کے لئے ضروری اقدامات کئے جا سکتے ہیں۔

۷۔ مریض/ مریضہ کو (ICU) میں مصنوعی سانس والی مشین (Ventilator) پر ڈالا جا سکتا ہے۔

۸۔ زچگی آپریشن (C-Section) والی خواتین میں باوجود چھ گھنٹہ کھانا پینا بند ہونے کے معدہ خالی نہیں ہوتا۔ اس لئے دوران آپریشن اُلٹی لگنے سے سانس کی نالی میں خوراک یا پانی کے جانے کا اندیشہ ہوتا ہے۔ جس سے خدانخواستہ مریض کی جان کو خطرہ لاحق ہو سکتا ہے۔

۹۔ شاذ و نادر انجانی خطرناک پیچیدگیاں مثلاً: Anaphylactic Reaction، Malignant Hyperthermia، Cardiac Arrest، Apnea وقوع پذیر ہو سکتی ہے۔ ایسے مریضوں کا پہلے اندازہ لگانے کے لئے کوئی ٹیسٹ نہیں ہوتا۔

۱۰۔ بعض اوقات دھڑ کے زیریں حصے کے آپریشن کے لئے Spinal Anesthesia یا Epidural دیا جاتا ہے۔ جو کے انجانی مہارت طلب اور محفوظ (Technique) تاہم ان خطرات، پیچیدگیوں خصوصاً High Spinal/ Nerve Damage کو خارج از امکان نہیں دیا جا سکتا۔

میں مندرجہ بالا حقائق پڑھنے اور سمجھنے کے بعد اپنا/اپنے مریض کا آپریشن ہر قسم کی بے ہوشی کرانے کا اجازت دیتا/دیتی ہوں

دستخط و نام مریض: _____ Rabia

دستخط لواحقین: _____ Self

شناختی کارڈ نمبر: _____

انگوٹھے کا نشان: _____

PNS SHIFA

Atomic Energy Medical Centre (AEMC)

JPMC, Rafique Shaheed Road, Karachi

Dr. Hina Hashmi, Director
Consultant Radiation Oncologist

Dr. Syed Minhaj Maqbool, Head NM
Dr. Bashir Ahmed
Dr. Lubna Khan Jadoon
Dr. Sumaira Mushtaq
Dr. Aniqa Jabeen

PRN:	005423/23	File No.	NIL
Patient Name:	Rabia	Status:	Non Entitled
W/O	Asghar Ali	Contact Nos:	03468369708
Age:	35 Year(s)	Entry Date:	20-Apr-2023
Gender:	Female	City:	Karachi West

BONE SCAN

Clinical Features

Ca Left Breast

Procedure

Skeletal scintigraphy was performed with Tc-99m labeled MDP. 20 mCi of the radiotracer was injected intravenously and whole body static images were acquired 3 hours p.i. in the anterior and posterior projection.

Findings

Three hour delayed images show bilaterally symmetrical uptake of the radiotracer in both the axial and appendicular skeleton. No area of abnormally increased uptake of the tracer is noted in any part of the skeleton.
Extravasation of isotope is seen at site of injection in right elbow.

Opinion

Skeletal scintigraphy is negative for osseous metastasis.

Advice

DR. ANIQA JABEEN
Consultant Nuclear Physician

Phone:021-99205693-4 Fax:- 021-99201354 Email:- aemc@paec.gov.pk

DEPARTMENT OF RADIOLOGY
PNS SHIFA KARACHI

[illegible]	W/O ASGHAR ALI	O.NO	RANK: SEP	AGE: 35 YRS	
[illegible]		REG.# 4255-23	WARD: OPD	DATE: 17/4/[illegible]	

CECT SCAN ABDOMEN AND PELVIS

Clinical history: Left breast lump

Technique: 5 mm contiguous slices are taken from dome of diaphragm to pubic symphysis. Oral and IV contrasts are given.

Findings:

- Sub pleural septal thickening is noted in posterior basal segments of bilateral lower lobes ---- likely secondary to infective etiology.
- A well-defined heterogeneously enhancing lobulated lesion with internal necrotic component is noted in upper outer quadrant of left breast with adjacent architectural distortion. It is closely abutting underlying pectoralis muscle, however no pectoralis muscle infiltration is seen. It measures 3.4x4.4x4.0 (APxTxCC) in dimensions. No skin thickening is noted.
- Few prominent left axillary lymph nodes are noted, largest one measuring 16.7x10.8mm.
- A few prominent mesenteric lymph nodes are noted largest one measuring 7.6 mm in short axis.
- Liver is normal is size shows homogenous parenchyma with smooth outline. Normal intra and extra hepatic biliary channels identified. CBD, portal vein is normal in caliber.
- Gall bladder reveals normal wall thickness. No evidence of calculus or mass is seen within its lumen
- Pancreas reveals normal parenchymal texture. No evidence of peripancreatic fat stranding or fluid collection.
- Adrenals are normal morphologically. No mass is noted.
- Both kidneys appear normal morphologically. It reveals normal contrast excretion. No solid / cystic mass is seen on either side.
- Spleen is normal is size and contour reveals normal enhancement. No mass is noted.
- Urinary bladder appears normal. No calculus or mass is seen.
- No ascites is seen.
- Retro aortic lymphadenopathy is seen.
- No abdomino-pelvic mass is seen.
- No free fluid is seen.
- Small sclerotic focus is noted in head of right femur likely bone island.
- No bony metastasis is seen at present.
- Uterus and both ovaries appear normal.

