

Patient is a 62 y/o man that had admitted in hospital with presentation of Icterus and significant weight loss 2months ago.

PH/E:

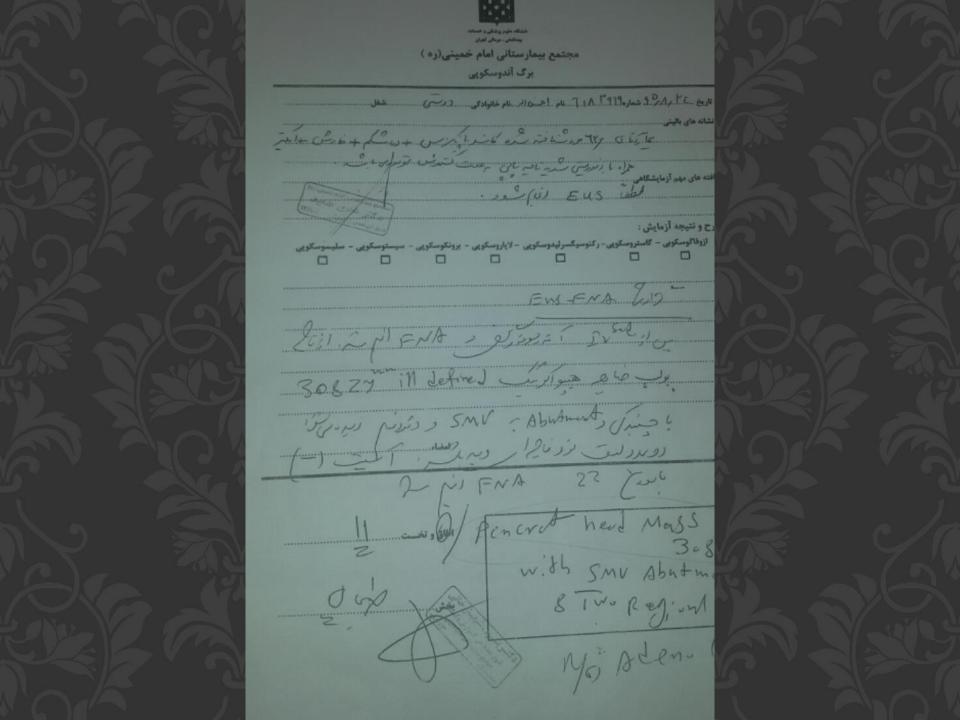
Patient was ill and afebrile.

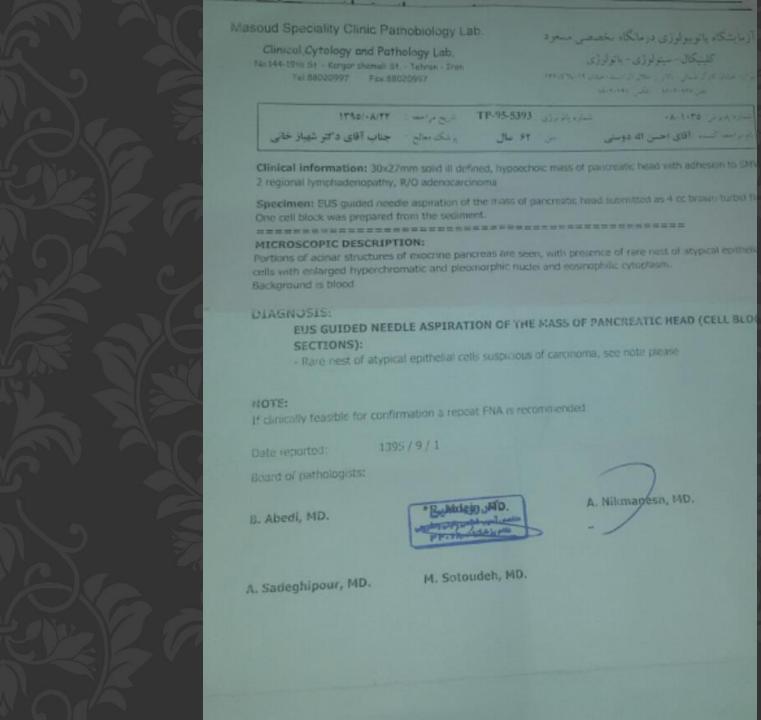
Sclera was icteric.

Abdomen was soft, nontender.

Others were unremarkable.







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WBC	4190
НВ	10.8
PLT	197000
PT	14
PTT	37
BUN	28
Cr	0.6
LDH	425
Alb	3.9

AST	50
ALT	82
ALP	469
TOT BIL	7.1
D BIL	4.3
ESR	66
CRP	++
Ca 19-9	681



Clinical History: Supected to pancreatic cancer and history of CBD metalic stenting

Medication: Midazolam and pethedin

Indication: Staing of pancreatic cancer and FNA

Description of the Procedure: Procedure was performed with Linear

Echoendoscop, Blood oxygenation and Pulse was monitored cotiniously during

proceudure and EUS was done with following finding

Findings: There was a large hypoechoic mass in the pancreatic head. It was measured 42 x 53 mm. The mass was invaded SMV and confluence. Lymph nodes aroud the lesion was detected. Distal CBD was invaded by the mass and there was a metalic stent in the CBD. PD was severely dilated and the diameter of PD was masured 12 mm and there was some debri in the PD. FNA was done by 22 gauge needle; three passes for taking of smaple were performed.

Impression: Unresectable pancreatic head mass

Recommendation: Follow the cytology

Others

Pathology Report

Pathology No

C-95-3957

MACROSCOPIC

Received 14 slides, stained with Pap method.

MICROSCOPIC

Smears are cellular, composed of many atypical large pleomorphic isolated and clsutesr of ductal cells with high N/C ratio and many inflammatory cells infiltration composed of lymphocytes and PMN leukocytes in dirty background.

DIAGNOSIS

Pancreatic mass, FNA cytology:
- POSITIVE ADENOCARCINOMA WITH ABSCESS FORMATION

معزامیش باوش دیگان دیسات

نامر رخشانی: titioner نظام پزشکی بادواریست ۱۶۲۱

Pathologist: Dr.N.Rakhshani

Resident: Dr.fata

باتولوژي :Location