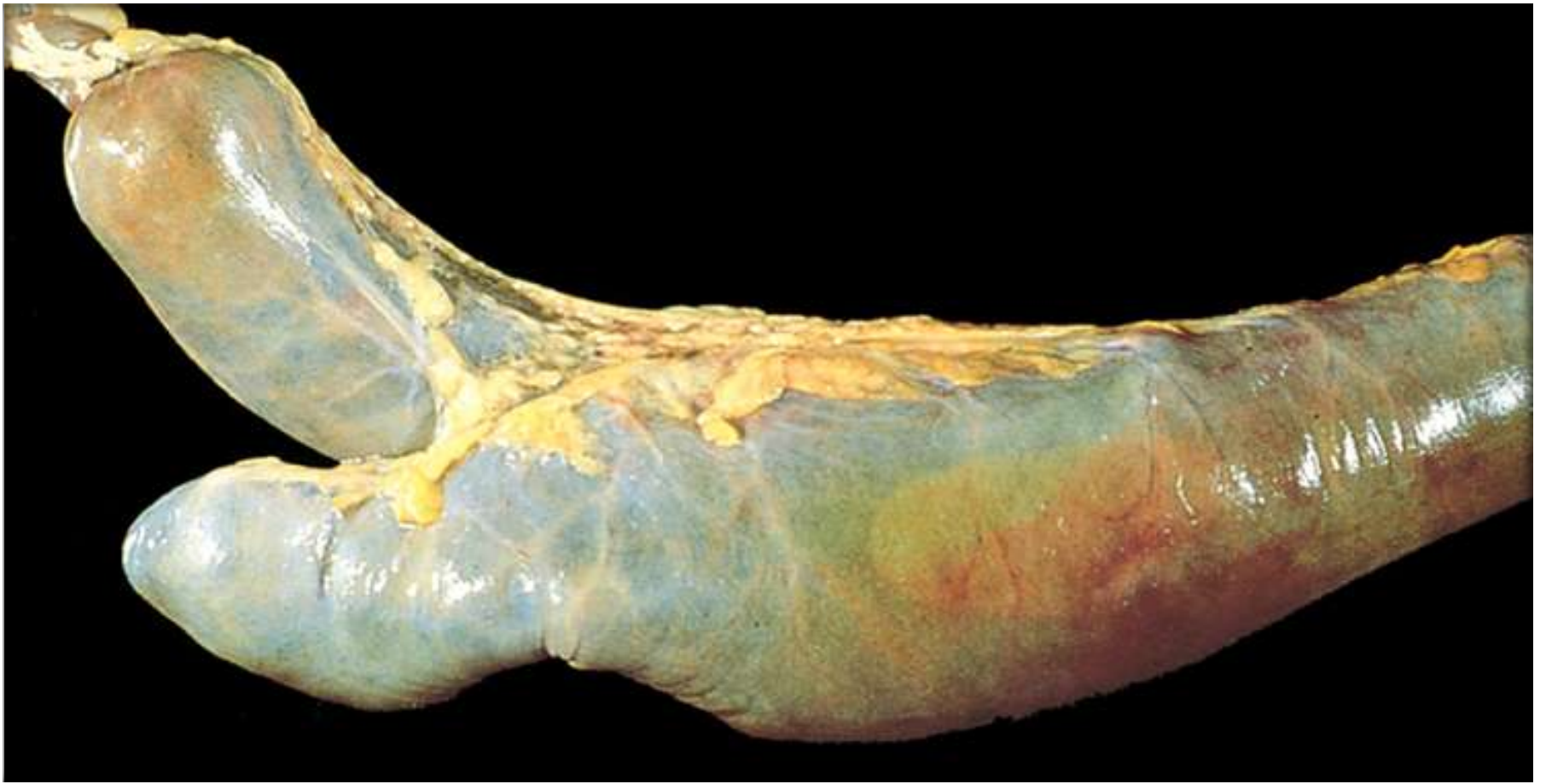


Patho LAP

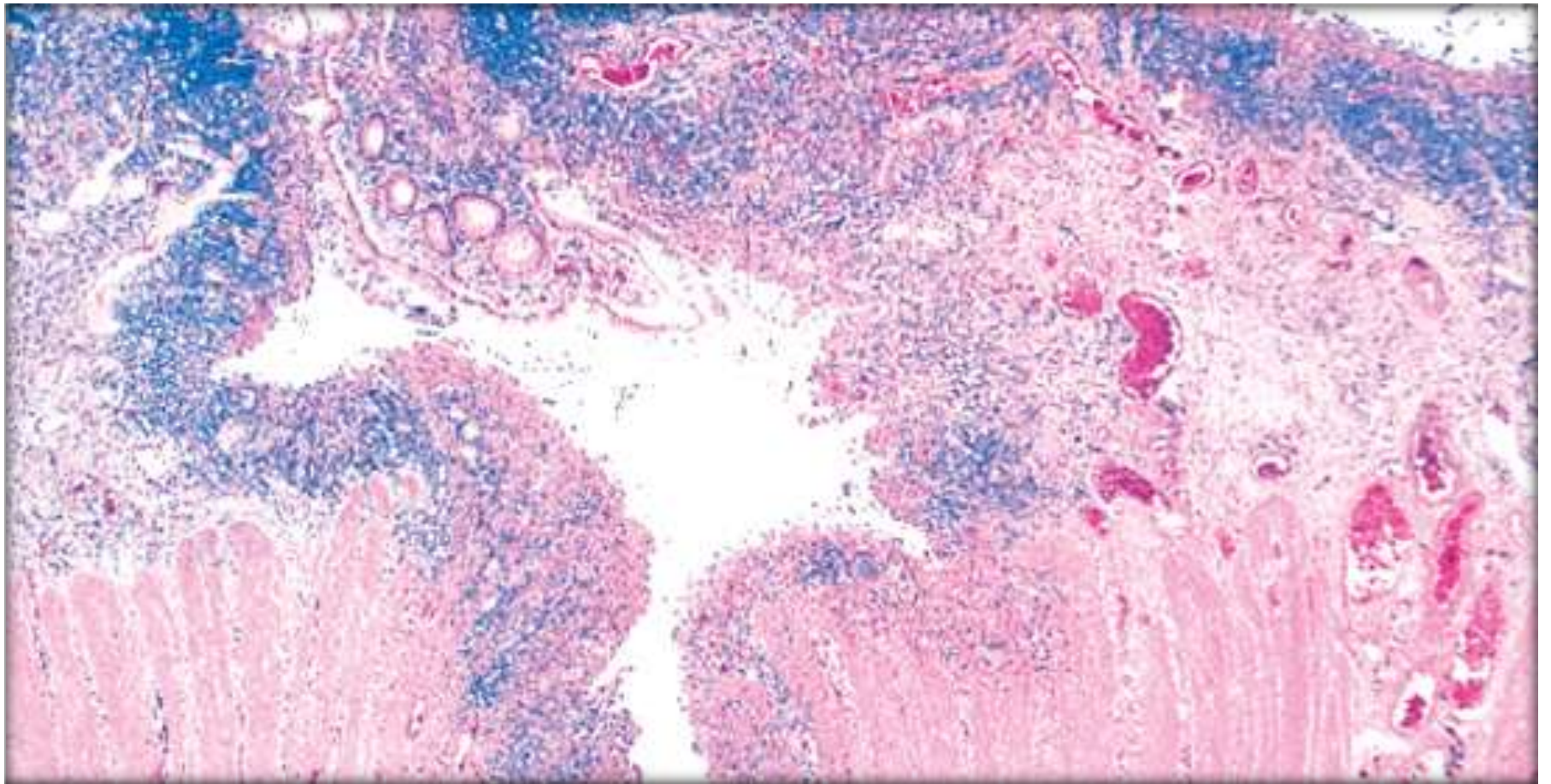


Meckel Diverticulum

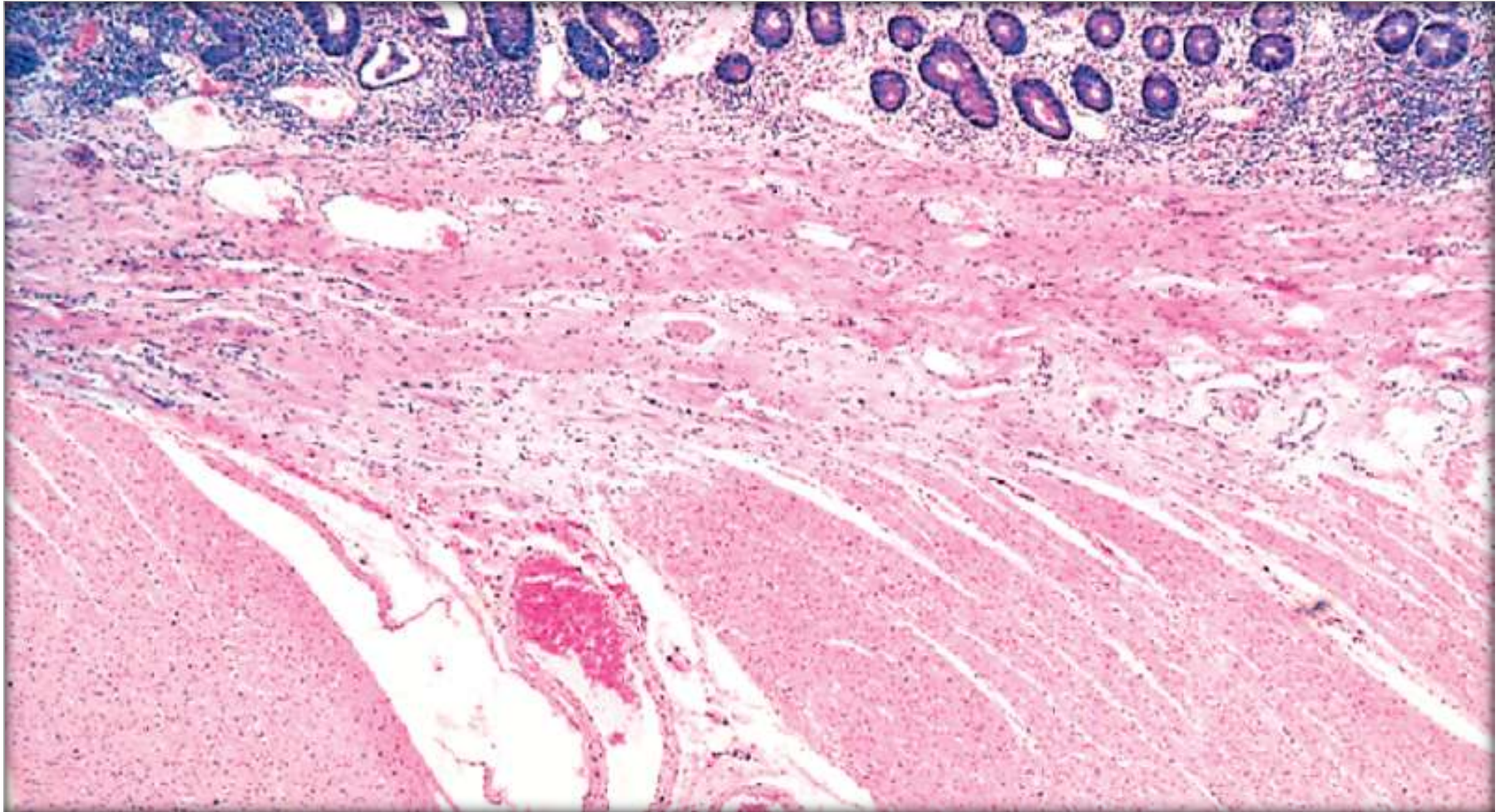


Ischemic bowel disease

Infarcted small bowel, secondary to acute thrombotic occlusion of the superior mesenteric artery.



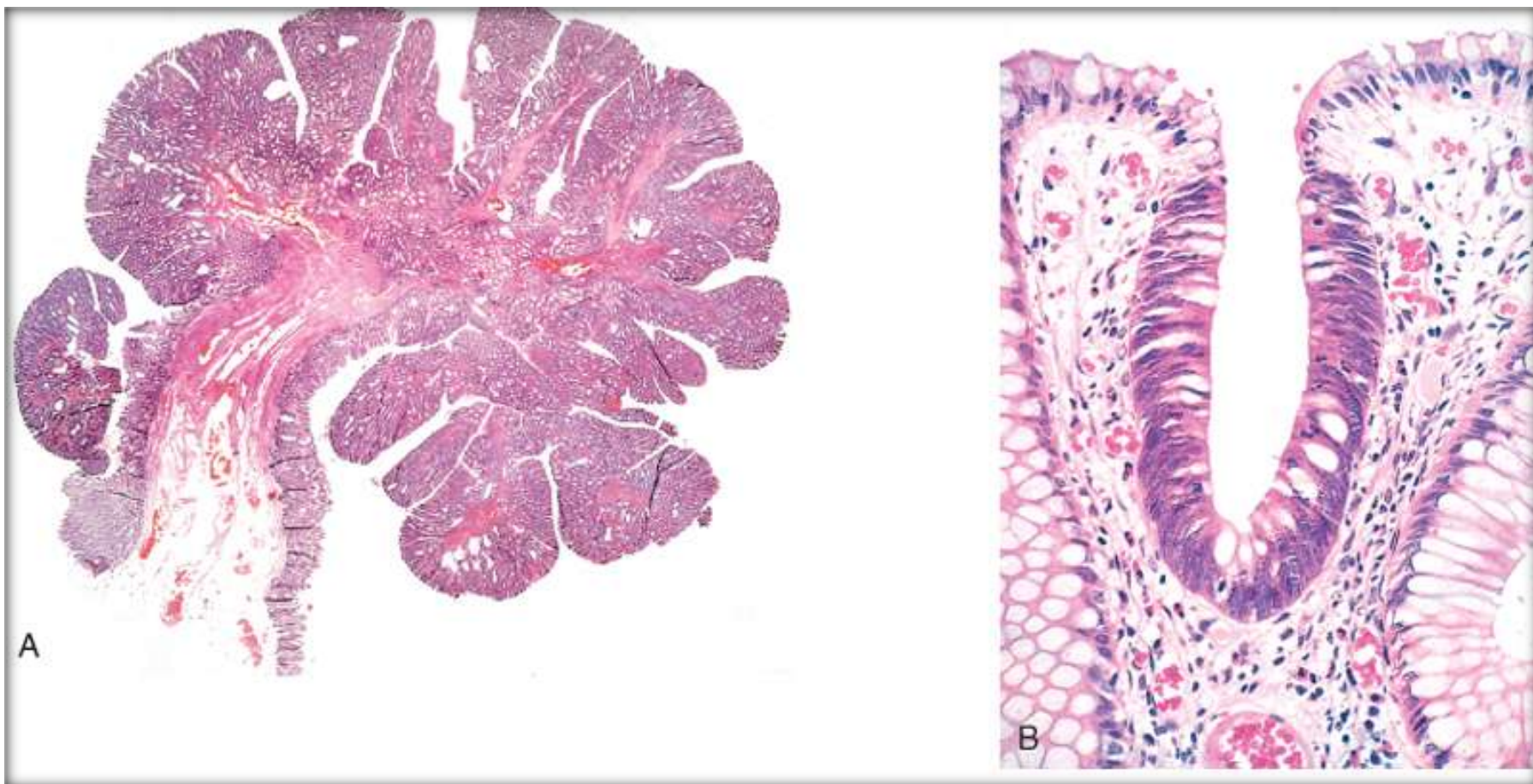
Fissuring ulcerations



Ulcerative colitis.

marked chronic inflammation of the mucosa with atrophy of colonic glands, moderate submucosal fibrosis, and a normal muscle wall.

Tumors of the intestine



Villous Adenoma



Familial Polyposis Syndromes



Carcinoma of the cecum.

