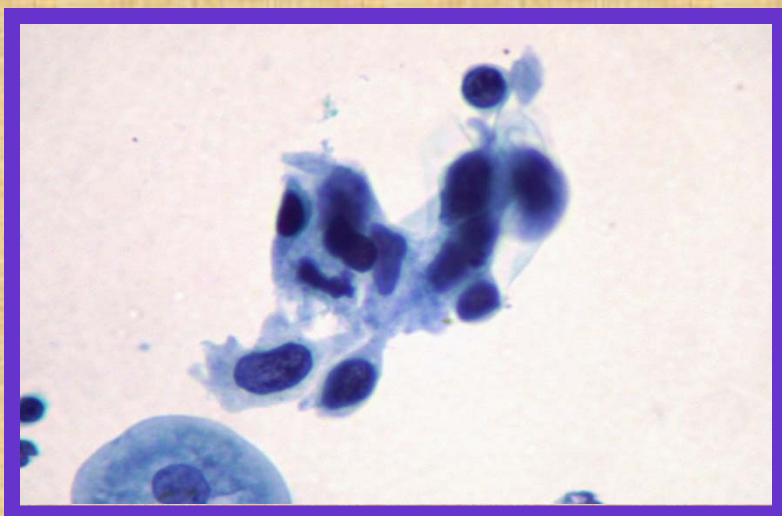
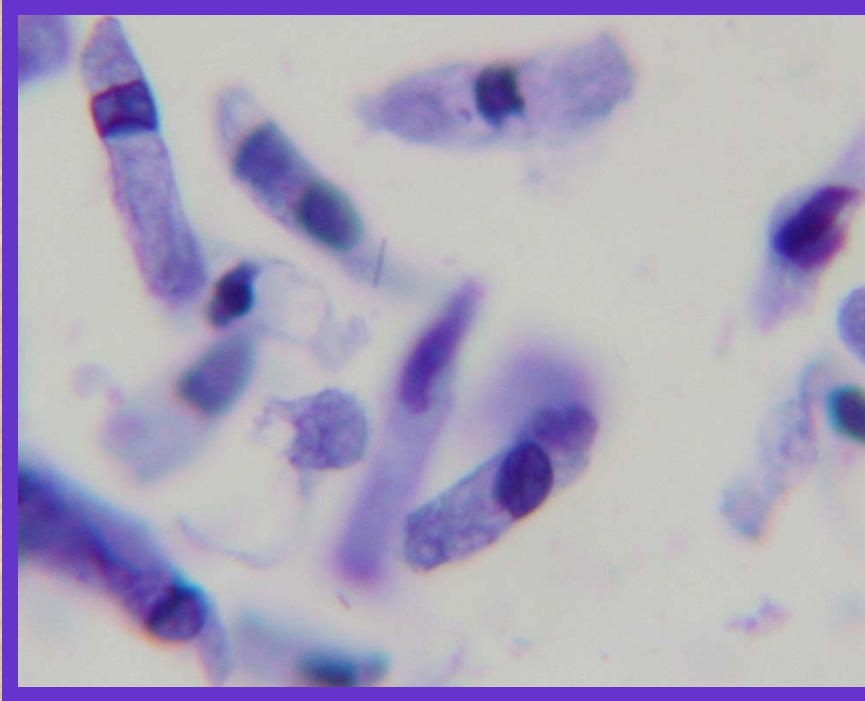


CellSolutions® Cytology Atlas

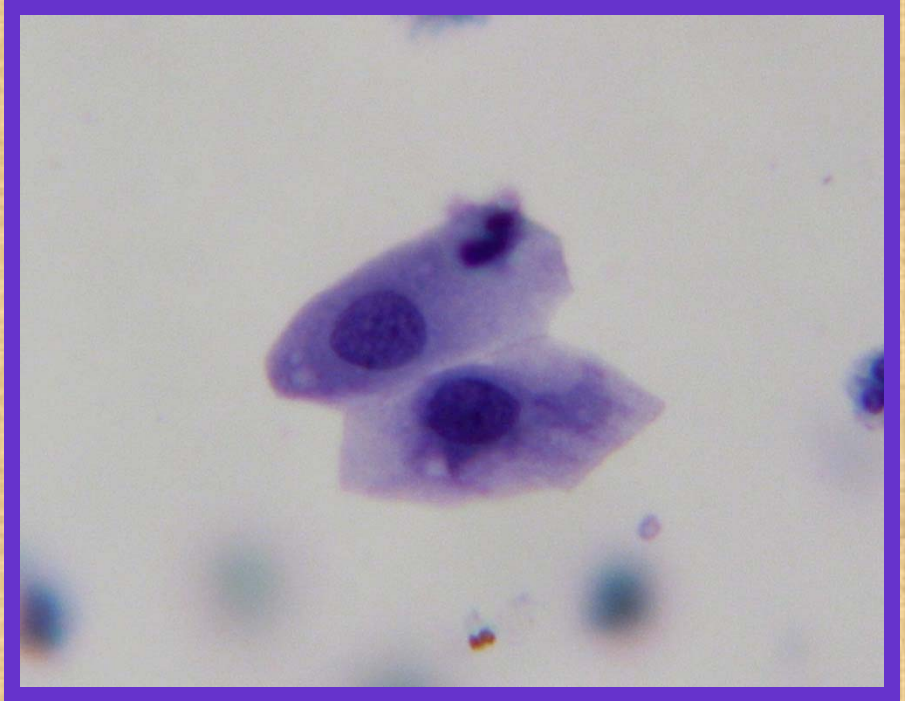


QUALIFICATION



-Endocervical Cells:

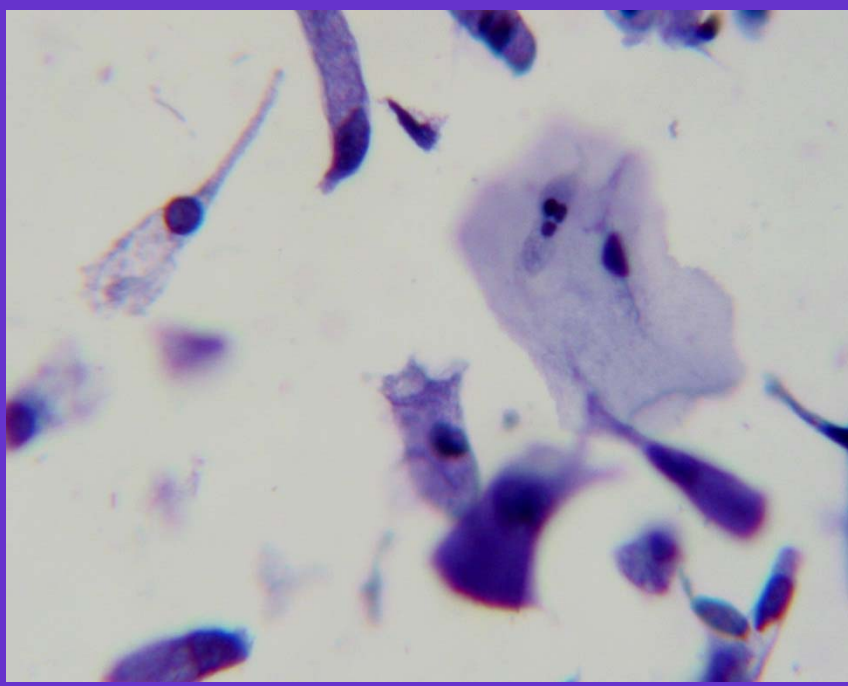
- 40 x magnification picture of numerous columnar cells.
- Columnar cells with basally located nuclei, vacuolated cytoplasm and prominent cell borders.



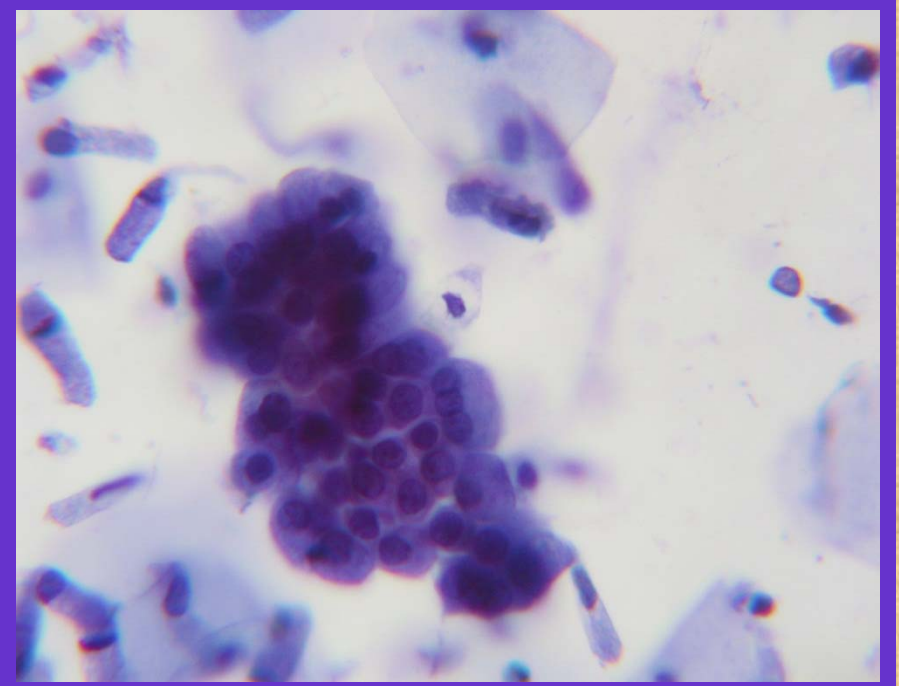
-Endocervical Cells:

- 40 x magnification picture of two columnar cells.
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QUALIFICATION

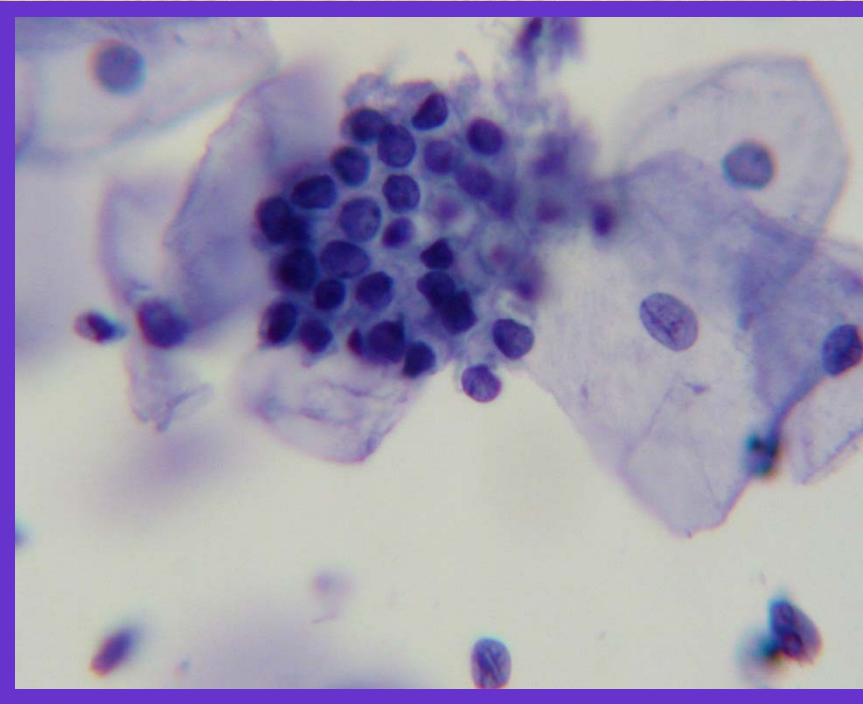


- Endocervical Cells:
- 40 x magnification picture of several columnar cells.
 - Columnar cells with basally located nuclei, vacuolated cytoplasm and prominent cell borders.



- Endocervical Cells:
- 40 x magnification picture of numerous columnar cells, some isolated and a group arranged in a "honeycomb" configuration.

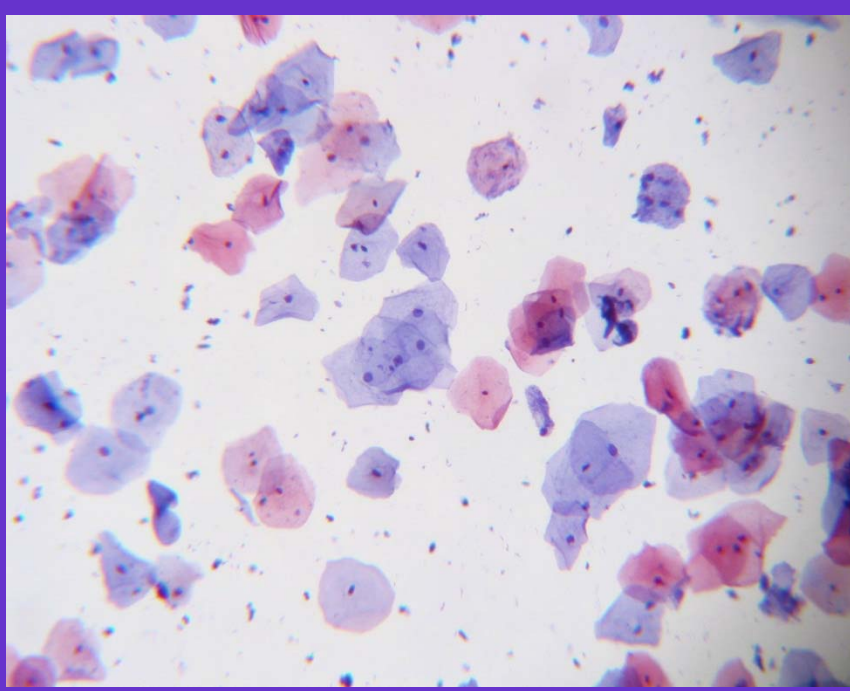
QUALIFICATION



-Endocervical Cells:

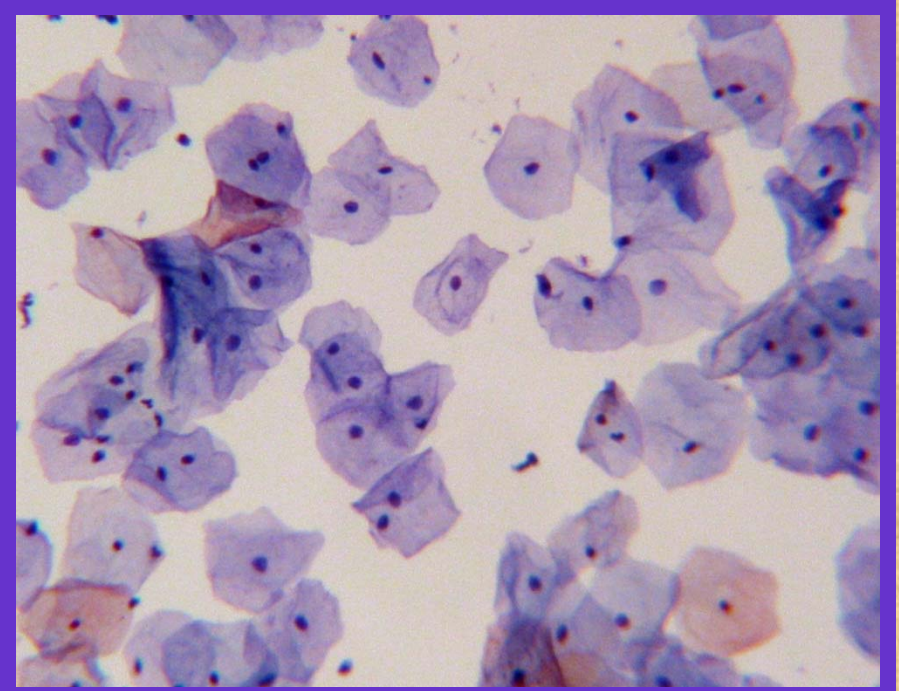
- 40 x magnification picture of columnar cells arranged in a "honeycomb" configuration along with superficial squamous cells.
- The group of cells remain attached at their basal plate.

WITHIN NORMAL LIMITS



-Negative within Normal Limits:

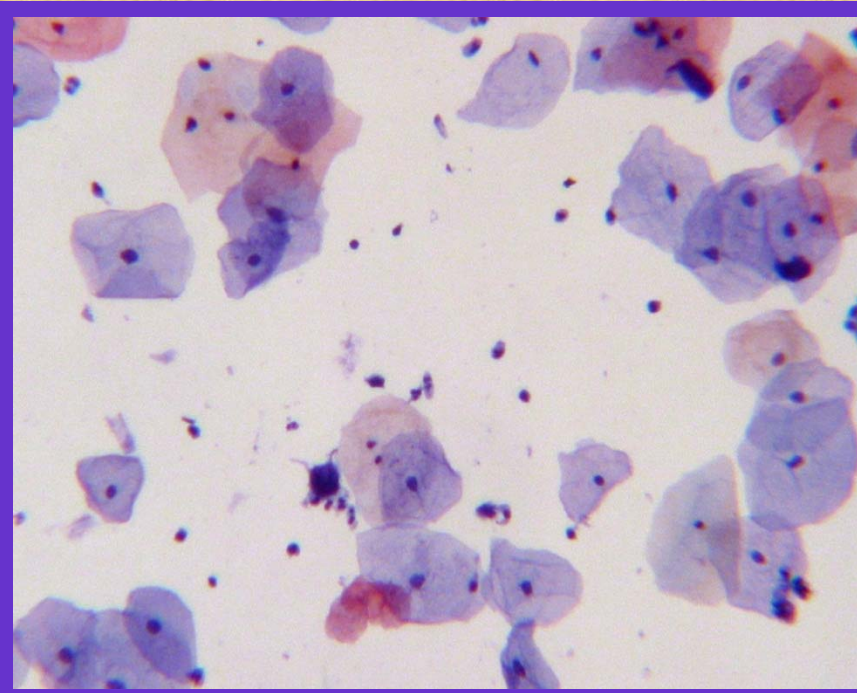
- 10x magnification picture shows a well dispersed population of superficial squamous cells. A few inflammatory cells are present in the background.
- The nuclei are round, small (pyknotic).
- The chromatin are dense and the nucleoli are absent.
- The cytoplasm are polygonal, abundant, pale, clear (transparent) and eosinophilic The N/C ratio is 1:10.



-Negative within Normal Limits:

