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8<sup>th</sup> March 2007

TO WHOM IT MAY CONCERN :

Re: MRS. KATHY SOMMA

The abovementioned lady has been seen at this facility, initially in May of 2005 and most recently in January of 2007.

In the past Mrs. Somma had undergone surgery for a thyroid nodule and had required Eltroxin treatment subsequent to that. My impression after the initial consultation in May of 2005 was that of cystic thyroid disease with a low malignant potential. An FNA was undertaken of that nodule which revealed nothing more than benign colloid. As such, regular follow-up would be required and predictably in 2007 no untoward findings were detected. I could find no evidence of thyroid nodularity and she continued to demonstrate euthyroidism on Eltroxin 100 ugs. daily.

All in all, apart from regular follow-up, her nodular thyroid disease seems to have recovered and, as such, I can make no recommendations for amendment in her treatment and look forward to updating this report should that be the case.

With Kind Regards,

  
STAN LANDAU

# Dr Kevin Sneider & Associates Inc.

Inc. Registration 2001/00406/21

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30/04/2005 / 11:32:28 AM

**PATIENT NO: G0071780**

**PATIENT :** MRS KATHY SOMMA (47)  
**REF DOCTOR :** DR A CALDWELL  
**DATE :** 30/04/2005  
**MEDICAL AID SCHEME :** RT1 MEDICAL AID  
**WARD :** PATIENT WAITING

### ULTRASOUND THYROID GLAND

Hypoplastic remnant left lobe of the thyroid, which measures 13.8mm x 6.2mm. There is a history of partial thyroidectomy.

Right thyroid lobe = 3.24cm x 1.6cm.

Lower pole right thyroid lobe shows a central ovoid area of slightly increased echogenicity, which measures approximately 3.3cm x 2.3cm.

At the edge of this laterally, is an irregular hypoechoic area measuring 6.5mm x 4.4mm.

An echogenic septum is running through the centre of it.

Medially, in the lower pole of the right thyroid lobe, there is also an irregular hypoechoic band measuring 8mm x 2.4mm.

Centrally within the midpole of the right thyroid lobe, there is also a 3.4mm x 2.3mm ovoid hypoechoic cystic lesion, with some specks of echogenic foci at the periphery. These are probably calcifications.

The isthmus is normal.

### COMMENT

Ultrasound features suggest an adenomatous goitre of the right thyroid lobe, with areas of haemorrhage and/or necrosis in the lower pole.

The small cyst in the central area of the right midpole may be a colloid cyst.

A thyroid adenoma would also be in the differential diagnosis.

Thyroid nuclear medicine scan with possible FNAB can be performed.

  
**DR MA RICHARDSON**

BK



## PATHOLOGY REPORT

Pr Num : 5201055

**For Doctor**

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**GROUND FLOOR LEICESTER RD**  
**2007 BEDFORD GARDENS**

**Other Doctors**

**Copy : DR STANLEY LANDAU (HOUGH)**

**Patient : KATHY SOMMA**  
**Doctors Ref: 330501094/**  
**Age/Sex/DOB: 47 / F / 19571009**  
**Id Num : 5710090076000**

**Guarantor :**  
**MedAid : CASH**  
**Tel :**  
**(N)**

**Lab Ref : 330501094**  
**MRI No. : LMD4450255**  
**Spec # : 05:LC036031**

**Collection Date : 05/05/05**  
**Received Date : 05/05/05 1208**  
**REPRINT #4 Report Date : 05/05/05 1429**

### CYTOLOGY

**NATURE OF SPECIMEN**

FNA THYROID 4 slides. FNA done in laboratory

**CLINICAL HISTORY**

Previous partial thyroidectomy. Now has recurrent thyromegaly. FNA solid. thyroid nodule right lower pole.

**MICROSCOPIC EXAMINATION**

Several groups of follicle cells  
 Very occasional siderophages  
 Large amount of colloid present  
 Small amount of blood

**CONCLUSION**

**NO MALIGNANT CELLS PRESENT**  
 Features consistent with benign colloid nodule

**Signed (Final):**      Dr Pam Michelow      05/05/05  
 For consultations use direct line (011) 358-0999