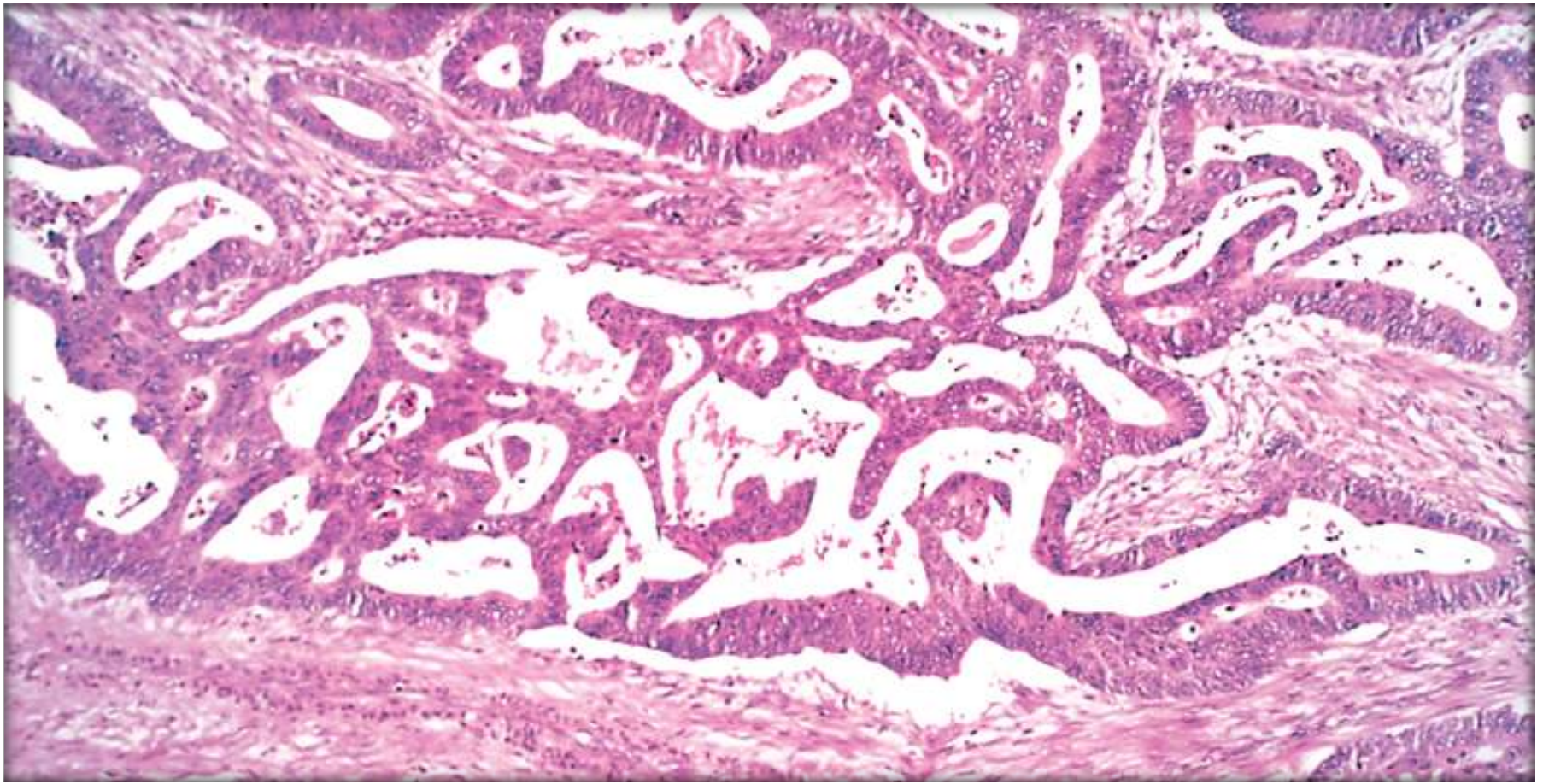
The exophytic carcinoma projects into the lumen not causing obstruction

Carcinoma of the descending colon



This circumferential tumor has heaped-up edges and an ulcerated central portion.

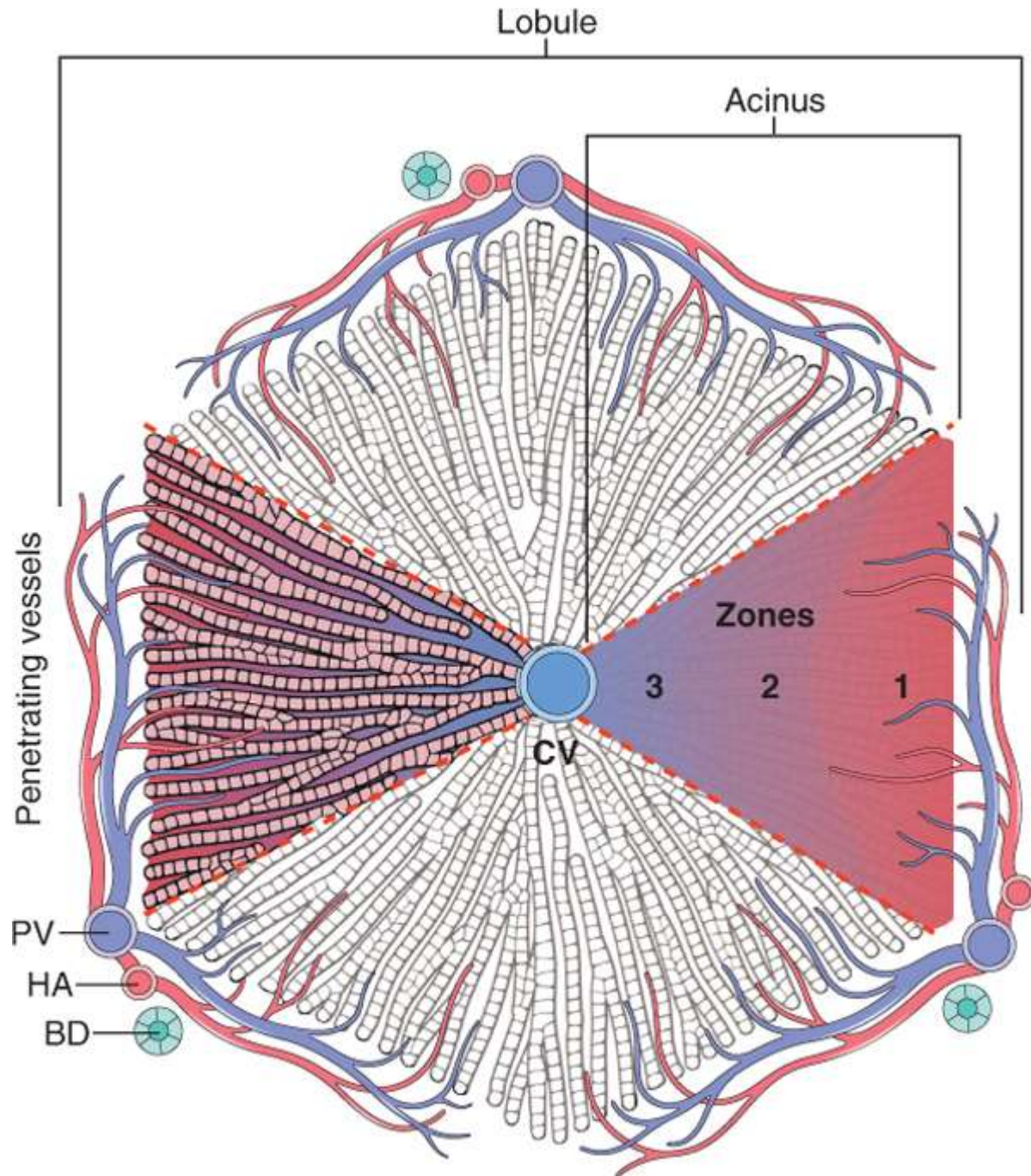
The arrows identify separate mucosal polyps.