IMPRESSION: Biopsy proven invasive carcinoma of special type (Grade III) — Left breast.

- Above mentioned features are suggestive of Left breast enhancing neoplastic lesion with ipsilateral axillary lymphadenopathy ----------T2N1Mo
- Infective etiology of lungs

[illegible] (RETD)
DR. NAILA MUMTAZ
[illegible] FCPS
[illegible] RADIOLOGIST

SURG LT COMMANDER
DR. TANZEELA PARVEEN
MBBS FCPS
CLASSIFIED RADIOLOGIST

RESIDENT DR CHANDRA

[illegible] RADIOLOGY

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48506768, Fax:
Email: , Website:

Dept Ref#	: PNAFNA23000132	Ordered By	:
MR NO	: PNA-0000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse No-6886972 Sep Asghar Ali ..	In-house Consultant	:
Age/Sex	: 35 Year(s)/Female	Report Destination	: Histopathology
Phone	: 0309 1234567	Requested	: 22-FEB-2023 10:19:52
Address	: SHIFA, KARACHI - PAKISTAN	Specimen Received	: 22-FEB-2023 10:36:46
		Reported	: 03-MAR-2023 12:41:50

FNAC Procedure and Examination (Fna Ct)

Clinical History Lobulated mass with internal foci of calcification. Impression: Fibroadenoma.

Referred By
PNS SHIFA
Nature Of Specimen
USG GUIDED FNAC OF LUMP LEFT BREAST
Macroscopic Appearance
Site of FNAC: Left breast lump.
No. of passes: One.
No. of slides: 6 (3 alcohol fixed & 3 air dried) slides received from Radiology Department, PNS SHIFA.
Stains applied: Diff Quik, H & E, Pap.
FNAC Performed by: Surg Lt Cdr Tanzila Parveen PN, Classified Radiologist.

Case Registrar: Surg Lt Cdr Tabish Hassan PN, Resident Histopathology.
Case Consultant: Surg Lt Cdr Rabia Ahmed PN, Classified Histopathologist.
Microscopic Appearance
The aspirate reveals hypercellular smears showing isolated and clusters of ductal epithelial cells having high N:C ratio, pleomorphic; hyperchromatic nuclei with variable prominent nucleoli along with admixed neutrophils, lymphocytes and histiocytes in a haemorrhagic background.
OPINION
SUSPICIOUS FOR MALIGNANCY - LEFT BREAST LUMP (USG GUIDED FNAC).
Reporting Category
REPORTING CATEGORY: C4.
COMMENTS:
1. Correlate clinically and radiologically.
2. Trucut biopsy followed by histopathological evaluation is suggested for definitive diagnosis before any radical surgical procedure.

Surg Lt Cdr Rabia Ahmed P N
Consultant Histopathologist

Surg Lt Cdr Tabish Hassan
Registrar Histopathology

Electronically verified report, no signature(s) required.

Surg Cdr Nighat Jamal PN
MBBS,FCPS (Histopathology)
Associate professor of Pathology

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS (Histopathology)
FRC Path(UK)
Asst professor of Pathology

DR. ZIAUDDIN HOSPITAL

Clifton Campus: ST-4/B, Block-6, Scheme 5, Clifton, Karachi, Pakistan, Tel: 021-35862937-9, Fax: 021-35837212

Patient Name	RABIA ASGHAR W/O ASGHAR ALI	D.O.B	22-07-1987
M.R	2408336	Study Date	28 May 2024
Ref. Doctor	Dr. UMAIR	Age	36 y
Accession No	700040404980	Sex	F
Fee Level	OPD Private	Report Date	28 May 2024

[illegible] COMPUTERIZED TOMOGRAPHY (FDG PET/CT)

Chest:
Postsurgical changes of left modified radical mastectomy and axillary lymph node dissection identified along with mild subcutaneous fat stranding in the left anterior chest wall without significant FDG uptake. No FDG avid focus is identified in the left anterior chest wall or left axilla to suggest residual or recurrent disease.

