

ENDOCRINOLOGY GROUND ROUND

Taleghani hospital

1399/11/13

Chief Complaint

- Referral due to bilateral adrenal mass
- Source of history : the patient herself
- Identity Data; 47 y/o married woman has one child from karaj

PRESENT ILLNESS

- The patient a 47 years old woman with a history of hypertension up to 150 mmHg , and headache that his headaches lasted 24 hours and did not has attack of flushing and sweating
- For this reason she was going to clinic as outpatient every month until 11 month ago she underwent a series of tests to investigate secondary causes of hypertension
- The patient did not see a doctor again to follow up an see the tests

- Until 5 months later , due to concern about coronavirus and the symptoms of weakness ,she referred to the doctor and presented the previous tests to the doctor
- To evaluation of coronavirus a chest CT Scan was taken from her and revealed a 36 to 32 mm hypodense mass in the right adrenal gland accidentally



تاریخ : 1399/04/29
20:26:18

سن : 47 سال بیمارستان تخصصی
سریال بیمار : 9917325

تفت جمشید

نام بیمار : خاتم گیتا حسینی

شرح حال بیمار : تنگ نفس

همکار گرامی جناب آقای/سرکار خاتم دکتر : احمد سرزعم -

Spiral Lung CT Without IV.CM

Dear Dr.

Non Contrast images demonstrate no consolidation , no nodule.

No pleural effusion is seen.

The heart and great mediastinal vessel are normal .

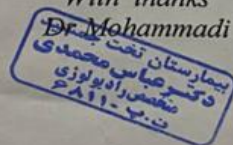
Thoracic wall is unremarkable.

Incidental finding :

hypodense lesion with 36*32 mm in right adrenal gland anatomical region is visible" (compare with sonography)

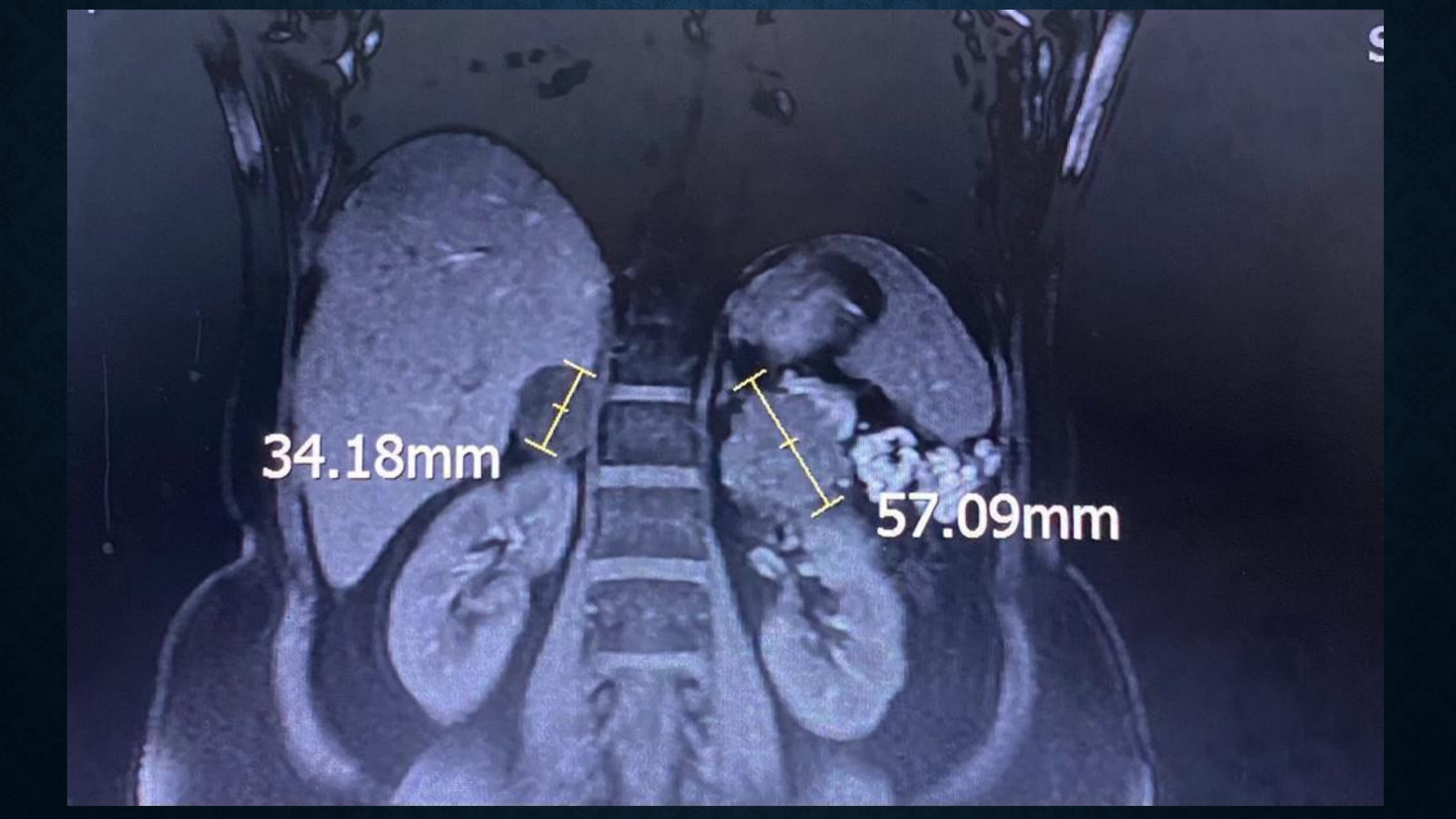
With thanks

Dr. Mohammadi



ل.م

- In this regard , due to the discovery of adrenal mass on chest CT Scan and chronic symptoms of the patient, additional imaging such as ultrasound and MRI of the abdomen and pelvic and further tests including pituitary and adrenal axis test and the amount of serum calcium ,creatinine and parathyroid hormone was taken



34.18mm

This is a coronal MRI scan of the abdomen. The image shows the abdominal cavity with the spine in the center. On the left side of the patient (right side of the image), there is a large, well-defined, hyperintense mass. A yellow double-headed arrow indicates the vertical extent of this mass, which is labeled as 34.18mm. The mass appears to be displacing or compressing the adjacent structures, including the kidney and the spine. The surrounding tissues show varying degrees of signal intensity, typical of an MRI scan.

