



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	-
<u>MICROSCOPIC EXAMINATION</u>	
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



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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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Population	USPSTF	ACS/ASCCP/ASCP
Younger than 21 years	Recommends against screening. Grade: D recommendation.	Women should not be screened regardless of the age of sexual initiation or other risk factors.
21–29 years	Recommends screening with cytology every 3 years. Grade: A recommendation.	Screening with cytology alone every 3 years is recommended.
30–65 years	Recommends screening with cytology every 3 years or for women who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. Grade: A recommendation.	Screening with cytology and HPV testing ("co-testing") every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Recommends against screening women who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade: D recommendation.	Women with evidence of adequate negative prior screening and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Recommends against screening in women who have had a hysterectomy	Women of any age following a hysterectomy with removal of the

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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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