No FDG avid focal lesion is identified in the right breast. Subcentimeter non-avid right axillary lymph nodes identified.

Redemonstration of few size stable hypermetabolic nodules in both lungs. Largest one of them in the right lung lower lobe measures 1.7 x 1.3 cm – SUV 14.6. Another one in the left lung lower lobe in pericardiac location measures 1.8 x 1.6 cm – SUV 16.5. These likely represent metastatic deposits.

Tiny non avid nodule is identified in the subpleural location in the anterior segment of the left lung upper lobe. It measures 0.3 x 0.4 cm – SUV 1.1.

Mild fibrotic changes are identified in the apical segment of the left lung upper lobe without significant FDG uptake, likely representing post-radiation changes.

Hypermetabolic lymph nodes are identified at the left hilar and subcarinal regions. Left hilar node measures 1.6 x 1.1 cm – SUV 9.8. These likely represent metastatic nodes.

Physiological radiotracer activity identified in the myocardium and great vessels. No pleural or pericardial effusion noted.

[illegible]
[illegible] pancreas and gall bladder morphologically appear unremarkable [illegible] stations appear normal. Bowel loops demonstrate physiological radiotracer [illegible]. No ascites noted.

[illegible]
Tiny hypermetabolic [illegible] nodule is identified in the subcutaneous tissues of the right [illegible]. It measures 0.3 x 0.9 cm – SUV 8.3. This may represent small deposit / node.

[illegible] spine, likely representing post-radiation changes.

No aggressive osseous lesion or abnormal marrow uptake identified in the visualized axial and appendicular skeleton.

[illegible]
MBBS, FCPS, EDIR (Europe), Fellowship VIR (AKU)
MSc in Oncologic Imaging (Italy)
Professor & Head Radiology

DR. AMJAD HUSSAIN
Chief Executive
MBChB, FRCR, CCT (UK), Fellowship VIR (UK)
Vascular & Interventional Radiologist

PNS SHIFA

DHA Phase 2, Karachi. Phone: 021-40303600/40506708, Fax:
Email: , Website:

Dept Ref#	: PNAH3230012209	Ordered By	:
MRNO	: PNA-00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. , Spouse No-0086078 Sep Asghar Ali ..	In-house Consultant	:
Age/Sex	: 35 Year(s)/Female	Report Destination	: Histopathology
Phone	: 0309 123-1567	Requested	: 10-MAR-2023 13:26:20
Address	: SHIFA, KARACHI - PAKISTAN	Specimen Received	: 10-MAR-2023 13:26:35
		Reported	: 27-MAR-2023 09:36:33

Histopathology (Tissue)

Clinical History Left breast lump at upper lateral quadrant. Suspicion of malignancy.

Referred By
PNS SHIFA
Nature Of Specimen
Trucut Biopsy
Specimen Site:
Left breast mass
Macroscopic Appearance

The specimen received in formalin consists of fibrofatty tissue cores ranging in size from 0.6 cm to 1.2 cm. Placed on filter paper and stained with eosin. Entirely submitted in cassettes 2 (A,B).

Case Registrar: Surg Lt Cdr Talish Hassan PN, Resident Histopathology.
Case Consultant: Surg Cdr Nighat Jamal PN, Classified Histopathologist.

Microscopic Appearance

The sections reveal trucut fragments showing fibroadipose tissue. There is infiltration by lymphocytes, plasma cells, few neutrophils, eosinophils with lymphoid follicle formation. No definitive ductal tissue is identified in multiple levels examined.

IMMUNOHISTOCHEMISTRY:
CK7 Negative.

OPINION

FRAGMENTS OF FIBROADIPOSE TISSUE SHOWING INFLAMMATION - RIGHT BREAST LUMP BIOPSY.

COMMENTS:

1. No ductal tissue is identified in multiple levels examined.
2. Correlate clinically and radiologically.
3. Repeat biopsy may be considered, if clinically indicated.

Surg Cdr Nighat Jamal PN
Consultant Histopathology

Consultant Histopathology

Surg Cdr Nighat Jamal PN
MBBS,FCPS (Histopathology)
Associate professor of
Pathology

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS,(Histopathology)
FRC Path(UK)
Asst professor of Pathology

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48500768, Fax:
Email: , Website:

Dept Ref	: PNSH-S250315/E	Ordered by	:
MRNO	: PNA-0000173402	Referring	: Histopathology
Name	: Asghar Ali	In-house Consultant	:
Age/Sex	: 35 Year(s)/Female	Reject Destination	: Histopathology
Phone	: 0300 1234567	Requested	: 27-MAR-2023 12:06:20
Address	: SHIFA, KARACHI - PAKISTAN	Specimen Received	: 27-MAR-2023 12:17:09
		Reported	: 11-APR-2023 09:04:57

Histopathology (Tissue)

IMMUNOHISTOCHEMISTRY:
Ki67 index: Up to 9[illegible]
OPINION:
INVASIVE BREAST CARCINOMA OF NO SPECIAL TYPE, PROVISIONAL GRADE 3 - LEFT BREAST LUMP.
REPORTING CATEGORY: B5b (INVASIVE).