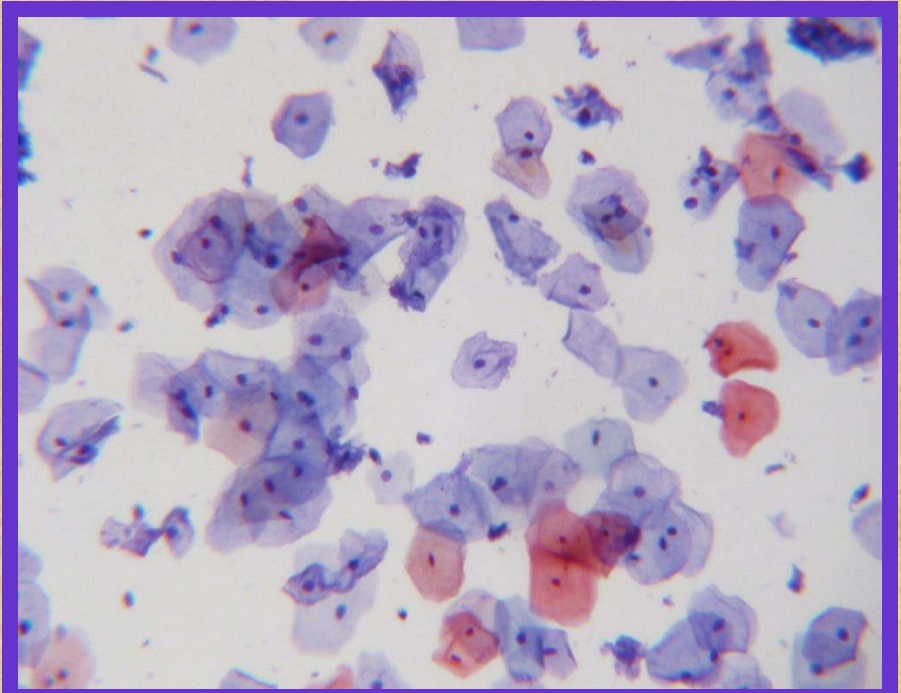
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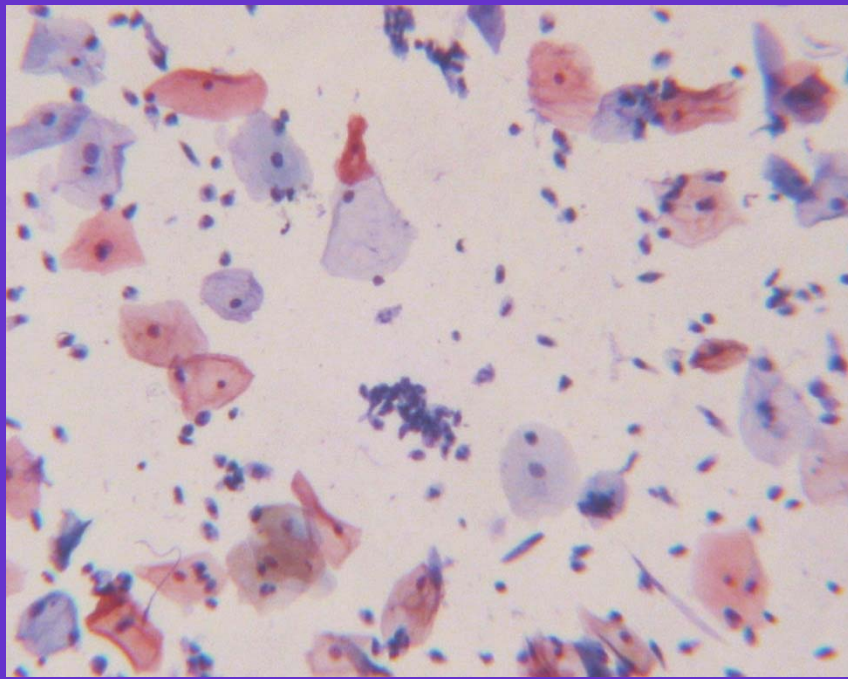
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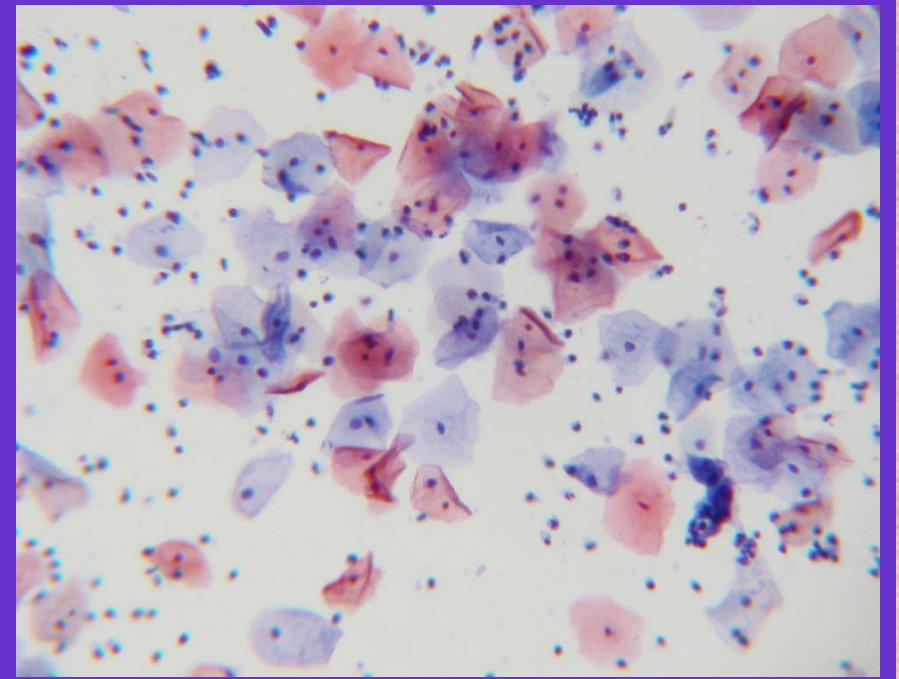
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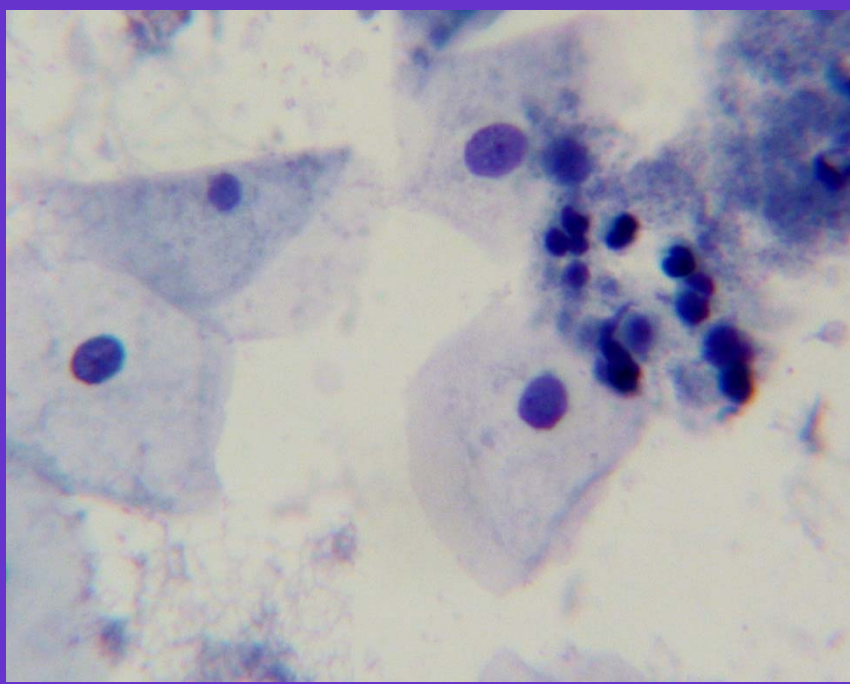
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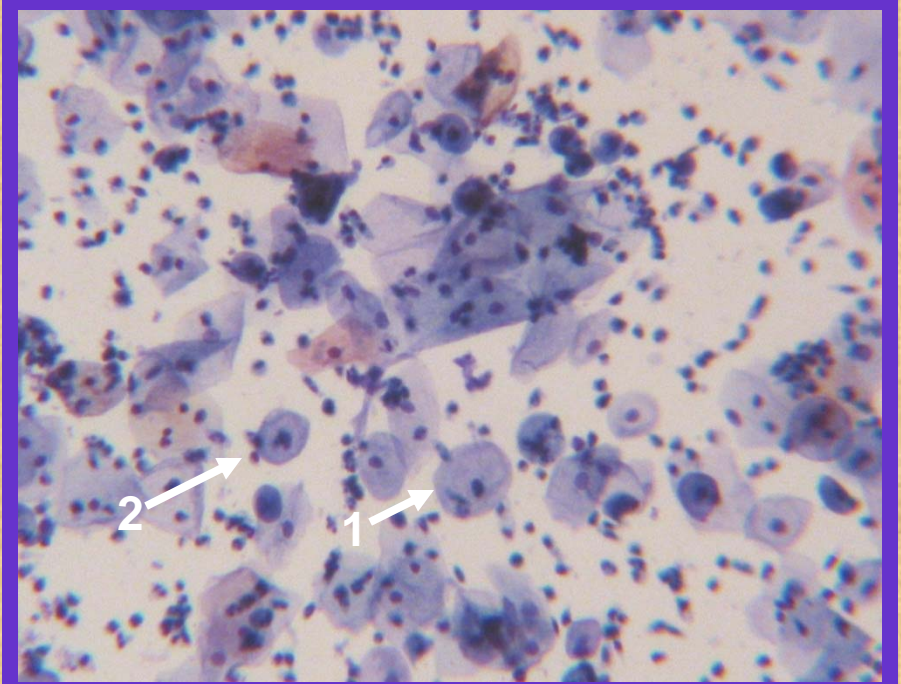
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BENIGN CELLULAR CHANGES

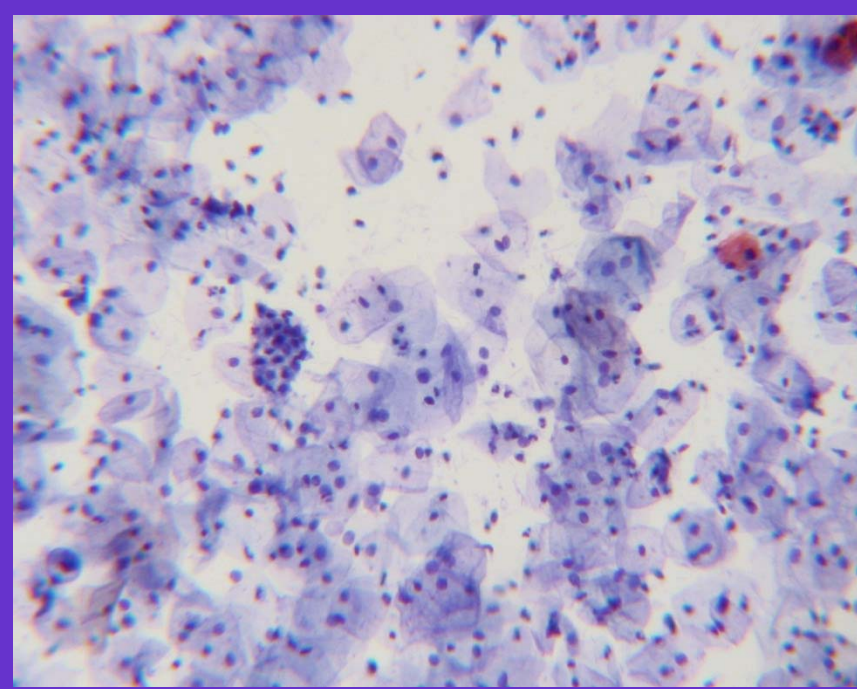


- Cellular Changes due to Inflammation:
 - 40X magnification picture of superficial cells.
 - A few inflammatory cells are covering the squamous cells.
 - The nuclei are mildly enlarged due to inflammation.



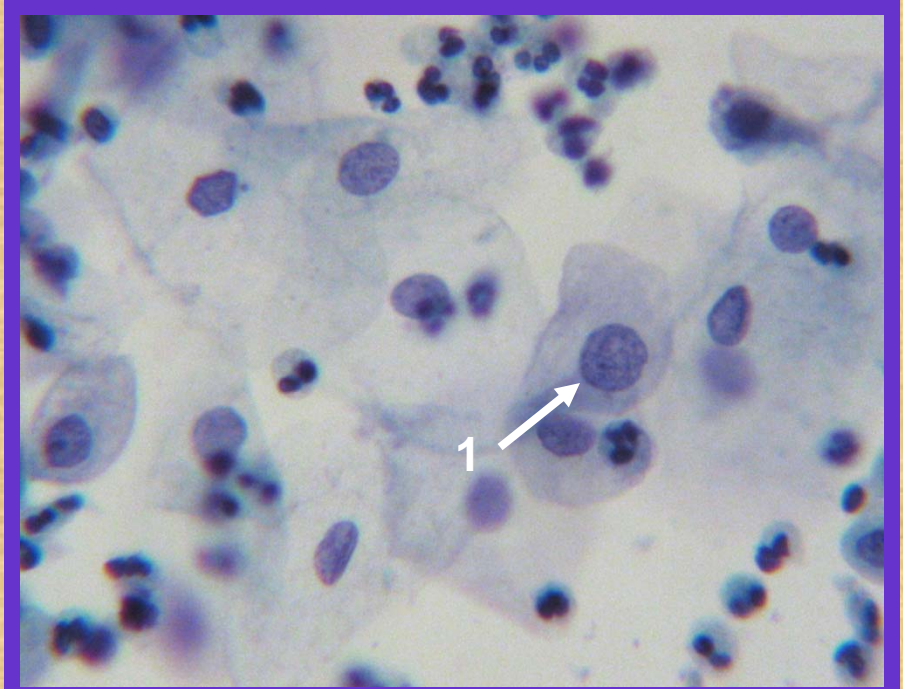
- Cellular Changes due to Inflammation:
 - 10X magnification picture of superficial, intermediate **(1)** and metaplastic cells **(2)**.
 - Numerous inflammatory cells are covering but not obscuring squamous cells.
 - The squamous cells show mild nuclear enlargement.

BENIGN CELLULAR CHANGES



-Cellular Changes due to Inflammation:

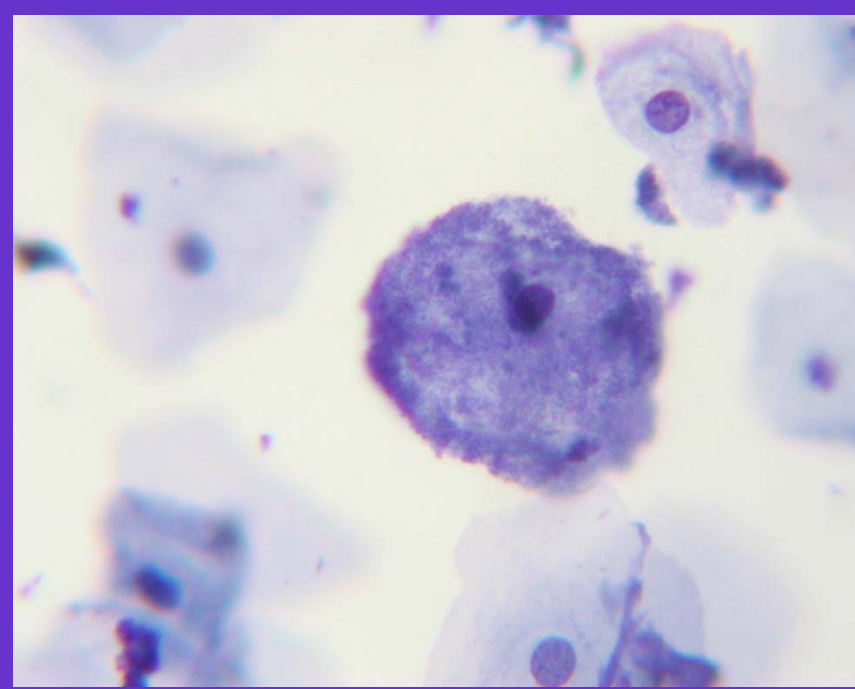
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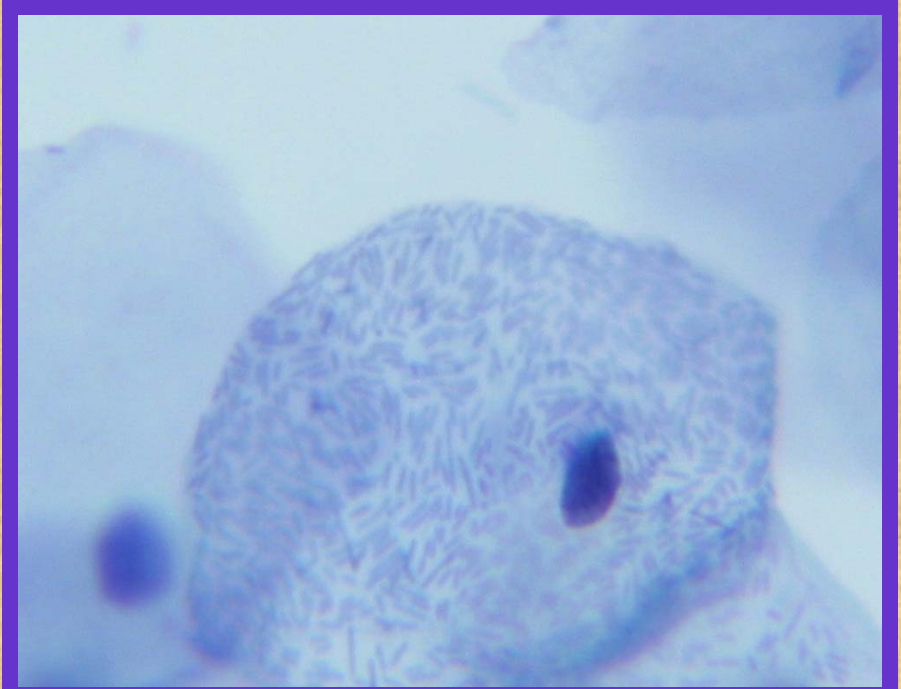
-Cellular Changes due to Inflammation:

- 40X magnification of superficial, intermediate cells and inflammatory cells covering but not obscuring the squamous cells.
- There is mild to moderate nuclear enlargement. Moderate enlargement **(1)**
- The chromatin is smudgy and pale.
- Micro nucleoli are seen and slight there is perinuclear clearing.

BENIGN CELLULAR CHANGES

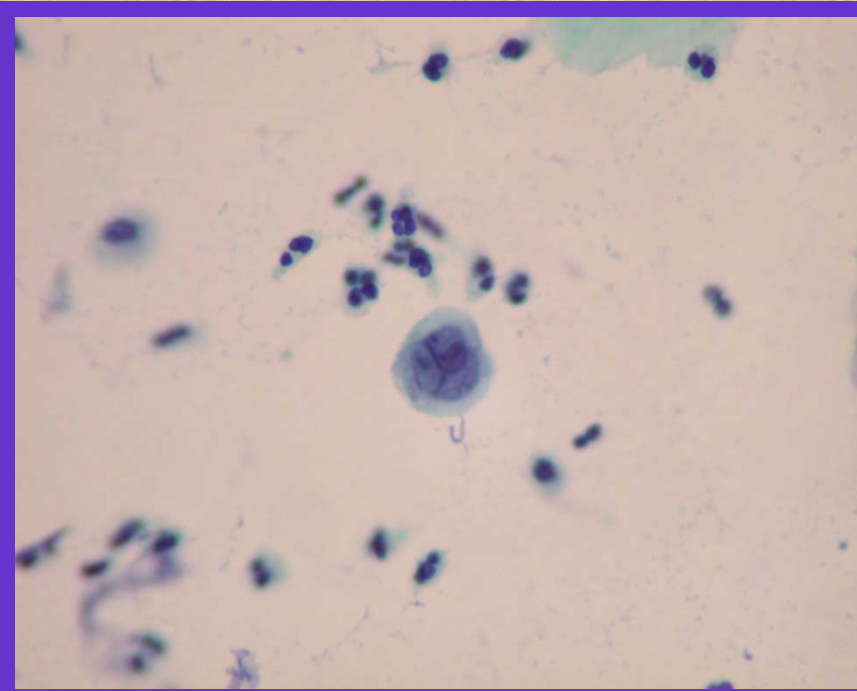


- Bacterial Flora Shift "Clue Cell":
- 40X picture of intermediate squamous cells covered by bacteria ("Clue Cell").
- Consistent with *Gardnerella vaginalis*.

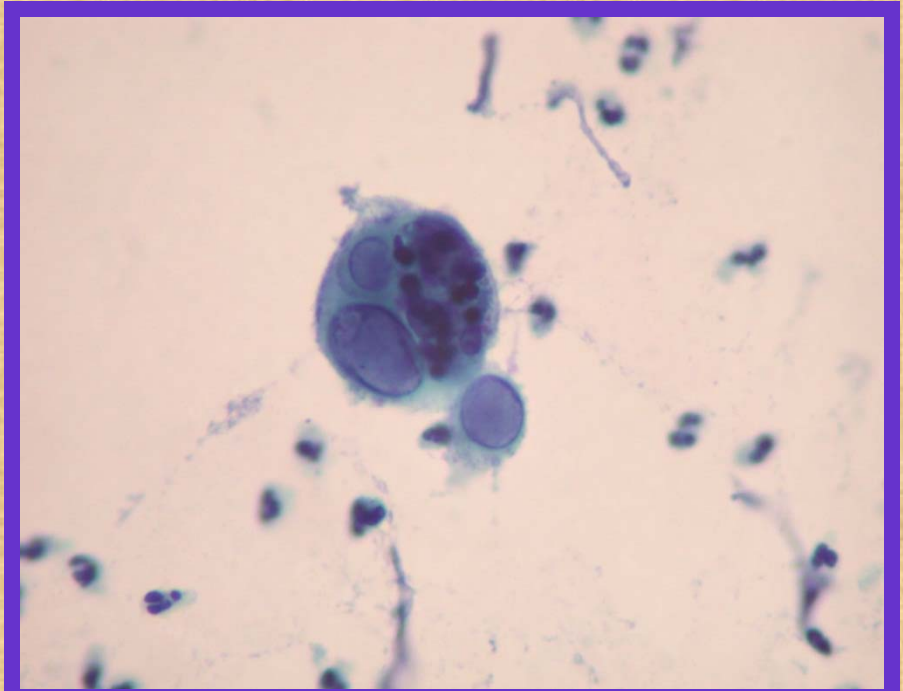


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BENIGN CELLULAR CHANGES

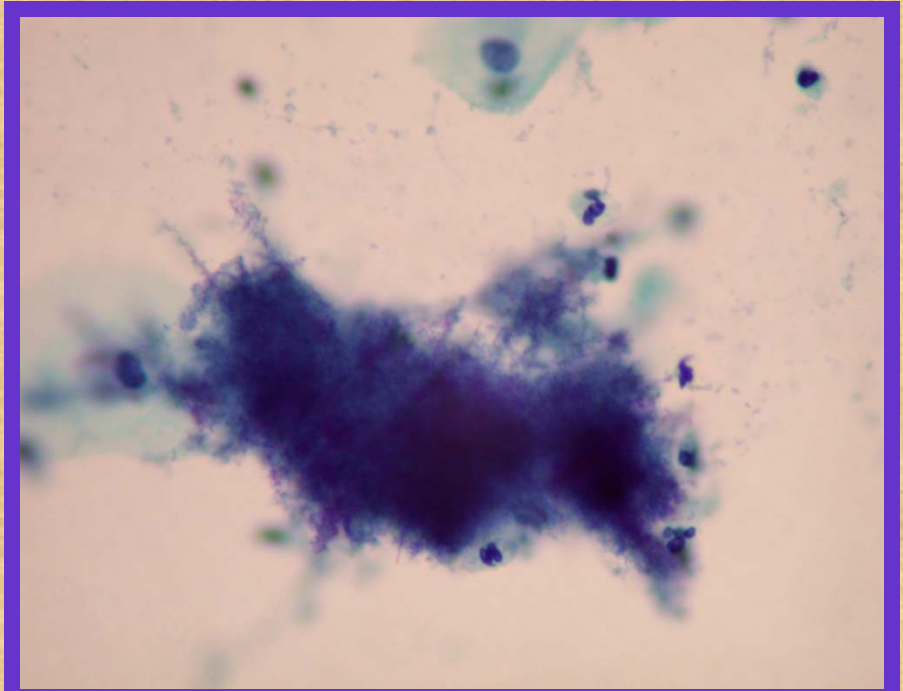
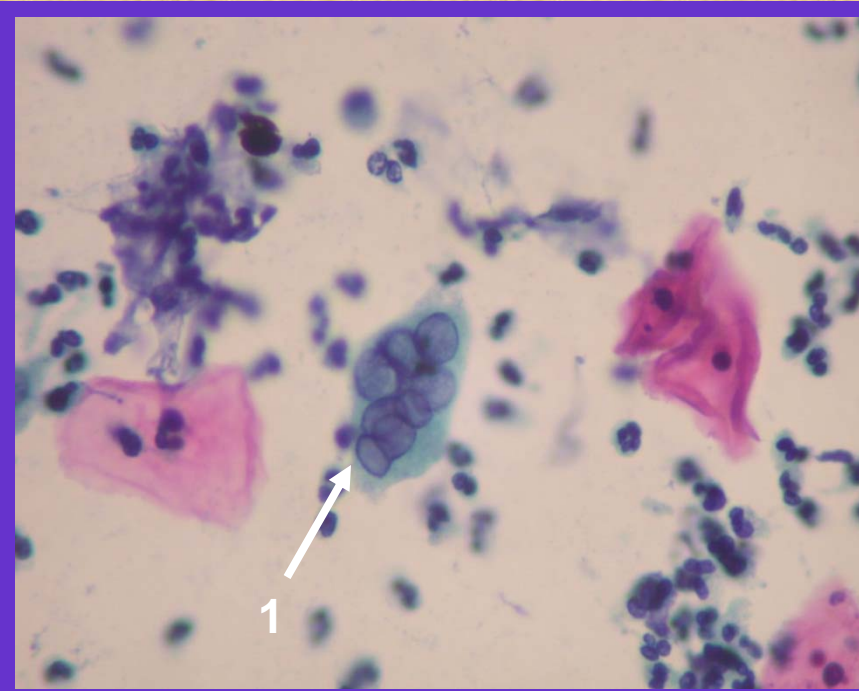


- Cellular Changes associated with Herpes virus:
 - 10X picture of Herpes group infection.
 - Transformed squamous cells with cytomegaly, multi-nucleation, molded nuclei with ground glass appearance.
 - Intra nuclear inclusions and perinuclear clearing.
 - Inflammatory cells are present.



