DOUGLASS HANLY MOIR PATHOLOGY
Quality is in our DNA

GYNAEPATH
Specialist Gynaecological Pathologists

Adj Prof. Annabelle FARNSWORTH
Dr Clare BIRO
Dr Sophie CORBETT-BURNS
Dr Suzanne DANIELETTO
Dr Patricia GUZMAN
Dr Suzanne HYNE
Adj Prof. Richard JAWORSKI
Dr Jennifer ROBERTS
Dr Debra JENSEN
Dr Yasmin MATTHEWS
Dr Helen OGLE
Dr Simon PALFREEMAN
Dr Justine PICKETT
Dr Cate TREBECK

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GynaePath, a trading name of Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

Doctor

Dr Hugh Torode

NORTH SHORE PRIV HOSP
SUITE 3A LEVEL 3
WESTBOURNE STREET
ST LEONARDS NSW 2065

T700
---/CST/CST/---/---

Copies : MR - Mater Priv Hosp

Ph: 0299007578

Patient

Jordana THIRLWALL

Lab ID : **846217153**

Your Ref : **152025**

26 Warringah St
NORTH BALGOWLAH 2093
DOB : 30/03/1982 (38 Yrs)
Sex : Female
Ph : 0417541720

Requested : 01/09/2020
Collected : 01/09/2020
Received : 01/09/2020 20:41
Printed : 03/09/2020 10:04

GYNAEPATH HISTOPATHOLOGY REPORT : 108803-20MP

CLINICAL NOTES:

Menorrhagia LMP 2/52. Uterine curettings

MACROSCOPIC:

'Curettings'. The specimen consists of a moderate amount of tissue fragments together with a small amount of blood clot and mucus. All embedded. (1 block) TD L3-8 6AL

MICROSCOPIC:

Section shows fragments of proliferative endometrium. There is no evidence of malignancy in the tissue examined.

DIAGNOSIS:

UTERINE CURETTINGS - PROLIFERATIVE ENDOMETRIUM

Reported by A/Prof. Richard Jaworski (0298555228)

Surgery Use

- ☐ Normal
- ☐ No Action
- ☐ Contact Patient
- ☐ See Patient
- ☐ See File
- ☐ Continue Treatment

Signed

Date

Tests Completed: HistoG. **FINAL REPORT**

Clinical Notes:

MATER HOSPITAL
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

SURGEON'S REPORT

UR: 1509602 ADM:1303898 (01/09/20) 0
Mater Hospital Sydney
THIRLWALL, Jordana Krisitne
26 WARRINGAH STREET NORTH BALGOWLAH 2093
DOB: 30/03/1982 F (38Y)
Torode, Dr Hugh
PRI / BUA / T (64877392)
Ph: 0417 541 720
M/Care: 2535280457/ 1 Exp:04/2024
DVA No:
PEN No.:

Date: 1/9/20 Time:

Theatre: 3

Surgeon: TORODE

Assistant Surgeon:

Anaesthetist: HUDSON

Indication for Operation / Medical Diagnosis:

Operation(s) Performed | **Item No.(s)**

hysteroscopy DC
endometrial ablation

Details of Operative Findings
(NB: Specify if findings related to previous procedures)

Skin closure

Prosthetic implants ☐ Yes ☐ No

normal cavity
10 mm.
DC

NOVASURE

LAT

Specimen(s) to Pathology ☐ Frozen Section ☐ Other

Specimen(s) sent to:

Medication(s) given by Surgeon in OT

Post Operative OR Discharge Instructions

routine OBS may go home
as normal my review rooms 5 weeks

Prescription for Discharge Medication: ☐ Written ☐ Not needed **Ring Rooms for Appointment:** In (period) On (date) ../../..

Drains, Catheters, Sutures, etc.

Packs | Gastric tube
T-Tube | Catheter
Skin sutures | Drain
Other

Count accepted as correct (any discrepancy reported immediately to ADON, Theatre Suite)

TORODE
Surgeon (Print Name) *Surgeon's Signature*

SURGEON'S REPORT