COMMENTS:
Correlate clinically and radiologically.

[illegible]
Consultant Histopathology

Consultant Histopathology

[illegible] verified report, no signature(s) required.

[illegible]
MBBS,FCPS (Histopathology)
[illegible] professor of
[illegible]logy

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS (Histopathology)
FRC Path(UK)
Assl professor of Pathology

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506808/48500768, Fax:
Email: , Website:

Dept Refl	: DHA-IS23001220	Ordered By	:
MRNO	: PNA-0006178492	Referring	: Histopathology
Name	: [illegible] Spouse [illegible]-6006672 Sep Asghar Ali	In-house Consultant	:
Age/Sex	: 35 Year(s),Female	Report Destination	: Histopathology
Phone	: 0309 1234567	Requested	: 10-MAR-2023 13:26:20
Address	: SHIFA, KARACHI - PAKISTAN	Specimen Received	: 10-MAR-2023 13:26:35
		Reported	: 27-MAR-2023 09:38:33

Histopathology (Tissue)

Clinical History: Left breast lump at upper lateral quadrant. Suspicion of malignancy.

Referred By
PNS SHIFA
Nature Of Specimen
Trucut Biopsy
[illegible]
Left breast lump
Microscopic [illegible]

The specimen received in formalin consists of four tissue cores ranging in size from 0.6 cm to 1.2 cm. Placed on filter paper and stained with eosin. Entirely submitted in cassettes 2 (A,B).

Case Registrar: Surg Lt Cdr Tabish Hassan PN, Resident Histopathology.
Case Consultant: Surg Cdr Nighat Jamal PN, Classified Histopathologist.

Microscopic Appearance

The sections reveal trucut fragments showing fibroadipose tissue. There is infiltration by lymphocytes, plasma cells, few neutrophils, eosinophils with lymphoid follicle formation. No definitive ductal tissue is identified in multiple levels examined.

IMMUNOHISTOCHEMISTRY:
CK7: Negative.

OPINION

FRAGMENTS OF FIBROADIPOSE TISSUE SHOWING INFLAMMATION - RIGHT BREAST LUMP BIOPSY.

COMMENTS:

1. No ductal tissue is identified in multiple levels examined.
2. Correlate clinically and radiologically.
3. Repeat biopsy may be considered, if clinically indicated.

[illegible]
Consultant Histopathology

[illegible]
Consultant Histopathology

Electronically verified report, no signature(s) required.

Surg Cdr Nighat Jamal PN
MBBS,FCPS (Histopathology)
Associate professor of Pathology

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS (Histopathology)
FRC Path(UK)
Assistant professor of Pathology

PNS SHIFA

DHA Phase 2, Karachi Phone: 021-48506608/48506766, Fax:
Email: , Website:

Dept Ref#	: PNAHIS23004720	Ordered By	:
MRNO	: PNA-00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse No-6886972 Sep Asghar Ali ..	In-house Consultant	: Admin Consultant
		Report Destination	: Histopathology
Age/Sex	: 36 Year(s)/Female	Requested	: 19-OCT-2023 08:37:22
Phone	: 03353035959	Specimen Received	: 19-OCT-2023 08:38:45
Address	: SHIFA, KARACHI - PAKISTAN	Reported	: 08-NOV-2023 15:54:18

Histopathology (Tissue)

Clinical History Carcinmoma breast (post NACT) T3N1Mo. Differential diagnosis: Mastectomy with level II axillary lymphnode CT Chest: Lobulated lesion with internal necrotic component noted in upper outer quadrant of left breast measuring 3.4 x 4.4 x 4.0 cm in dimensions.

Referred By
PNS SHIFA
Nature Of Specimen
Mastectomy
Specimen Site:
Left Breast Level I & II
Macroscopic Appearance