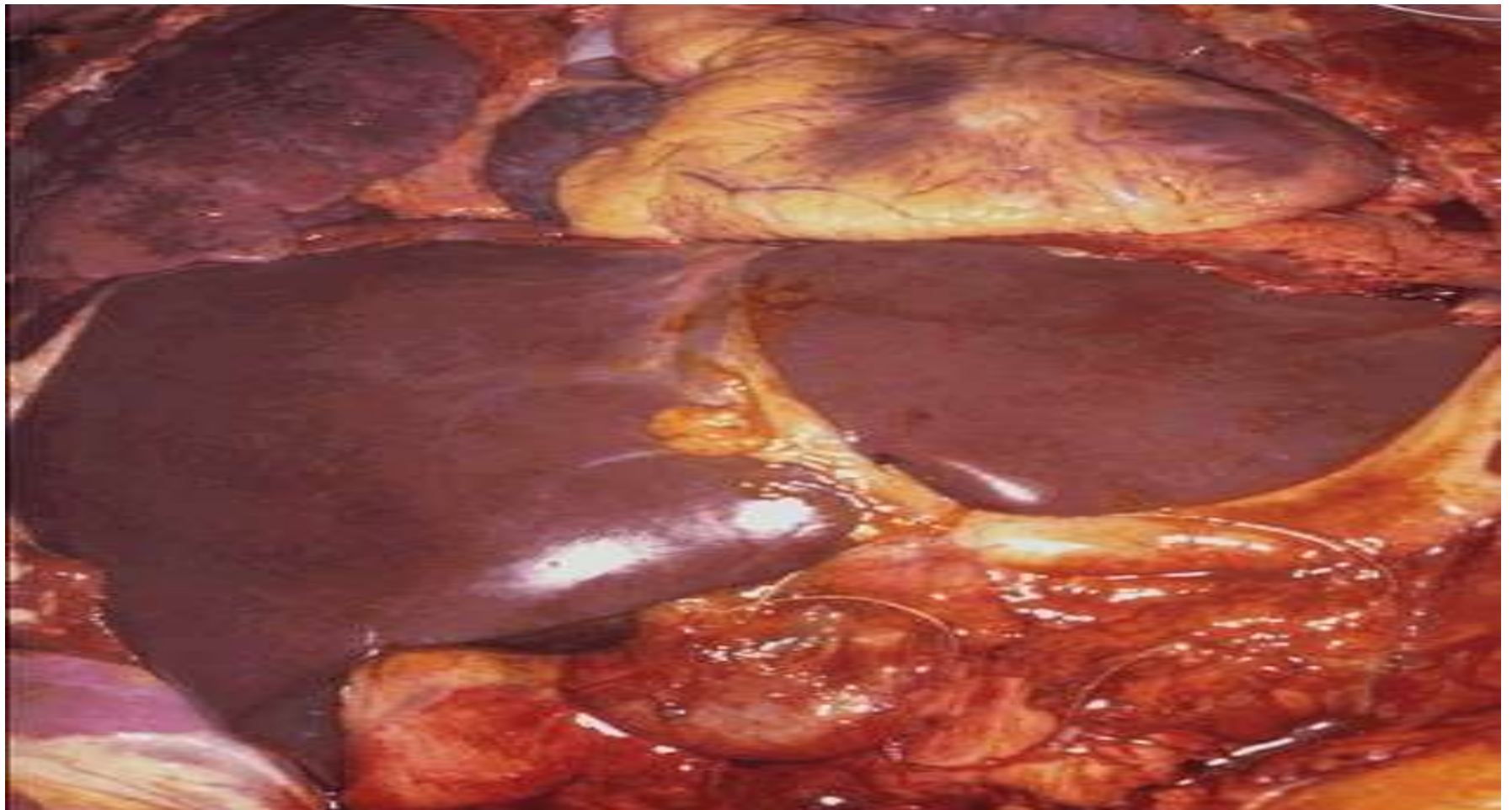
Invasive adenocarcinoma of colon

showing malignant glands infiltrating the muscle wall

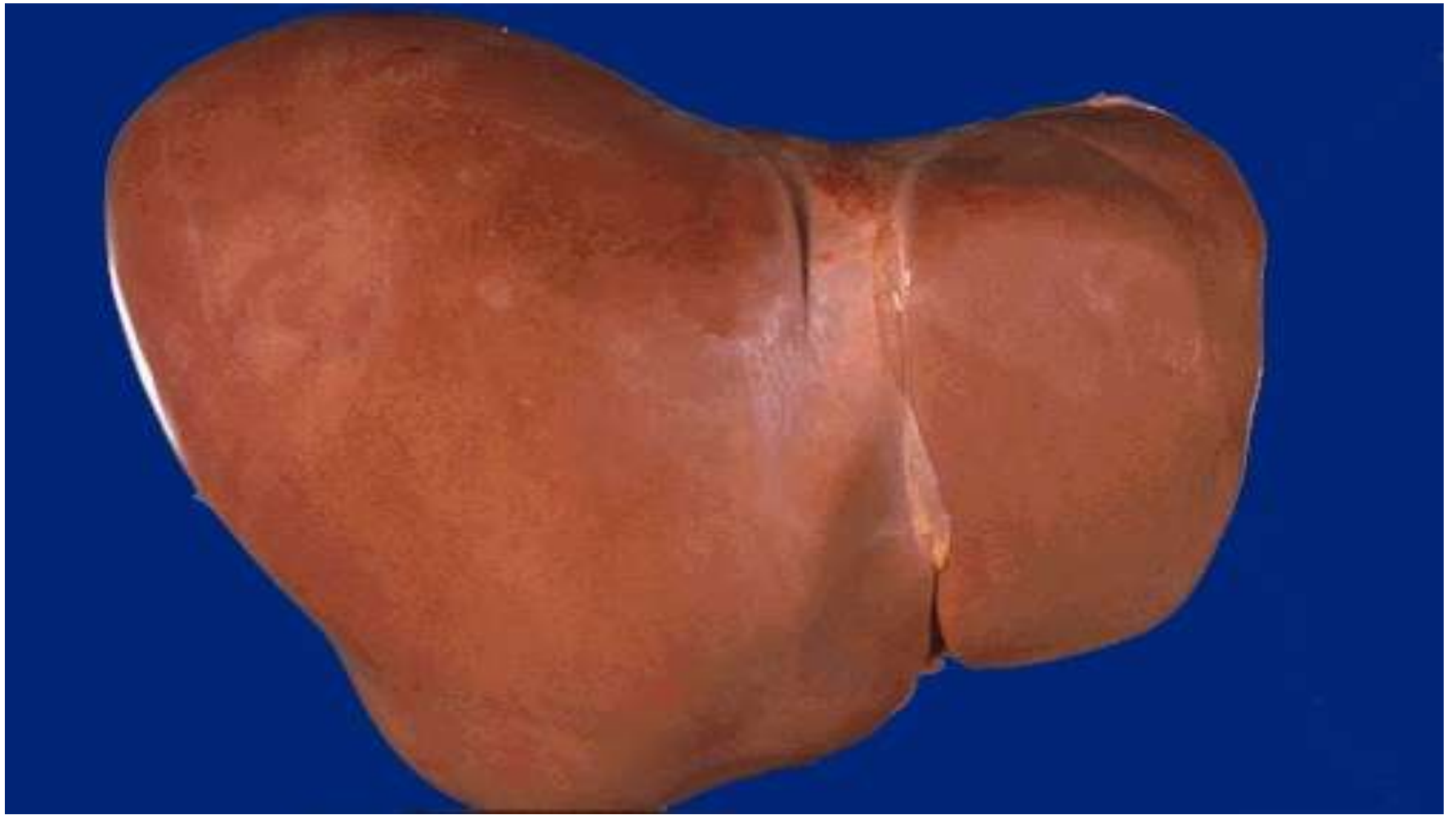
Liver 1



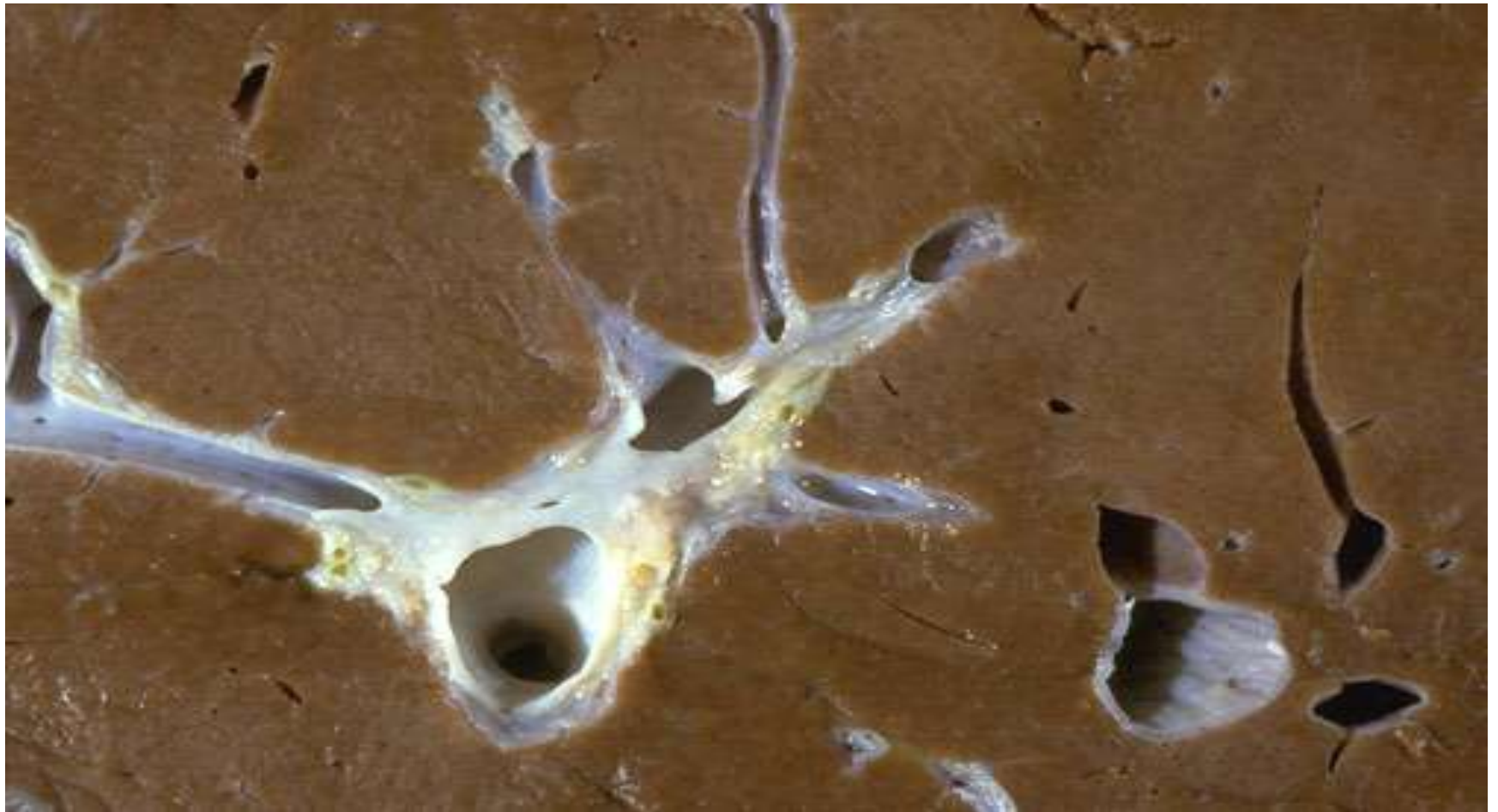
**Hexagonal
lobule**



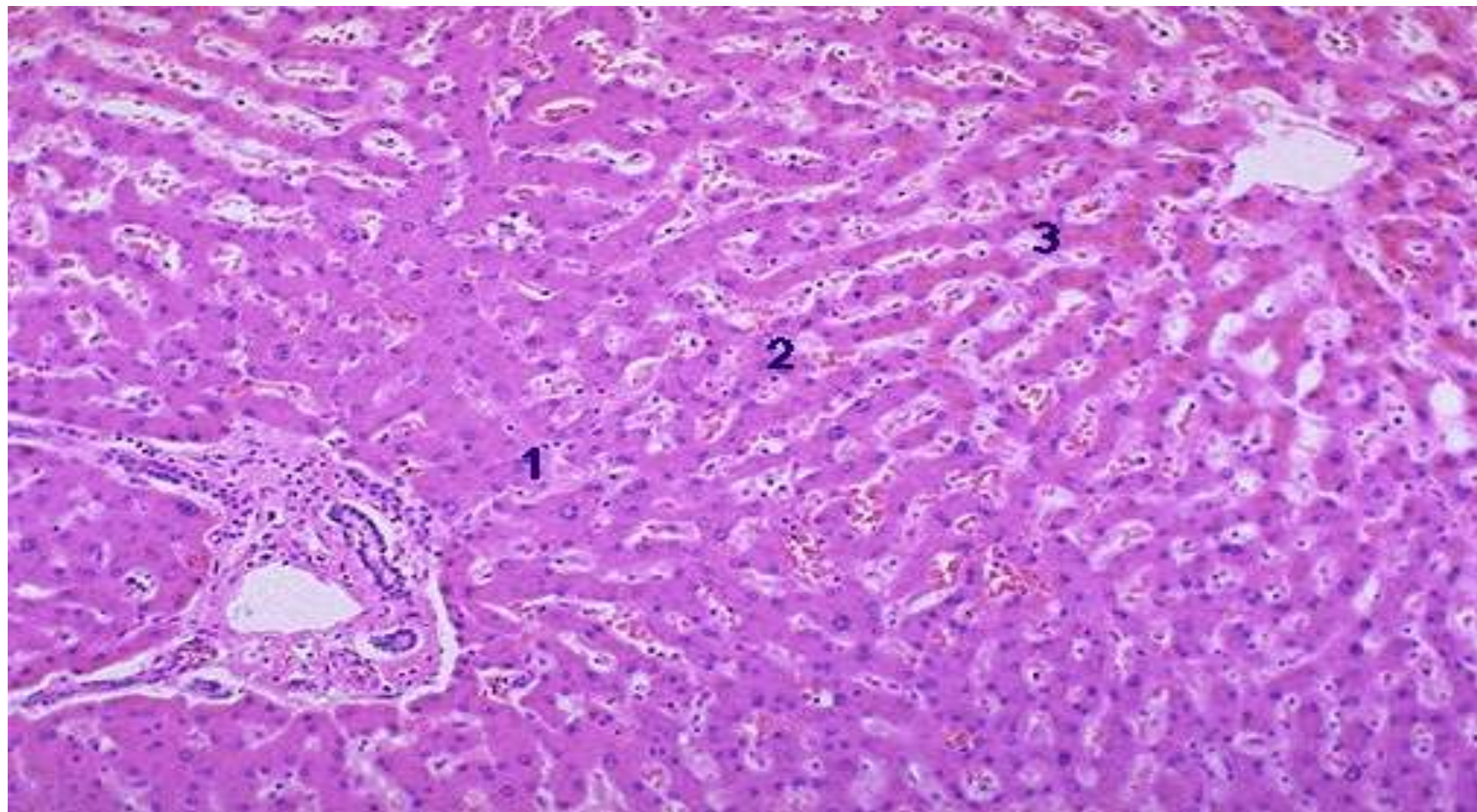
Normal Liver



Normal Liver