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BENIGN CELLULAR CHANGES



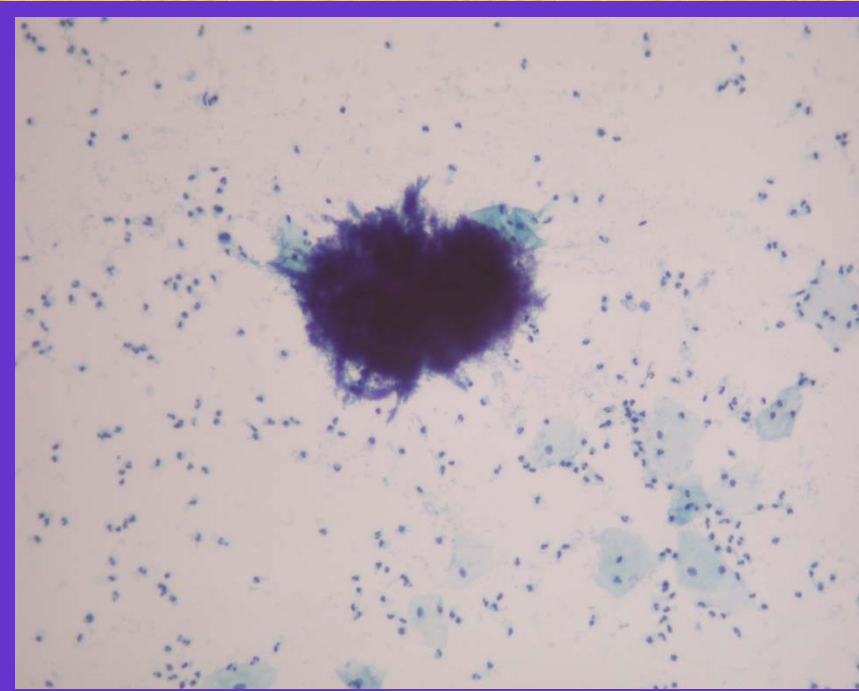
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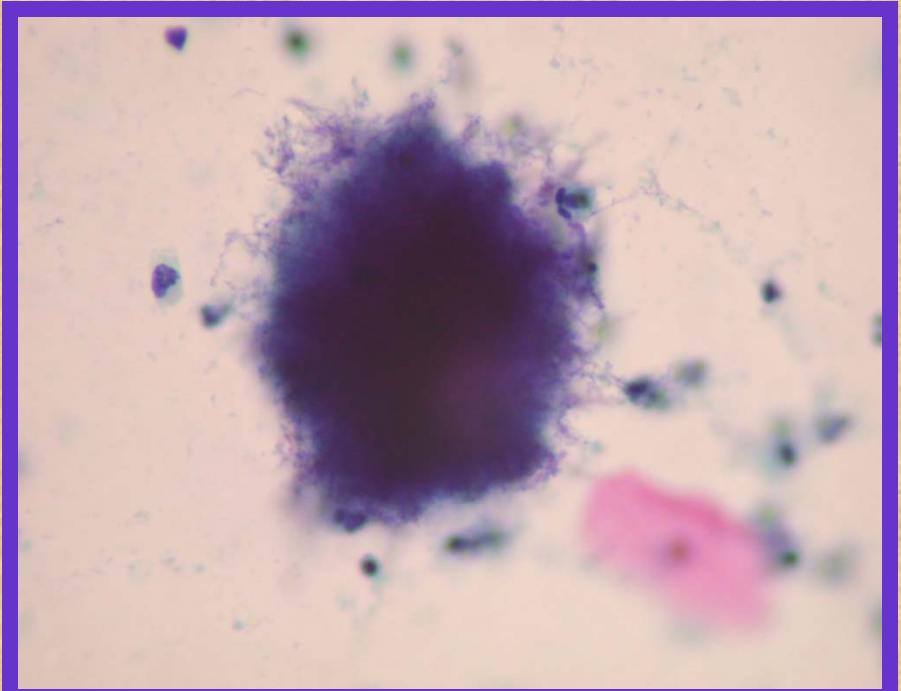
-Actinomyces species:

- 40X picture of an infection of a IUD.
- Delicate filamentous bacterium which branch freely, resembling fungal hyphae in loose aggregates.
- Close observations show dense basophilic balls.
- Inflammatory cells are present.

BENIGN CELLULAR CHANGES

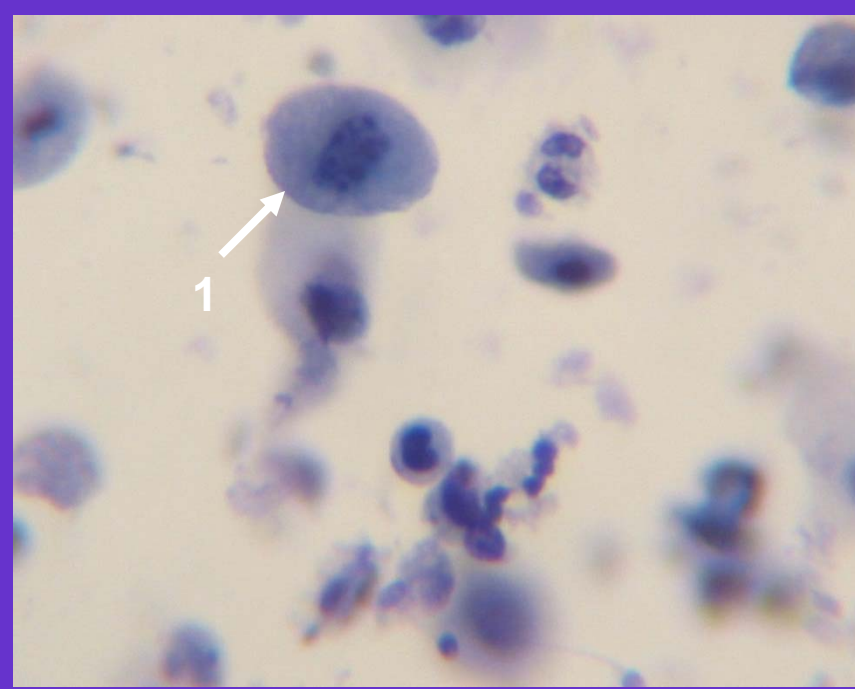


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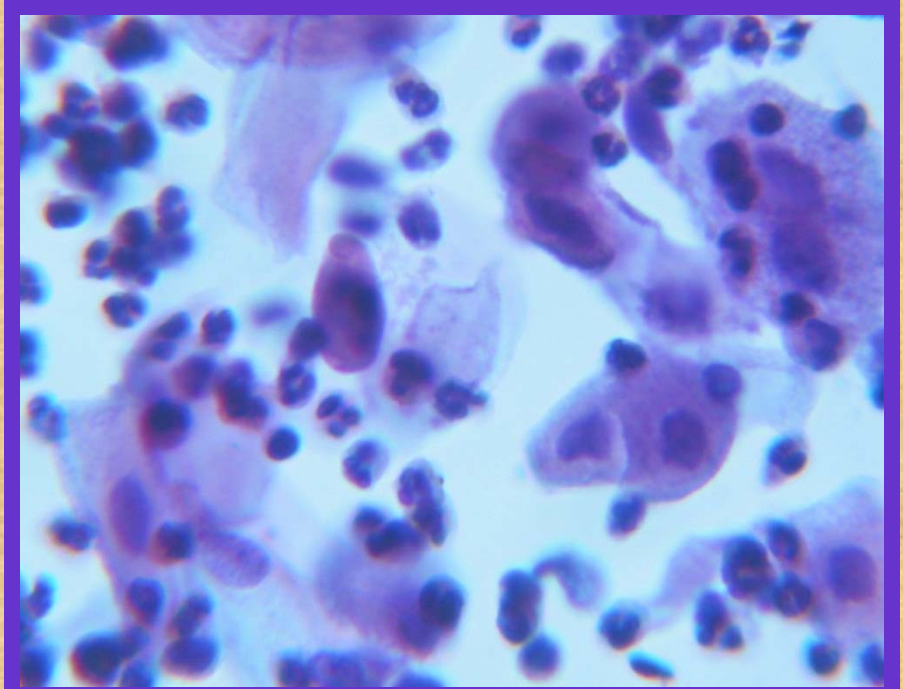
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- Close observations show dense basophilic balls.
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BENIGN CELLULAR CHANGES



-Atrophic Cells.:

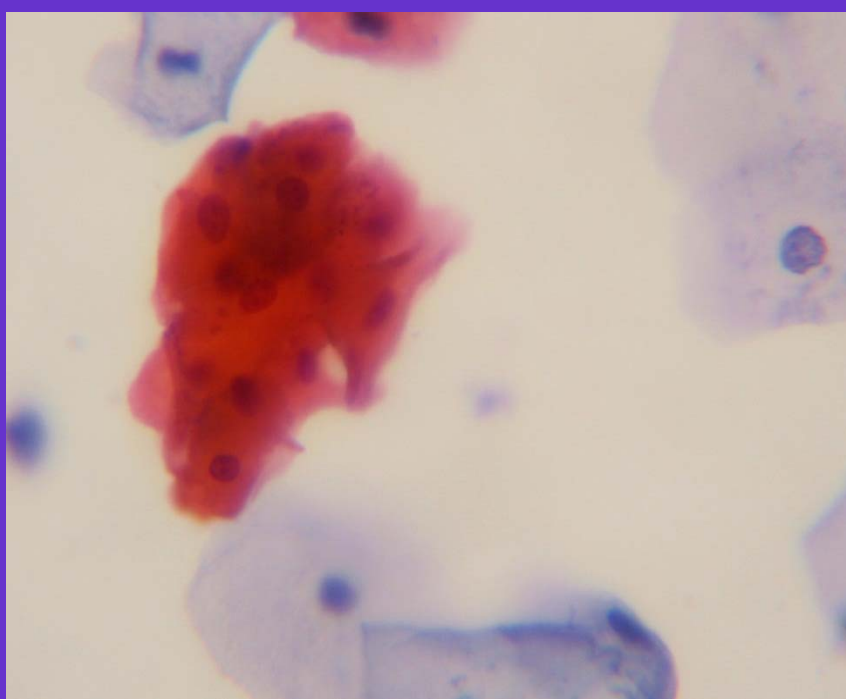
- 40X magnification of a cervical sample in atrophy.
- Small, rounded, this basophilic parabasal squamous cells is typical of Atrophic cells. Atrophic cell **(1)**



-Changes due to Radiation:

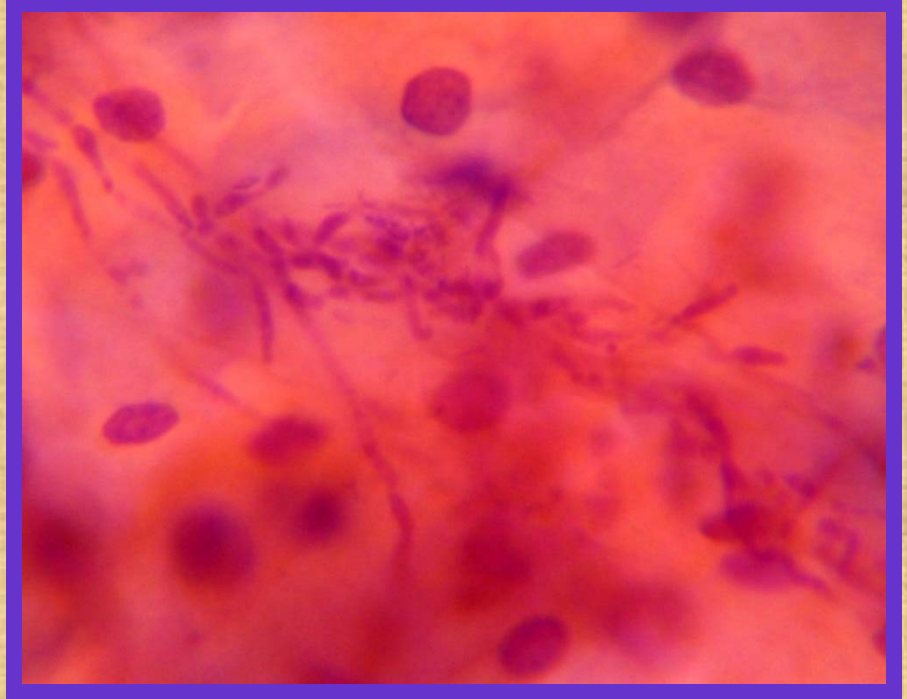
- 40X magnification shows squamous cells with fine vacuolization of the cytoplasm, cytomegaly, kariomegaly.
- Nuclei are multinucleated with wrinkling of the nuclear membrane.
- Pleomorphic shapes and smudged nuclear chromatin are observed along with Inflammatory cells and amorphous debris.

BENIGN CELLULAR CHANGES



-Para-Keratosis:

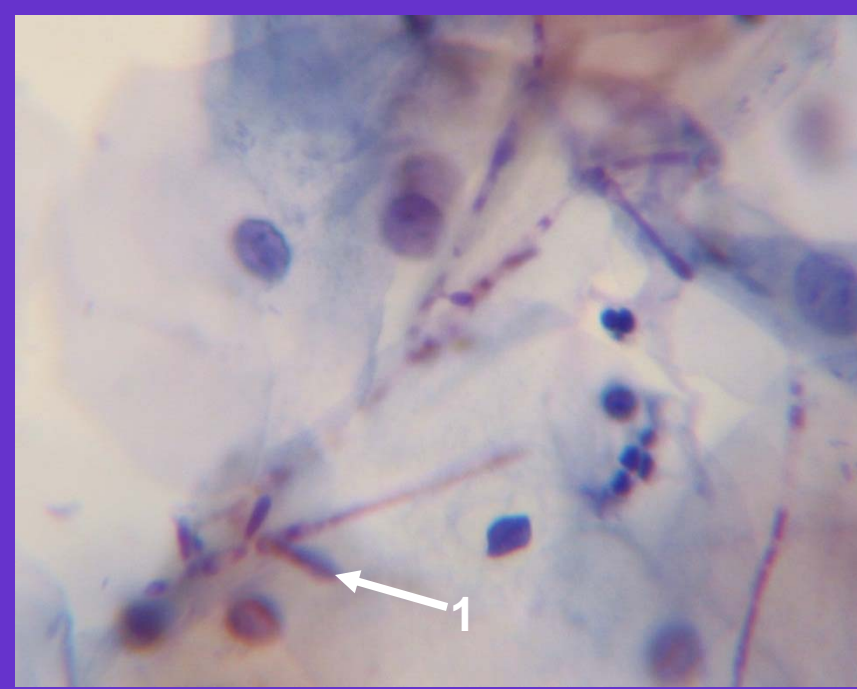
- 40x magnification of mature squamous cells with hyper-keratinized cytoplasm and pyknotic nuclei.
- Consistent with uterine prolapse.



-Candida albicans:

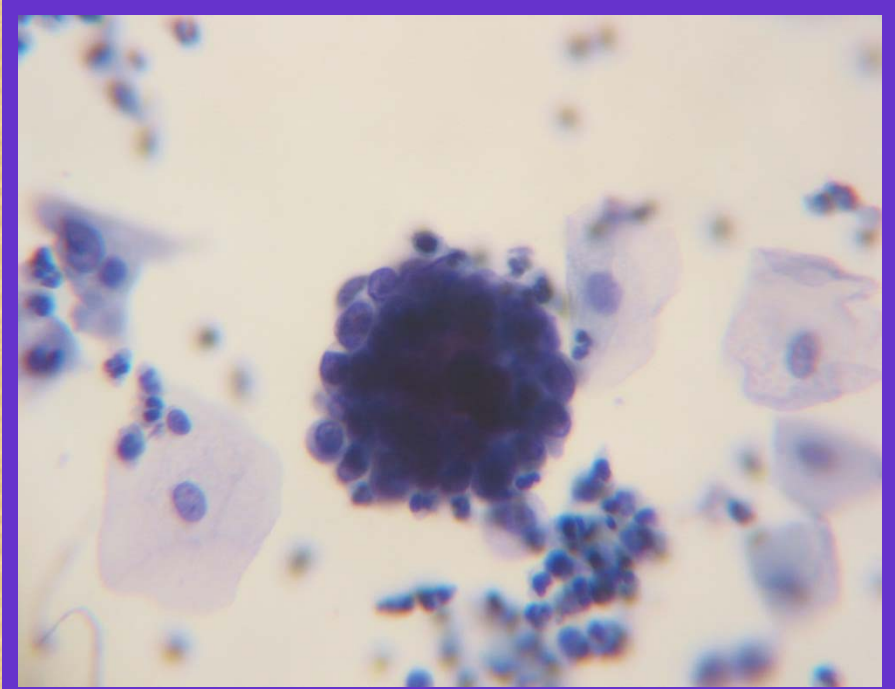
- 40x magnification of squamous cells and multiple yeast forms with budding or delicate pseudo septate filaments (pseudo-hyphae).
- Acute branching intra and extra cellular.

BENIGN CELLULAR CHANGES



-Candida albicans:

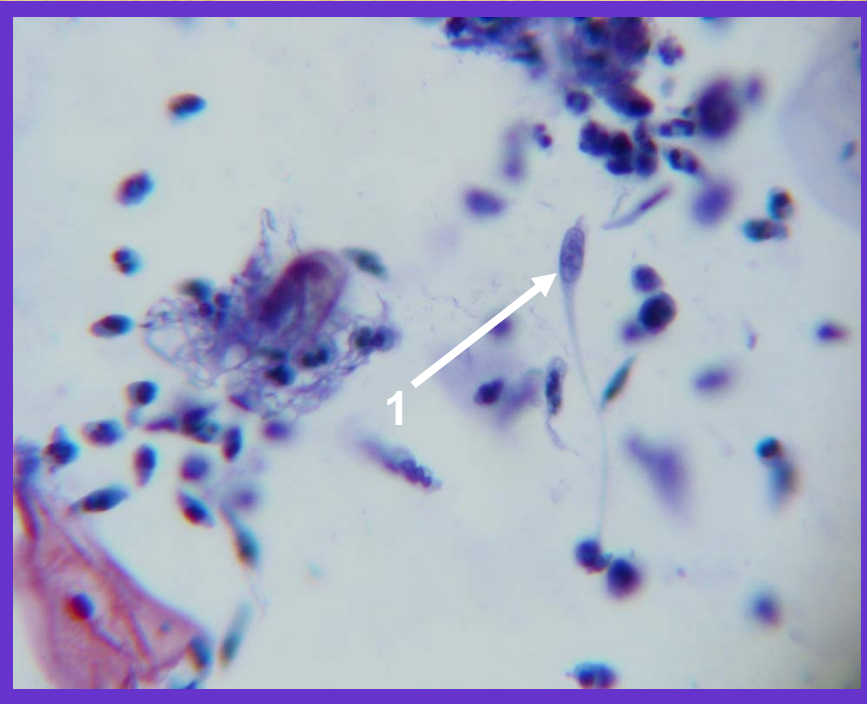
- 40x magnification of squamous cells and multiple yeast forms with budding or delicate pseudo septate filaments (pseudo-hyphae **(1)**).
- Acute branching intra and extra cellular.
- Few Inflammatory cells are noted.



-Benign Endometrial Cell:

- 40x magnification of cell mass with double contouring, compact central stromal cells.
- Peripheral glandular cells, surrounded by Inflammatory cells.
- The glandular cells are round to oval, scant cytoplasm and small nuclei.
- Nucleoli indistinct with coarsely granular to compact chromatin.