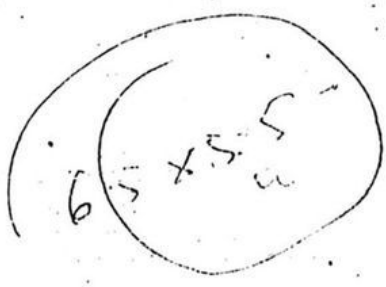
The specimen received in formalin consists of breast with axillary ,all. Breast measures 22 x 13 x 7.5 cm and attached axillary tail measures 11 x 5 x 3.5 cm. Overlying skin ellipse measures 21 x 10.5 cm. Nipple is retracted and diameter of nipple is 1 cm. On sectioning, the breast reveals a gray while irregular firm tumor involving UOQ and LOQ (lateral half of breast), measuring 6.5 x 5.5 x 4.4 cm. The tumor is 2.5*cm away from deep margin, 2.6 cm away from superior margin, 4.5 cm away from inferior margin, 11 cm away from medial margin; 12 cm away from lateral (axillary) margin and 0.6 cm away from skin. 13 apparent lymph nodes are recovered from the attached axillary tail. Largest lymph node measuring 2.5 x 1.5 cm. Representative sections taken are labeled as:

A Deep margin painted RST 1 in cassette 1.
B Superior margin painted RST 1 in cassette 1.
C Inferior margin painted RST 1 in cassette 1.
D Medial margin painted RST 1 in cassette 1.
E Lateral margin shaving RST 1 in cassette 1.
F Nipple RST 2 in cassette 1
G,H Tumor with skin RSTs 2 in cassettes 2.
I,K L,M,N,P,Q,R,S Tumor RSTs 9 in cassettes 9.
T Upper inner quadrant tissue RST 1 in cassette 1.
U Lower inner quadrant tissue RST 1 in cassette 1.
V One lymph node RSTs 2 in cassette 1.
W One lymph node RSTs 2 in cassette 1.
X Fibrofatty tissue RSTs 2 in cassette 1.
Y Two lymphnodes RSTs 2 in cassette 1.
Z Two lymph nodes RSTs 2 in cassette 1.
Z1 One lymph node RSTs 5 in cassette 1.
Z2 Two lymph nodes RSTs 2 in cassette 1.
Z3 Two lymph nodes RST 1 in cassette 1.
Z4,Z5,Z6 Largest lymph node RSTs 5 in cassettes 3.
Z7,Z8,Z9,Z10,Z11, Fibrofatty tissue in RSTs 5 in cassettes 5.
Z12 1 lymph node RST 1 in cassette 1.

Case Registrar: Surg Lt Cdr Muhammad Umair PN; Resident Histopathology.
Case Consultant: Surg Cdr Akhter Ali Bajwa PN, Classified Histopathologist.

Microscopic Appearance

Specimen: Left Breast
Procedure: Modified radical mastectomy.
Specimen laterality: Left.
Tumor:
- Site: Upper outer quadrant and lower outer quadrant (lateral half).
- Size: Greatest dimension: 6.5 cm. Additional dimensions: 5.5 x 4.4 cm
- Histologic type: Invasive breast carcinoma of no special type (ductal).
- Histologic grade (Nottingham Histologic Score):



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Asst Professor Pathology

Surg Lt Cdr Muhammad Umair PN
Registrar Histopathology

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Histopathology (Tissue)

Tubular differentiation: Score 3 (<10%).
Nuclear pleomorphism: Score 3 (Severe).
Mitotic rate: Score 3 (≥15/10 HPF).
Total score: 9 out of 9.
Overall grade: Grade 3.
Tumor focality: Single focus of invasive carcinoma.
Ductal carcinoma in situ: Not identified.
Lobular carcinoma in situ: Not identified.
Tumor extent: Skin and nipple present and not involved.
Lymphovascular invasion: Not identified.
Dermal lymphovascular invasion: Not identified.
Microcalcifications: Not identified.
Treatment effect in breast: Partial response to therapy with approximately 85% of tumor remaining.
Treatment effect in lymph node: Metastatic tumor not detected but evidence of response seen i.e., hemosiderophages and focal fibrosis are seen

MARGINS

Margin status for invasive carcinoma: All margins negative for invasive carcinoma.
Closest margin: Deep margin, 25 mm away from tumor.
Other margins:
Superior margin: Not involved (Distance from tumour is 20 mm).
Inferior margin: Not involved (Distance from tumour is 45 mm).
Medial margin: Not involved (Distance from tumour is 110 mm).
Lateral margin: Not involved (Distance from tumour is 120 mm).
Skin: Not involved (Distance from tumour is 6 mm).

REGIONAL LYMPH NODES

Regional lymph node status: All regional lymph nodes examined are negative for metastatic carcinoma.
Number of lymph nodes with macrometastasis: 00.
Number of lymph nodes with micrometastasis: 00.
Number of lymph nodes with isolated tumor cells (ITC): 00.
Lymphnode examined: 13 (Axillary tail) & 06 (level I & II (histopath ID 4721/23 of PNS Shifa)).

DISTANT METASTASIS

Not applicable

PATHOLOGIC STAGE CLASSIFICATION

ypT category: ypT3 (Tumor greater than 50 mm in greatest dimension).
ypN category: ypT0 (No regional lymphnode metastases).