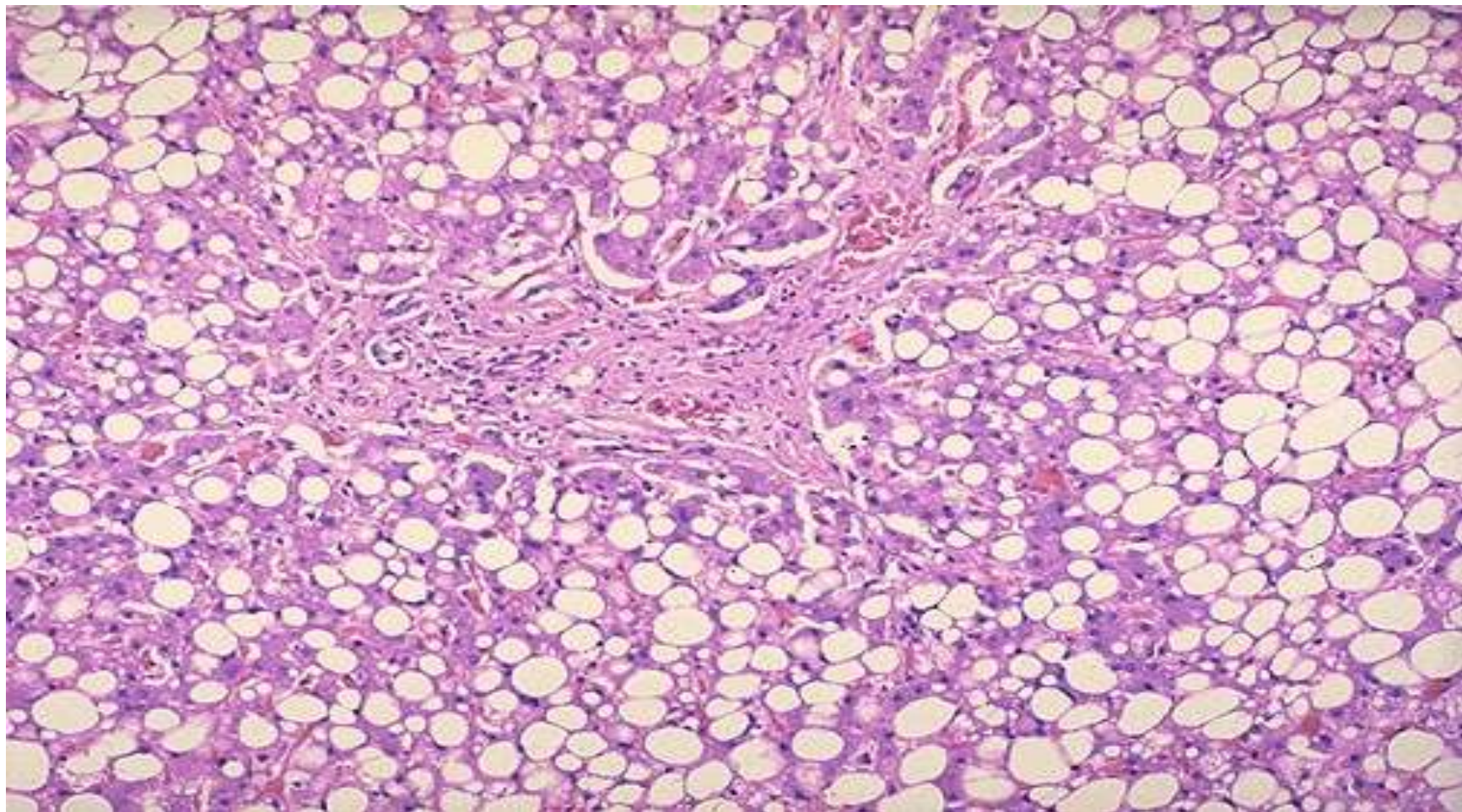
Cross section of normal liver



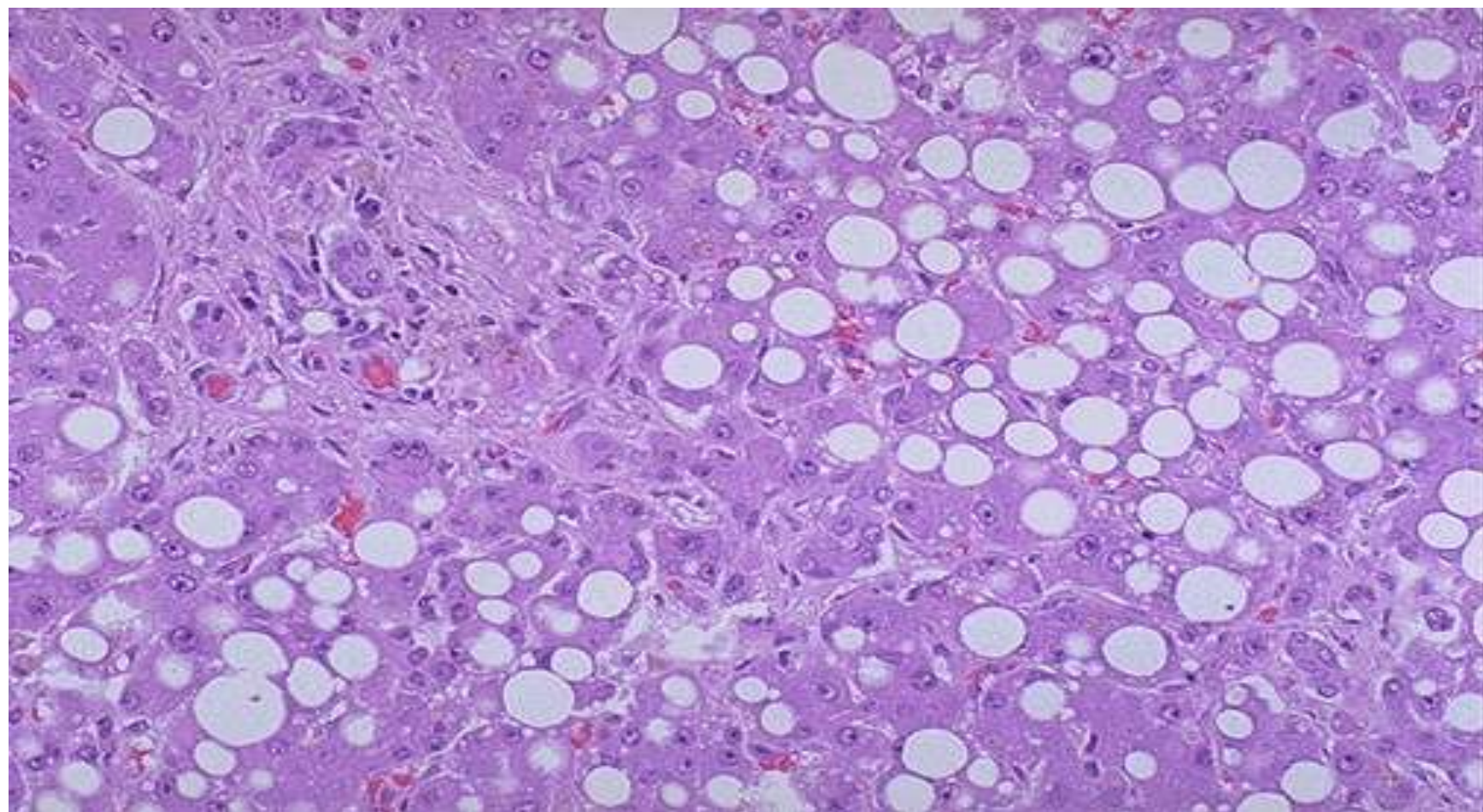
Liver Zones



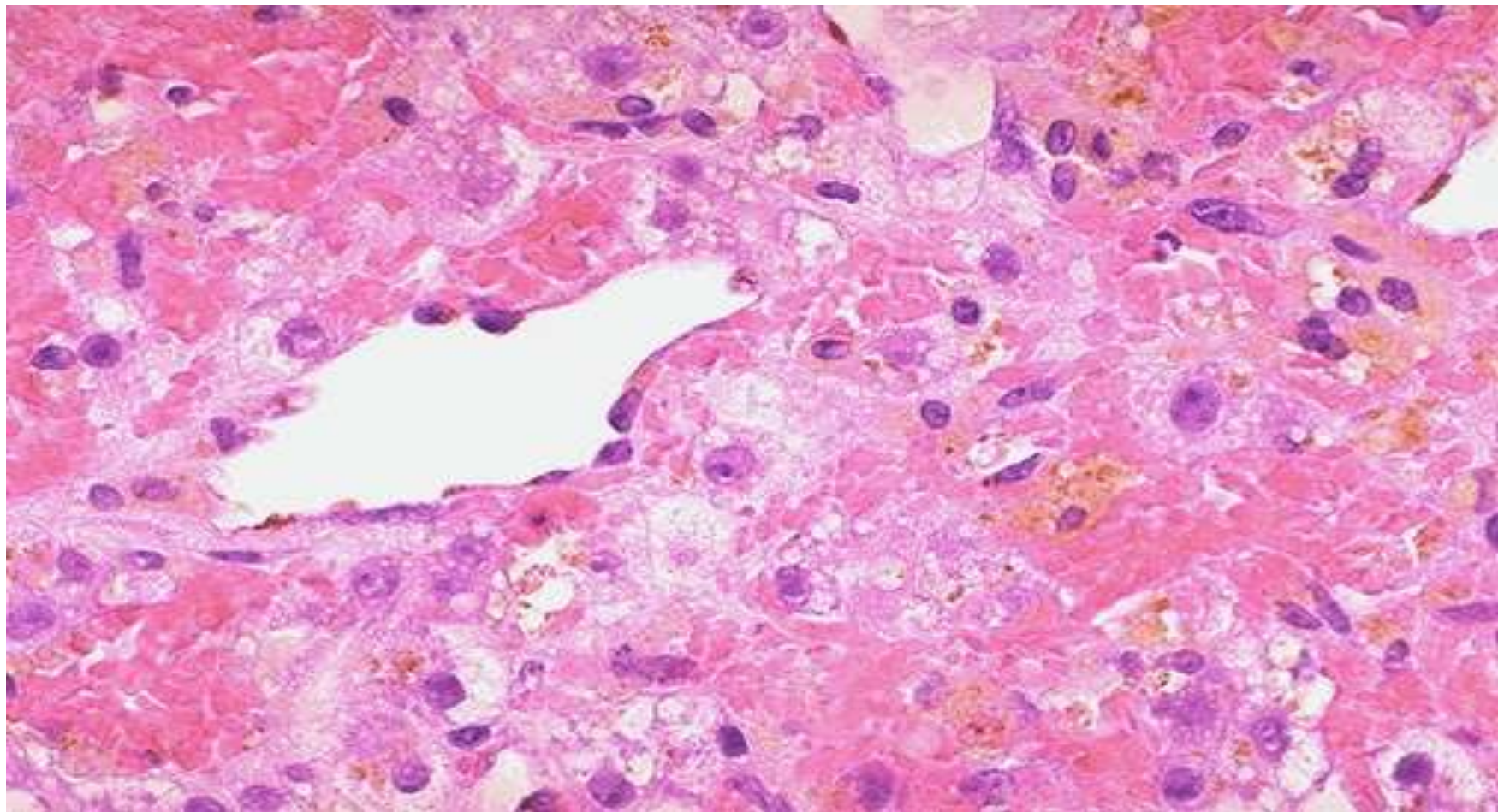
Fatty change



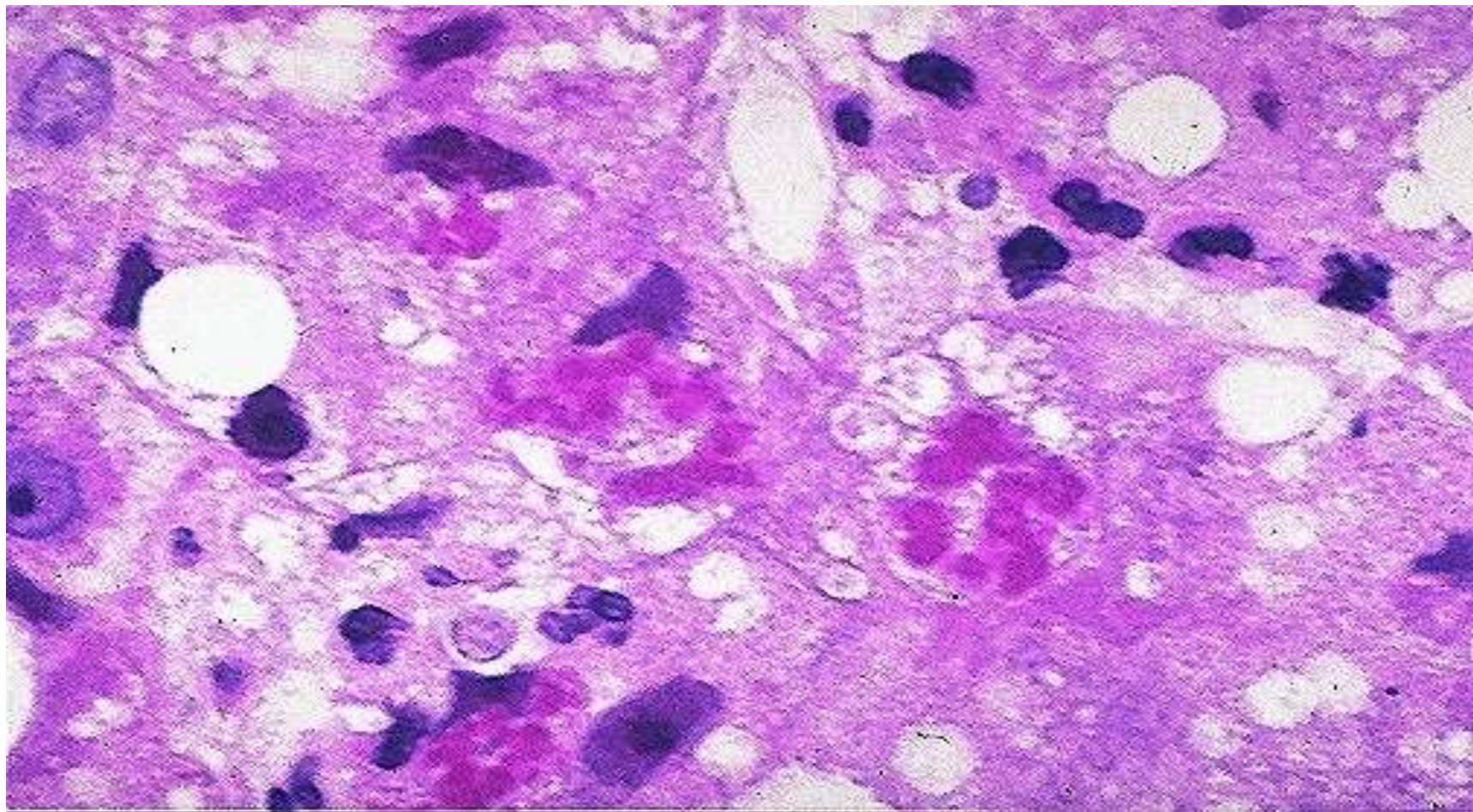
Fatty change



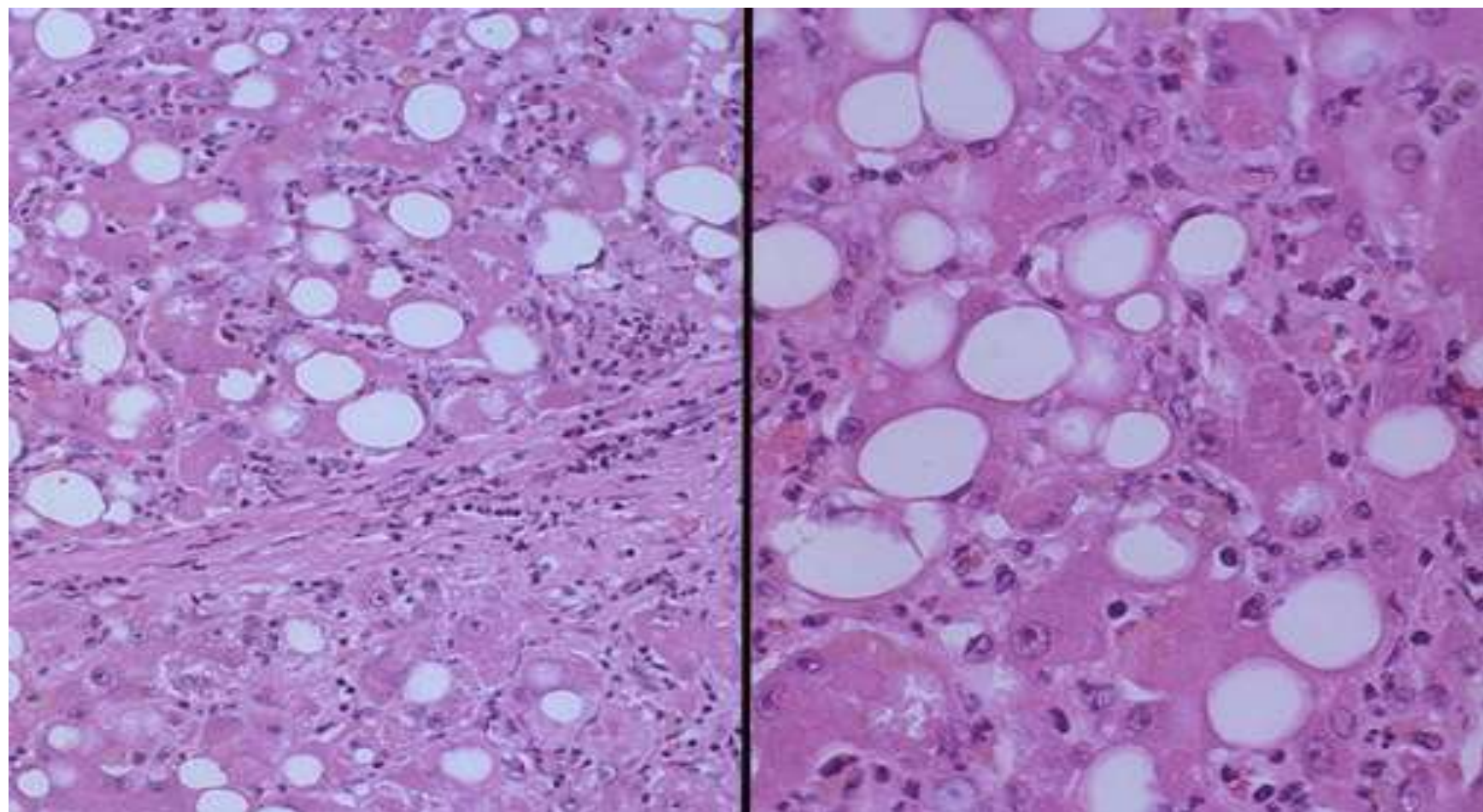
Fatty change : موجودة في السلايدات بدون عنوان ؛ لكنها تابعة ل