57.09mm



گروه ۳

بشاب آقای دکتر سید حسن اینانلو

دکتر مهدی تقدیری

۱۳۹۹/۶/۱۳

۹۹۰۶۱۳۰۴۹

Dear Dr. Inanlo,

Abdominal MRI with and without I.V. contrast (Axial and coronal T1 and T2W images with breath-hold technique):
On the obtained cuts, a 43x29 mm mass is seen in the anatomic location of Rt adrenal gland.

It shows T1/T2 isointensity and signal drop on out phase imaging suggesting probable lipid poor adenoma.

A 48x45 mm mass is also seen in the anatomic location of Lt adrenal gland. This mass shows T1 isointensity, T2 mild hyperintensity and no characteristic signal changes on out phase imaging (Non-specific).
Containing the size of these masses, further characteristics by adrenal protocol CT Scan with 15 min delayed phase imaging is recommended.
Two lobulated adjacent well defined masses (23x17 mm and 9x7 mm) are seen in the segment VI right liver lobe which show high signal intensity on T2WIs (might be hemangiomas, further characterization by CT could be done).

A small cortical cyst (12 mm) is seen in the mid zone of Rt kidney. Otherwise, spleen, pancreas, both kidneys and para-aortic region appear normal.

No free fluid is seen in the abdomino-pelvic cavity./GF

Sincerely yours
Shadi, M.D

خانم گیتا حسینی

سونوگرافی ساده

دکتر راحله موحد کیا

۱۳۹۹/۶/۱۵

۹۹۰۶۱۵۰۷۸

بیمار:

مکار گرامی سرکار خانم دکتر آناهیتا دست نشان با عرض سلام

سونوگرافی شکم و لگن:

در بررسی سونوگرافیک با پروپ ۳/۵ مگاهرتز CONVEX، کبد در خط میدکلاویکولر دارای اندازه (بزرگتر از نرمال) 185 mm بوده، اکوی پارانشیمال کبد افزایش یافته است که مطرح کننده fatty liver grade II می باشد.

مجاری صفراوی و وریدی داخل و خارج کبد دیلاته نیستند.

تصویر توده hypodense به ابعاد 18x11 mm در قسمت خلفی لوب راست کبد و توده مشابه به ابعاد 8x7 mm در مجاورت آن رویت میشود. بررسی بیشتر با

سی تی اسکن تری فازیک توصیه می شود.

کیسه صفرا در برش طولی دارای اندازه نرمال بوده و فاقد سنگ یا توده فضاگیر می باشد.

پانکراس دارای اکوی طبیعی است و طحال نیز با اندازه 94 mm در برش طولی، نمای

طبیعی دارد.

هر دو کلیه دارای اکونسیسته و ضخامت کورتیکال و مدولاری طبیعی هستند.

سنگ، هیدرونفروز در کلیه ها دیده نمی شود.

توده هایپواکو به ابعاد 66x40 mm با حدود لوبولار در قسمت خلفی پل فوقانی کلیه چپ رویت

می شود. بررسی بیشتر با سی تی اسکن توصیه می شود.

کلیه راست به ابعاد 115x48 mm و ضخامت پارانشیم 12-15 mm

کلیه چپ به ابعاد 111x42 mm و ضخامت پارانشیم 13-15 mm

رحم رویت نشد (هیستریکتومی قبلی).

در آدنکسها ضایعه ای دیده نشد.

مثانه پر از ادرار نمای طبیعی دارد.

مایع آزاد در شکم و لگن مشهود نیست.

با تشکر: دکتر راحله موحد کیا

دکتر راحله موحد کیا
محل امضاء و مهر
۱۱۳۶۵۹

نرسیده به میدان مهران، پلاک ۴۴

تلفن: ۳۲۵۴۲۰۱۶

- The patient also underwent three phasic abdominal CT Scan and then underwent overnight dexamethasone suppression test and the test was repeated one more time, in which both times cortisol was not full suppressed (2.4 microgram/dl, 2.75 microgram/dl)
- and finally a thyroid ultrasound was performed , which according to the answer ,it is recommended to follow up annually
- The patient was referred to a surgeon for laparoscopic left adrenalectomy



بیمارستان ایرانمهر

IRANMEHR HOSPITAL

سونوگرافی و داپلر رنگی

تاریخ : ۱۳۹۹/۰۷/۰۷
سن : ۲۷ سال

نام بیمار : خانم گیتا حسینی
شماره بیمار : ۹۹۲۷۲۸۲

®

با تشکر از همکاری گرامی سرکار خانم/جناب آقای دکتر : پزشک - محترم

Spiral CT. scan of the abdomen and pelvic with and without (IV/oral) contrast:

Technique:

Multi-slice spiral CT scan of abdomen & pelvis with oral and with and without IV contrast (Triphasic dynamic and pancreas protocol)

Hx: Abdominal pain

Findings:

Liver shows normal size and appearance.

An arterial phase, 18 mm uniform enhancing hyperdense lesion is seen at lateral aspect of segment VI of liver suggestive for benign lesion such as adenoma or a neuroendocrine lesion comparing to lab tests and US exam is advised.

✓ Another 23 x 21 mm mass lesion with a peripheral nodular arterial phase enhancement and uniform delayed enhancement is seen at medial aspect of segment VI of liver, high probably a hemangioma.

Biliary system appears normal.

Pancreas & spleen show normal appearance without evidence of focal lesion.

A 34 x 32 mm hypodense mass with absolute washout about 72% is seen at right adrenal, which suggest an adrenal adenoma.

✱ A 59 x 53 mm avid enhancing mass lesion with 70% absolute washout is seen at lateral limb of left adrenal with compression effect on left kidney and pancreatic tail typical for adrenal adenoma.

Evaluation of metabolic and biochemistry is advised.

Both kidneys show normal size and appearance without hydronephrosis.

Para aortic and peri iliac vessels LAP was not detected.

No free abdominal or pelvic fluid is seen.

Other pelvic findings are unremarkable.

A 31 mm thin walled cyst is seen at left ovary. Uterus and right ovary are normal.

Small umbilical hernia is evident.

