



Health Scan Diagnostic Centre

A Centre For Advanced Sonography

Near Heevan Crossing Ashajipora, Anantnag

Mob. No. : 7889367158, 9906634154

ULTRA SOUND REPORT

Name:- Shabir Ahmad
Ref by:- Dr Bilal Bashir Shah MS (Surgeon Specialist)

R/O:- T B Shah
Dt:-13/09/20

USG Rt THIGH

5.3x4.5cm solid hypoechoic mass lesion is seen in Rt upper medial thigh within adductor muscles.

Mass is medial to femoral vessels, vessels show normal flow.

Mass show slight increased vascularity.

No A-V shunting is seen.

Few enlarged lymph nodes are seen in Rt inguinal region.

Impression:-

Solid hypoechoic mass in Rt Upper medial thigh

Adv: FNAC to R/O Malignant neoplasm


Dr. Nisar Ahmad Wani
MD, Radiodiagnosis & Imaging
Consultant G.M.C. Srinagar

*Note : Not for Medico Legal Purposes.
As universally accepted USG is an opinion not final diagnosis.*



MEDICARE

HEALTH SERVICES PVT. LTD.

KARAN NAGAR UNIT - 1
Near National High School, Srinagar-190010.
Ph: 0194-2430882, 9419006434, 6006612085, 6006612088.

KAKA SARAI UNIT - 2

Kaka Sarai, Near SMHS Hospital, Srinagar-190010.
Ph: 0194-2503550, 0194-2503551, 6006612084, 6006612083.

www.medicarekashmir.com | E-mail: medicare27@gmail.com

SKIMS ID - 1790882

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Rec No - 2673/20, SKIMS

Name: -Mr. Malik Shabir Ahmad
Dated: - 21-09-2020
Age/Sex: -39Y/M
Advised by: -Hospital

MDIC 75836

MRI RIGHT THIGH

Patient K/C/O:- Pleomorphic soft tissue sarcoma right thigh.

- Well defined vertically oblong solid cystic intramuscular mass lesion measuring approx 75 x 42 x 42 mm is seen centered in proximal adductor longus muscle. The lesion appears isointense on T1WI & mildly hyperintense on T2WI. Cystic component of the lesion measures approx 41 x 32 mm and shows uniform fluid signal. Mild surrounding myofascial edema is seen around the caudal end of the lesion. Anteriorly the lesion is focally abutting femoral vessels (over a length of approx 5 cm). No evidence of vascular encasement seen. Overlying subcutaneous fat and skin appears normal.
- Rest of thigh muscles show normal bulk and signal intensity.
- Right femur shows normal marrow signal and cortical integrity. No marrow edema / periosteal reaction seen.
- Subcutaneous fat planes appear normal.
- Superficial and deep femoral vessels show normal flow voids.
- Sciatic nerve shows normal course and signal pattern.

IMPRESSION:-

- Hyperintense solid-cystic intramuscular mass lesion in proximal adductor longus muscle as described above.

Dr. Obaid Ashraf
(M.D Radiodiagnosis & imaging)

LPL – DOORU CC (ANANTNAG)
OPP SUB DISTRICT HOSPITAL, DOORU,
SHAHBA

ANANTNAG

Name	: Mr. SHABIR AHMAD MALIK	Collected:	31/10/2020 12:26:00
Lab No.	: 288043382 Age : 39 Years	Gender:	Male
A/c Status	: P	Ref by:	Dr.TARIQ
		Reported:	03/11/2020 12:28:05
		Reported:	06/11/2020 19:38:20
		Report Status:	Final

SURGICAL PATHOLOGY REPORT @


SPECIMEN : Swelling right thigh, Excision biopsy.

CLINICAL HISTORY : Myxoid to dedifferentiated liposarcoma.

GROSS : Received 17 formalin fixed paraffin embedded block + 17 HE labelled as S-678-20 A1, A3, A4, A6, A7

MICROSCOPY & IMPRESSION : **Swelling right thigh, Excision biopsy:**

- Sections shows (A1, A3, A4, A6, A7, A8) moderate to marked atypia spindle cells with mitosis >20/10 hpf areas of skeletal muscular infiltration noted. Myxoid to cellular spindle cell areas noted. Necrosis not observed in the sections curvi linear vessels also noted.
- All margins are unremarkable (B, C, D, F, G, H, K, L, M, J).
- Features are suggestive of High grade spindle cell sarcoma favouring myxofibrosarcoma.

