

Pt. Name:	محمد يحيى مجاهد القهالي	Lab Number:	0567-2026
Pt. Age:	75 years.	Gender:	Male
Received date:		Reported date:	2026-02-28
Referred By:	أ.د/ نبيل المضواحي	Reported date:	2026-02-02

### PATHOLOGY REPORT

Clinical Information.	Huge abdominal aortic aneurysm with bowel patch?? TB.
Nature of specimen.	Excision

#### GROSS:

Soft tissue fragments collectively measured 13.5x11x1 cm, the largest measuring 7x4x1 cm. Also received two calcified tissue pieces collectively measured 2x1.8x0.6 cm.

#### MICROSCOPIC:

- Sections of the aortic wall show severe atherosclerotic changes. The intima and media exhibit extensive fibrosis, calcification, and numerous cholesterol clefts surrounded by foreign-body giant cells and chronic inflammatory infiltrates. There is disruption of the elastic laminae and medial thinning. Attached to the luminal surface is organized thrombotic material composed of fibrin, red blood cells, and inflammatory debris (mural thrombus). No evidence of vasculitis or infectious etiology is identified in these sections.
- Sections from the calcified patch show a fibrotic vascular wall with extensive dystrophic calcification. The calcium deposits appear as fractured, dark basophilic (purple) patches disrupting the media and intima. Surrounding these calcified areas are numerous cholesterol clefts (needle-shaped empty spaces) and fibrosis, confirming the diagnosis of advanced calcified atherosclerosis. No evidence of specific granulomas. No evidence of atypia or malignancy.

#### DIAGNOSIS:

##### Aortic aneurysm wall and bowel plaque, resection:

- Severe atherosclerosis with extensive calcification and cholesterol clefts.
- Organized mural thrombus present.
- Consistent with atherosclerotic abdominal aortic aneurysm (AAA).
- No bowel mucosa identified; findings consistent with vascular calcified plaques.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD  
02-02-2026

*Nerveen Tahoun*