RECEPTOR STUDIES:

ESTROGEN RECEPTOR:
Proportion score: 0.
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.

PROGESTERONE RECEPTOR:
Proportion score: 0.
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.

HER2:
HER2 membrane staining score: 0.
Interpretation: Negative.

IMMUNOHISTOCHEMISTRY:
Ki67 index: Upto 80%.

OPINION

Surg Cdr Akhter Ali Bajwa PN
MBBS, FCPS (Histopathology)
Asst Professor Pathology

Surg Lt Cdr Muhammad Umair Pn
Registrar Histopathology

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Overall grade: Grade 3.
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Ductal carcinoma in situ: Not identified.
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Tumor extent: Skin and nipple present and not involved.
Lymphovascular invasion: Not identified.
Dermal lymphovascular invasion: Not identified.
Microcalcifications: Not identified.
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Regional lymph node status: All regional lymph nodes examined are negative for metastatic carcinoma.
Number of lymph nodes with macrometastasis: 00.
Number of lymph nodes with micrometastasis: 00.
Number of lymph nodes with isolated tumor cells (ITC): 00.
Lymphnode examined (13 (axillary tail) & 06 (level I & II (histopath ID 4721/23 of PNS Shifa)).
DISTANT METASTASIS
Not applicable
PATHOLOGIC STAGE CLASSIFICATION
ypT category: ypT3 (Tumor greater than 50 mm in greatest dimension).
ypN category: ypN0 (No regional lymphnode metastases).
RECEPTOR STUDIES:
ESTROGEN RECEPTOR:
Proportion score: 0.
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.
PROGESTERONE RECEPTOR:
Proportion score: 0.
Intensity score: 0.
Total score: 0 out of 8.
Interpretation: Negative.
HER2
HER2 membrane staining score: 0.
Interpretation: Negative.
IMMUNOHISTOCHEMISTRY:
Ki 67 index: Upto 30%.
Comment:

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Dept Ref#	: PNAHIS24003523	Ordered By	:
MRNO	: PNA-00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse NO-6886972 Sep ASGHAR ALI ..	In-house Consultant	: Admin Consultant
		Report Destination	: Histopathology
Age/Sex	: 37 Year(s)/Female	Requested	: 21-AUG-2024 11:35:54
Phone	: 0335 3035959	Specimen Received	: 21-AUG-2024 11:36:29
Address	: SHIFA, KARACHI - PAKISTAN	Reported	: 22-AUG-2024 15:03:21

Histopath Review with Ihc (Tissue)

Clinical History 2844/2024: Metastatic carcinoma.

Referred By
PNS SHIFA
Nature Of Specimen
Biopsy
Specimen Site:
right arm near axilla
Macroscopic Appearance
The specimen consists of PNS Shifa Histopathology case number 2844/2024 for hormone receptor studies and HER2 immunohistochemistry.

Case Registrar: Surg Lt Cdr Muhammad Umair PN, Resident Histopathology.
Case Consultant: Surg Cdr Akhter Ali Bajwa PN, Classified Histopathologist.
Microscopic Appearance
ESTROGEN RECEPTOR
Intensity: 0
Proportion:0
Total score: 0 out of 8
Interpretation: Negative.
PROGESTERONE RECEPTOR
Intensity: 0
Proportion:0
Total score: 0 out of 8
Interpretation: Negative.
HER2
Score:0
Interpretation: Negative.
OPINION
METASTATIC CARCINOMA RIGHT ARM NEAR AXILLA (NEEDLE BIOPSY):
1. ESTROGEN RECEPTOR NEGATIVE.
2. PROGESTERONE RECEPTOR NEGATIVE.
3. HER2 NEGATIVE

COMMENTS:
Please also see PNS Shifa report number 2844/2024 of the same patient dealing with right arm near axilla tissue biopsy.

Surg Cdr Akhter Ali Bajwa Pn
MBBS, FCPS (Histopathology)
Asst. Professor of Pathology

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Registrar Histopathology

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Dept Ref#	: PNAHIS24002844	Ordered By	:
MRNO	: PNA-00000176492	Referring	: Histopathology
Name	: RABIA ASGHAR .. .. Spouse NO-6886972 Sep ASGHAR ALI ..	In-house Consultant	: Admin Consultant
		Report Destination	: Histopathology
Age/Sex	: 36 Year(s)/Female	Requested	: 05-JUL-2024 10:03:59
Phone	: 0335 3035959	Specimen Received	: 05-JUL-2024 10:04:22
Address	: SHIFA, KARACHI - PAKISTAN	Reported	: 22-AUG-2024 15:06:32

Histopathology (Tissue)

Clinical History swelling on right arm near wtih axilla shows heterogenous lesin with increased vascularity (suspicious lesion). Patient is a known case of IBC NST left breast, postchemotherapy and post MRM.

