

Pt. Name:	نميم أحمد ناجي محسن الكحلي		Lab Number:	C2186-2026	
Pt. Age:	60 years.	Gender:	Male	Received date:	2026-04-09
Referred By:	د/ عبدالعزيز حنش د/ رأفت المقطري.		Reported date:	2026-04-12	

PATHOLOGY REPORT

Clinical Information.	Patient with a history of a left thyroidectomy who now presents with an enlarged right thyroid lobe and isthmus containing a well-defined, non-calcified TIRADS III lesion.
Nature of specimen.	Thyroid FNAC.

GROSS:

Eleven smears were submitted and stained with pap.

MICROSCOPIC:

The cytological smears show moderate cellularity on a hemorrhagic background and mild amounts of colloid. The follicular epithelial cells are primarily arranged in cohesive, monolayered sheets and macrofollicular clusters. The individual follicular cells appear small and uniform, featuring regular, round nuclei with evenly distributed chromatin and inconspicuous nucleoli. There is no evidence of significant nuclear crowding, overlapping, or the characteristic features of malignancy, such as nuclear grooves or intranuclear pseudoinclusions. No significant inflammation or necrosis is observed.

DIAGNOSIS:

Thyroid image guided FNAC:

- Benign cytology. Consistent with a Benign Follicular Nodule (Adenomatoid or colloid nodule).
- Bethesda Category II.
- Recommended for follow up.

COMMENT:

According to The Bethesda System for Reporting Thyroid Cytopathology, a Category II (Benign) result carries a very low risk of malignancy (typically <3%). This result aligns with the TIRADS III ultrasound classification mentioned in your earlier report, which also suggests a "probably benign" lesion.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
12-04-2026

Nerveen Tahoun