Best Regards

Dr.H.Chegini

Radiologist & Interventionist



مرکز تصویربرداری
بورد تخصصی رادیولوژی و مداخله
فلوشیپ اینترونشن
شماره نظام پزشکی: ۸۳۱۷۲
MRI, CT, SCAN
فلوشیپ اینترونشن رادیولوژی
شماره نظام پزشکی: ۸۳۱۷۲

24-hr Urine	98/12/14	99/8/25	99/9/20	99/11/05
VMA	6.9 mg(2_12)	5.8mg		
Cortisol	252microgram (36_137)	82.5 microgram (36_137)	115 microgram (36_137)	
Metanephrin	49 microgram (0_350)	45.8 microgram		
Normetanephrine	220 microgram (0_600)	222.8		
Cr	1121 mg	1316 mg		1600 mg
Protein	64 mg			
Ca	288 mg			416 mg
Volume	1800 cc	2350 cc		2250 cc

Lab test	98/12/14	99/8/25	99/11/05	
	BUN	9 mg/dl	9 mg/dl	14 mg/dl
	Cr	0.84 mg/dl	0.7 mg/dl	0.64 mg/dl
	Na	138 meq/l		141 meq/dl
	K	3.8 meq/l		4.1 meq/dl
	CBC	WBC:7150/ Hb14(gr/dl) / MCV:87.2/ plt186000	WBC:8700 /Hb:14 MCV:85.9 /plt:192000	WBC:8740 /Hb:13.4/ plt:243000
	Lipid profile	Total chol:203mg/dl TG:136mg/dl LDL:98mg/dl/ HDL:42mg/dl	Total chol:220 /TG:139 /LDL;151 /HDL:50	Total Chol:210 /TG:124/LDL:134/ HDL:53
	HbA1C		6%	
	FBS		100 mg/dl	98 mg/dl

	99/8/25	99/9/10	99/9/26	99/11/05
Ca	9.3 mg/dl			9.7 mg/dl
Phosphorus	3.4 mg/dl			3.3 mg/dl
PTH	93.7 pg/ml (15_68.3)	91.9 pg/ml		67.8 pg/dl(11_67)
AST	23 IU/L(5_32)			18 IU/L
ALT	30 IU/L(5_33)			28 IU/L
ALKP	73 U/L(35_104)			75 U/L
TSH	1.4 MIU/ml (0.5_4.5)			
T4/T3	9.63microgr/dl(5.1_14.1)/1.06 ng/ml(0.7_2)			
25-OH Vitamin D			18.7 ng/ml (deficient)	
Uric acid	6.5 mg/dl			5.8 mg/dl
FSH	16.6 IU/L(26.7_133.4)			9.42 IU/L

	99/8/25	99/9/5	99/9/10	99/9/20	99/11/05
DHEAS	25.6 microgram/dl (56.2_283)			33 microgr/dl	32 microgr/dl(35_430)
Cortisol 8 AM	8.88 Microgram/dl (6.2_20)			19.74 microgr/dl	8.3 microgr/dl(3.7_19.4)
Cortisol PM	2.39 Microgram/dl (2.3_11.9)				
ACTH	8.05 pg /ml (7.2_64)			6.97 pg/ml	16.74 pg/dl (7.2_63.3)
IGF_1	113 ng/ml(94_252)				
GH	0.11 ng/ml(0.1_10)				
PRA	0.41 ng/ml/h(0.5_4)				
Aldosterone	19.6 ng/dl(3.7_43)				105.3 pg/dl (37_342)
Urine culture	negative				
Urine analysis	normal				normal



Bone Densitometry Report

Date: 30 November 2020

Ref-No: 99-09-10

Patient Name: Hosini-gita		Dr: Hadadegh
ID: 99-09-10-20	Age: 47	Date: 30 November 2020

A BMD measurement was done using a HOLOGIC EXPLORER DEXA bone densitometer

Radius	T-Score: -2.3	80% of normal young reference)
1/3	Z-Score: -1.7	85% of age matched)
	Diagnosis: Osteopenia	(according to WHO criteria)
	BMD Total hip :	
	Fracture risk: Increased	
Femor	T - Score: -0.2	97% of normal young reference)
Neck	Z - Score: 0.4	105% of age matcheh)
	Diagnosis: Normal	(according to WHO criteria)
	SBMD :	
	Fracture Risk: Not increased	

B: General preventive & Therapeutic Recommendation (after rulings out secondary causes):

1-Calcium 500- 1500 mg / day with 200-800 Iu VITD / day.

2-adequate weight bearing Exercises at least 30 Minutes, 3 Times per week

A bone densitometry in 18 months is strongly recommended to follow up and is evaluate the treatment strategy.

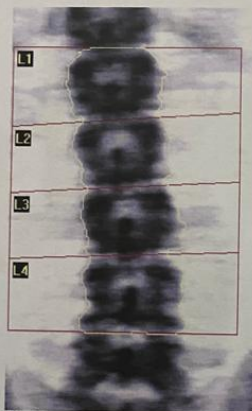
Thank you for your kind referral.

PARS HOSPITAL
Keshavarz Blvd
TEHRAN

Telephone: 88960051-9

Name: Hoseini, Gita Sex: Female Height: 173.0 cm
Patient ID: 99-09-10-20 Ethnicity: White Weight: 93.0 kg
DOB: 01 March 1973 Menopause Age: 44 Age: 47

Referring Physician: Dr.Hadaegh



116 x 143
DAP: 4.3 cGy*cm²

Scan Information:

Scan Date: 30 November 2020 ID: A11302006
Scan Type: fe Lumbar Spine
Analysis: 30 November 2020 11:32 Version 13.3
Lumbar Spine

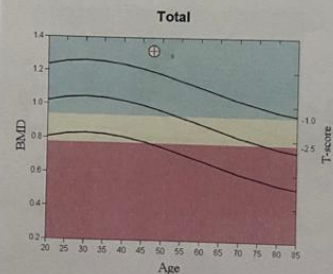
Operator:
Model: Explorer (S/N 91288)
Comment:

DXA Results Summary:

Region	Area (cm ²)	BMC (g)	BMD (g/cm ³)	T - score	PR (%)	Z - score	AM (%)
L1	16.54	20.73	1.253	3.0	135	3.5	144
L2	15.52	20.42	1.316	2.6	128	3.2	136
L3	16.22	21.95	1.354	2.5	125	3.1	133
L4	19.36	26.27	1.357	2.2	122	2.8	130
Total	67.63	89.37	1.321	2.5	126	3.1	135

Total BMD CV 1.0%
WHO Classification: Normal
Fracture Risk: Not Increased

Comment:



