

## Pathology Report

24hr Contact No. 044 802 5100

Patient:  
**Ms Jennifer Jane Stranan**  
ID: 730131  
DOB: 1973-01-31  
Age: 51 Sex: F  
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Doctor:  
**Dr Estia Odendaal**  
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Guarantor:  
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Private Patient

### FINAL REPORT

**Req: 57218336**

Specimen: 24:LH3328  
Pt Loc: 48175p

Collected: 2024-11-21 12:00  
Received: 2024-11-21 19:16  
Printed: 2024-11-22 14:01  
Batch: APR odees00 I-STD

Ref By: Dr Estia Odendaal  
Folio:

Copy Doctor: Dr Enzo Schroeder

Diag. ICD10: N84.0, N92.4

Ordered: Multiple Spec, Serial sections/4, Serial Addition/3, Special Stains/3, Histo MBAY

### CLINICAL HISTORY

The patient has menometrorrhagia as well as rectal bleeding.  
Endometrial curettage was done as well as a colonoscopy.

### MACROSCOPY

Four specimen holders were received.

The first was marked "Sigmoid Colon" and show four friable fragments of tissue, 0,9-0,3cm.

The second was marked polyp "Transvers Colon" and show three fragments of tissue, 0,5cm, 0,4cm and 0,3cm.

The third was marked "Polyp Transverse Colon 2" and show one fragment of tissue, 0,4cm, while the fourth marked "Uterine Curettings" show a large amount of light brown tissue with a blood clot.

### MICROSCOPY

Microscopic sections of the sigmoid colon biopsies show the presence of colon mucosa varying between glands which has a relatively normal appearance to glands which are highly atypical with malignant features. Obvious infiltration was, however, not positively identified. The histological features would fit with at least an adenocarcinoma in-situ.

Histological sections of the polyp in the transverse colon show colon mucosa which show no obvious evidence of a polyp. The mucosa do show, however, severe oedema which could be responsible for the polypoid appearance. A slight increase in amount of inflammatory cells are present. Specific organisms were not identified.

Histological sections of the second polyp transverse colon show glands which has the appearance of a tubular adenoma with a low-grade dysplasia.

Histological sections of the endometrium show endometrial glands as well as endometrial stroma. The glands has a coiled to tubular appearance with secrete in the lumina. The stroma show oedema. Obvious evidence of hyperplasia or malignancy was not identified. The histological features are compatible with oestrogen- and progesterone-stimulated endometrium. If the patient is not on any contraceptive or hormone replacement, the histological features would fit with a secretory phase endometrium with beginning of breakdown of the stroma. No endometritis was present.

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### DIAGNOSIS

- Sigmoid colon:
- HIGHLY ATYPICAL COLON MUCOSA WITH AT LEAST ADENOCARCINOMA IN-SITU, BUT NO OBVIOUS INFILTRATION.
- Transverse colon 1:
- OEDEMATOUS MUCOSA.
- Transverse colon 2:
- TUBULAR ADENOMA WITH LOW-GRADE DYSPLASIA.
- Uterine curettings:
- OESTROGEN- AND PROGESTERONE-STIMULATED ENDOMETRIUM.
  - NO OBVIOUS MALIGNANCY.

### ICD10

D01.0 Carcinoma in situ, colon  
D12.3 Benign neoplasm, transverse colon  
M8140/2 Adenocarcinoma in situ, NOS  
M8211/0 Tubular adenoma, NOS, benign