Pt. Name:	عبده صالح مانع الوعيل			**Lab Number:**	5194-2026
Pt. Age:	70 Years.	**Gender:**	Male	**Received date:**	2026-07-19
Referred By:	د/ عبدالله الجبر			**Reported date:**	2026-07-25

PATHOLOGY REPORT

Clinical Information.	Exploratory laparotomy for ischemic bowel.
Nature of specimen.	Rt. hemicolectomy

GROSS:

Rt. hemicolectomy specimen consisted of cecum, ileum, and colon measuring 60 x 2 x 1.5 cm, with attached mesenteric fat measuring 30 x 2 cm. Opening revealed a 15 cm thinned out wall located 25 cm from one resection margin and 7 cm from the other. Dissection of the mesenteric fat yielded 12 lymph nodes, the largest measuring 0.6 cm in diameter.
?A separate portion of intestinal mucosa measuring 5 x 1.5 x 1.5 cm was also submitted and demonstrated a gray mucosa and was entirely embedded.

MICROSCOPIC:

Sections from the right hemicolectomy demonstrate extensive mucosal ulceration covered by a thick fibrinopurulent exudate and associated with a dense mixed inflammatory infiltrate composed of neutrophils, lymphocytes, and plasma cells with related vascular proliferation. Inflammation extending deep to the serosa. Resection margin is viable and free of active inflammation or dysplasia. The mesenteric lymph nodes show reactive follicular hyperplasia and sinus histiocytosis without granulomatous inflammation or metastatic malignancy. Sections from the separately submitted intestinal mucosal fragment show preserved ileal mucosa with focal stromal edema and vascular congestion.

DIAGNOSIS:

RIGHT HEMICOLECTOMY AND SEPARATE COLONIC FRAGMENT:

- **Active inflammatory ulceration with ischemic ileocolitis, perforation and peritonitis.**
- **Resection margins are free of active inflammation and dysplasia.**
- **Mesenteric lymph nodes show reactive follicular hyperplasia.**
- **Separate ileal fragment is free of active inflammation and dysplasia.**

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
25-07-2026

Neveen Tahoun