T-score vs. White Female, Z-score vs. White Female. Source: BMDCS/Hologic

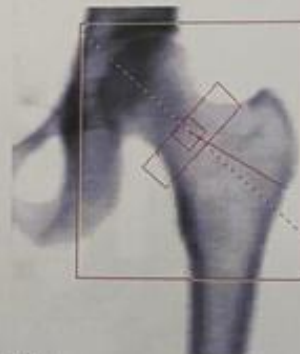
HOLOGIC®

PARS HOSPITAL
Keshavarz Blvd
TEHRAN

Telephone: 88960051-9

Name: Hoseini, Gita Sex: Female Height: 173.0 cm
Patient ID: 99-09-10-20 Ethnicity: White Weight: 93.0 kg
DOB: 01 March 1973 Menopause Age: 44 Age: 47

Referring Physician: Dr.Hadaegh



98 x 110
NECK: 48 x 13
DAP: 3.2 cGy*cm²

Scan Information:

Scan Date: 30 November 2020 ID: A11302007
Scan Type: fe Left Hip
Analysis: 30 November 2020 11:32 Version 13.3
Left Hip

Operator:
Model: Explorer (S/N 91288)
Comment:

DXA Results Summary:

Region	Area (cm ²)	BMC (g)	BMD (g/cm ³)	T - score	PR (%)	Z - score	AM (%)
Neck	5.39	4.45	0.826	-0.2	97	0.4	105
Troch	11.33	8.57	0.757	0.5	108	0.9	113
Inter	18.90	19.45	1.029	-0.5	94	-0.2	97
Total	35.63	32.48	0.912	-0.2	97	0.1	102
Ward's	1.24	1.15	0.926	1.6	126	2.7	153

Total BMD CV 1.0%
WHO Classification: Normal

FRAX®: 10-year Fracture Risk (Estimated)

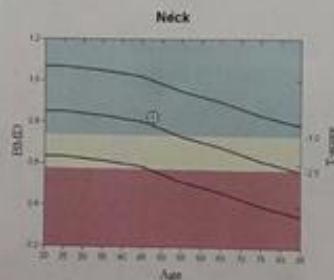
10-year Fracture Risk¹

Major Osteoporotic Fracture 3.0%
Hip Fracture 0.1%

Reported Risk Factors:
US (Caucasian), T-score/WHO=-0.3, BMD=11.1

¹ FRAX Version 3.0. Fracture probability calculated for an untreated patient. Fracture probability may be lower if the patient has received treatment.

Comment:



T-score vs. White Female, Z-score vs. White Female. Source: BMDCS/Hologic

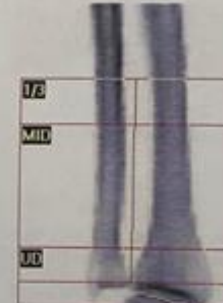
HOLOGIC®

PARS HOSPITAL
Keshavarz Blvd
TEHRAN

Telephone: 88960051-9

Name: Hoseini, Gita Sex: Female Height: 173.0 cm
Patient ID: 99-09-10-20 Ethnicity: White Weight: 93.0 kg
DOB: 01 March 1973 Menopause Age: 44 Age: 47

Referring Physician: Dr.Hadaegh



185 x 190
DAP: 1.0 cGy*cm²

Scan Information:

Scan Date: 30 November 2020 ID: A11302008
Scan Type: e R Forearm
Analysis: 30 November 2020 11:31 Version 13.3
Right Forearm

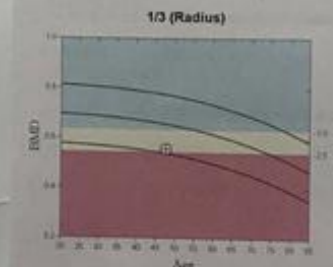
Operator:
Model: Explorer (S/N 91288)
Comment:

DXA Results Summary:

Radius	Area (cm ²)	BMC (g)	BMD (g/cm ³)	T - score	PR (%)	Z - score	AM (%)
1/3	2.94	1.64	0.557	-2.3	80	-1.7	85
MID	8.85	4.50	0.508	-1.8	84	-1.2	89
UD	4.38	2.05	0.470	0.5	106	0.9	113
Total	16.16	8.19	0.507	-1.3	88	-0.7	93

Total BMD CV 1.0%
WHO Classification: Osteopenia
Fracture Risk: Increased

Comment:



T-score vs. White Female, Z-score vs. White Female. Source: BMDCS/Hologic

HOLOGIC®



PARS GENERAL HOSPITAL

No.83 Keshavarz Blvd.
Tel : 88960051



PH

1,399 - 13,024 // 179

Page 1 of 1

Patient's Name: HOSSEINI - GITA

Referring Physician: Dr. Hadaegh

Service's Name: THYROID ULTRASOUND

Admit's Date: 1399/09/02 16:57

Age: 47 Years

Admit No/Sheet No: 13,024 / 13,086

THYROID AND NECK ULTRASOUND

Thyroid size:

Right lobe (L x AP x W): 47 x 15 x 16 mm

Left lobe (L x AP x W): 44 x 14 x 15 mm

Isthmus: 3 mm

Thyroid echogenicity :

Homogeneous

Thyroid Nodule:

-Right lobe:

Upper pole :None

Mid pole :None

Lower pole :A 9 x 6 mm spongiform nodule (T2).

-Left lobe:

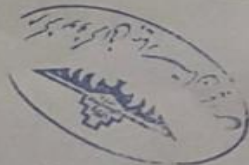
Upper pole:None

Mid pole:None

Lower pole:A 2 x 3 mm echogenic well - defined nodule (T3).

Cervical lymphadenopathy : None.

IMP : Bilateral thyroid nodule , annual follow up is recommended.



Sincerely yours,
D. Saedi, M.D

Patient Name: Mrs. Hosseini Gita
Date: 1399.09.20
Referring Physician: Dr. Hadaegh

Parathyroid Scan with ^{99m}Tc -MIBI

Procedure: Following IV injection of 20 mCi ^{99m}Tc -MIBI, sequential imaging was performed in anterior views. SPECT/CT study was performed from the neck and upper thoracic region.

Description: The early phase images revealed radiotracer uptake in the thyroid region which was decreased gradually, while no remarkable retained tracer uptake was noted in thyroid and upper thoracic region on delayed imaging.

SPECT/CT (taken at one hour after injection) showed no evidence of focal abnormal tracer uptake in the thyroid and upper thoracic region.