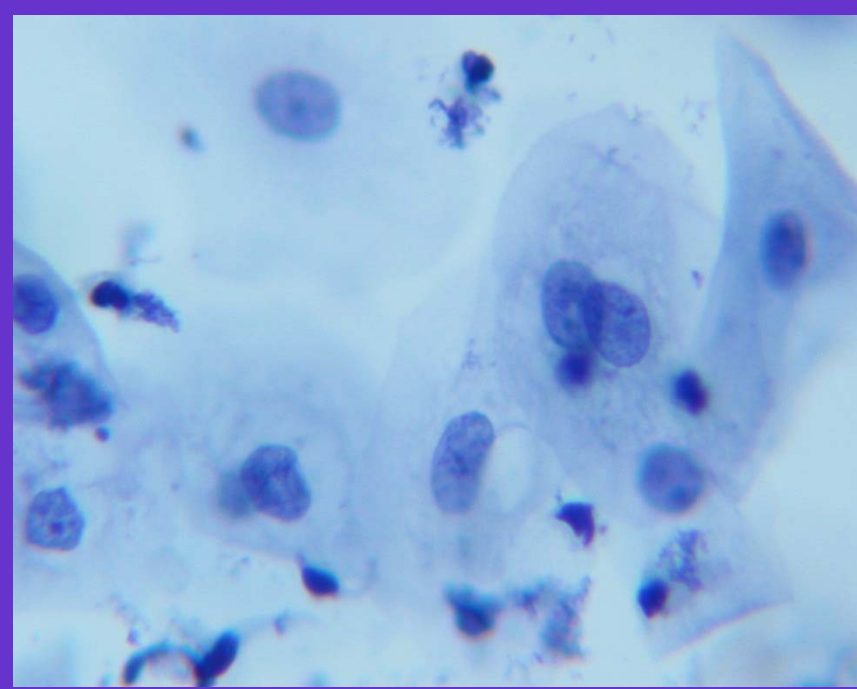
BENIGN CELLULAR CHANGES



-Post coital smear:

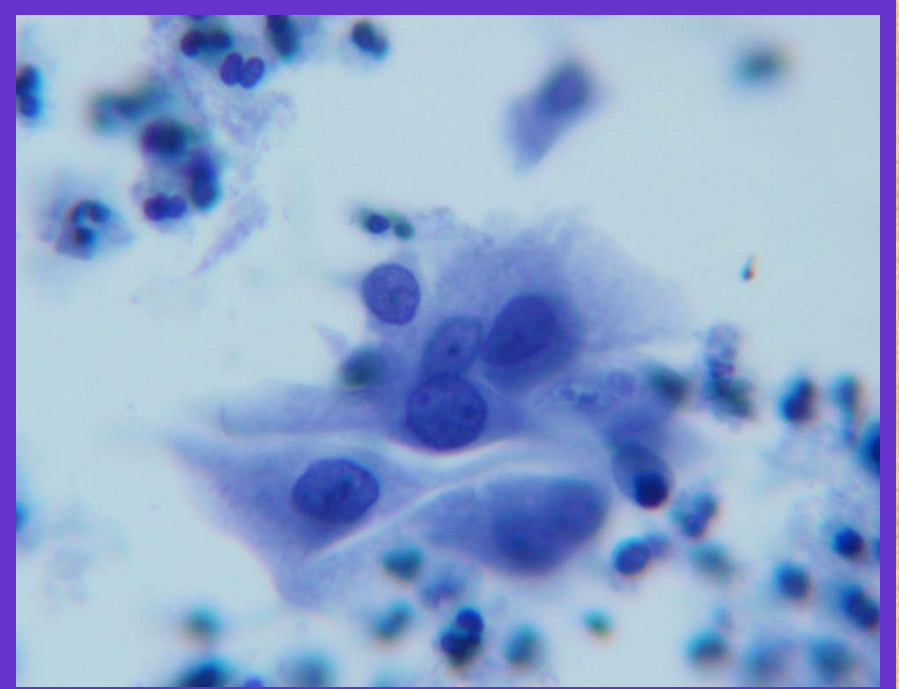
- 40x magnification picture of spermatozoa **(1)**, histio-cytic cells and superficial cells.
- The spermatozoa has a long tail and pointed pear shaped head.
- The distal half of the head is pale and the portion adjacent to the tail is stained dark.

SQUAMOUS CELL ABNORMALITIES



-ASCUS:

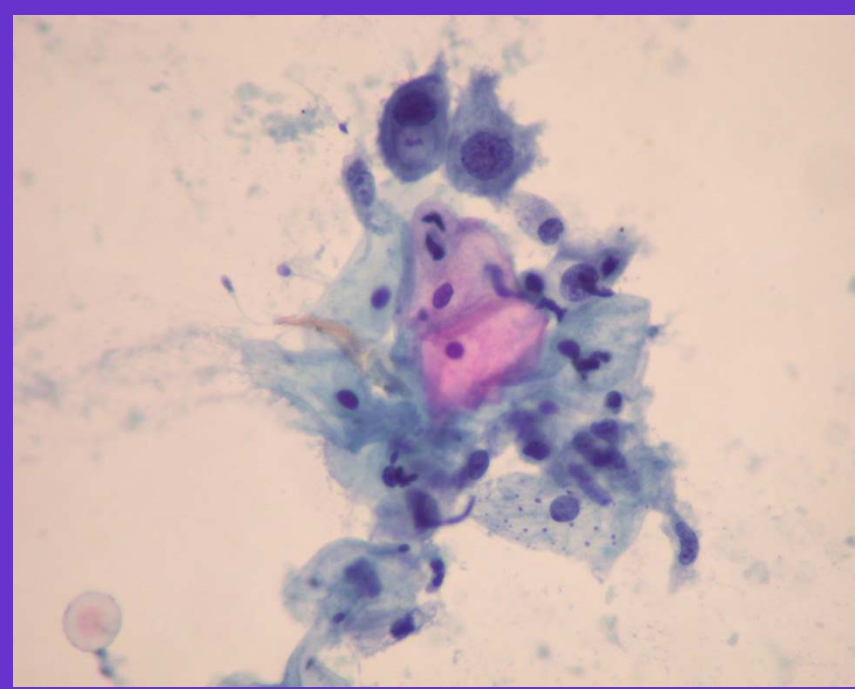
- 40x magnification of atypical squamous cells (of undetermined significance) with enlargement of the nuclear size.
- The increase in nuclear size is more marked than reactive changes and less than LSIL.
- Nucleus size are of intermediated and parabasal cells or of mature metaplastic cells.



-ASCUS:

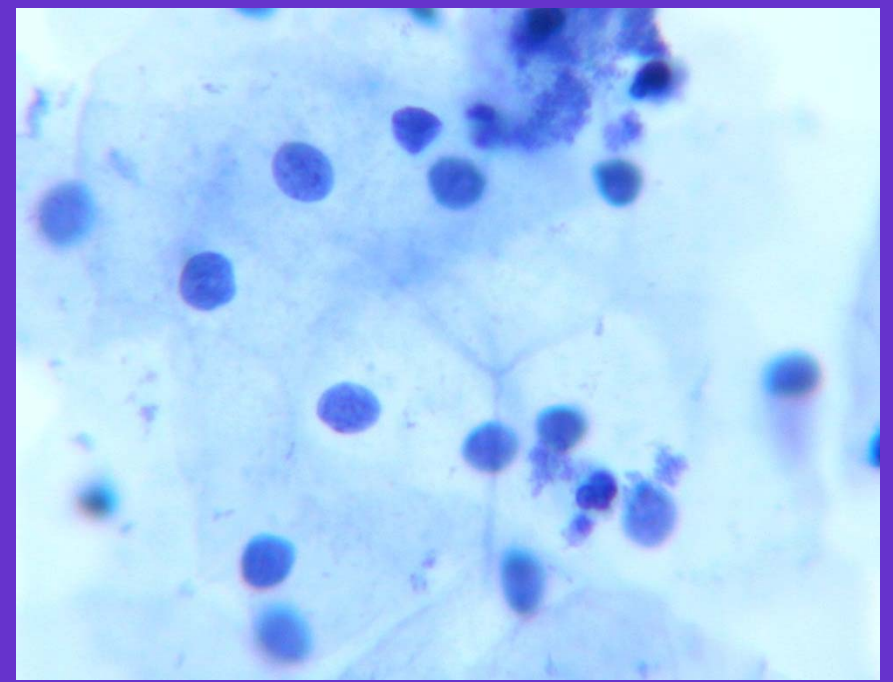
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SQUAMOUS CELL ABNORMALITIES



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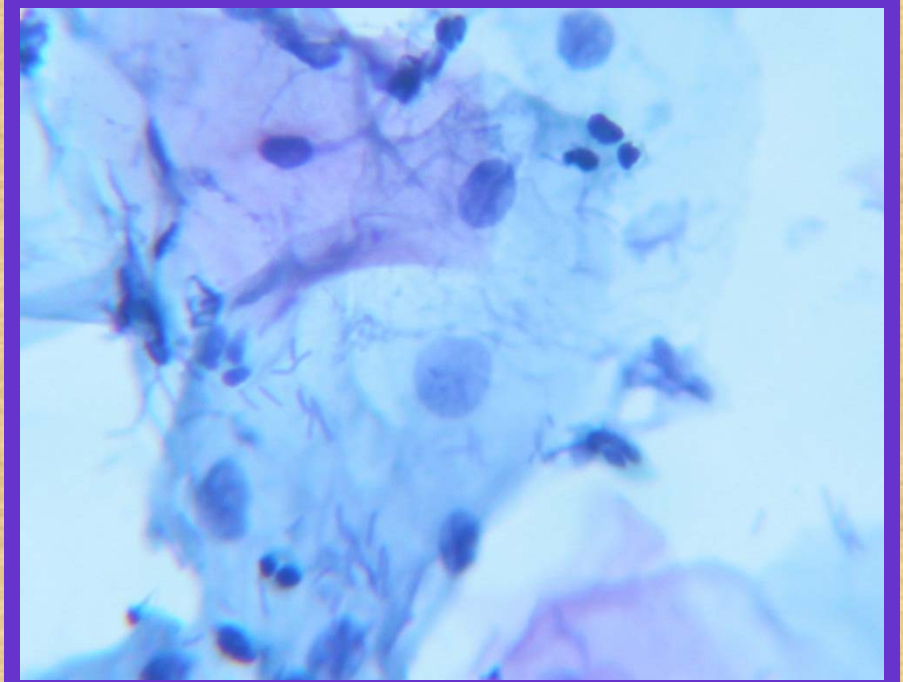
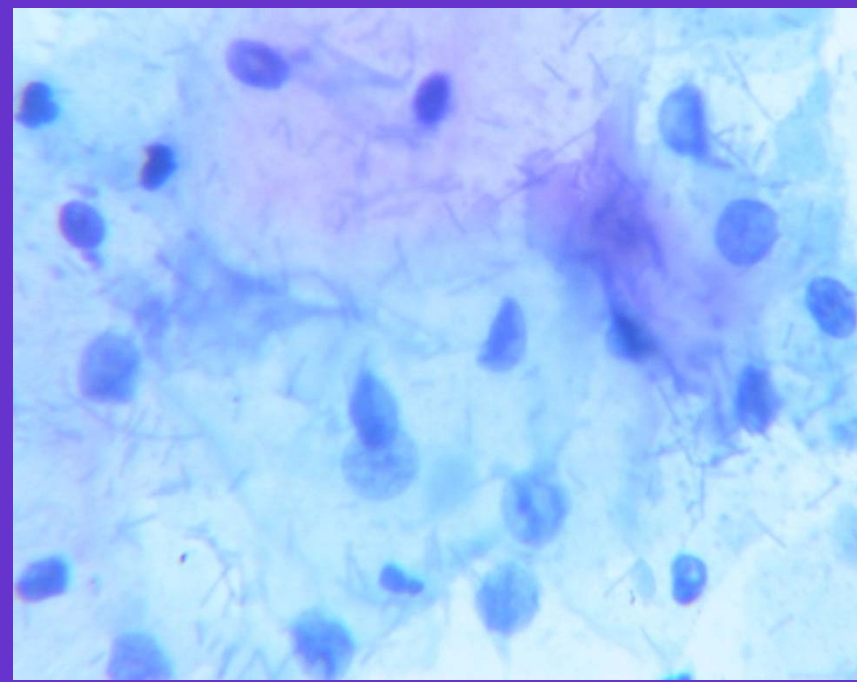
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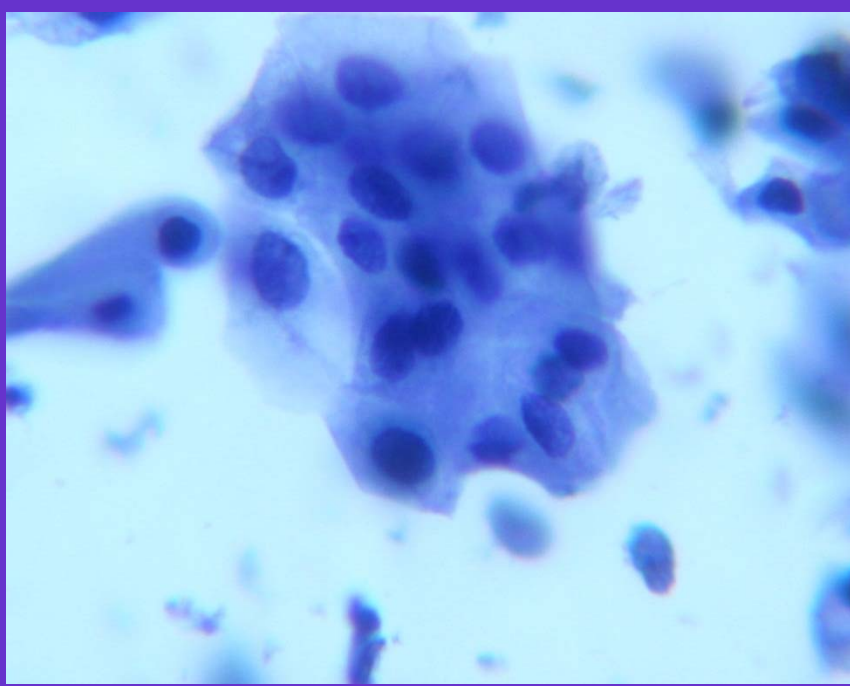
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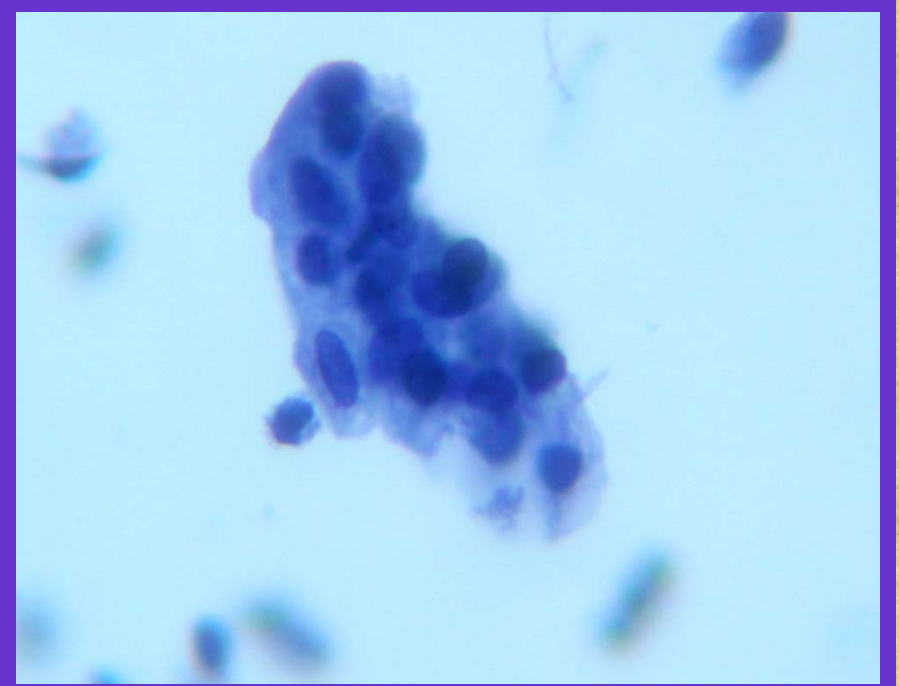
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SQUAMOUS CELL ABNORMALITIES



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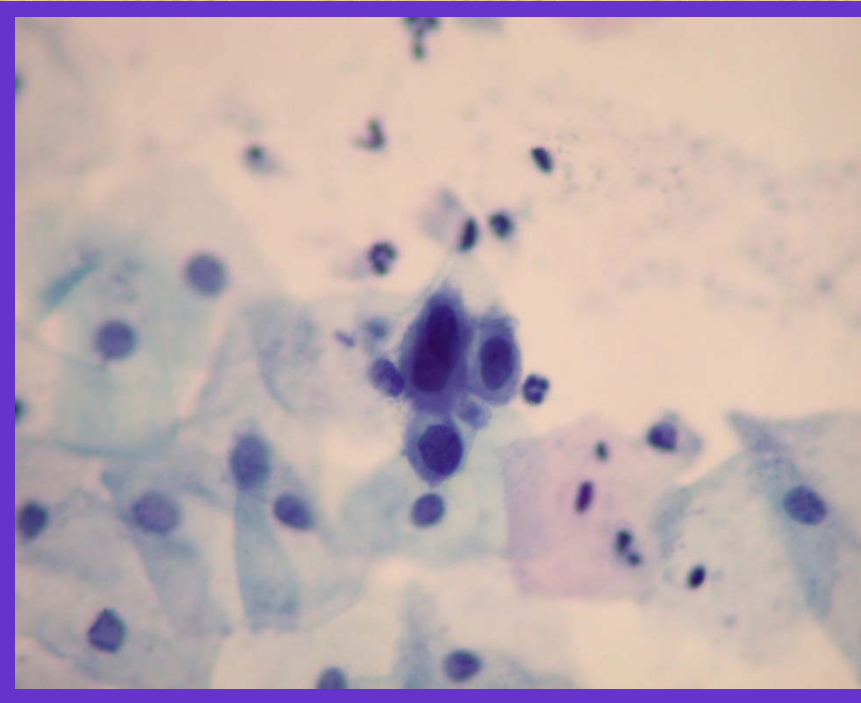
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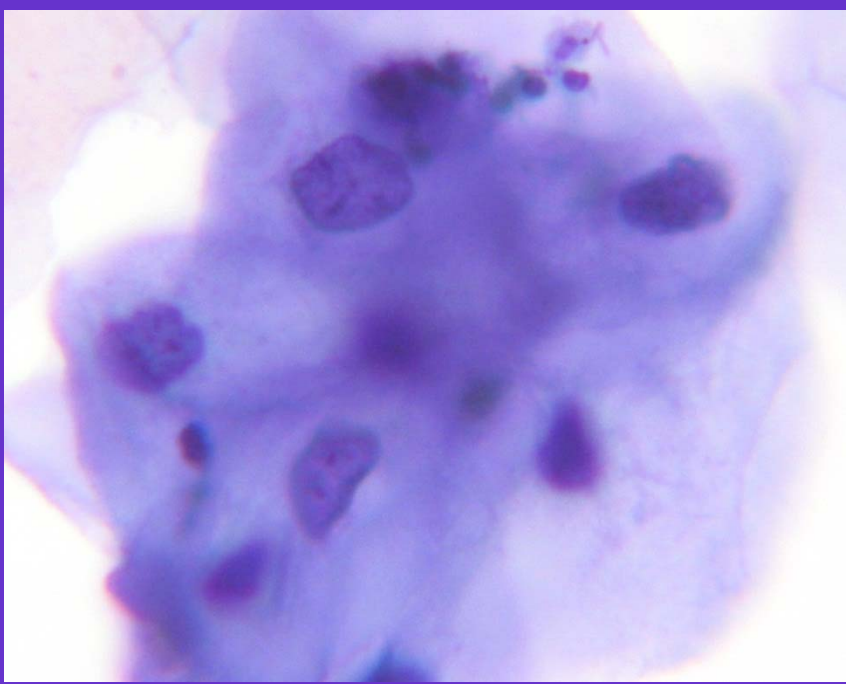
SQUAMOUS CELL ABNORMALITIES



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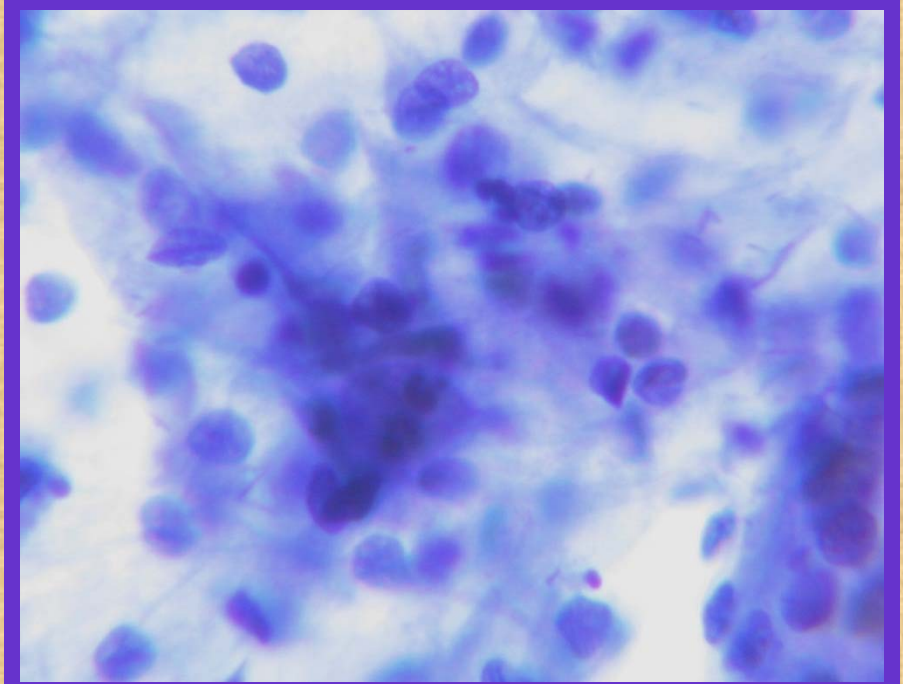
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SQUAMOUS CELL ABNORMALITIES



-LSIL:

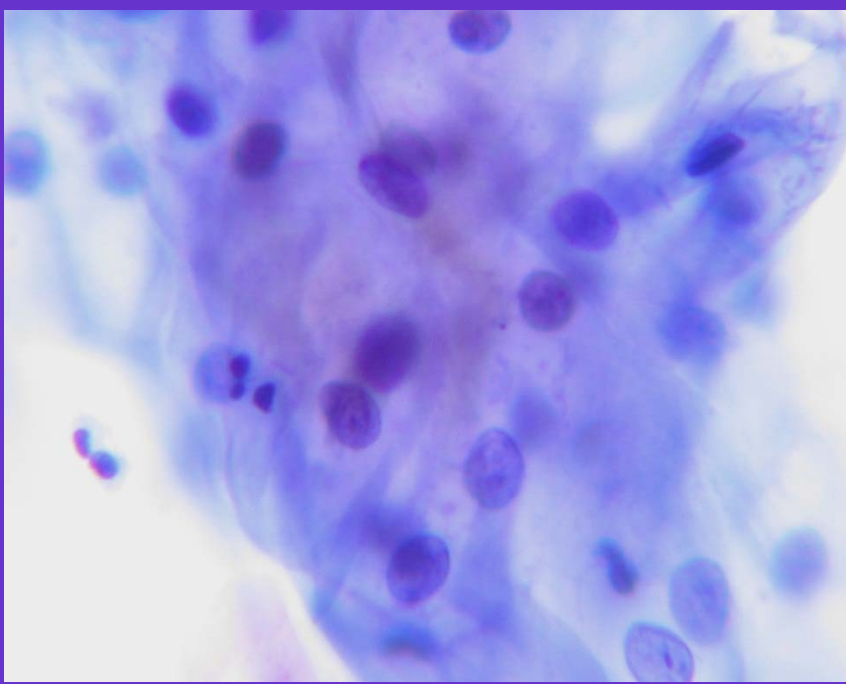
- 40x magnification of low grade squamous intra-epithelial lesion/mild dysplasia/CIN I. Intermediate squamous cells with enlargement of the nuclei.
- Hyperchromasia, elevated N/C ratio (3 to 4 times the normal intermediate cells) , no nucleoli. Coarsely granulated chromatin.
- Cytoplasm is abundant, transparent.