Referred By
PNS SHIFA

Nature Of Specimen
Biopsy

Specimen Site:
Right arm near axilla.

Macroscopic Appearance
The specimen received in formalin consists of two off white tissue cores collectively measuring 1 x 0.8 x 0.2 cm; Placed on filter paper. Entirely submitted in cassette 1.

Case Registrar: Surg Lt Cdr Muhammad Umair PN, Resident Histopathology.
Case Consultant: Surg Cdr Akhter Ali Bajwa PN, Classified Histopathologist.

Microscopic Appearance

SPECIMEN
Type of biopsy: Needle biopsy.
Site of biopsy: Right arm near axilla.

TUMOR
Histologic diagnosis: Metastatic carcinoma.
Histologic grade: Not applicable.

MICROSCOPIC DESCRIPTION
The sections reveal linear tissue fragments with skin. The tissue shows infiltration by nests and cords of malignant epithelial cells with high N/C ratio, pleomorphism, prominent nucleoli, mitoses and eosinophilic cytoplasm surrounded by desmoplastic stroma.

IMMUNOHISTOCHEMISTRY:
CK7: Positive.
CK20: Negative.
EMA: Diffuse positive
GATA3: Negative.
Mammoglobin: Negative.
TTF1: Negative.
PAX8: Negative.
CDX2: Negative.
PAX8: Negative.
ER: Negative.
BerEP4: Negative
Ki-67 index: Low.

OPINION
METASTATIC CARCINOMA - RIGHT ARM NEAR AXILLA (NEEDLE BIOPSY).

COMMENTS:
1. Considering the prior history of left breast carcinoma and positive CK7 and EMA by immunohistochemistry, the primary is most likely from breast.
2. Correlate clinically and radiologically to ascertain primary tumor.

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Registrar Histopathology

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Histopathology (Tissue)

INVASIVE BREAST CARCINOMA OF NO SPECIAL TYPE, GRADE 3 - LEFT BREAST (POSTCHEMOTHERAPY MODIFIED RADICAL MASTECTOMY).
PATHOLOGIC STAGE ypT3 ypN0.

COMMENTS:

1 Correlate clinically and radiologically.
2 Please also see PNS SHIFA Histopathology report number 4721/2023 of the same patient dealing with level I and II lymphnodes biopsy revealing reactive lymphoid hyperplasia and negative for nodal metastasis.

Surg Cdr Akhter Ali Bajwa P N
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Asst Professor Pathology

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Registrar Histopathology

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Surg Cdr Nighat Jamal PN
[illegible] (Histopathology)
[illegible] professor of
[illegible]ology

Surg Lt Cdr Rabia Ahmed PN
MBBS,FCPS (Histopathology)
FRC Path(UK)
Asst professor of Pathology

6886972

NK

W/o ASGHAR ALI

LHCC

03/09/24

ΔCA Breast (L) · stage IV.

ER, PR } 3/8

HER 2 → (-ve)

- S/P NACT → MRM → RT.

∴ Mets (+ve) → (PET CT (5/24) → lung mets)

↓

(R) Arm (upper medial)

ER, PR, HER 2 } (-ve) ← H/P (5/7/24)

- On palliative femara + OFS + palbociclib.

-

x Adv

- Tab Temara 2.5 mg x OD
- Inj Zoledex 3.6 mg x S/C x monthly.
- Dressing from minor OT:
- CT x 4 weeks as on 2/7/24. + Cap Rivek 40mg 1x0
-

DR USAMA FEEN ZAHID
Resident Medicine
PNS Shifa Hospital

DEPARTMENT OF RADIOLOGY
PNS SHIFA KARACHI

CECT CHEST, ABDOMEN AND PELVIS

NAME	W/O ASGHAR ALI	O.NO		RANK:	NK	AGE:	35 YRS
UNIT:		REG.	4662/24	WARD:	OPD	DATE	13-05 2024

Clinical history:

- Biopsy proven case of left breast invasive carcinoma -----status post-surgical MRM and chemotherapy

Technique: 5 mm contiguous slices are taken from apex to pubic symphysis.
IV contrast is given.