HISTOPATH NO : [409263 :]Dr Rajiv Tangri
MD, Pathology
National Head- Histopathology &
Cytopathology- NRLDr (Wg Cdr) YM Sirpal
MD, (Path & Micro) ; DNB; FAeMS
Chief Consultant - Path. & Micro. - NRL
Dr Mamta Arora
DCP; DNB (Pathology)
Sr. Consultant Pathologist & Incharge
Quality - NRLDr Lopamudra Deka
DCP; DNB (Pathology)
Deputy HOD Histopath. Cytopath
& Chief of Academic Program – NRLDr Deepthi
MD, Pathology
Sr. Consultant Pathologist - NRLDr Komal Vasant Agrawal
MD, Pathology; DNB;
PDCC Hepatopathology
Sr. Consultant Pathologist - NRLDr Meenu Gaur
MD, Pathology
Sr. Consultant Pathologist & Incharge
Cytopathology – NRLDr. Rajni Pamar
MD (Pathology)
Sr. Consultant Path. & Incharge - IHC -
NRLDr Gaurav Kumar
MD, Pathology
Consultant Pathologist - NRLDr Priyanka Chand
MD, Pathology
Consultant Pathologist - NRLDr Kavana Soni
MD, Pathology
Consultant Pathologist - NRLDr Anita Kumari
MD, Pathology
Consultant Pathologist - NRL

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.



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PINCODE: 190010

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CELL NO'S: 6006612083, 6006612084, 700642264, 9797111178.

Website: report.medicarekashmir.com

HISTOPATHOLOGY REPORT

LAB No: S - 678/20

Name: Mr. Shabir Ahmad Malik

R/o: Islamabad

Date of Entry: 04-10-2020

MDIC – 78759

Age/Sex: 39/M

Ref. By: Dr. Zahoor Ahmad

Date of Reporting: 11-10-2020

Gross description

Specimen Type

: Soft Tissue.

Specimen condition

: Fresh in formalin.

Specimen description

: Single Skin covered grey brown to grey yellow tissue 13cm from superior to inferior, 8cm from medial to lateral & 10cm from interior to posterior, with overlying skin attached 5x1cm,

Procedure type

: **Wide Local Excision.**

Tumor site

: **Thigh Medial Aspect.**

Laterality

: **Right.**

Tumor size

: **8x6x6cm. (greyish Yellow 5x4x4cms & G/W ~3x2x2cms)**

Tumor configuration

: Greyish yellow and greyish white.

Rest of the tissue

: Greyish brown muscle and fat.

Distance from circumferential resected margins

Superior resected margin

: 1cm. -D

Inferior resected margin

: 4cm. -G

Medial resected margin

: Abutting. -C

Lateral resected margin

: Abutting. -B

Anterior resected margin

: ~6mm. -E

PTO-1



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Posterior resection plane (Base)

: 1 to 2cm. -F

Anterior skin margin : 1.5cm. -H

Microscopic

Histological type : **Dedifferentiated Liposarcoma.**
Myxoid Liposarcoma (62.5%).
Dedifferentiated component (37.5%).
With Fibrosarcoma ,MFH Like Picture.

Histological Grade
FNCLCC Grade

Variable	Features	Score
Tumor differentiation	Certain (Differentiation Liposarcoma as Myxoid Liposarcoma	2
Mitosis	>20Mitosis/10hPF	3
Necrosis	<50% Tumor Necrosis	1

Total Score : 2+3+1 = 6 – **FNCLCC Grade III.**

Margins

Superior resected margin : Uninvolved – D.

Inferior resected margin : Uninvolved – G.

Medial resected margin : Uninvolved – C.

Lateral resected margin : Uninvolved – B.

Anterior resected margin : Uninvolved – E.

Posterior resected margin : Uninvolved – F.

Anterior skin margin : Uninvolved – H.

PTO-2



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Femoral abutting side labeled by thread : Uninvolved – K.

Muscle adjacent to greyish white tumor : Uninvolved – J.

Abutting Lateral margin : Uninvolved and is ~<1mm to 1mm Away – L.

Abutting Medial margin : Uninvolved – M.

Invasions

Peritumoral Lymphovascular Invasion : Not Identified.

Additional pathological findings : I- Numerous intratumoral multinucleate giant cells Present.

II- Surrounding skeletal muscle fascicles are – Uninvolved.

Ancillary Studies : **IHC/ Cytogenetics.**

Conclusion : **Dedifferentiated Liposarcoma -Right Medial Thigh.**

(62.5% Myxoid Liposarcoma & 37.5% Dedifferentiated).

FNCLCC Grade III.

PTO-3



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Primary Tumor (pT)

Maximum Tumor Size : **8cm (pT2).**

Regional Lymph Node Status (pN) : **Cannot be Assessed (pNx).**

Distant Metastasis (pM)

: Cannot be Assessed (pMx).

AJCC Prognostic Stage Grouping

pTNM

: pT2NxMx – Grade III (G3)– Stage IIIA.
(Subject to N0, M0).

*****End of Report*****



Dr. S. Bilal
Professor
Government Medical
College & Assoc. Hospitals
Srinagar

Note: The Physician/Surgeon shall be responsible for the Consequences arising from dividing the Biopsies.