-LSIL:

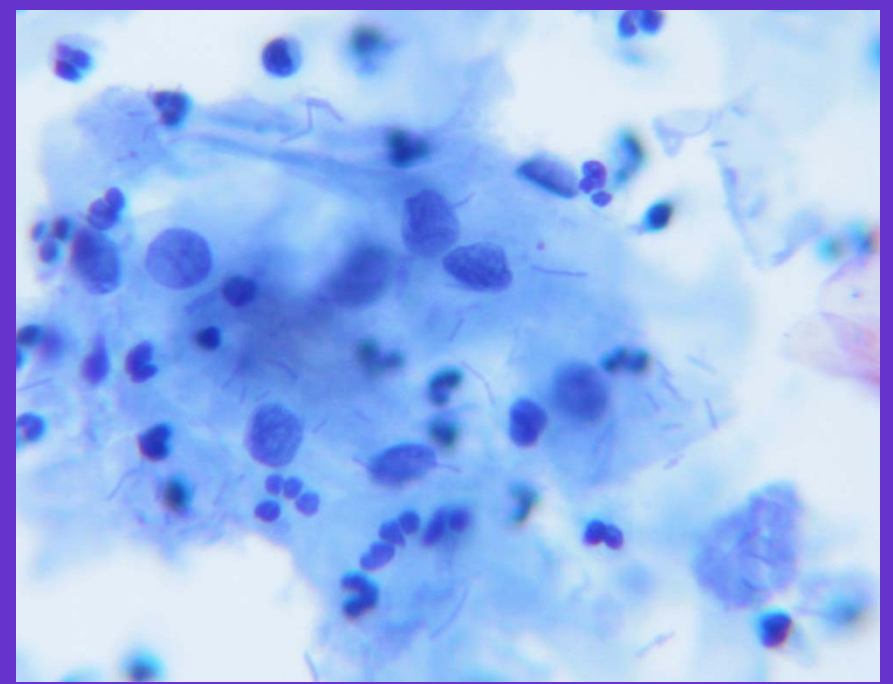
- 10x magnification of low grade squamous intra-epithelial lesion/mild dysplasia/CIN I. Intermediate squamous cells with enlargement of the nuclei.
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SQUAMOUS CELL ABNORMALITIES



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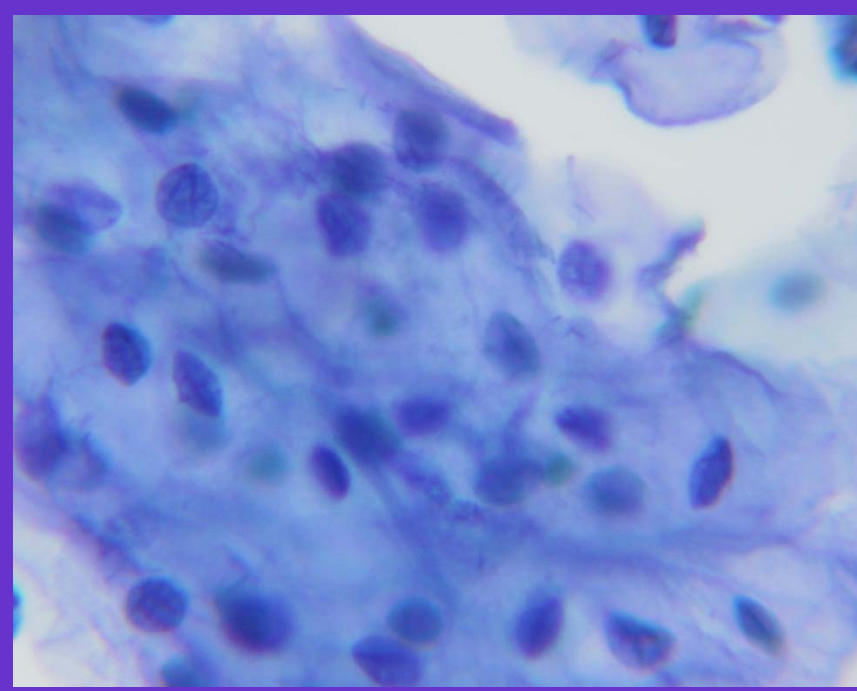
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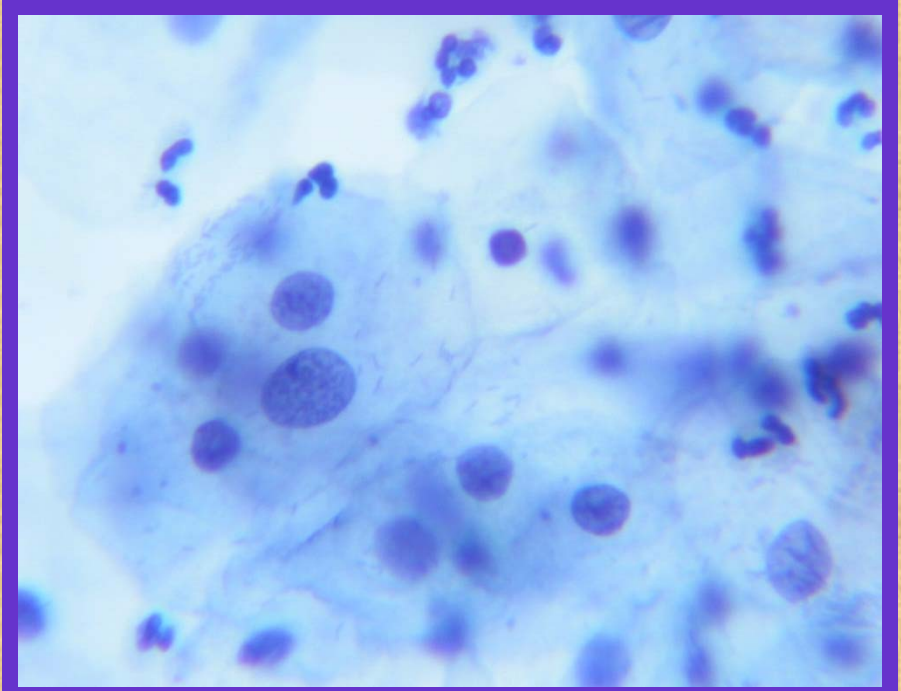
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SQUAMOUS CELL ABNORMALITIES



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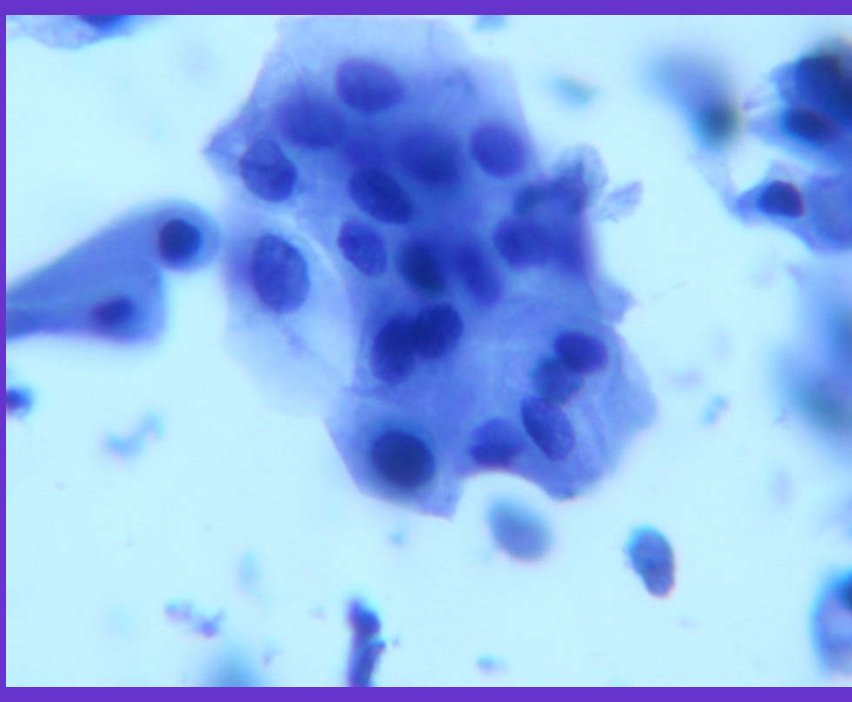
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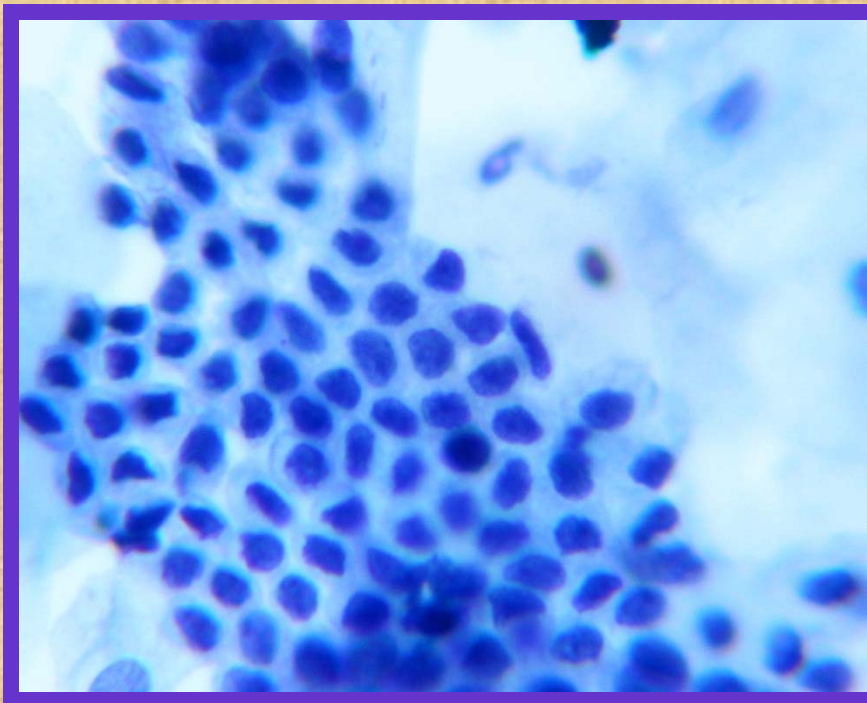
SQUAMOUS CELL ABNORMALITIES



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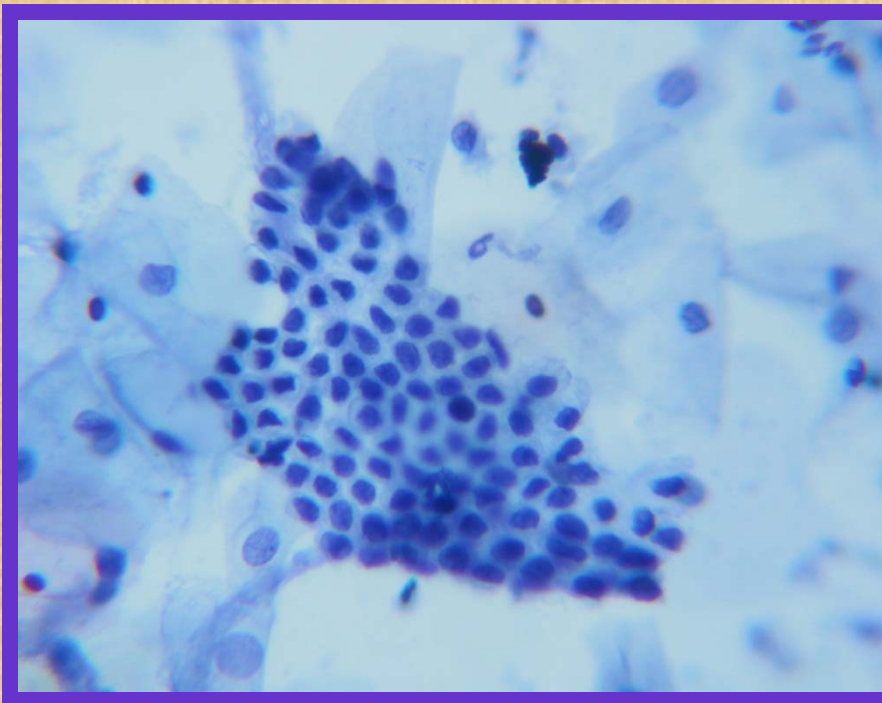
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SQUAMOUS CELL ABNORMALITIES



-HSIL:

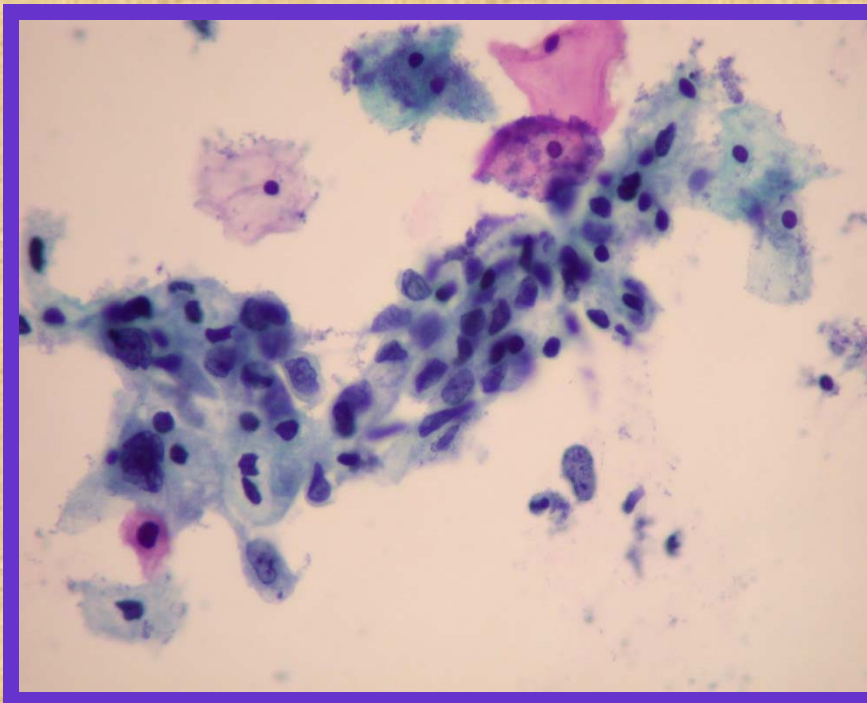
- 40x magnification of cells in loosely cohesive groups, parabasal, metaplastic or basal type.
- The cells are round, oval (size of parabasal cells), the cell borders are rigid.
- The nuclei are enlarged and hyperchromatic, high N/C ratio.
- The chromatin is fine to coarsely clumped.
- The nuclear membranes are irregular. Nucleoli are absent.
- The cytoplasm is variable, scant to moderate.



-HSIL :

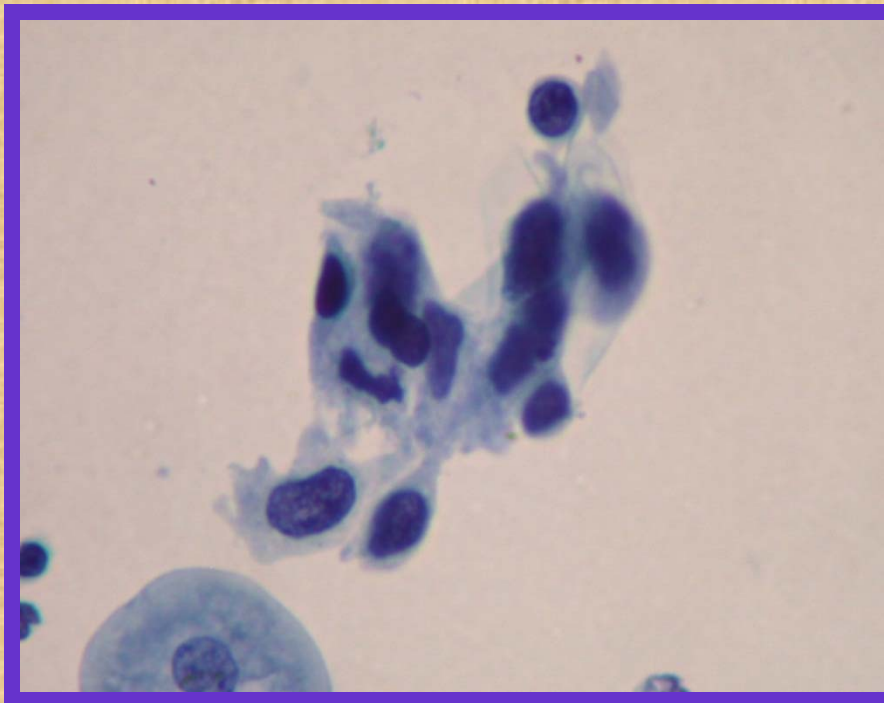
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SQUAMOUS CELL ABNORMALITIES



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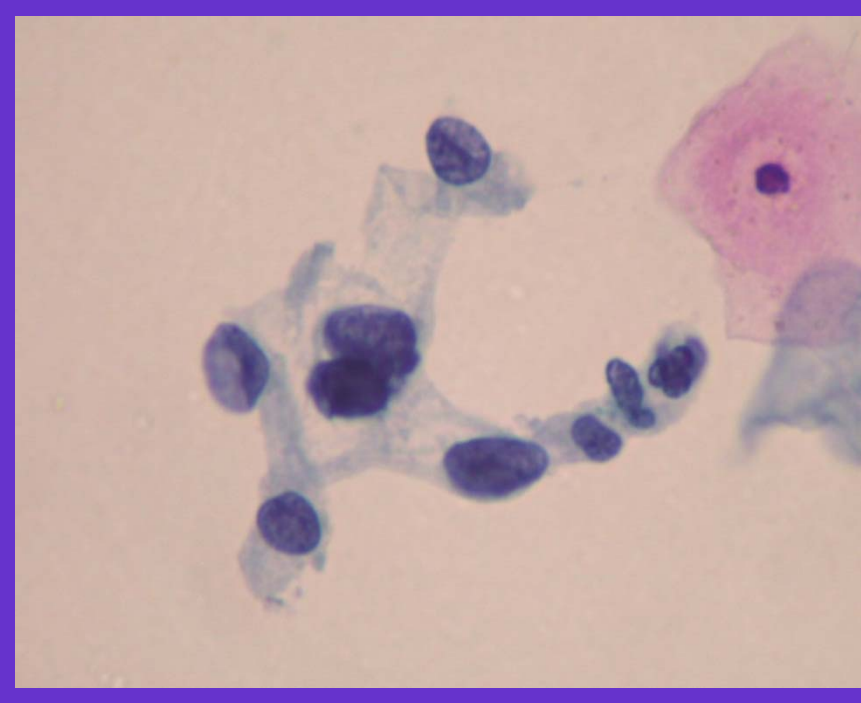
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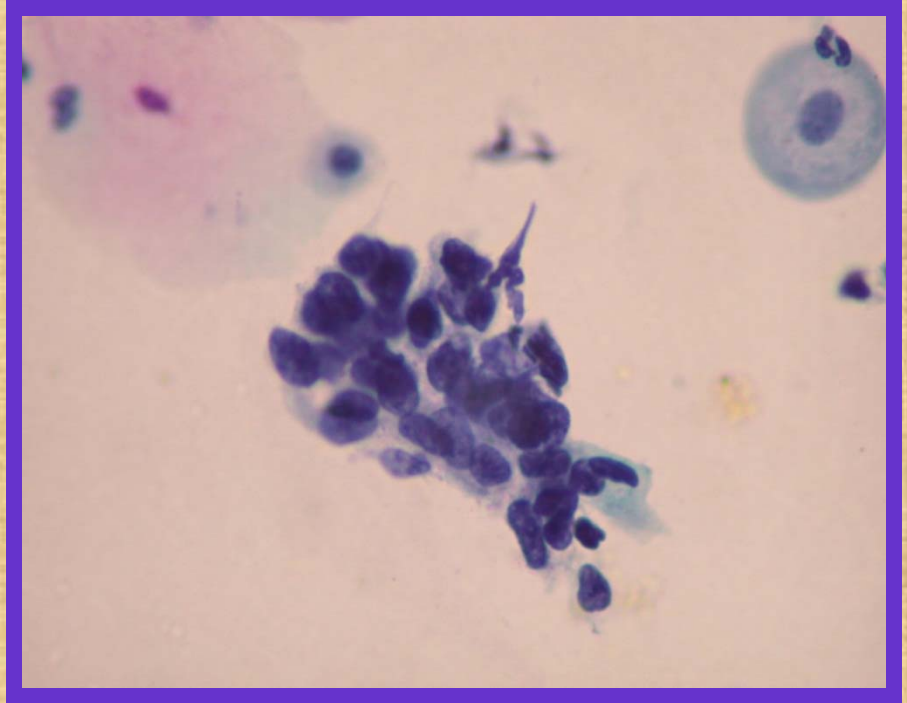
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- The nuclei are enlarged and hyperchromatic, high N/C ratio.
- The chromatin is fine to coarsely clumped.
- The nuclear membranes are irregular. Nucleoli are absent.
- The cytoplasm is variable, scant to moderate.