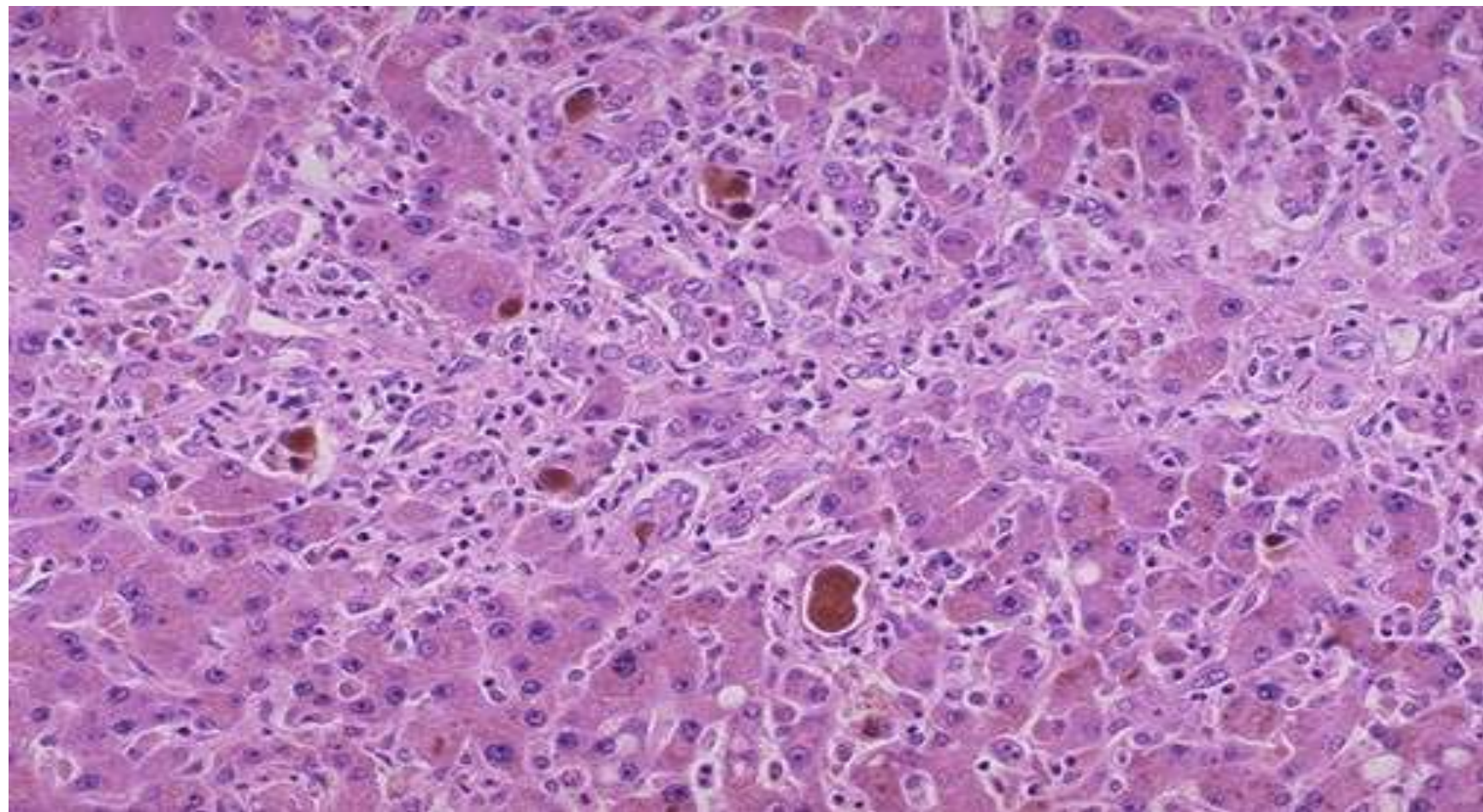
Necrosis of Liver



Mallory-hayline bodies



Alcoholic hepatitis



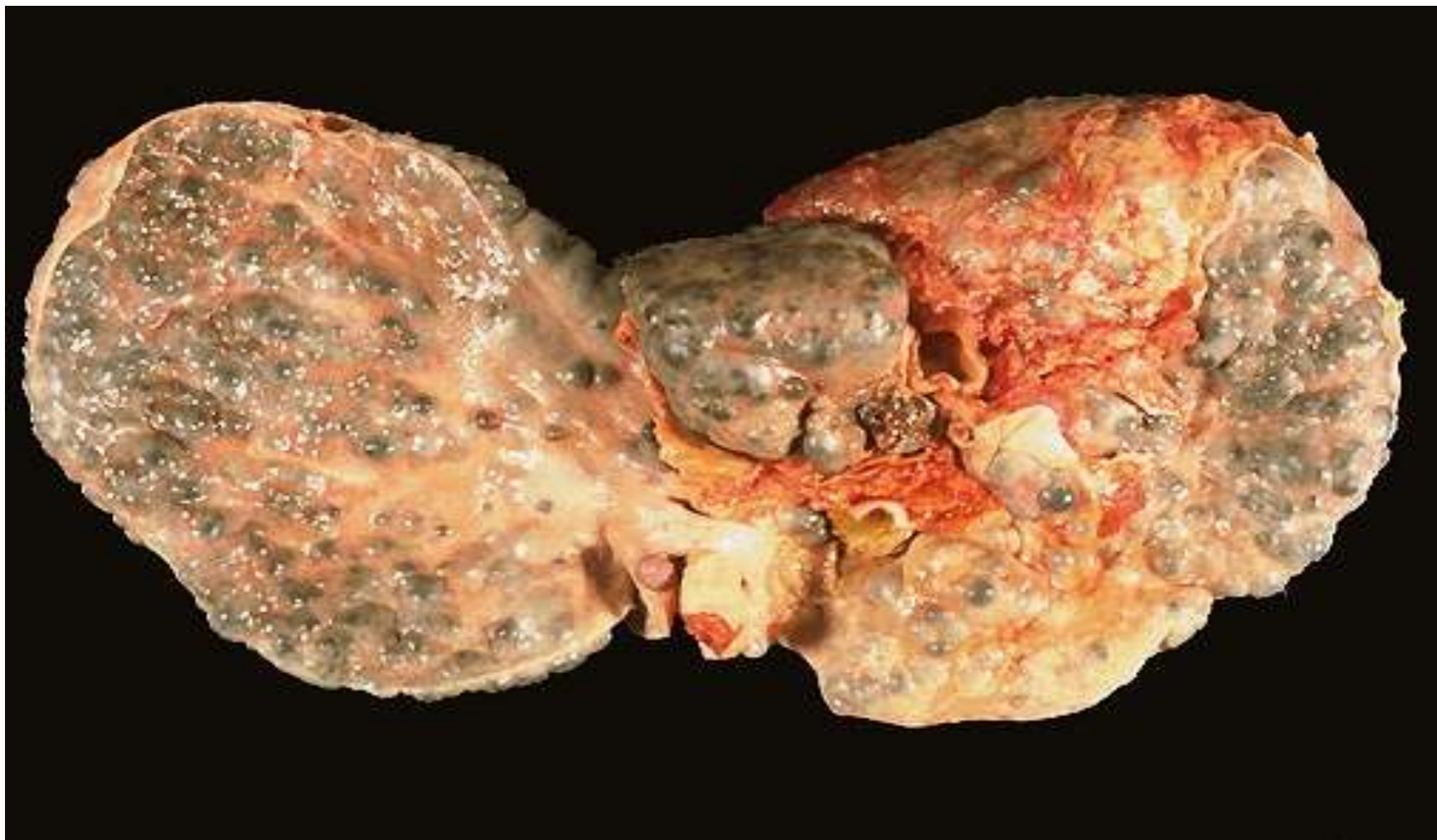
Cholestasis



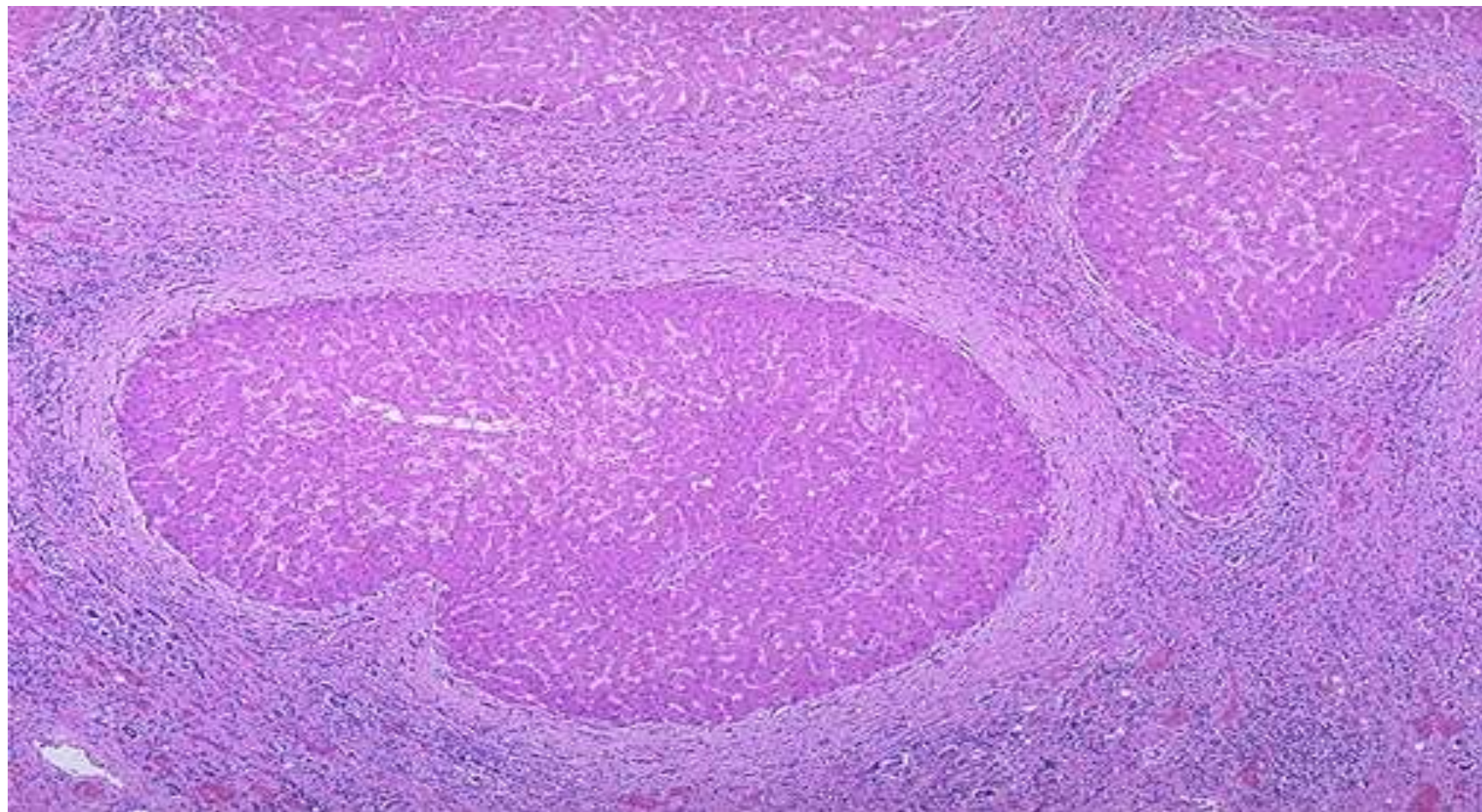
Liver cirrhosis



Micronodular cirrhosis



Macronodular cirrhosis



**No title in the slides !!
please , Refer to the slides .**



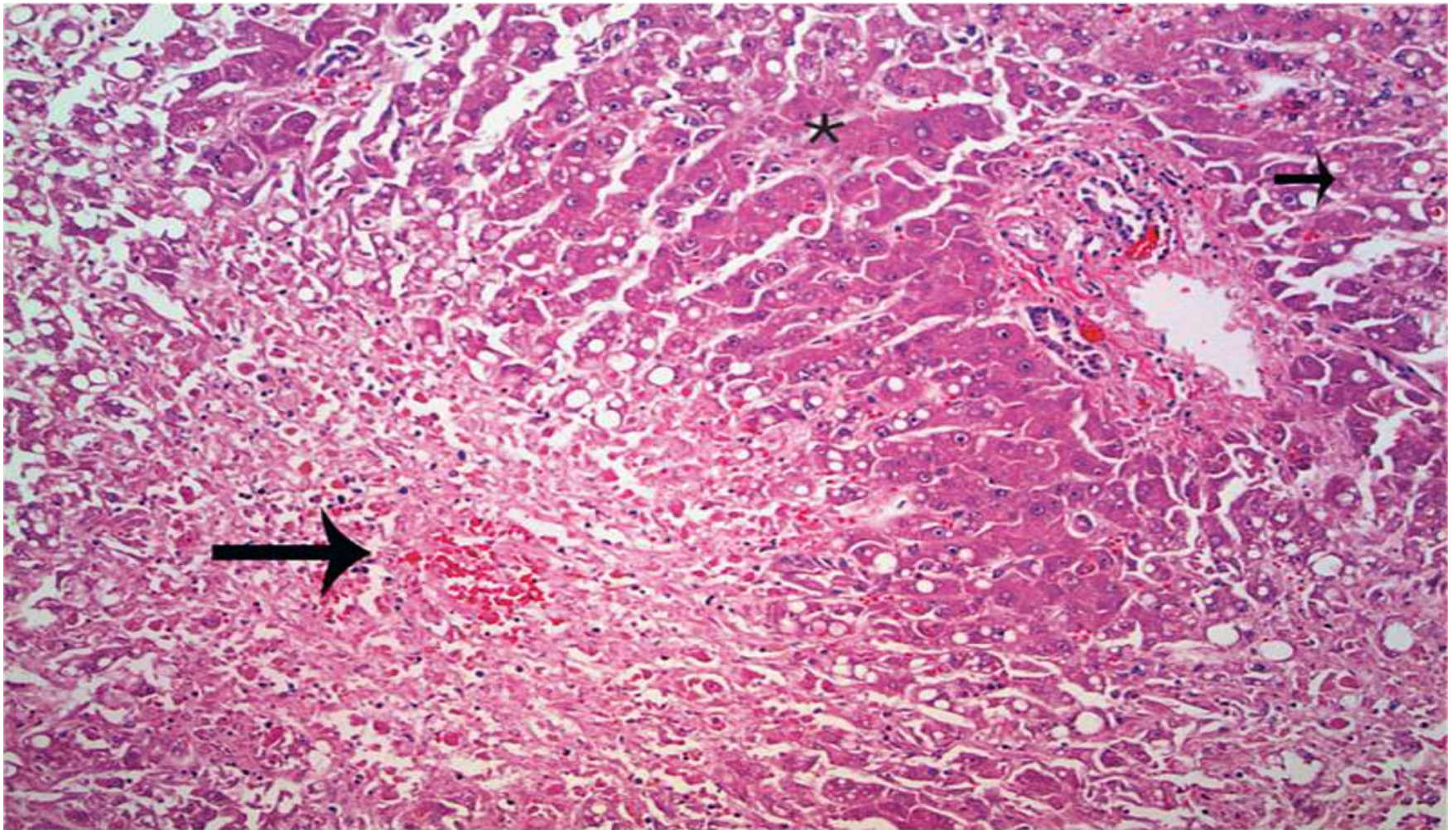
Caput medusae-abdominal skin



Esophageal varicies



Splenomegaly



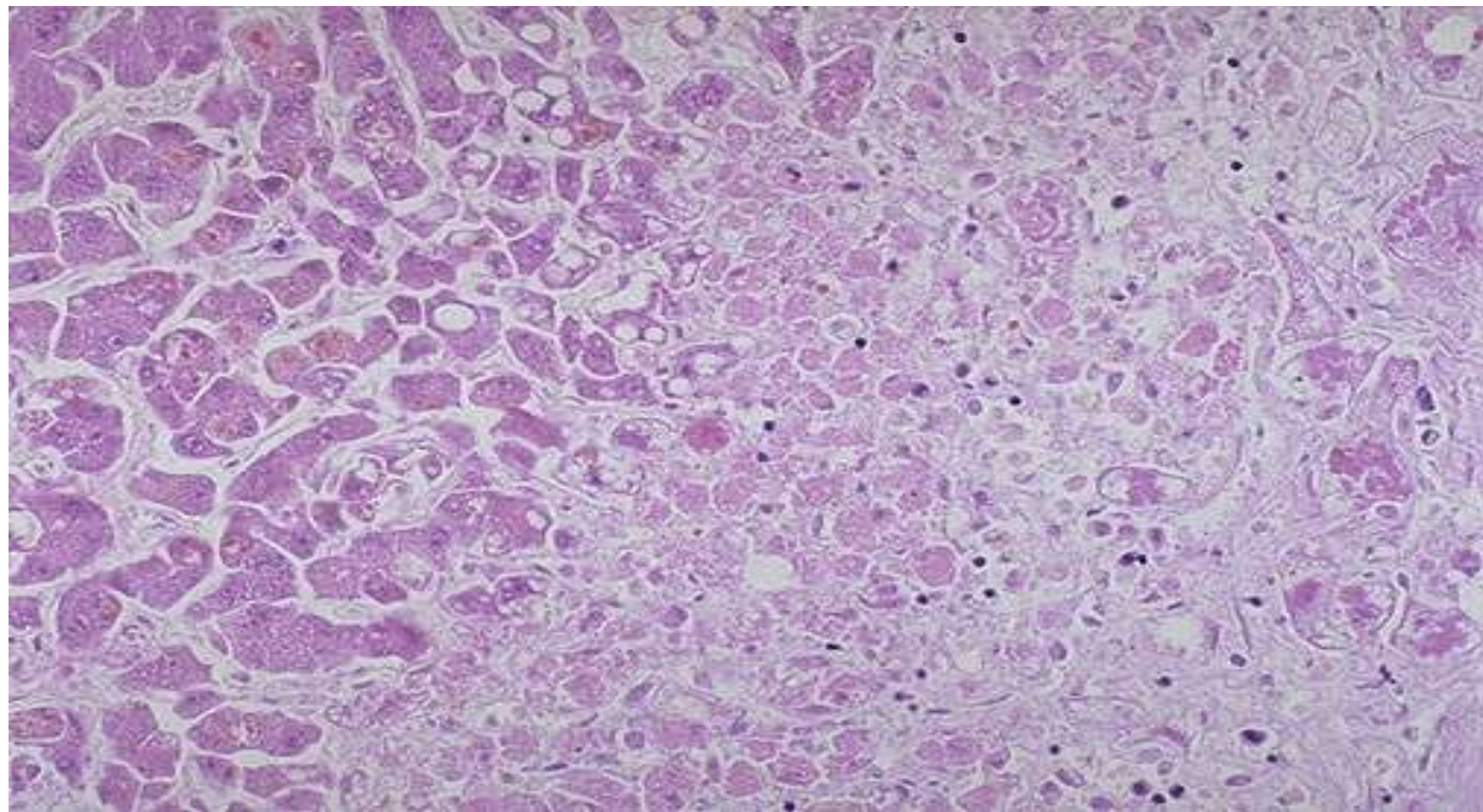
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acetaminophen overdose.

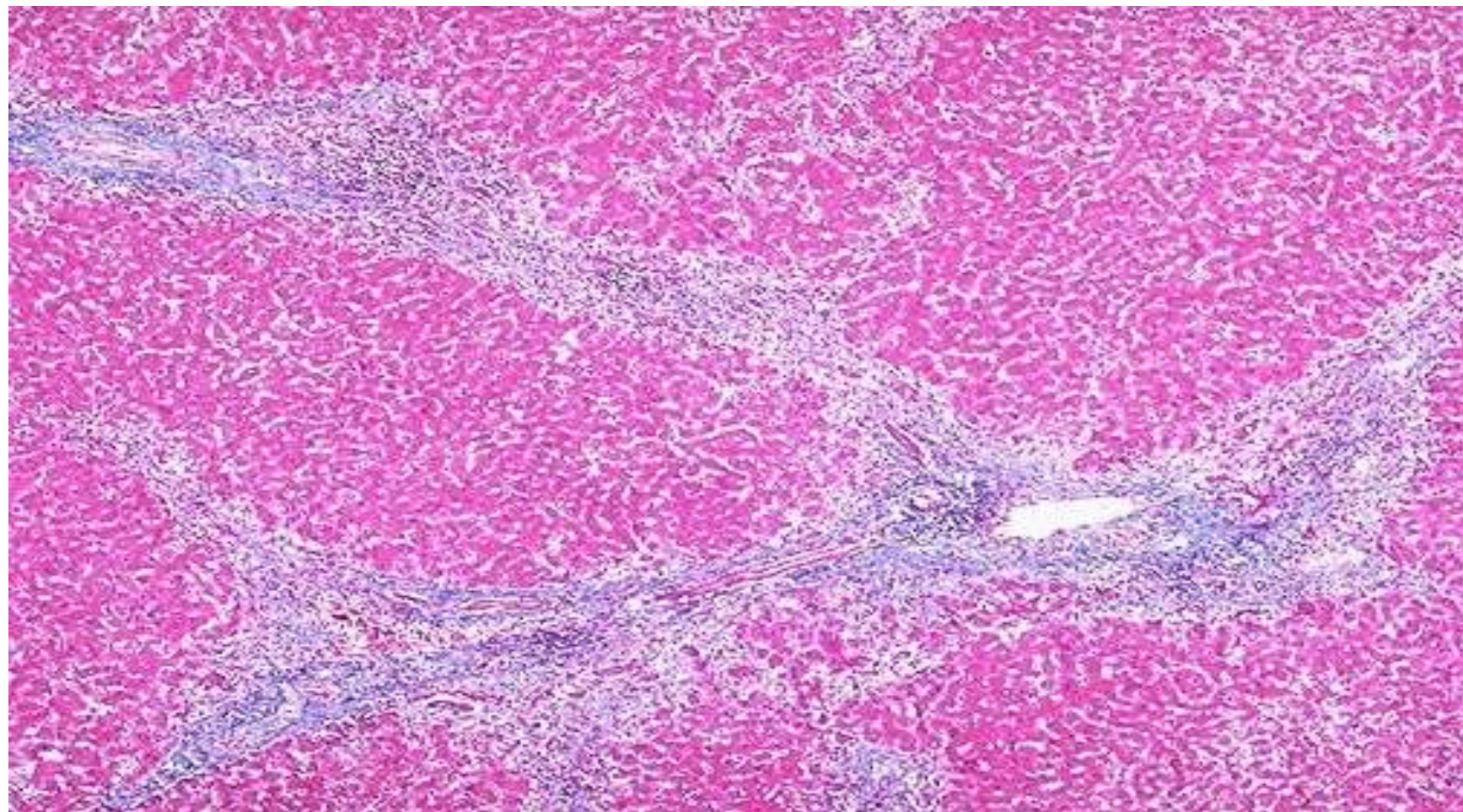
Confluent necrosis is seen in the perivenular region (*large arrow*)

There is little inflammation.