Also, on low dose un-enhanced CT images, a hypodensity (measuring about 9 mm) located between mid/lower poles of the right thyroid lobe is noticed (without remarkable radiotracer uptake).

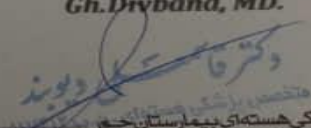
Interpretation:

- The study finding is negative for MIB-avid parathyroid adenoma.
- A hypodensity between middle/ lower poles of the right thyroid lobe is noted, which could be a nodule or non MIBI-avid parathyroid adenoma.

Sincerely yours,
B.Nikkholgh, MD.



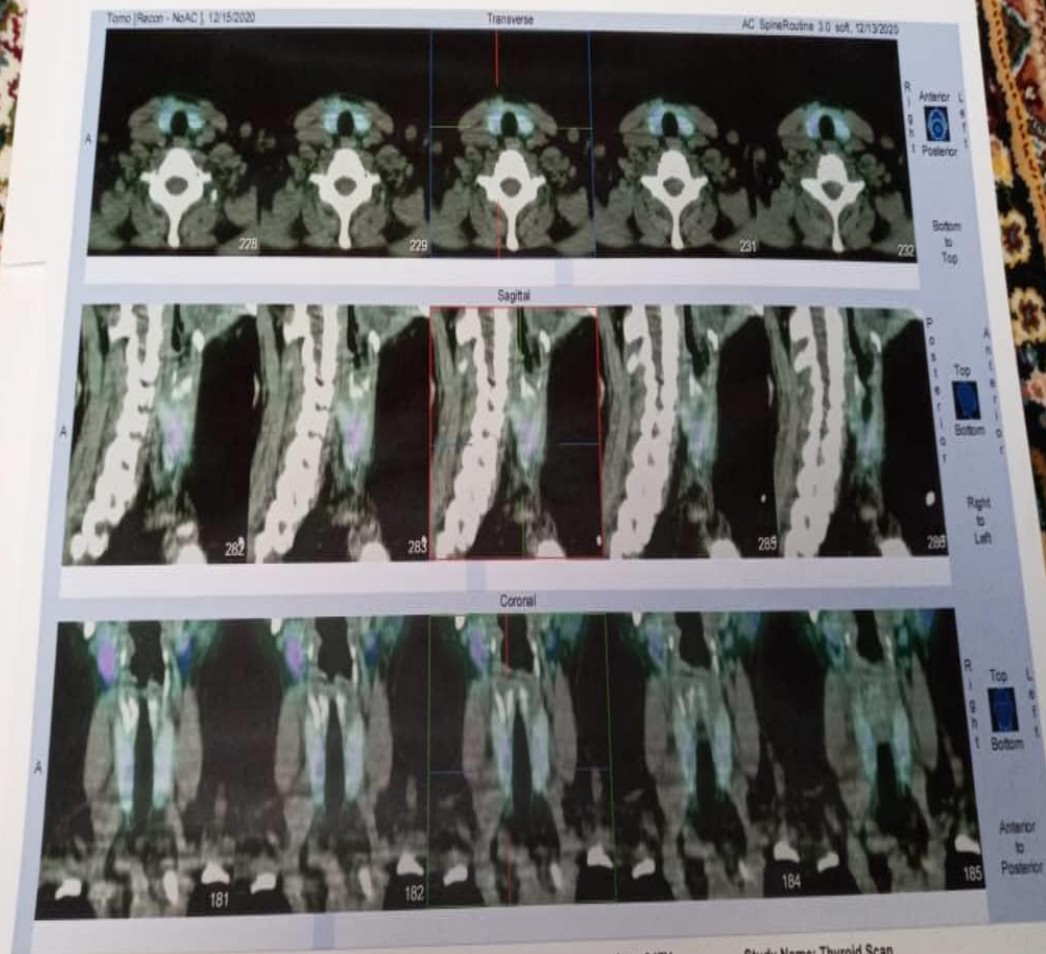
Gh.Diyband, MD.



JAM HOSPITAL
nuclear medicine center

مرکز پزشکی هسته‌ای بیمارستان جام تهران، خیابان استاد مطهری، خیابان فجر (جنبه د پست)، ۱۵۸۸۶۵۷۹۱۵ تلفن: ۸۸۲۰۲۲۲۶ / ۸۸۲۴۰۵۲۱ (۰۲۱) فکس: ۸۸۲۹۲۰۸۵ (۰۲۱)
Tel.: (+98 21) 84140531 / 88303226 Fax: (+98 21) 88492085 E-mail: nucmed@jamhospital.ir Web: www.jamhospital.ir

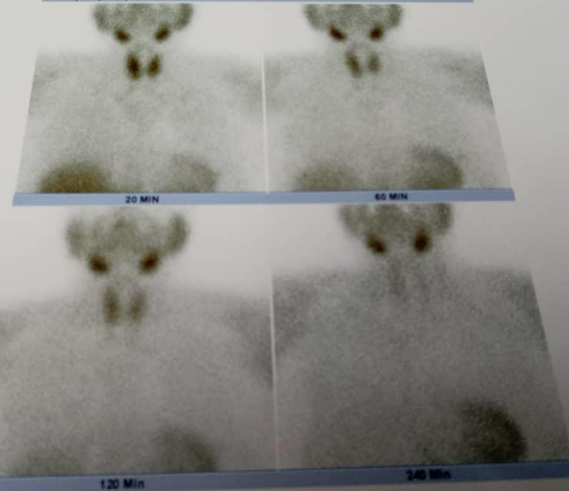
Jam Hospital Nuclear Medicine Center SPECT-CT Images



Patient Name: Hoseini Gita Patient ID: 99-09-20 Sex: F Age: 047Y Study Name: Thyroid Scan

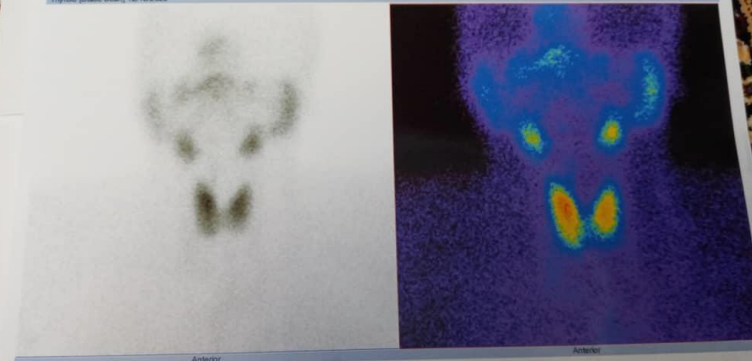
Jam Nuclear Medicine Center Parathyroid Scan