SQUAMOUS CELL ABNORMALITIES



-HSIL :

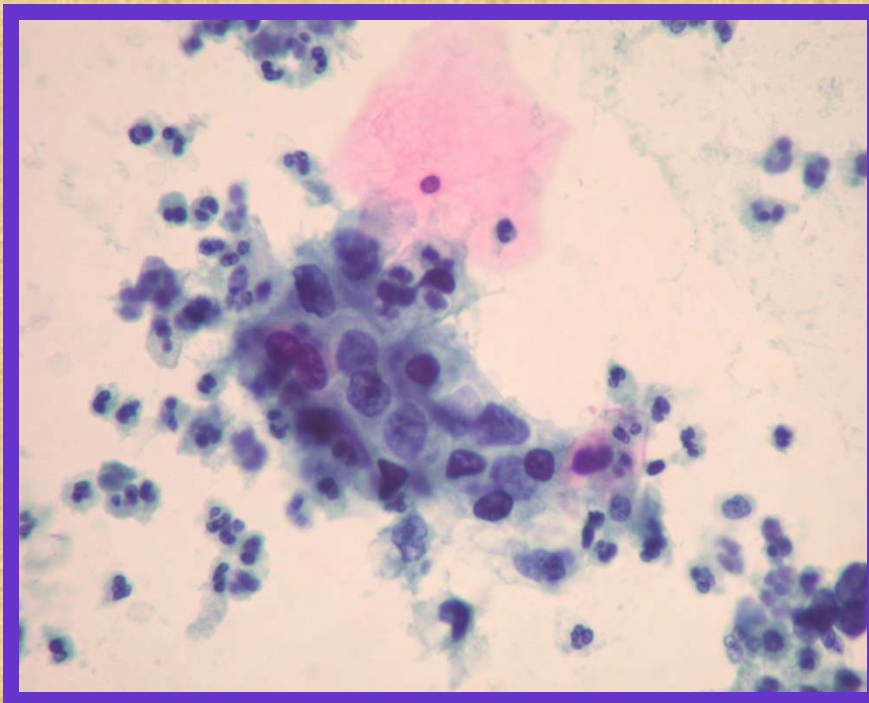
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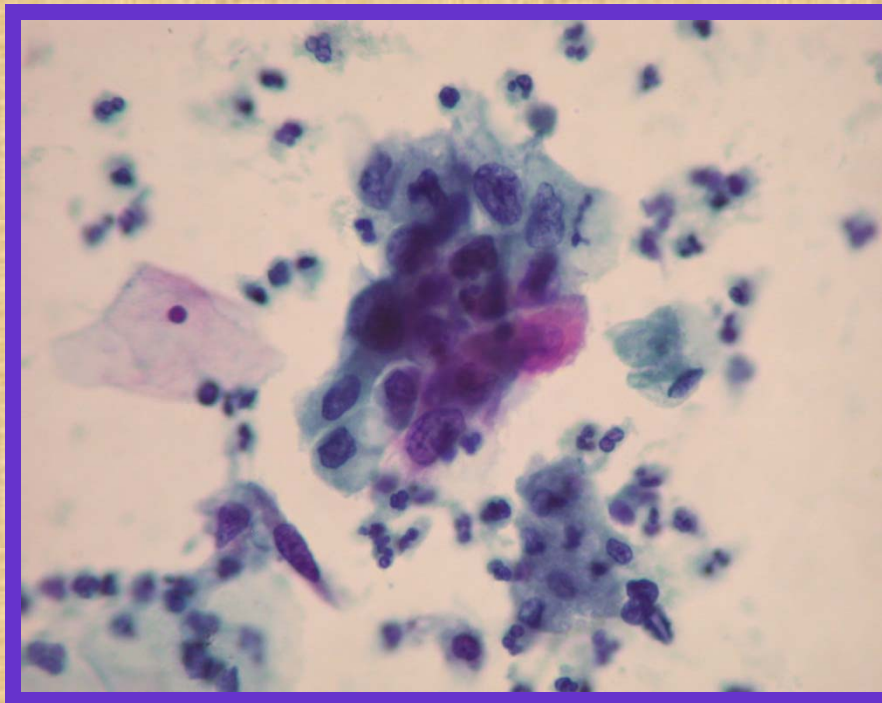
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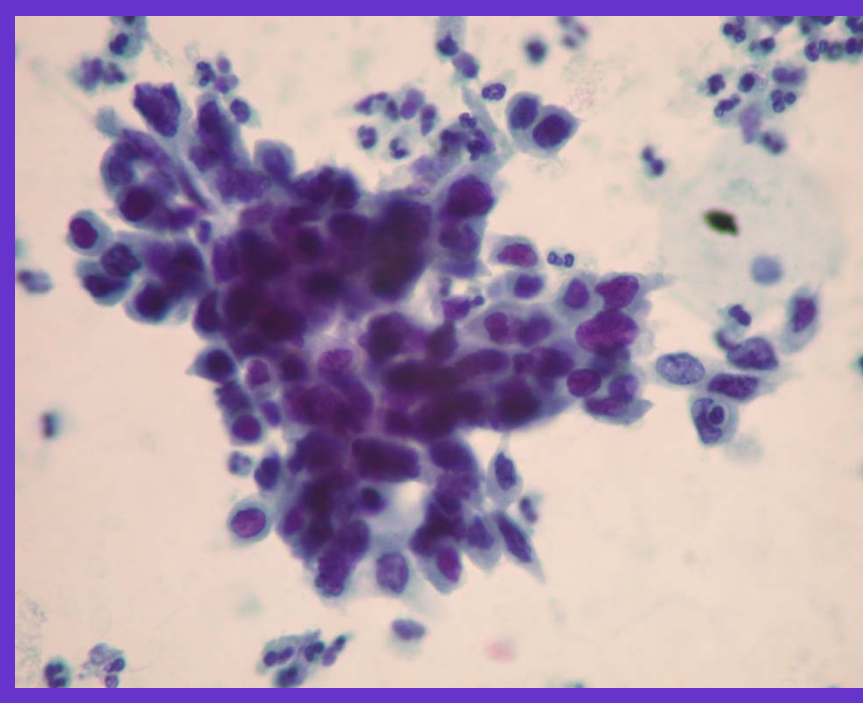
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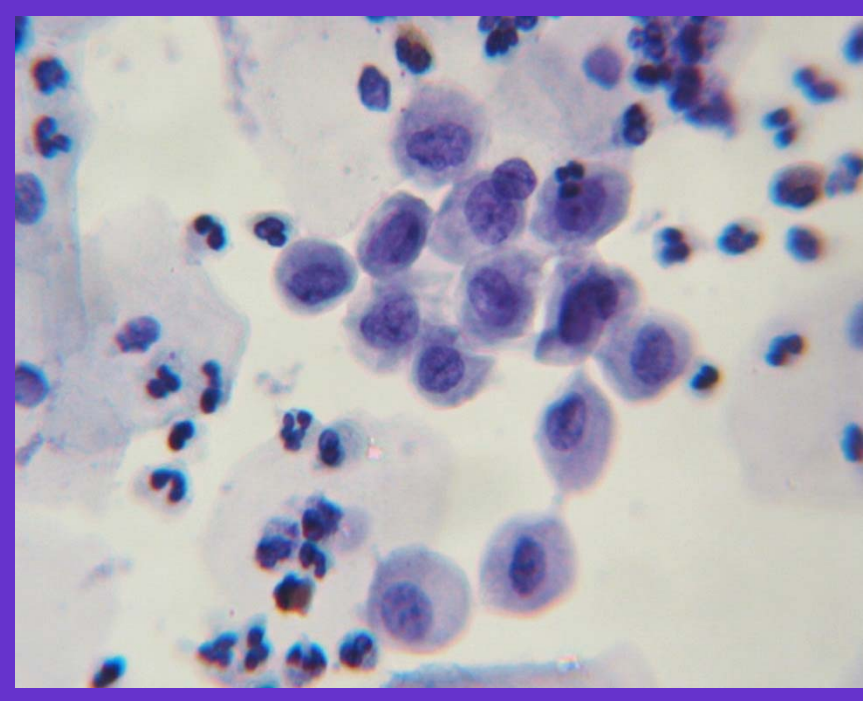
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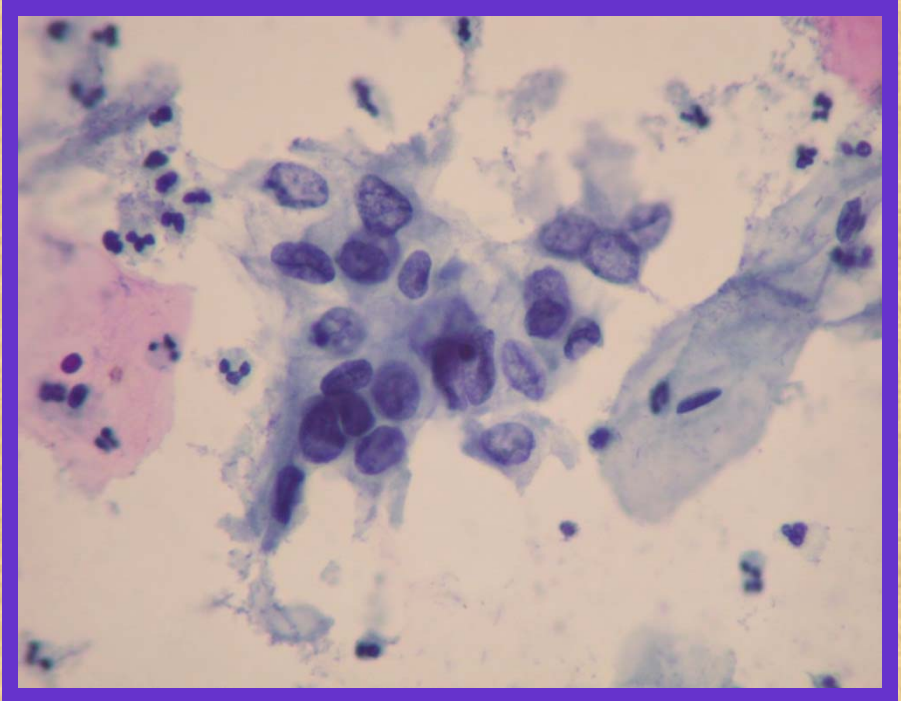
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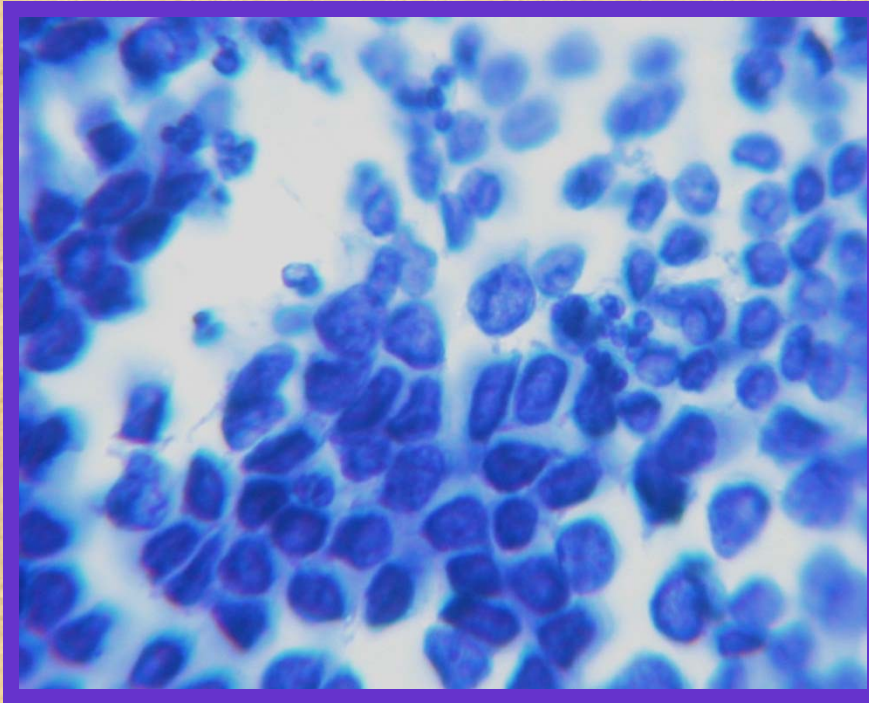
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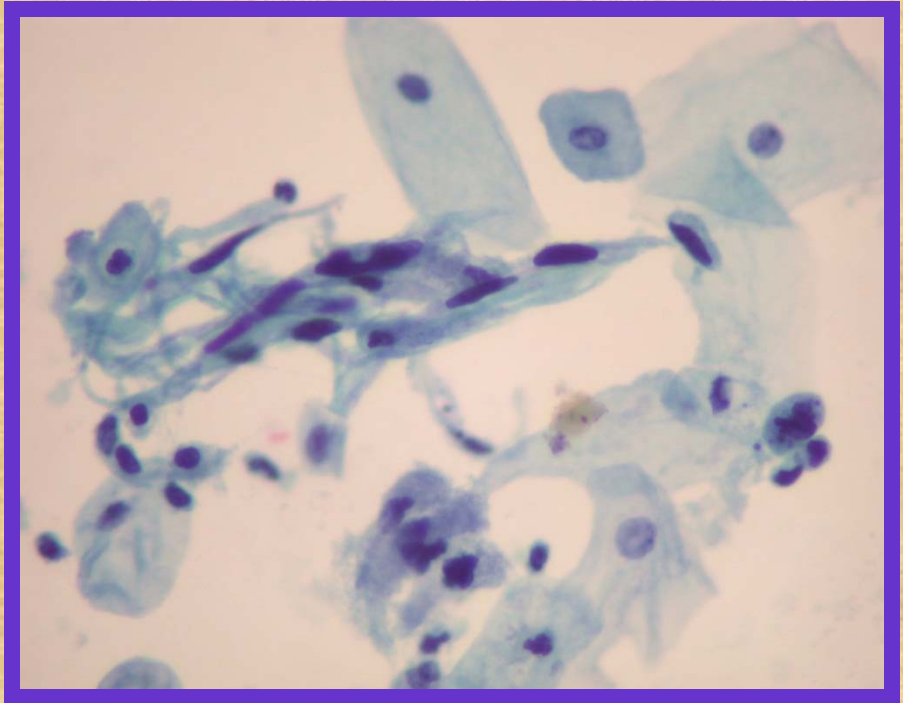
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SQUAMOUS CELL ABNORMALITIES



-Squamous Cell Carcinoma poorly differentiated:

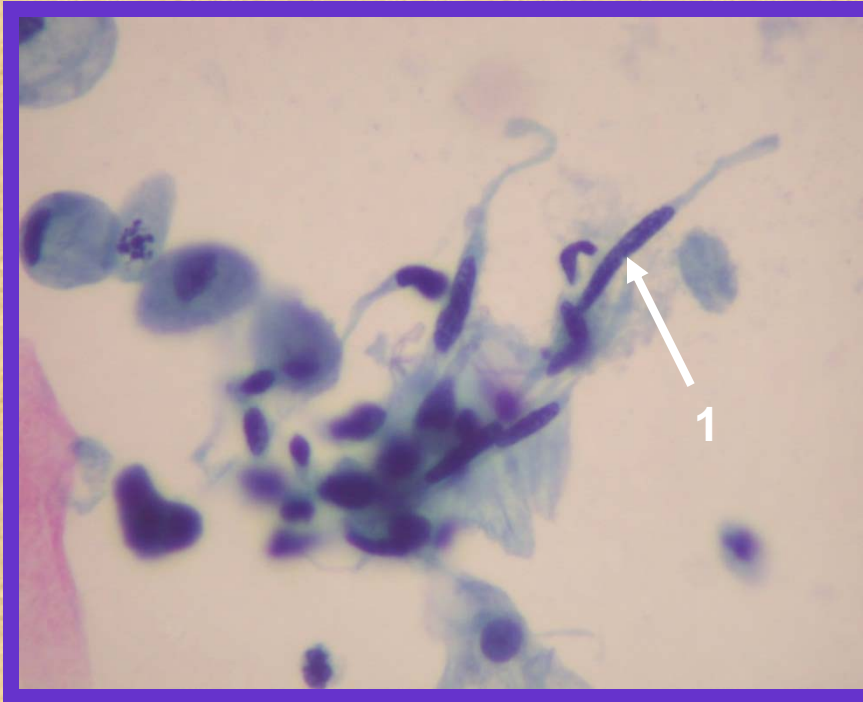
- 40x magnification of malignant cells in loosely cohesive groups, mostly round, polygonal, size variable.
- The borders are not well defined.
- The nuclei are large, hyper-chromatic.
- The nuclear membranes are smooth to irregular, the chromatin is coarsely granular having irregular chromocenters.
- Micronucleoli are seen.
- The cytoplasm is scant. No Keratinization is present.
- The N/C ratio is high.



-Squamous Cell Carcinoma:

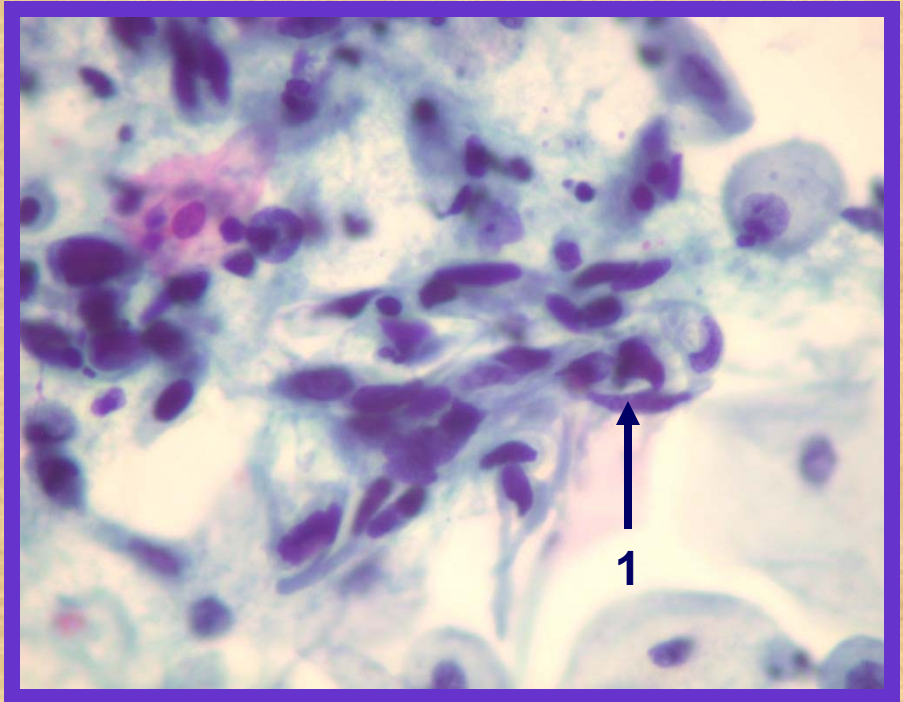
- 40x magnification of cells isolated, in loosely cohesive groups and syncytial arrangement.
- Marked pleomorphism with variation in size and shape (small, round, oval, oblong to elongated (spindle), caudate and tadpole).
- Cells wrapping around adjacent cells are present.
- The nuclei are enlarged and hyperchromatic.
- The nuclear membranes are smooth to irregular. The chromatin is dark stained. Micronucleoli are present.
- The cell borders are rigid and not well defined. The cytoplasm is variable (scant to abundant).