The residual normal tissue is indicated by the *asterisk*



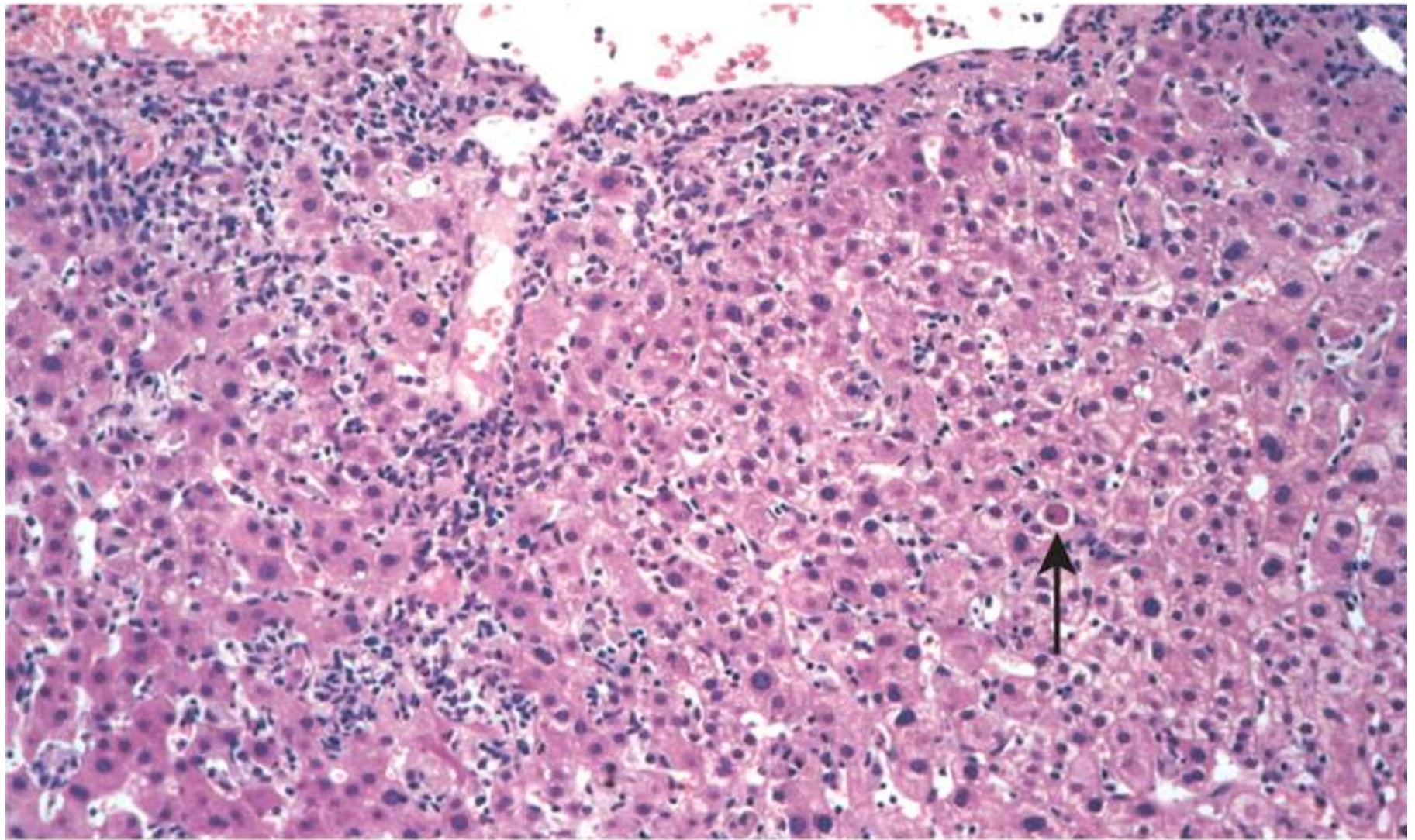
Necrosis of hepatocytes



Fibrosis in chronic hepatitis

Liver 1 (cont.)

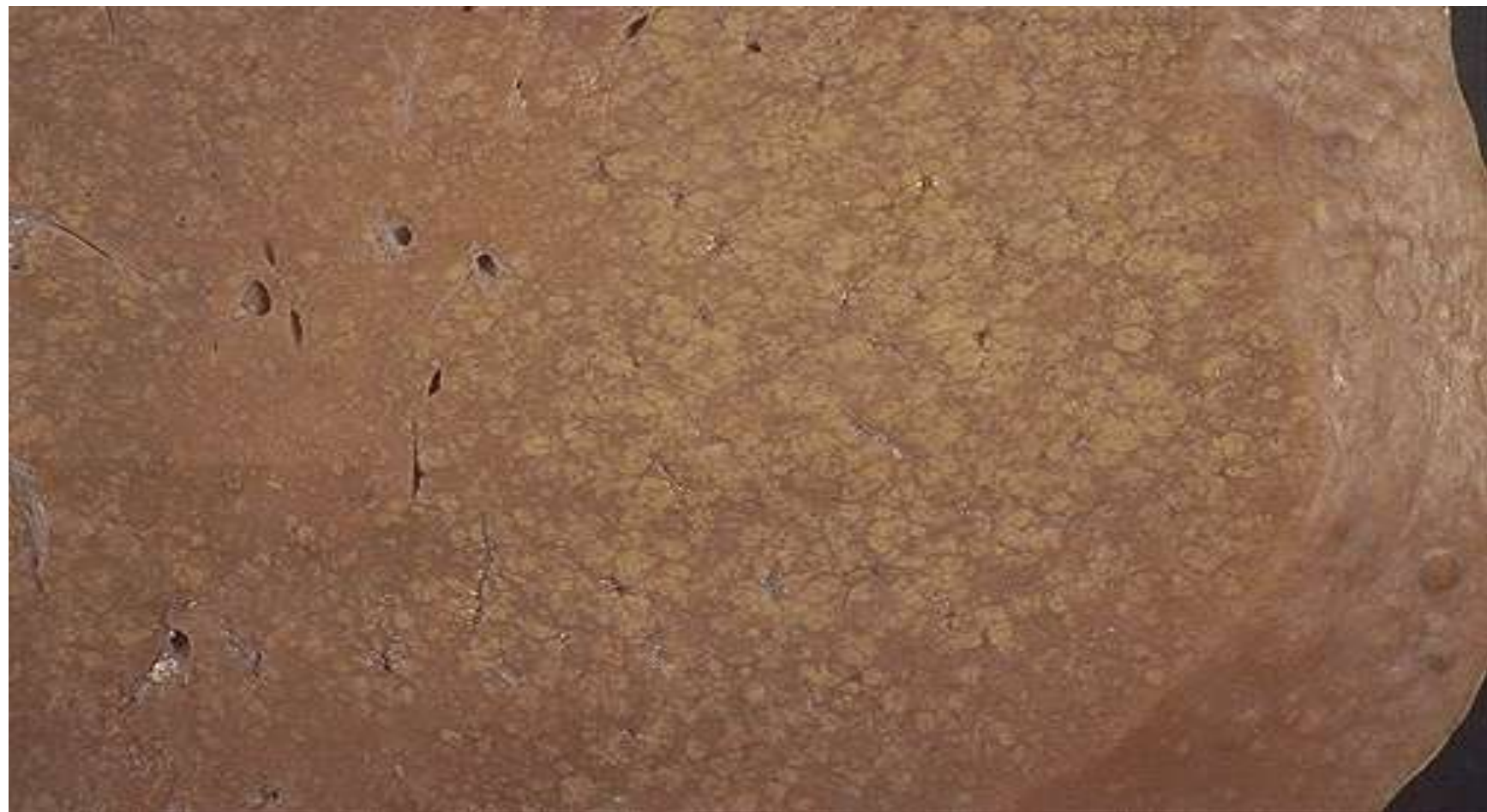
Infections of the Liver



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Acute viral hepatitis

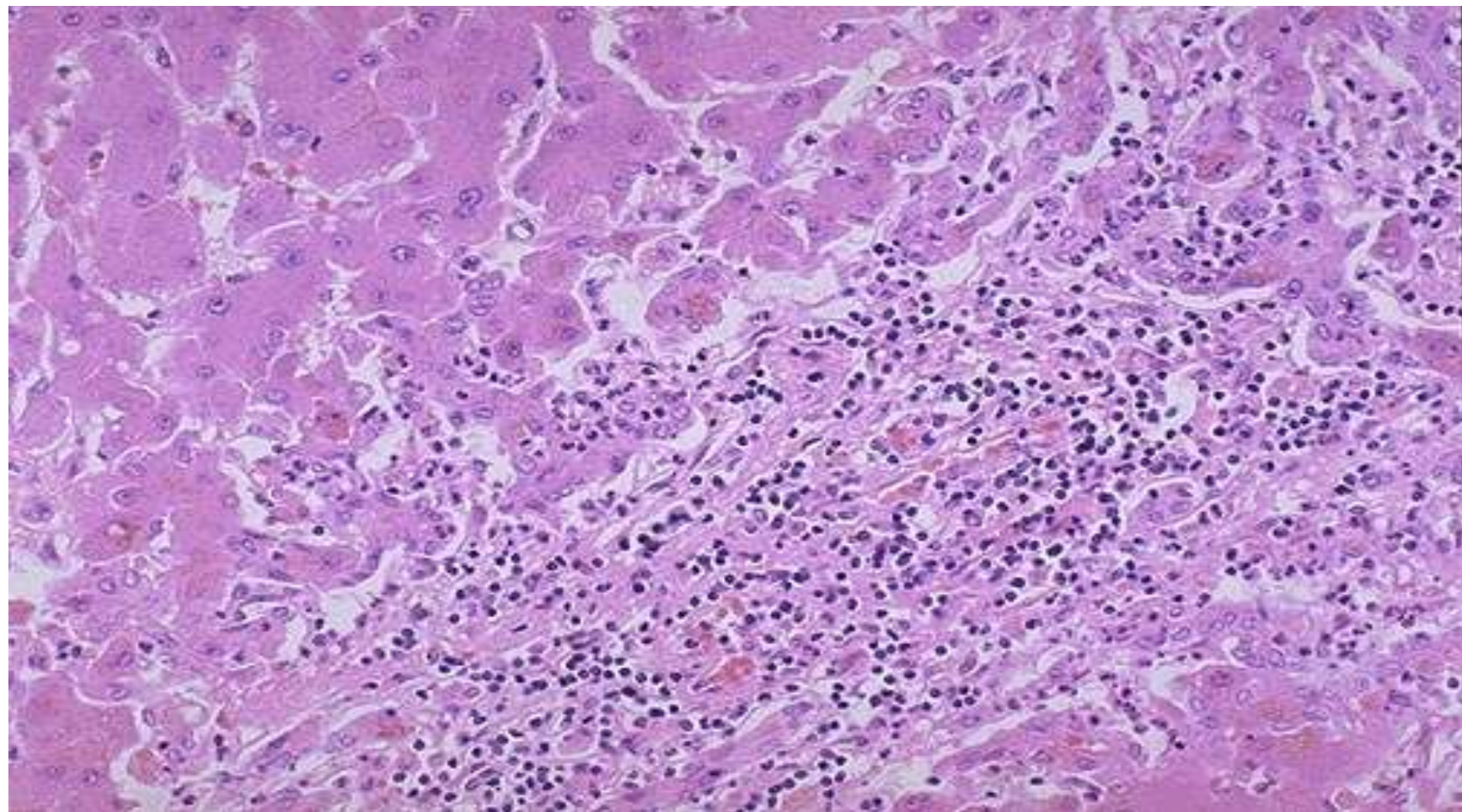
showing disruption of lobular architecture, inflammatory cells in sinusoids, and apoptotic cells (arrow).



