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متخصص آسیب شناسی بالینی و تشریحی

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آزمایشگاه پاتوبیولوژی  
نگین  
دکتر شهلا جهان آرا  
ن.پ: ۴۳۸۶۶ ن.ت: ۱۲۵۱



### PAP SMEAR

Name: Previous pap smear:  Yes  No Slide no. :  
Date : Specify: Unite no. :  
Age: Menstrual cycle :  reg.  irreg. Pregnant:  Yes  No  Radiotherapy  
G: P: Using Contraceptive? If yes, Specify: Clinical examination  Normal  Abnormal  
L: A: Date Of LMP: Requesting Dr:  
Address:

### ADEQUACY OF SPECIMEN

- Satisfactory for evaluation  
 Satisfactory for evaluation but limited by No transformation one component identified  
 Unsatisfactory for evaluation ..... Bloody smear, many spermatozoa, .....

### GENERAL CATEGORIZATION

- Within normal limits .....  
 Benign cellular changes: see descriptive diagnosis  
 Epithelial cell abnormality: see descriptive diagnosis

### DESCRIPTIVE DIAGNOSES & FINDINGS

#### BENIGN CHANGES

- inflammatory effect (Mild- mod- severe)(acute- chronic)  
 Cellular evidence of keratinization  
 IUD changes  
 Bacteria (Mixed- coccoid)  
 Cellular Changes Suggestive of Chlamydia infection  
 Cellular Changes Consistent with viral injury  
 Polyploid fragments of Endocervical tissue

#### FINDING

- Trichomonas vaginals  
 Candida SPP  
 Gardnerella vaginals  
 Actinomyces SPP  
 Endometrial Cell  
 Endocervical Cell

#### REACTIVE CHANGES

- Reactive columnar cells  Regeneration(repair cells)  Reactive histiocytes  
 Reactive squamous cells  Immature metaplastic cells  keratinized cells

### EPITHELIAL CELL ABNORMALITY

#### SQUAMOUS CELL

- Atypical squamos cells of undetermined significance  
 Low grade squamous intraepithelial lesion (LSIL) encompassing: HPV, mild dysplasia / CIN I.  
 High grade squamous intraepithelial (HSIL) encompassing: moderate dysplasia / CIN II, severe  
 dysplasia, carcinoma in situ / CIN III  
 Squamous cell carcinoma

#### GLANDULAR CELLS

- Atypical glandular cells of undermined significance  Adenocarcinoma

### HORMONAL EVALUTION (Vaginal smear)

- Estrogen deficiency  Hormonal evaluation is not possible

### COMMENT AND RECOMMENDATION:

- Please repeat after treatment  Colposcopy is recommended  
 Please repeat pop smear after estrogen therapy  Biopsy is recommended

### SCREENER:

### PATHOLOGIST:

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