SQUAMOUS CELL ABNORMALITIES



-Squamous Cell Carcinoma:

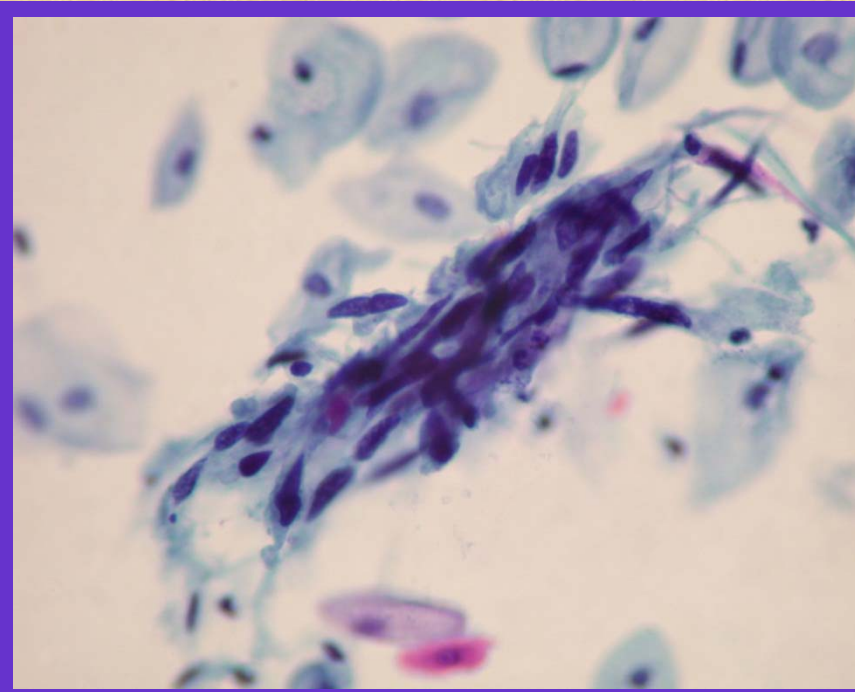
- 40x magnification of cells isolated, in loosely cohesive groups and syncytial arrangement.
- Marked pleomorphism with variation in size and shape (small, round, oval, oblong to elongated (spindle), caudate and tadpole **(1)**).
- Cells wrapping around adjacent cells are present.
- The nuclear are enlarged and hyperchromatic.
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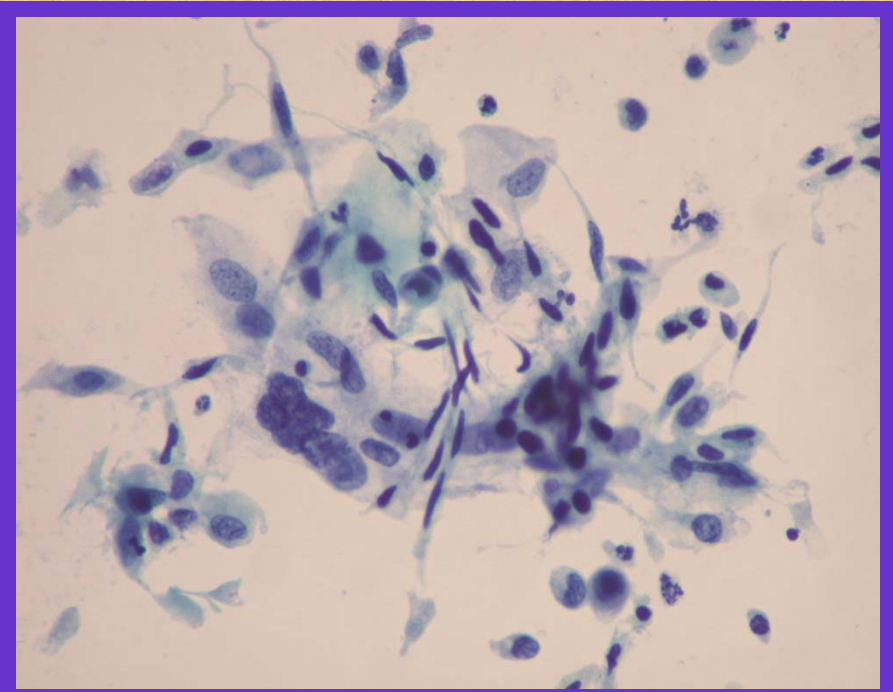
- 40x magnification of cells isolated, in loosely cohesive groups and syncytial arrangement.
- Marked pleomorphism with variation in size and shape (small, round, oval, oblong to elongated (spindle) **(1)**, caudate and tadpole.
- Keratinized squamous pearls and cells wrapping around adjacent cells are present.
- The nuclear are enlarged and hyperchromatic.
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SQUAMOUS CELL ABNORMALITIES



-Squamous Cell Carcinoma:

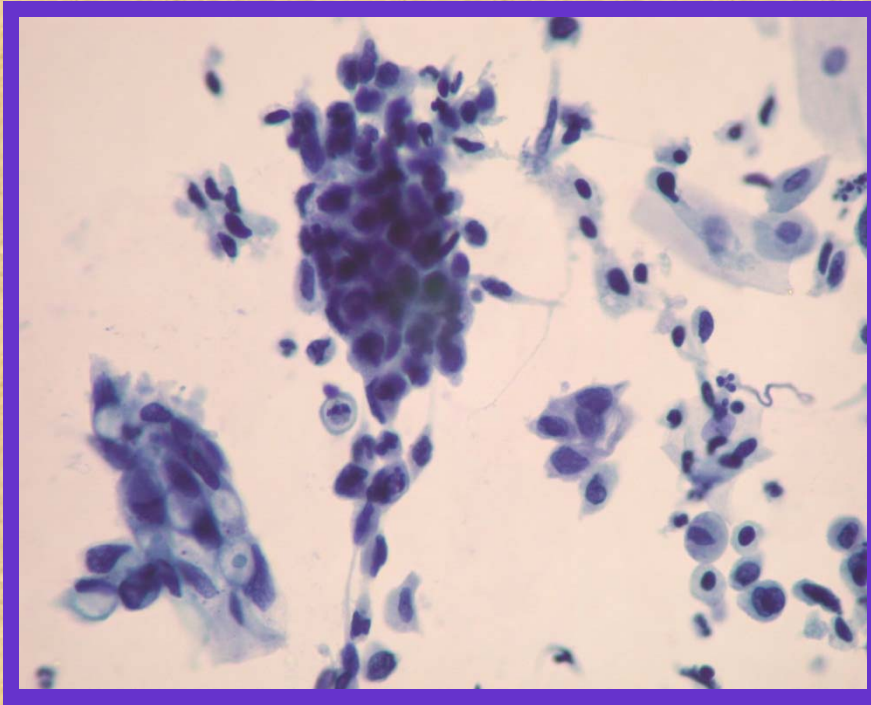
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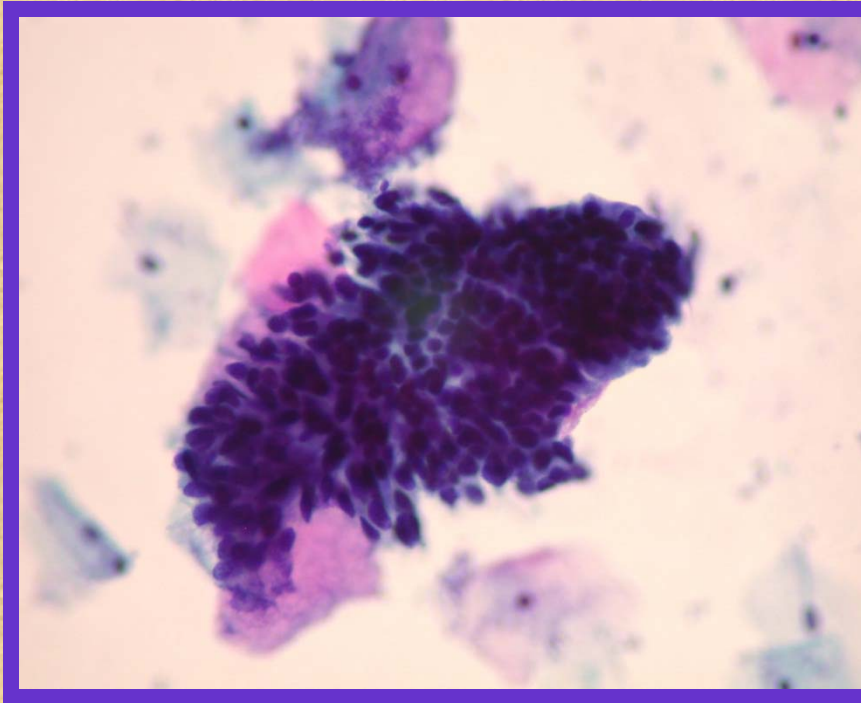
SQUAMOUS CELL ABNORMALITIES



-Squamous Cell Carcinoma:

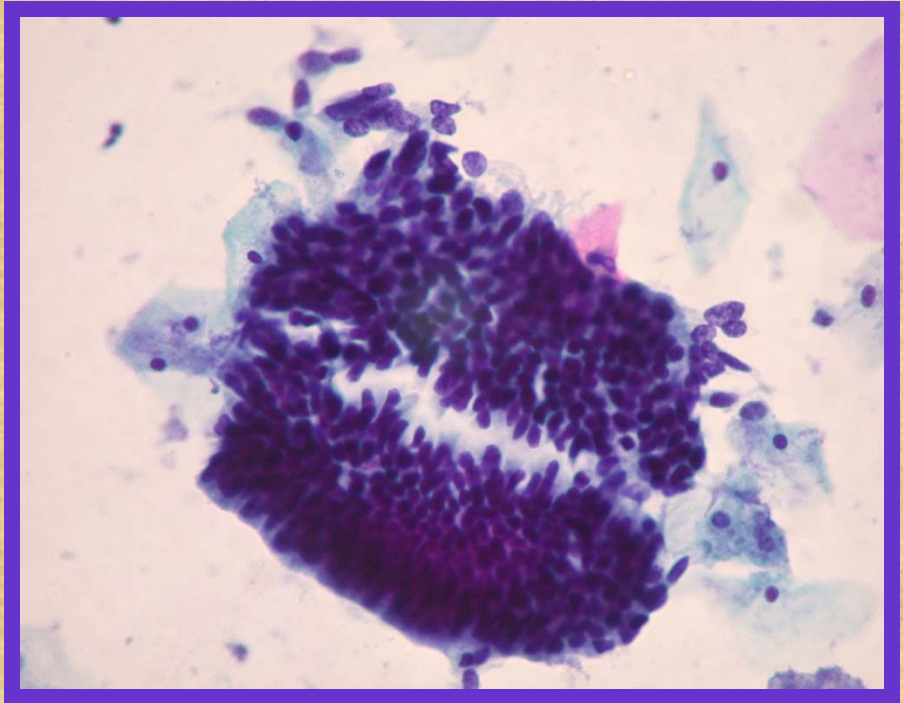
- 40x magnification cells isolated, in loosely cohesive groups and syncytial arrangement.
- Marked pleomorphism with variation in size and shape (small, round, oval, oblong to elongated (spindle), caudate and tadpole).
- Cells wrapping around adjacent cells are present.
- The nuclei are enlarged and hyperchromatic.
- The nuclear membranes are smooth to irregular. The chromatin is dark stained. Micronucleoli are present.
- The cell borders are rigid and not well defined. The cytoplasm is variable (scant to abundant)

GLANDULAR ABNORMALITIES



-Endocervical adenocarcinoma (morules):

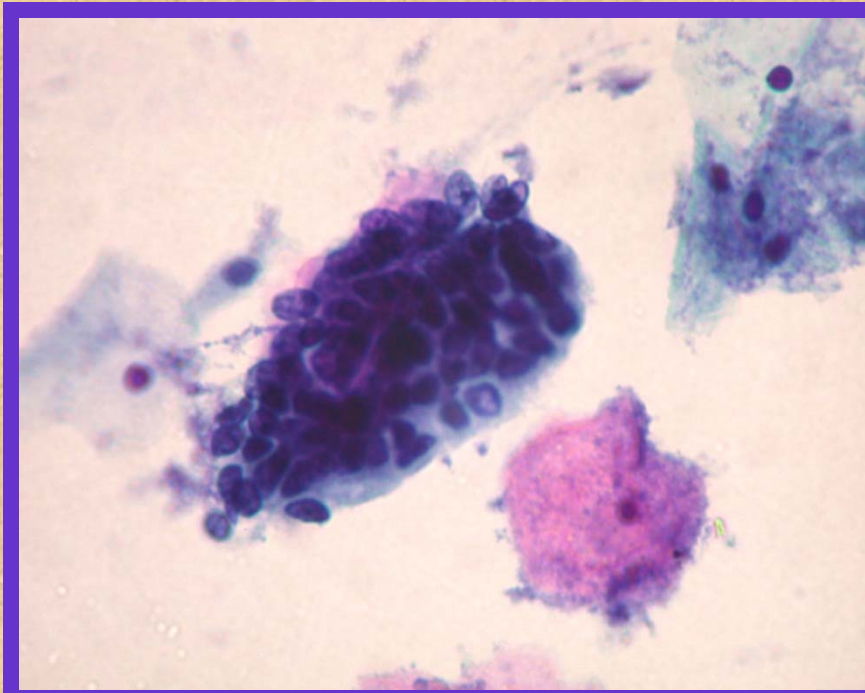
- 40x magnification of cells in tissue fragments, loosely cohesive groups and syncythial arrangement with acinar pattern, branching, glandular like (nuclei around the opening with vertical polarity, nuclei at the periphery stringing out with a feathering pattern and palisading of nuclei)
- The nuclei are round, oval, central and paracentric, variable size, hyperchromatic, the chromatin is coarsely granular.
- Loss of nuclear polarity.
- Micronucleoli are present.
- The cytoplasm is variable and microvacuolization is seen.



-Endocervical adenocarcinoma:

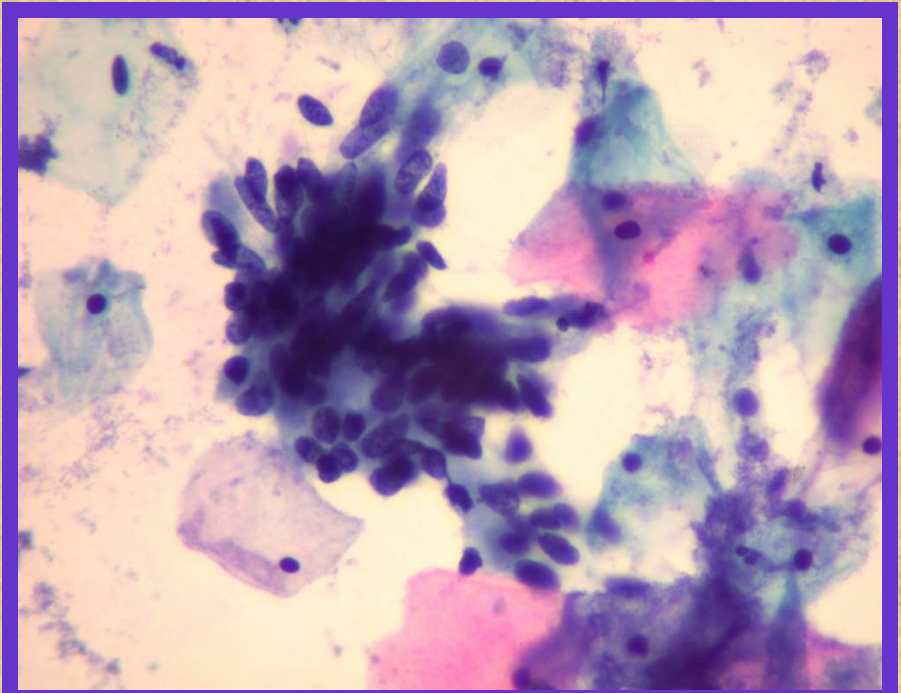
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GLANDULAR ABNORMALITIES



-Endocervical adenocarcinoma (Morules):

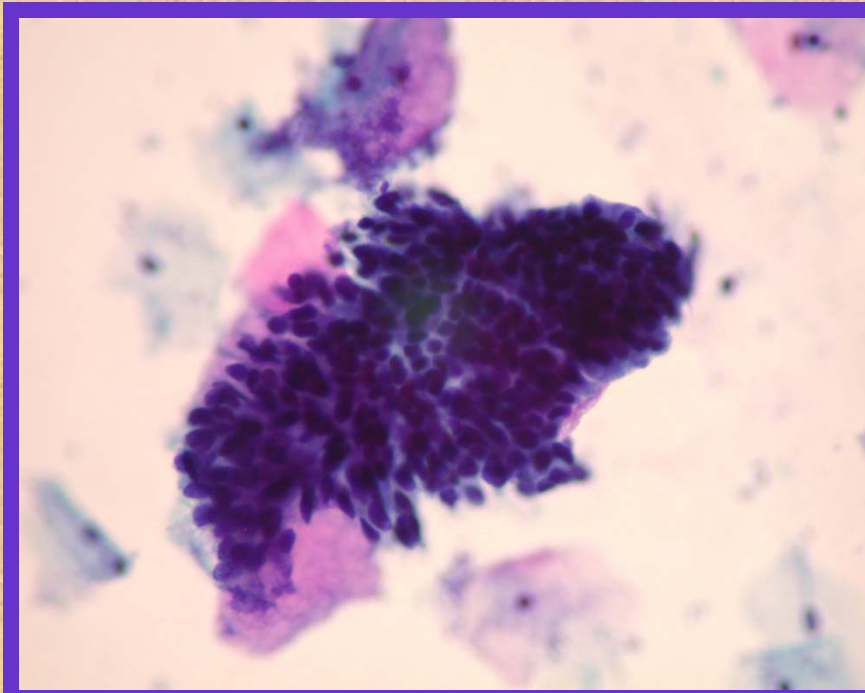
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-Endocervical adenocarcinoma (Syncytial):

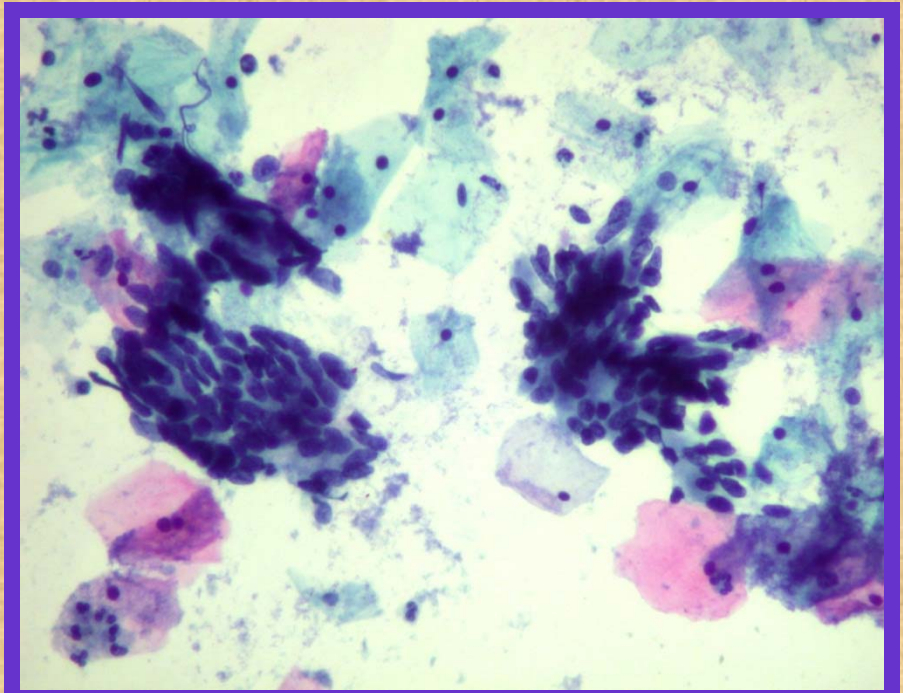
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GLANDULAR ABNORMALITIES



-Endocervical adenocarcinoma (Morules):

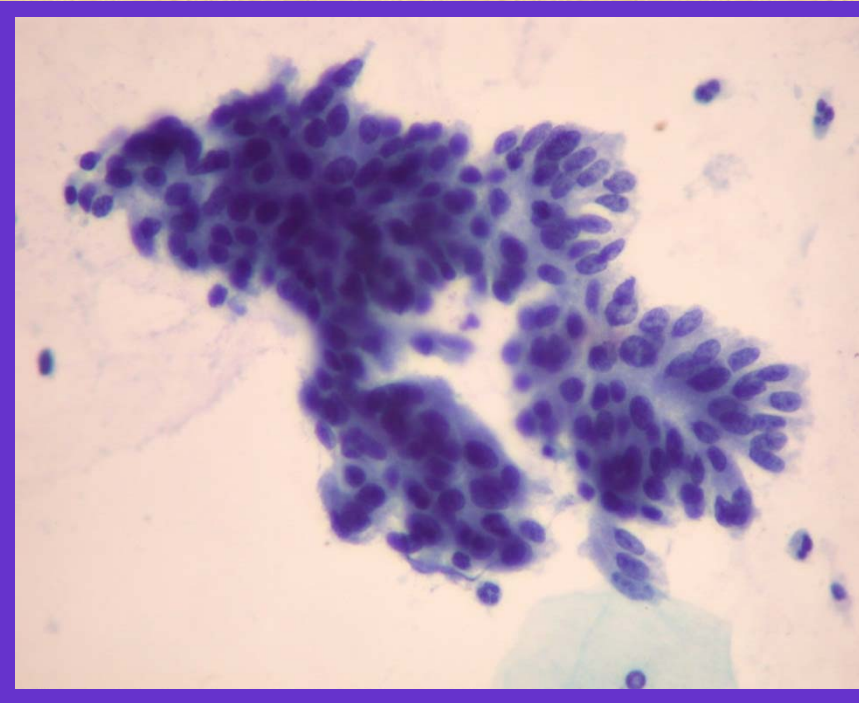
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- The nuclei are round, oval, central and paracentric, variable size, hyperchromatic, the chromatin is coarsely granular.
- Loss of nuclear polarity.
- Micronucleoli are present.
- The cytoplasm is variable and micro-vacuolization is seen.