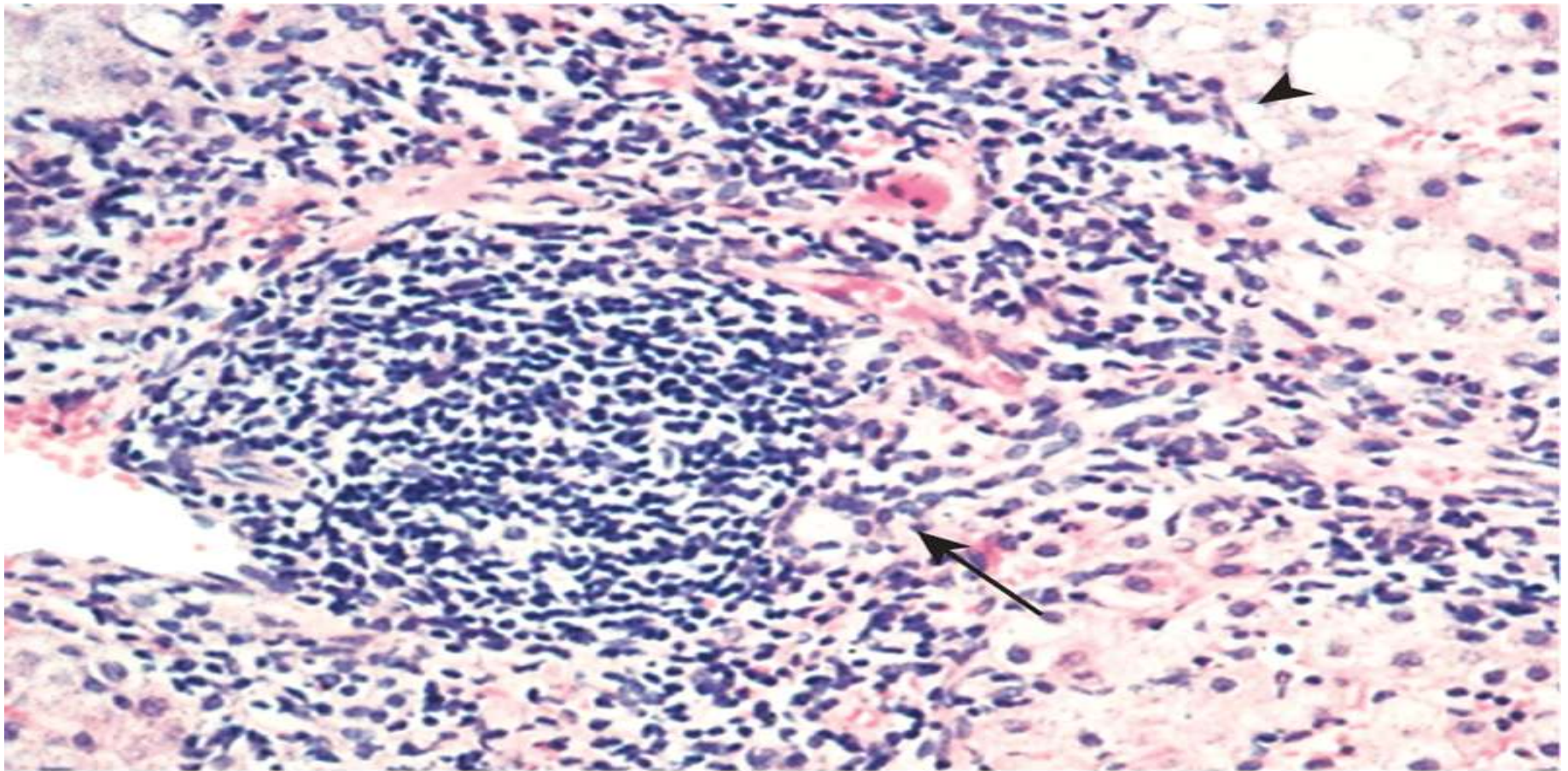
Fulminant hepatitis



Chronic hepatitis



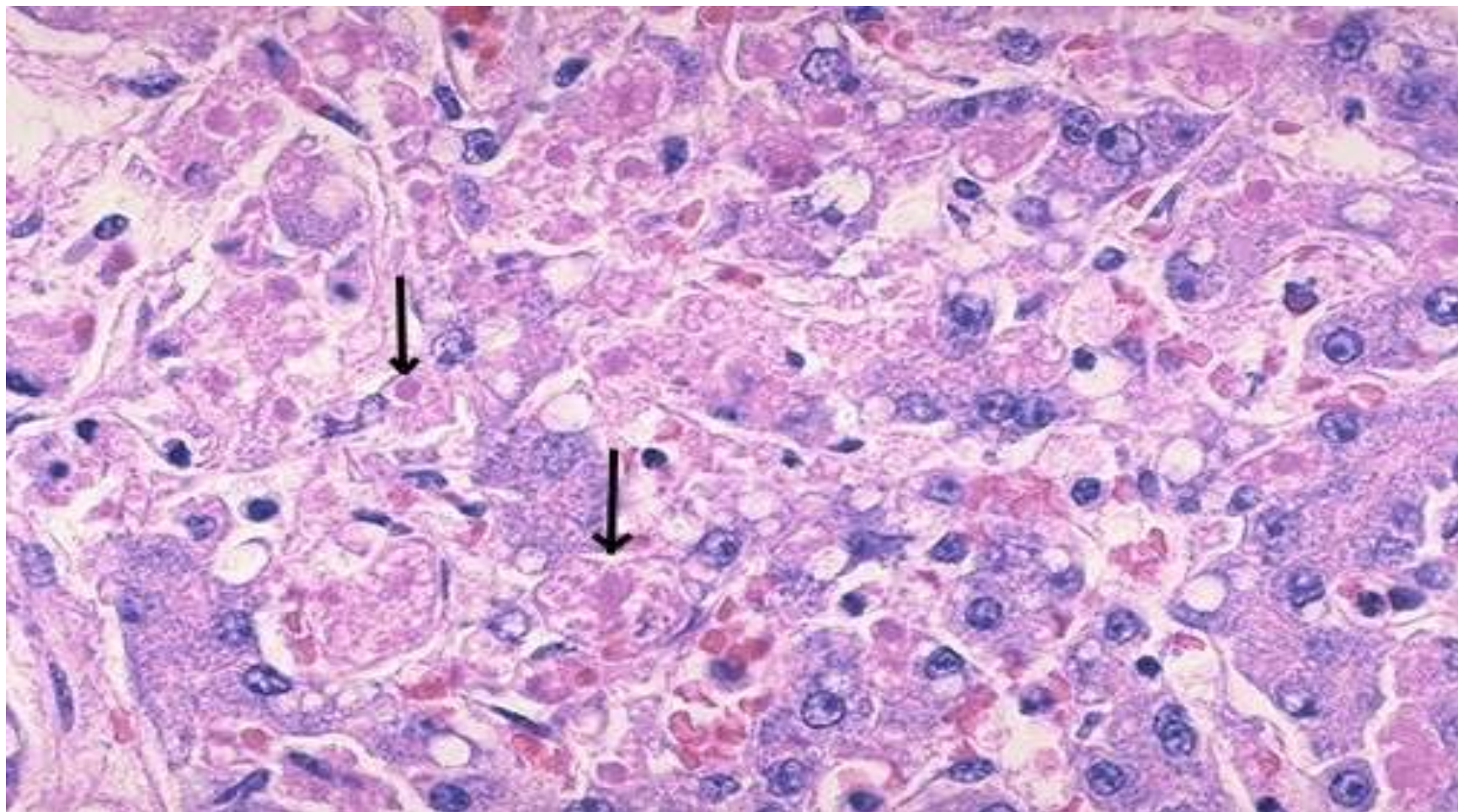
Chronic hepatitis



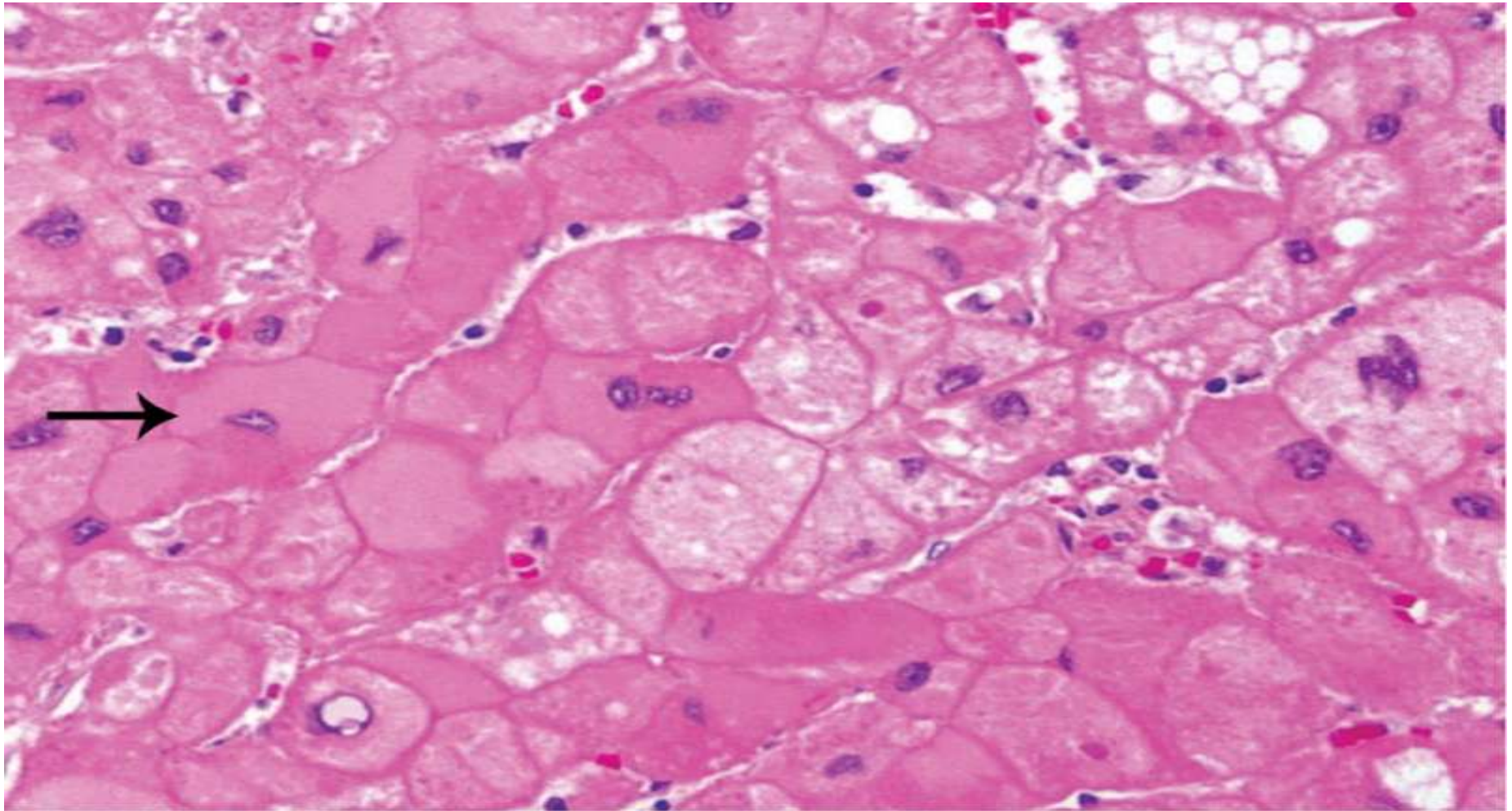
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Chronic hepatitis C

**showing portal tract expansion with inflammatory cells and fibrous tissue (*arrow*), and interface hepatitis with spillover of inflammation into the parenchyma (*arrowhead*).
A lymphoid aggregate is present in the center of the picture.**



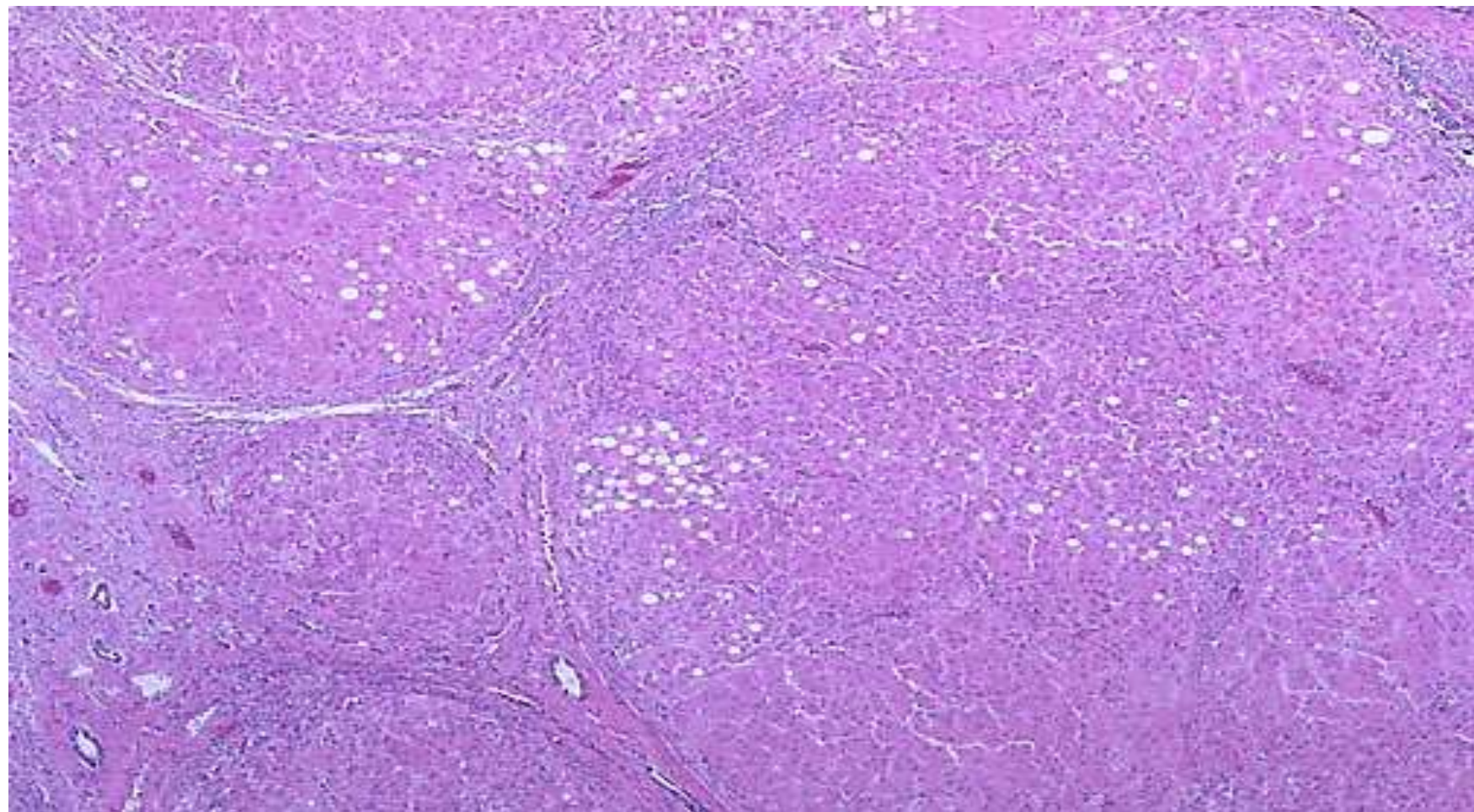
**Necrosis of
hepatocytes-councilman bodies
(arrows)**



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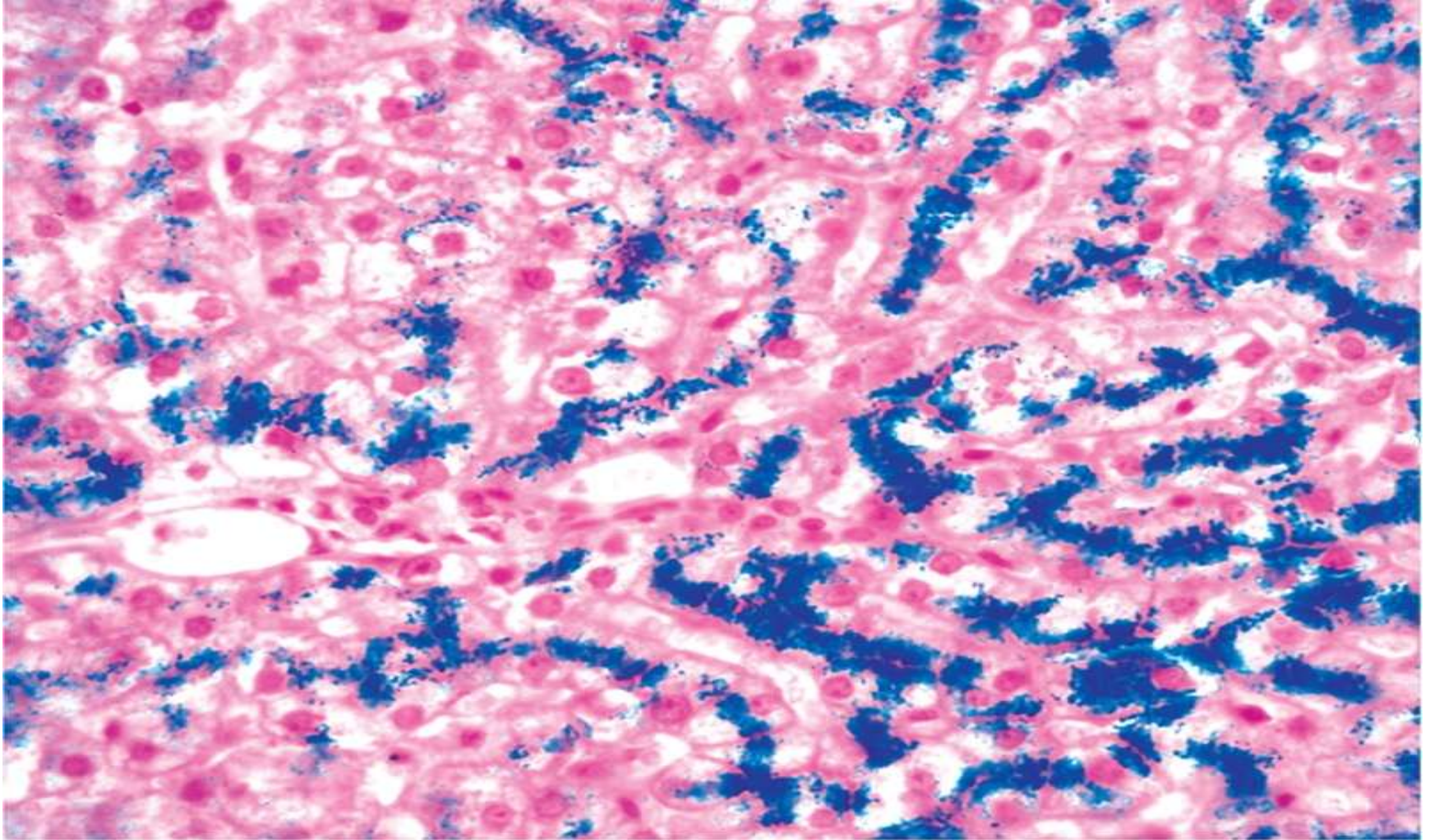
**Ground-glass hepatocytes (arrow)
in chronic hepatitis B.**