Findings

- Left breast is not visualized, consistent with the history of mastectomy
- Mastectomy site along lateral aspect shows an ill defined heterogeneously enhancing soft tissue attenuation mass (measuring 2.6 x 2.5 cm) with irregular spiculated margins causing overlying skin puckering and skin thickening of 7.4 mm. Thickening and patchy heterogeneous enhancement of underlying pectoralis major and minor muscles is noted along with significant fat stranding representing recurrent/residual disease. Contralateral breast is normal.
- Few enhancing ipsilateral supra clavicular and axillary lymph nodes are noted, one of them measuring 8.4 mm in its short axis dimensions.
- Few sub centimetric contralateral axillary lymph nodes are noted. Largest one measuring 5.3 mm in its short axis dimensions.
- Bilateral apical pleural thickening is noted
- Apical fibrosis of left upper lobe is noted
- Enhancing, soft tissue attenuation nodule measuring 1.8x 1.5 cm is noted in apical/ superior segment of right upper lobe. Another measuring 1.9 x 1.7 cm is noted in anteromedial basal segment of left lower lobe.
- No mediastinal mass or lymphadenopathy is detected. Mediastinum is normal in position.
- No chest wall or pleural-based lesion or mass is detected.
- Cardiac size is enlarged (CTR 13.3/22)
- Liver is normal in size shows homogenous parenchyma with smooth outline. Normal intra-and extra hepatic biliary channels identified. CBD, portal vein is normal in caliber.
- Gall bladder reveals normal wall thickness. No evidence of calculus or mass is seen within its lumen.
- Pancreas reveals normal parenchymal texture. No evidence of peripancreatic fat stranding or fluid collection, spleen is normal in size and contour reveals normal enhancement
- Adrenals are normal morphologically. No mass is noted.
- Both kidneys excrete contrast and normal morphologically. No solid / cystic mass is seen on either side.
- Few prominent mesenteric lymph nodes are noted, largest one measuring 5.5 mm in its short axis dimensions
- Urinary bladder shows normal wall thickness. No mass is seen in the lumen.
- Uterus and adnexa appear normal.
- Bone island is noted in right femoral head

IMPRESSION:

- Biopsy proven case of left breast invasive carcinoma -----status post-surgical and chemotherapy
- This is first post-surgery CT scan.
- Present scan shows recurrent/residual disease at mastectomy site, also involving ipsilateral pectoralis major and minor muscles with malignant ipsilateral axillary and supraclavicular lymphadenopathy and bilateral pulmonary metastasis.
- Cardiomegaly

FOR

SURG.CAPTAIN PN
DR. NAILA MUMTAZ
MBBS FCPS
CLASSIFIED RADIOLOGIST
HOD RADIOLOGY

SURG COMMANDER
DR. ASMA KIANI
MBBS FCPS
CLASSIFIED RADIOLOGIST

DR BUSHRA MALIK
RESIDENT RADIOLOGY

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Mastectomy
Specimen Site:
Left Breast Level I & II
Macroscopic Appearance
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F: Nipple RSTs 2 in cassette 1.
G,H: Tumor with skin RSTs 2 in cassettes 2.
J,K,L,M,N,P,Q,R,S: Tumor RSTs 9 in cassettes 9.
T: Upper inner quadrant tissue RST 1 in cassette 1.
U: Lower inner quadrant tissue RST 1 in cassette 1.
V: One lymph node RSTs 2 in cassette 1.
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X: Fibrofatty tissue RSTs 2 in cassette 1.
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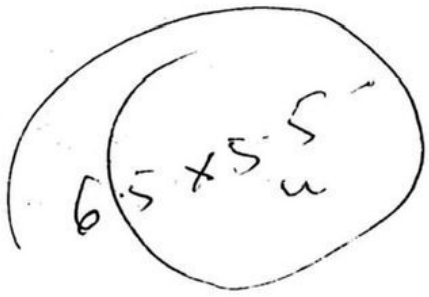
Z: Two lymph nodes RSTs 2 in cassette 1.
Z1: One lymph node RSTs 5 in cassette 1.
Z2: Two lymph nodes RSTs 2 in cassette 1.
Z3: Two lymph nodes RST 1 in cassette 1.
Z4,Z5,Z6: Largest lymph node RSTs 5 in cassettes 3.
Z7,Z8,Z9,Z10,Z11: Fibrofatty tissue in RSTs 5 in cassettes 5.
Z12: 1 lymph node RST 1 in cassette 1.

Case Registrar: Surg Lt Cdr Muhammad Umair PN, Resident Histopathology.
Case Consultant: Surg Cdr Akhter Ali Bajwa PN, Classified Histopathologist.

Microscopic Appearance
SPECIMEN
Procedure: Modified radical mastectomy.
Specimen laterality: Left.
Tumor site: Upper outer quadrant and lower outer quadrant (lateral half).
Tumor size: Greatest dimension: 6.5 cm. Additional dimensions: 5.5 x 4.4 cm.
Histologic type: Invasive breast carcinoma of no special type (ductal).
Histologic grade (Nottingham Histologic Score):



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Test Ref#	: PNA-S2300-720	Ordered By	:
MRNO	: PNA-0000070-12	Referring	: Histopathology
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... Registrar Histopathology

... electronically verified report, no signature(s) required.

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