[Parathyroid (Static)] 12/13/2020



Jam Hospital Nuclear Medicine Center Thyroid Scintigraphy

[Thyroid (Static Scan)] 12/10/2020



All Images

Patient Name: Hoseini Gita Patient ID: 99-09-20 Sex: F Age: 047Y Study Name: Thyroid Scan

• Pituitary MRI

- Clinical information provided by the patient: Suspected of Cushing disease. provided by the clinician: R/O **microadenoma Pituitary** gland is **normal in size**, shape without abnormal. Supra sellar cistern is intact.
- Both cavernous sinuses & visible ant.
- visual pathway are unremarkable .
- Imp.: Normal dynamic MRI of pituitary gland



Name: Ms.Gita Hoseini
File Number:015329

TDI

Date: 1399/09/26
Age: 47

خدمت استاد محترم آقای دکتر حدائق با سلام و احترام

LV EDD (cm)	LV ESD (cm)	IVS d (cm)	LVPW d (cm)	LV EF (%)	Ev (m/s)	Av (m/s)	DT
4.8	3.2	1.1	1.0	55	0.6	0.6	162ms

Left ventricle: LV chamber size is normal (based on BSA) with normal systolic function. There is no LVH. There is no regional wall motion abnormality. EF is estimated about 55%

Left atrium: is normal. LAD=3.3cm

Right ventricle: Right ventricle size is normal with normal systolic function. RVD=3.2cm

Right atrium: is normal

Mitral valve: there is billowing of anterior mitral valve leaflet with mild MR

Aortic valve: is normal with trivial AI.

Ascending aorta: is normal. Aortic arch is normal. Descending aorta is normal.

Thoracic descending aortic flow has normal. Ao root=3.1cm, AVCS=1.9cm, ascending aorta=3.4cm

Pulmonary valve: is normal with no PS

Tricuspid valve: is normal with mild TR. TRPG=25mmHg

Pulmonary vein: The pulmonary venous drainage of RUPV is normal.

IVS: is normal

IAS: is normal

IVC: IVC size is normal with >50% respiratory variation

Pericardium: is normal with no pericardial effusion

TDI: Tissue Doppler imaging showed: S of septum:7.5cm/s, e' of septum:12cm/s, RVSm(basal)=12.6cm/s

Diagnosis:

- Normal LV size with normal systolic function.
- Normal RV size with normal systolic function.
- No regional wall motion abnormality
- Billowing of anterior mitral valve leaflet with mild MR
- Mild TR. TRPG=25mmHg

Dr. Mahzad Ghaemi
Echo Cardiologist

دکتر محمدرضا غامی
تخصص قلب و عروق
فلوشیپ اکولردیوگرافی
ش.ن. ۵۱۵۶۲



Iranmehr Hospital Pathobiology Lab No: 1317, Dr. Shariati street, Gholhak folk, Tehran, Iran- Tel: 021-22004785		آزمایشگاه پاتوبیولوژی بیمارستان ایرانمهر تهران، خیابان دکتر شریعتی، دو راهی فلک ۱۳۱۷ - تلفن: ۲۲۰۰۴۷۸۵	
Patient: خانم کیما حسینی Referred By: دکتر فیهی هارانی - حسین [30-99-69]	Age: 47 Y Sex: Female [بخش ۱۱]	Date Received: 1399/10/17 Date Reported: 1399/10/24	Lab. Ref. No.: 5-99-4245 Comment: I-32669

PATHOLOGY REPORT

CLINICAL

Lipoma

MACROSCOPIC

The specimen received in formalin ,consists of multiple pieces of cream-yellow irregular fatty tissue, TM=7x5x2 cm.
M/4 , 10%

MICROSCOPIC

See the diagnosis please.

