



Mrs. JYOTI BHUTANI

PID NO: P39224534660909

Age: 72 Year(s) Sex: Female



Reference: DR.GYNAE UNIT

Sample Collected At:
MALVIN LIFESCIENCES PRIVATE LIMITED
FLAT NO. 08, 2ND FLOOR, PAL MOHAN BHAWAN, 66A/3, NEW ROHTAK ROAD, DELHI, Central Delhi, Delhi, India, 110005
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 240325107343922

Registered On:
26/10/2024 06:34 PM
Collected On:
26/10/2024 6:32PM
Reported On:
29/10/2024 02:05 PM

PAP SMEAR EXAMINATION



INTERNATIONAL & NATIONAL SUBSPECIALITY PATHOLOGY

Breast Pathology
Dermatopathology
Gastrointestinal Pathology
Genitourinary Pathology
Gynecologic Pathology
Head & Neck Pathology
Hematolymphoid Pathology
Hepatobiliary Pathology
Neuropathology
Muscle & Nerve Biopsy
Paediatric & Perinatal Pathology
Renal Pathology
Soft tissue Pathology
Transplant Pathology (Renal & Hepatic)
Cytopathology

Chief Scientific & Innovation Officer Senior Oncopathologist

Dr Kirti Chadha

Senior Consultant & VP, Chief of Technical Operations, North SBU

Dr. Geeta Chopra

In - House Faculty, Delhi

Senior Consultants

Surgical Pathology & Cytopathology

Dr. Latika Gupta
Dr. Vijay Kumar Singh
Cytopathology
Dr. Chakshu Bansal
Dr. Shimi Pahuja

Case Summary

CASE NO.	C 11251/24
SPECIMEN	PAP Smear (Conventional method - Received one unstained slide)
DIAGNOSIS	1. Negative For Intraepithelial Lesion or Malignancy (NILM). 2. Reactive cellular changes associated with inflammation.
ADVICE / COMMENT	-

Clinical Notes -

Gross Examination -

MICROSCOPIC EXAMINATION

Specimen Adequacy	Adequate
Superficial cells	Few
Intermediate cells	Present
Deep parabasal/ Basal cells	Present
Parabasal cells	Present
Metaplastic squamous cells	Absent
Endocervical cells	Present
Others	-
Inflammation	Moderate
<u>ORGANISMS</u>	
Doderlein bacilli	Absent
Trichomonas Vaginitis	Absent
Fungal organisms	Absent
Others	-
EPITHELIAL CELL ABNORMALITIES	Not Detected
Glandular Cells	-
Squamous Cells	-

Note :

"Cervical cytology is a screening test and has associated false negative and false positive results. Regular sampling and follow up is recommended".

Processing Method : Manual. **Staining :** Papanicolaou method



MC-2876

Dr. Chakshu Bansal

M.D (Pathology)
(DMC Reg. No. - 66994)



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Clinical Application :

- 1. The smears are reported using the Bethesda System for Reporting Cervical Cytology (2014)
2. Nayar R, Wilbur DC (Eds). The Bethesda System for Reporting Cervical Cytology. Definitions, Criteria, and Explanatory Notes. Springer, 2015
3. New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology. March 15, 2012, issue of Annals of Internal Medicine



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Table with 3 columns: Population, USPSTF, ACS/ASCCP/ASCP. Rows include age groups (Younger than 21, 21-29, 30-65, Older than 65) and clinical scenarios (After hysterectomy).

Handwritten signature of Dr. Chakshu Bansal

Dr. Chakshu Bansal M.D (Pathology) (DMC Reg. No. - 66994)





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with removal of the cervix and who do not have a history of a high-grade precancerous lesion (ie, CIN 2 or 3) or cervical cancer. Grade: D recommendation

cervix who have no history of CIN2+ should not be screened for vaginal cancer. Evidence of adequate negative prior screening is not required. Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.

HPV vaccinated	Women who have been vaccinated should continue to be screened.	Recommended screening practices should not change on the basis of HPV vaccination status.
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Case Screened by -

-- End of Report --



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