caused by accumulation of HBsAg in cytoplasm



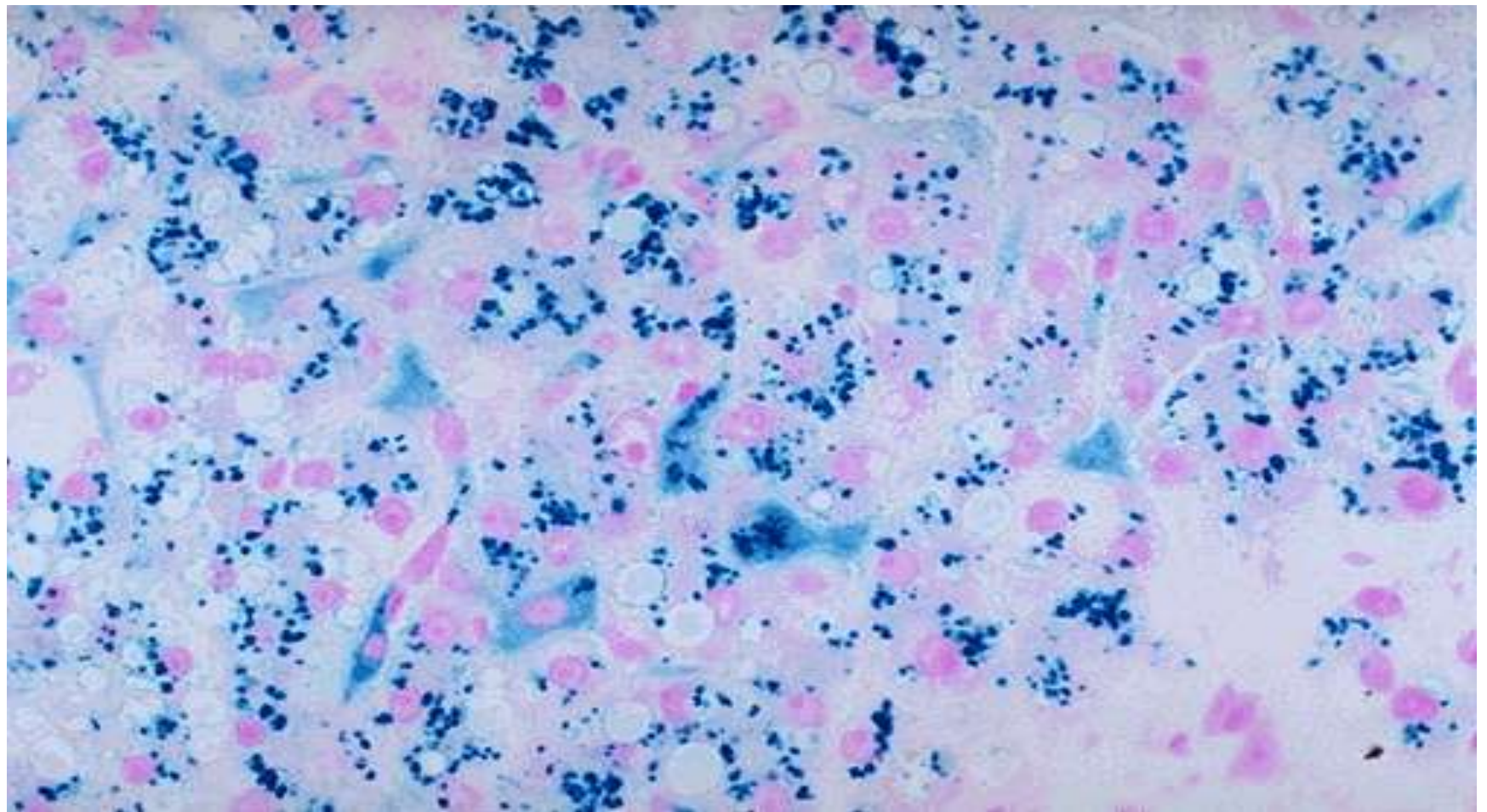
Fibrosis in chronic hepatitis

Liver 2

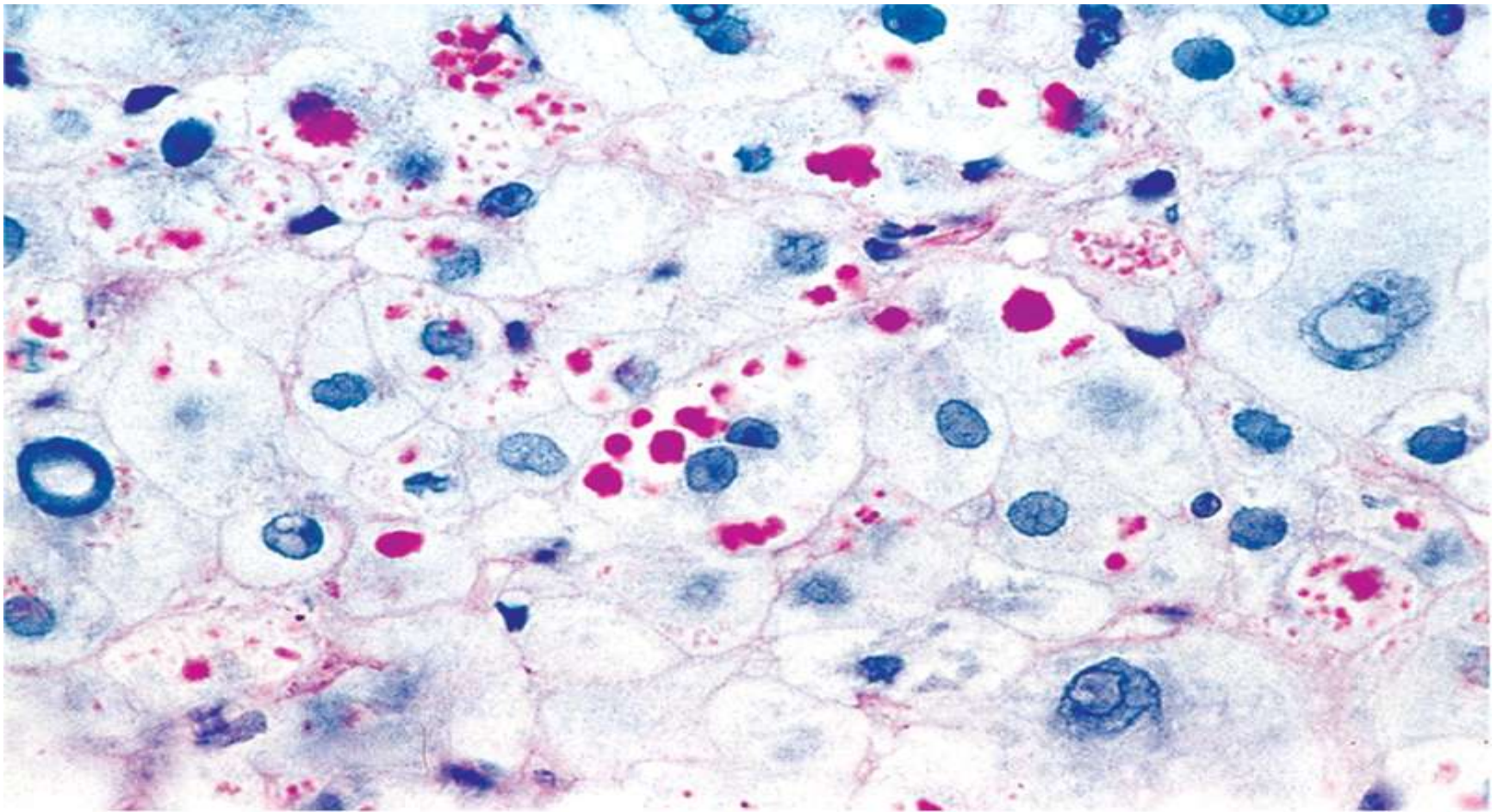


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Hemosiderosis



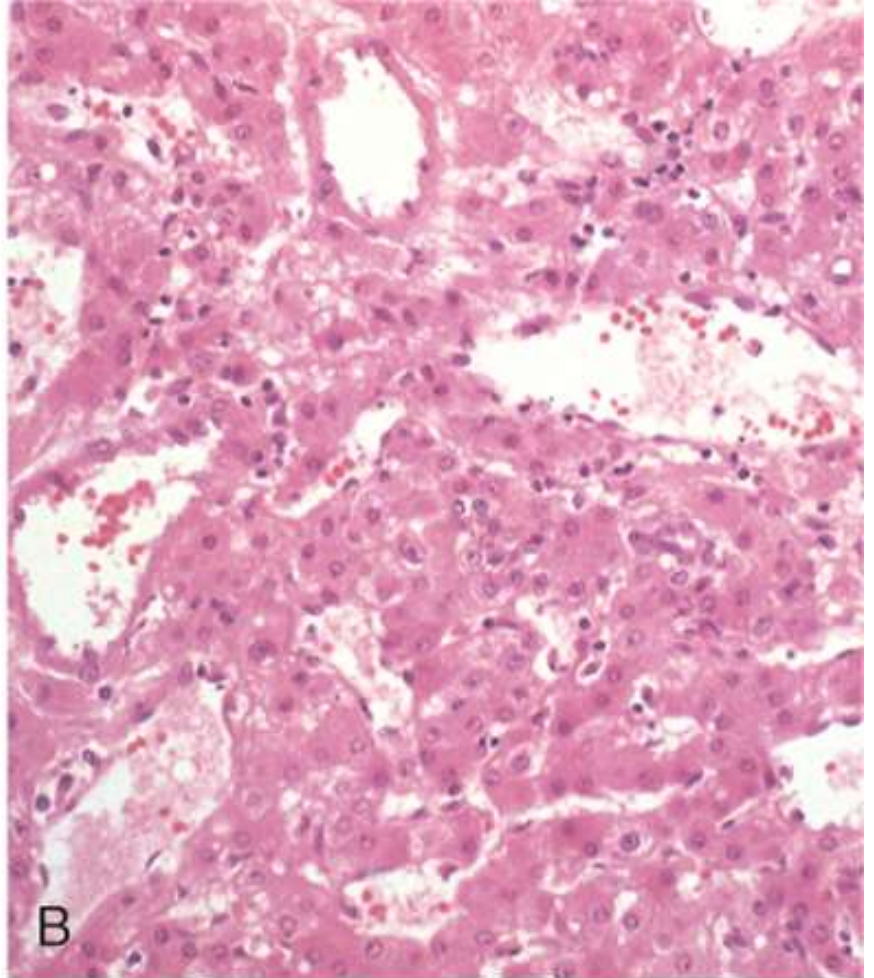
Hemosiderosis



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α -1-Antitrypsin Deficiency

**Intracytoplasmic globular inclusions in hepatocytes
(PAS stain)**



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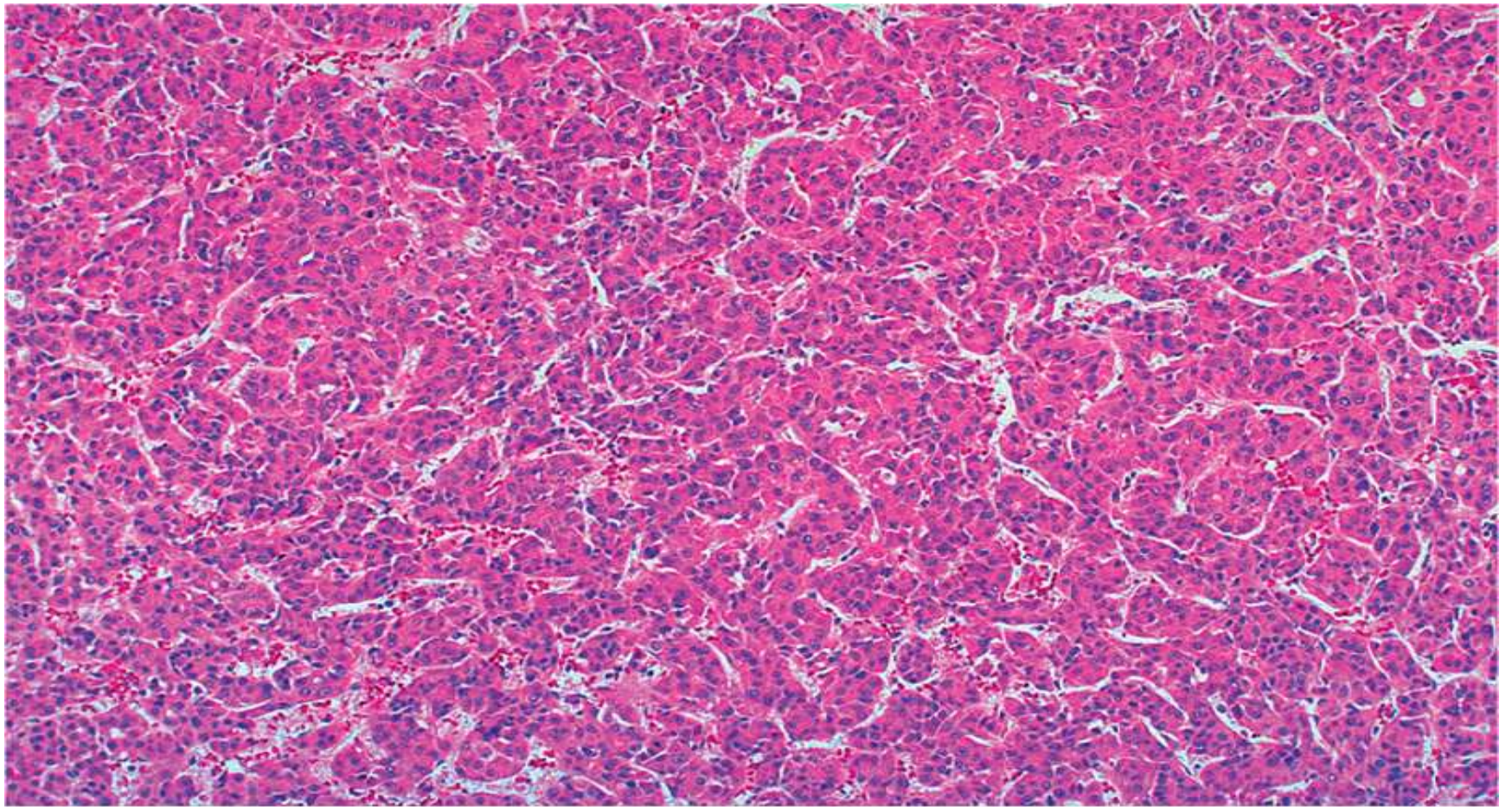
Hepatic adenoma



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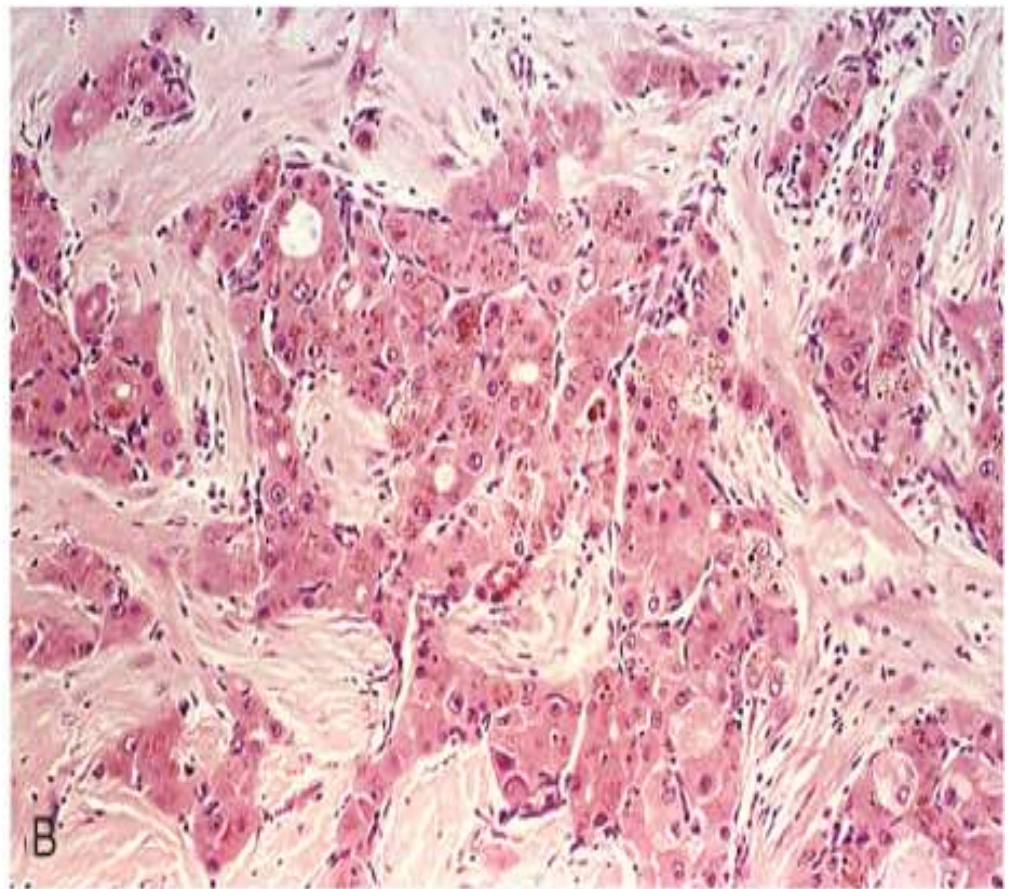
Hepatocellular carcinoma, unifocal, massive type

A large neoplasm with extensive areas of necrosis has replaced most of the right hepatic lobe in this noncirrhotic liver . A satellite tumor nodule is directly adjacent .



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Hepatocellular carcinoma



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Fibrolamellar carcinoma

collected by :

**Your colleague :-
Lutfi Sowan .**