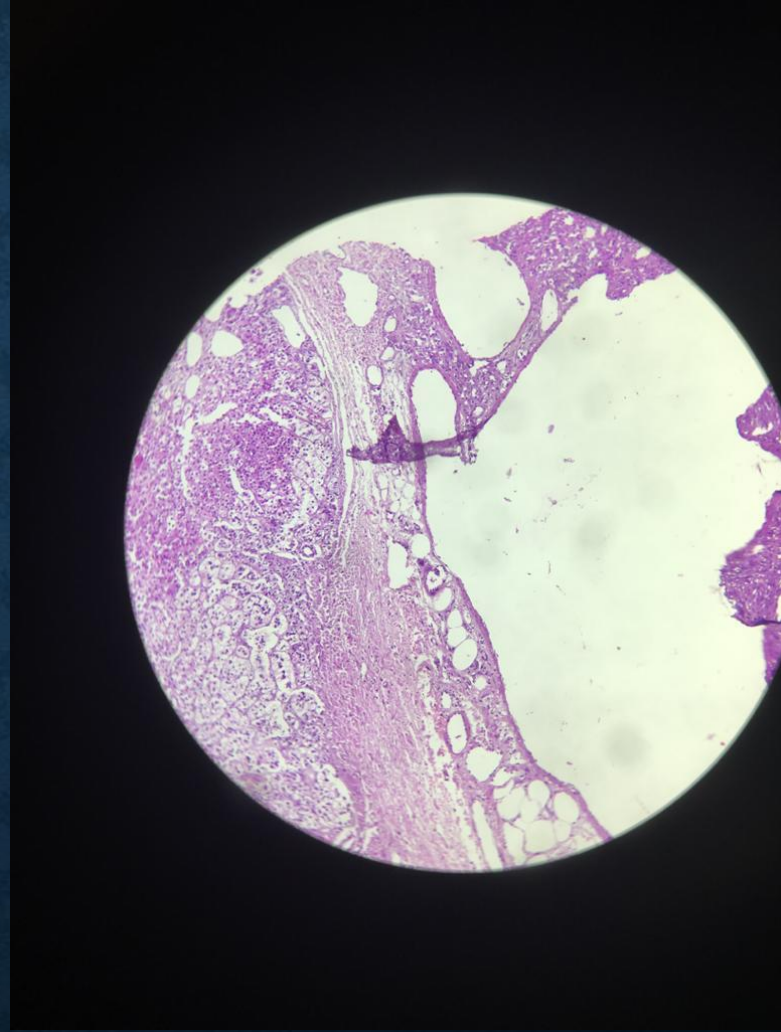
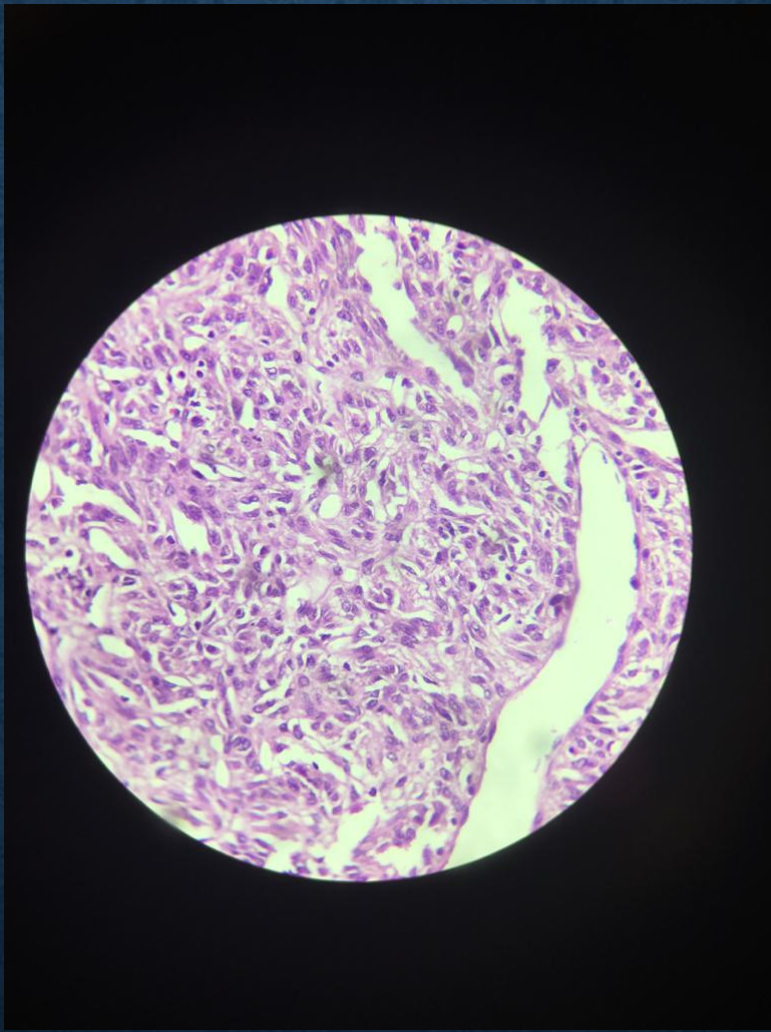
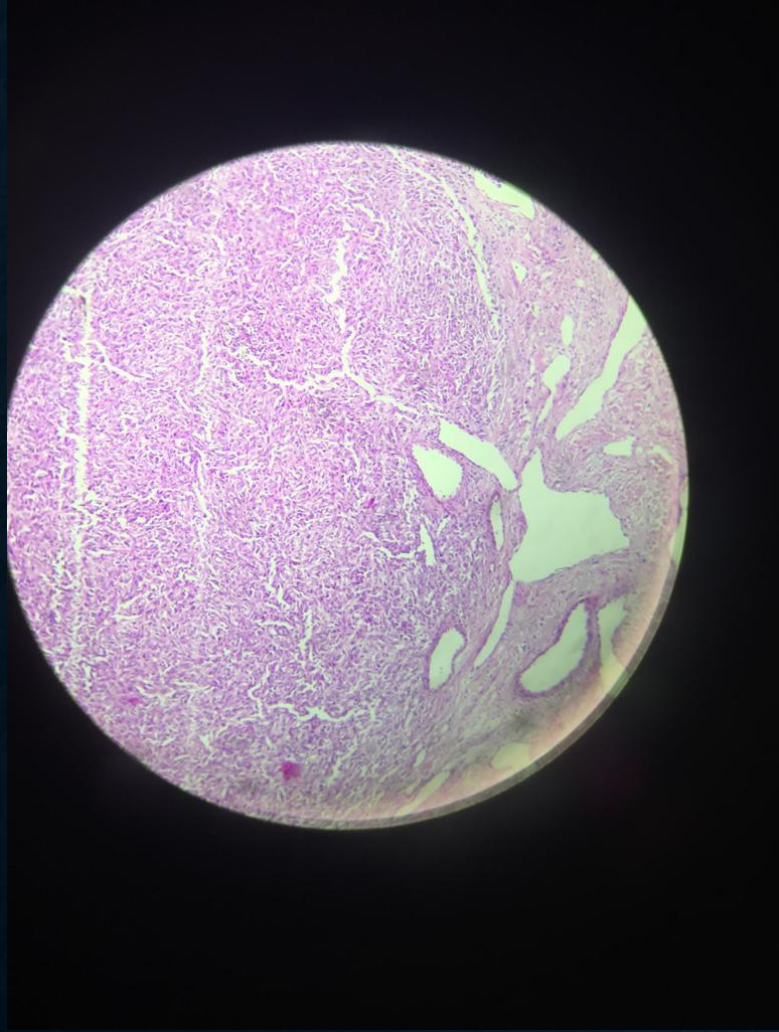
DIAGNOSIS

Back lesion, excision:
-Lipoma

Sh. Hosseini, MD, AP, CP.
K. Rahvari, MD, AP. CP.

S. Molanaei, MD, AP, CP.
K. Sotoudeh, MD, AP. CP.

بیمارستان ایرانمهر
دکتر کامیار سنجوادی
چورد تخصصی پاتوبیولوژی تشخیصی و بافتی
تلفن: ۲۲۰۰۴۷۸۵



Iranmehr Hospital Pathobiology Lab

No: 1317 , Dr. Shariati street, Gholhak folk,
Tehran, Iran- Tel:021-22004785



آزمایشگاه پاتوبیولوژی بیمارستان ایرانمهر
تهران، خیابان دکتر شریعتی، دو راهی فلک ۱۳۱۷ - تلفن : ۲۲۰۰۷۸۵

Patient : خانم گیتا حسینی
Referred By : دکتر فیهی هژازی
[Ward: ۱۱ بخش]
[30-99-69]

Age : 47 Y
Sex: Female
[Ward: ۱۱ بخش]
Date Received: 1399/10/17
Date Reported : 1399/10/21
Lab. Ref. No. : S-99-4217
Comment: I-32487

PATHOLOGY REPORT

SPECIMEN

Left adrenal mass, resection

MACROSCOPIC

The specimen received in formalin ,consists of one encapsulated yellowish pink soft tissue mass, M=7x4x4 cm and weight 53g. In serial cut sections is rather homogenous and show one irregular area of hemorrhage, M=0.5 cm in diameter. The other portions are pinkish yellow. Representative sections are submitted .