-Endocervical adenocarcinoma (Syncytial):

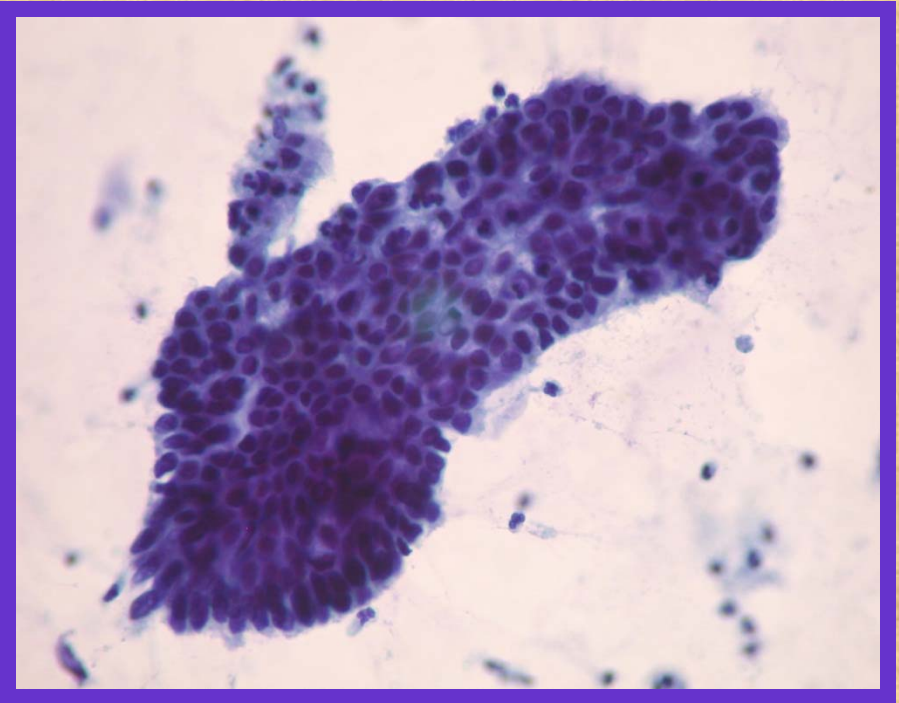
- 40x magnification of cells in tissue fragments, loosely cohesive groups and syncythial arrangement with acinar pattern, branching, glandular like (nuclei around the opening with vertical polarity, nuclei at the periphery stringing out with a feathering pattern and palisading of nuclei)
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- Loss of nuclear polarity.
- Micronucleoli are present.
- The cytoplasm is variable and micro-vacuolization is seen.

GLANDULAR ABNORMALITIES



-Endocervical adenocarcinoma (Glandular like):

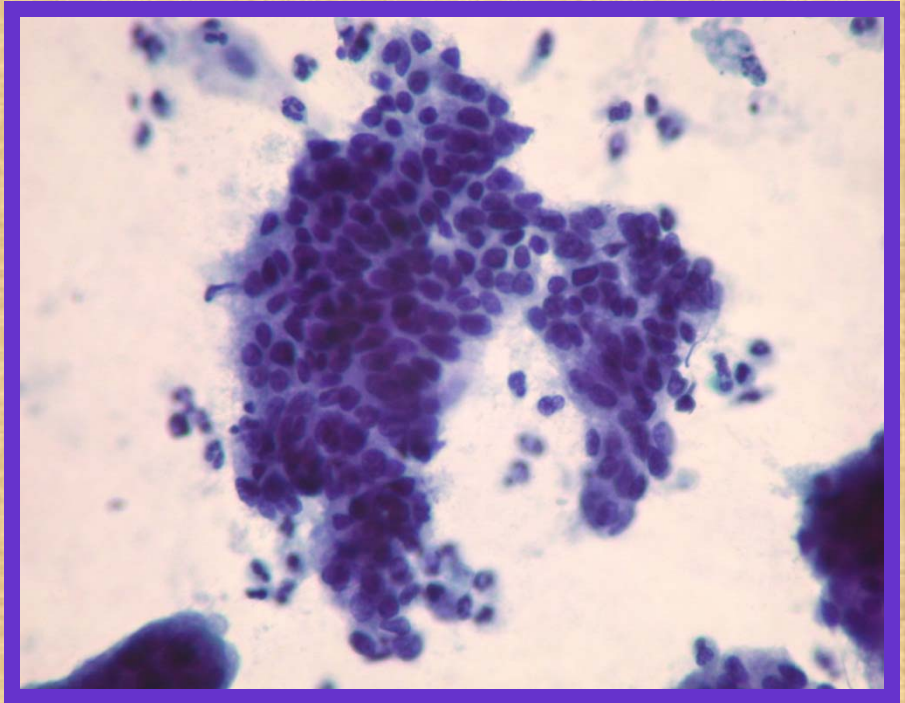
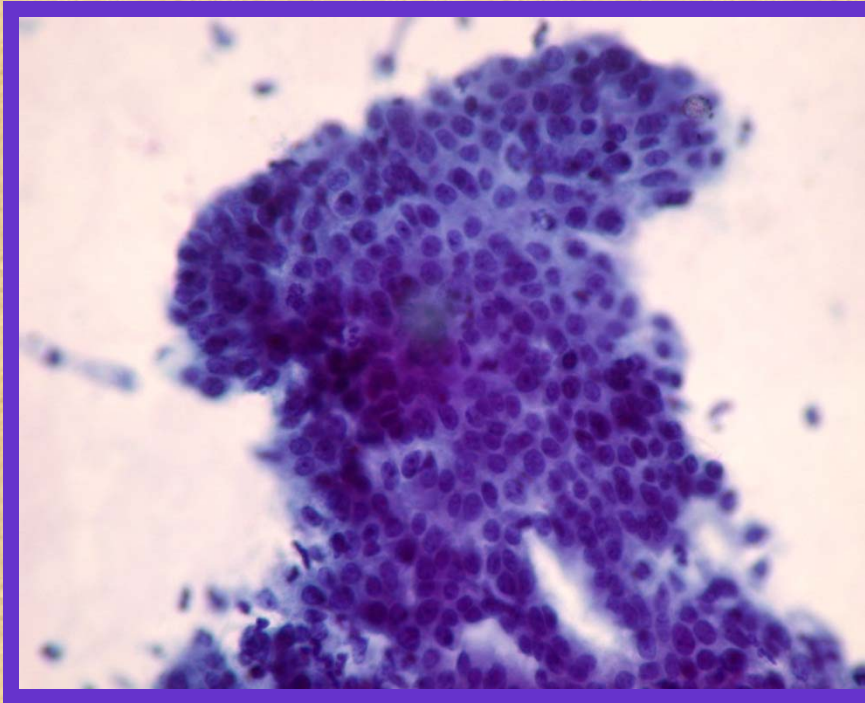
- 40x magnification of cells in tissue fragments, loosely cohesive groups and syncytial arrangement with acinar pattern, branching, glandular like (nuclei around the opening with vertical polarity, nuclei at the periphery stringing out with a feathering pattern and palisading of nuclei)
- The nuclei are round, oval, central and paracentric, variable size, hyperchromatic, the chromatin is coarsely granular.
- Loss of nuclear polarity.
- Micronucleoli are present.
- The cytoplasm is variable and micro-vacuolization is seen.



-Endocervical adenocarcinoma (Loosely cohesive groups):

- 40x magnification of cells in tissue fragments, loosely cohesive groups and syncytial arrangement with acinar pattern, branching, glandular like (nuclei around the opening with vertical polarity, nuclei at the periphery stringing out with a feathering pattern and palisading of nuclei)
- The nuclei are round, oval, central and paracentric, variable size, hyperchromatic, the chromatin is coarsely granular.
- Loss of nuclear polarity.
- Micronucleoli are present.
- The cytoplasm is variable and micro-vacuolization is seen.

GLANDULAR ABNORMALITIES



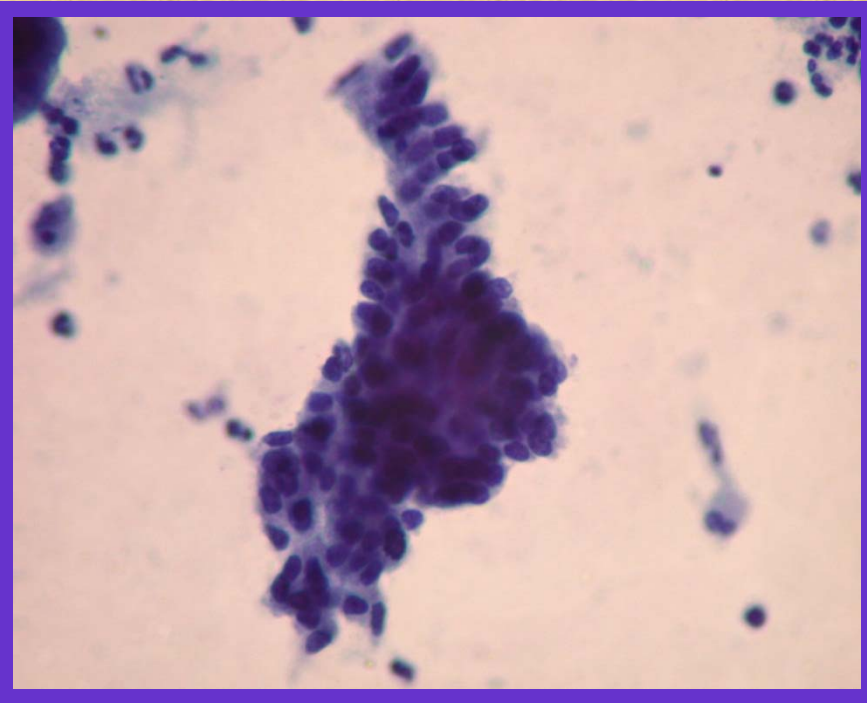
-Endocervical adenocarcinoma (loosely cohesive groups):

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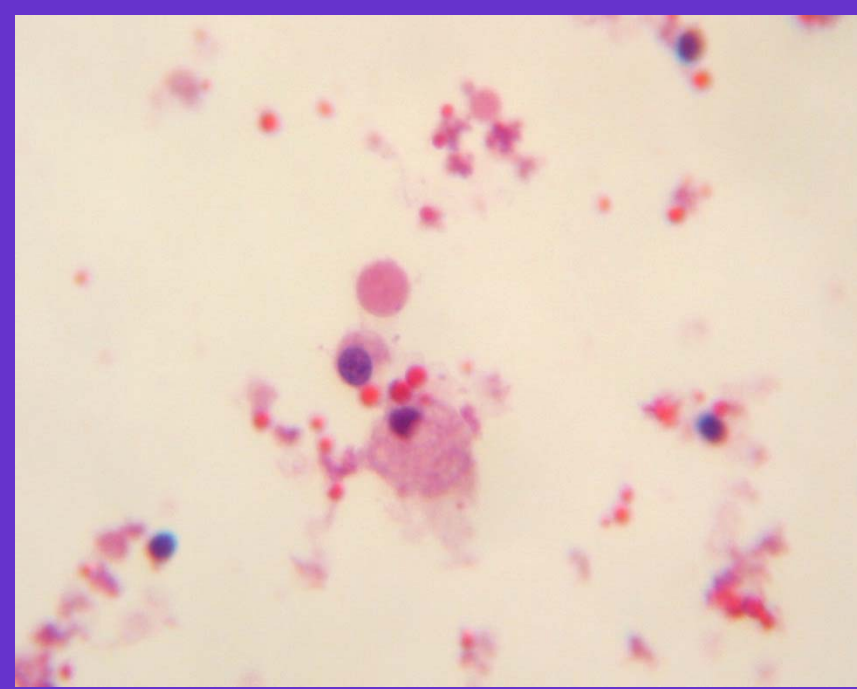
GLANDULAR ABNORMALITIES



-Endocervical adenocarcinoma (palisading):

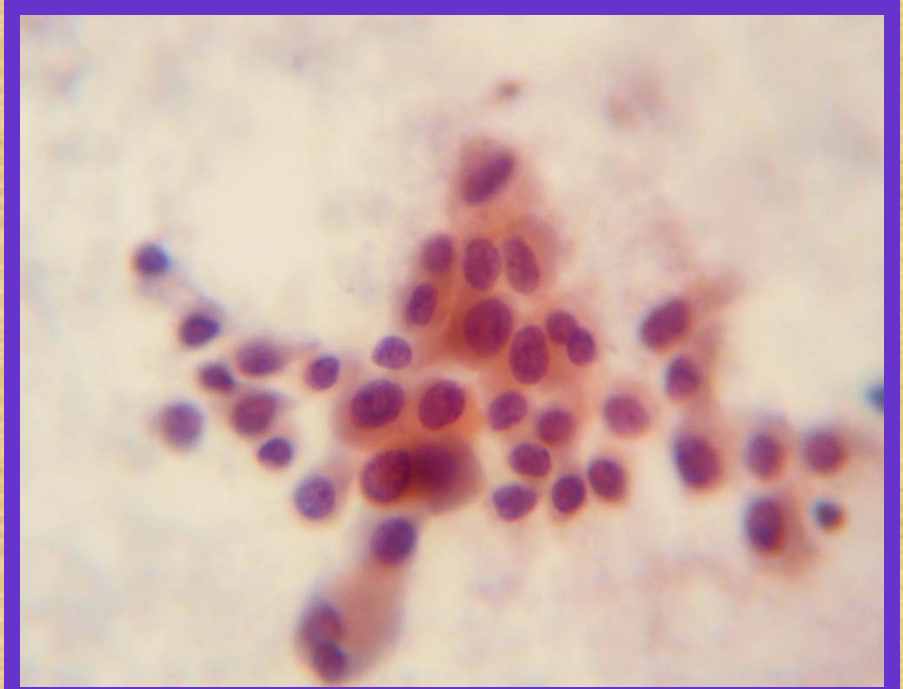
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NON GYN CYTOLOGY



1-Thyroid: (40x magnification)

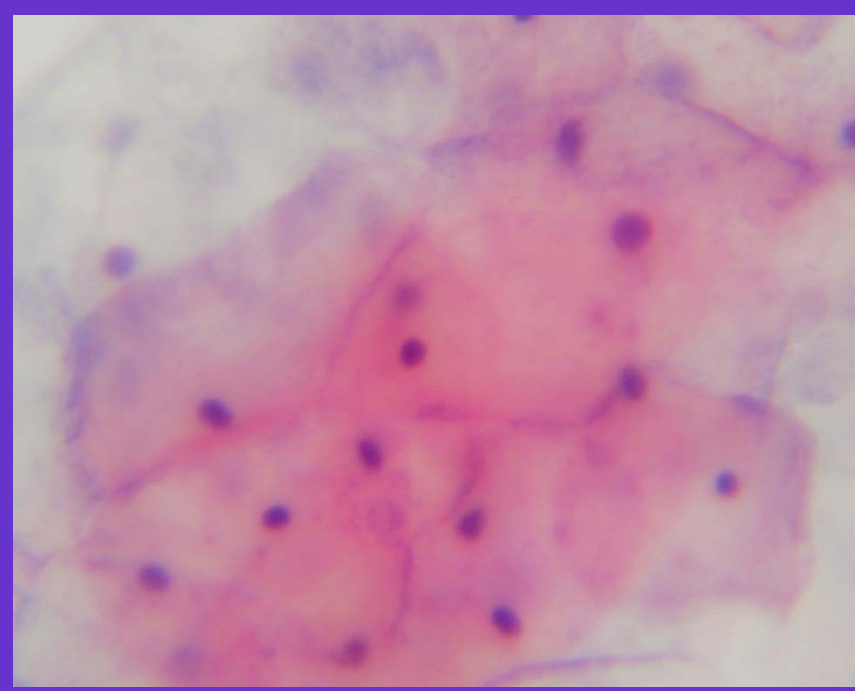
Isolated follicular cells.



2-Thyroid: (40x magnification)

- Atypical cells grouped with irregular contours.
- Nuclear inclusions and grooves
- Finely granular chromatin and squamoid cytoplasm.
- Nuclear enlargement, hyperchromatic (suggestive of papillary carcinoma)

NON GYN CYTOLOGY



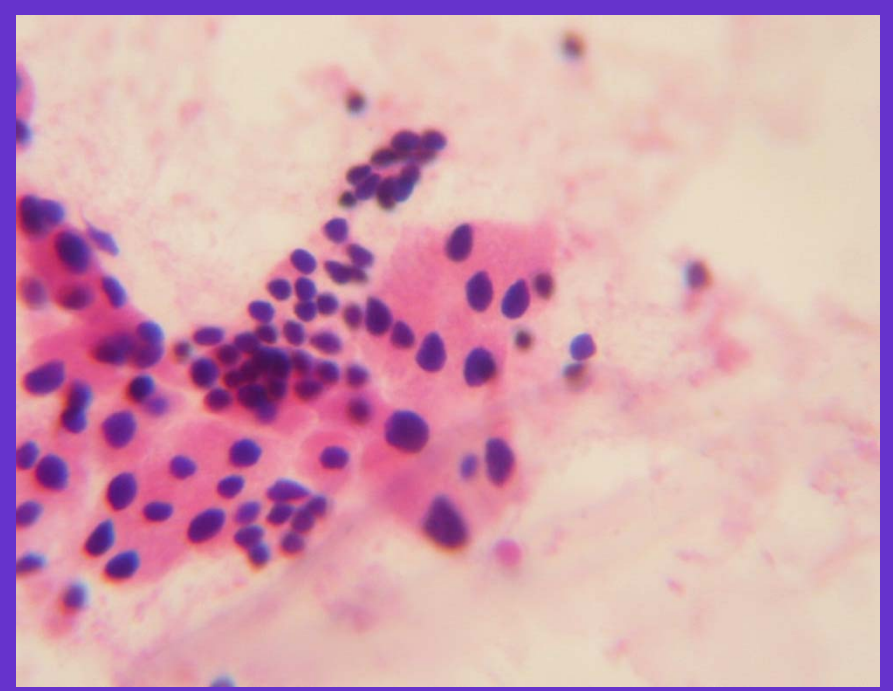
3-Urine smear: (40x magnification)

Consistent with bladder urothelium

Transitional epithelial cells in cohesive group.

The cells are large and elliptical with abundant eosinophilic cytoplasm

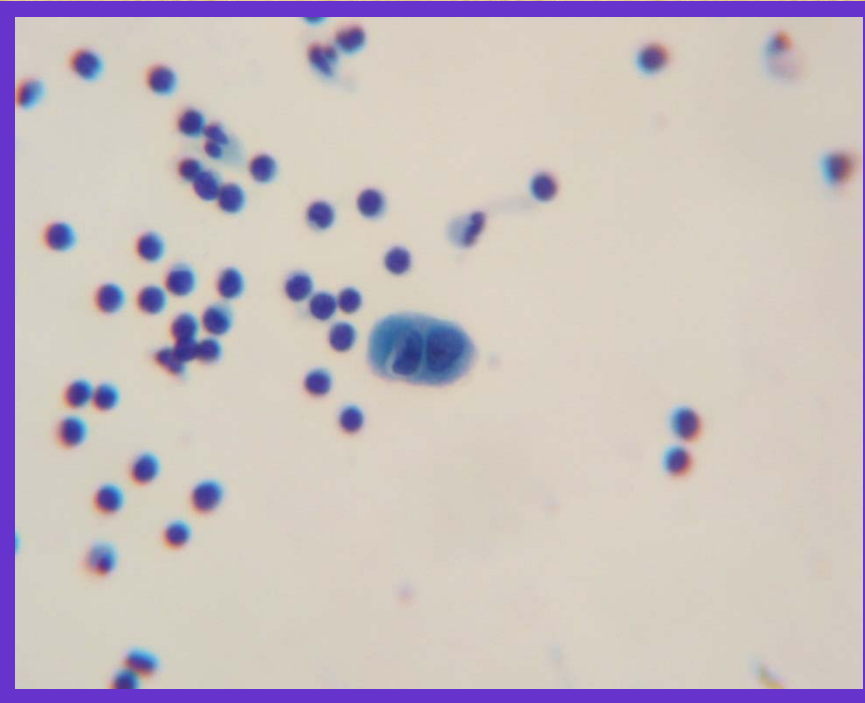
Well defined borders.



4-Thyroid: (40x magnification)

- Atypical cells grouped with irregular contours.
- Nuclear inclusions and grooves
- Finely granular chromatin and squamoid cytoplasm.
- Nuclear enlargement, hyperchromatic (suggestive of papillary carcinoma)

NON GYN CYTOLOGY



5-Pleural Fluids: (40x magnification)

Many small round cells with hyperchromatic nuclei and very scant cytoplasm (consistent with lymphocytes.)