

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Dr. ARCHANA GANDHOTRA	PATIENT ID	: 1670639
AGE/ GENDER	: 65 YRS/Female	REG. NO./LAB NO.	: 012411130036
COLLECTED BY	:	REGISTRATION DATE	: 13/Nov/2024 11:28 AM
REFERRED BY	: C. LAL HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 13/Nov/2024 11:34AM
BARCODE NO.	: 01520728	REPORTING DATE	: 19/Nov/2024 02:35PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HISTOPATHOLOGY

HISTOPATHOLOGY/BIOPSY SPECIMEN (MEDIUM)

TEST NAME:

HISTOPATHOLOGY/BIOPSY SPECIMEN

CLINICAL HISTORY (IF ANY):

No sigmoidoscopy or colonoscopy details available.

SPECIMEN INFORMATION/RECEIVED:

Rectum biopsy.

GROSS EXAMINATION:

1. Received (in formalin) three whitish soft tissue fragments, aggregate measuring 0.3x0.3x0.2 cm.
2. Entire tissue is submitted for processing in 1 cassette.

MICROSCOPIC EXAMINATION:

Sections examined show three colo-rectal mucosal fragments.

- The crypt architecture is maintained.
- Patchy mucodepletion is present.
- Foci of cryptitis and crypt abscesses are noted.
- Focal mucosal erosion is identified.



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- Lamina propria shows lympho-plasmacytic inflammatory infiltrate admixed with scattered polymorphs.
- There is no evidence of granuloma, viral inclusion, dysplasia or malignancy in serial sections examined.

INTERPRETATION/RESULT:

Focal active proctitis.

Remarks: Focal active proctocolitis is a histological pattern of injury which is most commonly seen in infectious colitis. However, it may also be seen in some treated cases of ulcerative colitis, Crohn's disease, NSAID-associated colitis and ischemia. Recommended correlation with clinical and endoscopic findings.

*** End Of Report ***





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