MICROSCOPIC

Sections show a neoplastic lesion composed of heterogeneous architecture, which reveal spindle cell background with polymorphic vesicular nuclei and amphophilic to pale cytoplasm forming sheet within vascular stroma. Some vessels are partially hyalinized and others are irregular in sizes and shapes, some show staghorn pattern. Areas of hyalinization and low cellularity are seen. Few foci of lymphocytic infiltration are also seen. Mitotic figures are rare. No evidence of adrenal gland in the received sample. Very small tiny remnant of unremarkable adrenal gland is also seen.

DIAGNOSIS

-Spindle cell tumor with prominent vascular structures ,suggestive for vascular tumor
-IHC will be follow.

Sh. Hosseini, MD, AP,CP.

S. Molanaei, MD, AP,CP.

K. Rahvari, MD, AP, CP.

K. Sotoudeh, MD, AP, CP.

Iranmehr Hospital Pathobiology Lab

No: 1317 , Dr. Shariati street, Gholhak folk,
Tehran, Iran- Tel:021-22004785



آزمایشگاه پاتوبیولوژی بیمارستان ایرانمهر
تهران، خیابان دکتر شریعتی، دو راهی فلک ۱۳۱۷ - تلفن : ۲۲۰۰۷۸۵

Patient : خانم گیتا حسینی
Referred By : دکتر فیهی هژازی
[Ward: ۱۱ بخش]
[30-99-69]

Age : 47 Y
Sex: Female
Date Received: 1399/10/25
Date Reported : 1399/10/25
Lab. Ref. No. : S-99-4390
Comment: O-22661

IMMUNOHISTOCHEMISTRY REPORT

CLINICAL DATA

Left adrenal mass, resection

SPECIMEN

Immunohistochemistry study with following markers performed on paraffin block No: S-99-4217 from Iranmehr hospital pathology lab.

HISTOMORPHOLOGICAL DIAGNOSIS

Spindle cell tumor

MARKERS

CD34: Positive in tumor cells
BCI2: Positive in tumor cells
S100: Negative in tumor cells
Pan-Ck: Negative in tumor cells
EMA: Positive in few tumor cells
Ki67: Positive in about 2% of tumor cells

INTERPRETATION

-The above hisopathological and IHC findings are in favor of solitary fibrous tumor/Hemangiopericytoma
-Please also see the pathology report No: S-99-4217.

Sh. Hosseini, MD, AP,CP.

S. Molanaei, MD, AP,CP.

K. Rahvari, MD, AP, CP. ✓

K. Sotoudeh, MD, AP, CP.

PAST MEDICAL HISTORY

- Hypertension from 3 years ago
- Migraine headache from 20 years ago
- History of uterine fibroids who injected a 6 months course of GnRH agonist under supervision of a gynecologist in 1387 and finally underwent hysterectomy in 1396

DRUG HISTORY

- Propranolol 20 mg daily
- Losamix-H 50/12.5 mg daily

FAMILY HISTORY

- History of acromegaly in maternal grandmother who was diagnosed at the age of 47 and underwent trans sphenoidal pituitary surgery and later diagnosed renal cell carcinoma (RCC) and died at the age of 57 following a hypertension crisis and cerebral hemorrhage (under the treatment of professor nakhjavani)
- History of bipolar disorder , hypertension and diabetes mellitus in the mother
- History of diabetes mellitus and hypertension in the father

SOCIAL HISTORY

- No alcohol or tobacco use
- No food and drug allergies

REVIEW OF SYSTEM

- Constitutional symptoms : negative for fever , night sweats, scalp tenderness , loss of appetite

positive for 7 kg weight gain in 2 past months and lack of energy

ears, eyes ,nose , mouth , throat: negative for difficulty with hearing ,sinus problems ,runny nose , post nasal drip , ringing in ears , mouth sore , sore throat , facial pain and numbness

Cardiovascular: negative for chest pain ,irregular heartbeat ,swelling of feet or legs ,pain in legs with walking

Respiratory: negative for shortness of breath , prolonged cough ,sputum production , hemoptysis ,

Gastrointestinal: negative for heartburn , constipation , diarrhea , abdominal pain ,nausea , vomiting , incontinence , peptic ulcer

Raising blood once after 10 minutes of swallowing

- **Musculoskeletal: muscle weakness that sometimes gets worse**
- Skin: **negative** for rash , itching , new skin lesion , hair loss or increase , **easy bruising , striae , buffalo hump** , hirsutism
- Neurological : negative for double vision , change in sensation , tremor , loss of consciousness , uncontrolled motions
- **Positive for frequent headache**
- Psychiatric: negative for irritability , anxiety , insomnia
- Endocrine: **negative for menstrual irregularities with 24 days every menstruation period,** frequent hunger/urination/thirst , intolerance to heat or cold

PHYSICAL EXAM

- General appearance : 47 y/o female who is awake and alert (BMI:30.4)
- Vital sign: BP:150/95 mmHg in both arms ,no orthostatic change ,PR:74/min RR:15/min OT:36.8
- HEENT: 2 to 3 cm mass in the right side of submandibular area with soft and immobile consistency
- Eyes: no retinopathy and papillary edema on examination of the fundus
- Skin: no striae no easy bruising no pigmentation
- Thorax and back : 3 to 4 cm subcutaneous mass with soft and non mobile and non tender in the midline lumbar region
- Heart: no murmur and soft S1 S2
- Lung: clear on auscultation
- Abdomen: soft /no organomegaly
- Extremities : no size difference in limbs/no edema and enlargement

PROBLEM LIST

- Bilateral adrenal mass
- Hypertension plus prediabetes
- Low ACTH and DHEAS in lab data
- Gray zone in both tests of overnight dexamethasone suppression test
- Lipoma in the lumbar and submandibular region