Not for Perm	anent Storage in Med	ical Records /	Not Valid for	Signing	
		Requeste	ed by:		
Patient MRN			_		
Date of Service					
Performing Facility Ordering Provider			<u> </u>		
Result Provider Report Name	: :Surgical Report	ICD-0-	3 infiltrating lobula , was \$250.9	w, Nos 8520	1/3
		Site: breast	NOS 650.9	7 he 6/10/	'u
SEE REPORT	•				
	ADDENDUM II		CEDURE DATE	4	
Immunoevaluation us	T #1: COMMENT: ing Assisted Qua mmarized under line 1	antitative Ima		been	
T:			•		
A, B/BPC & C. RIGH	T #1; DIAGNOSIS: ==== T BREAST, MASTECTOMY	WITH SENTINEL	LYMPH NODE BIOF	SY AND	
1 - 9	OW UP AXILLARY DISSEC 9. SEE ORIGINAL DIAC 0. ANCILLARY STUDIES	GNOSIS S: SEE BELOW		7	
Test Staining	ASSAY RESUL g Intensity % Pos	_TS sitive Avg	Prognostic Sig	nificance	
ER N/A PR N/A		66% 7%	Favorable Favorable		
Her2/neu 0.4		N/A	Normal Lin	nit	
K1-67 N/A	REFERENCE F	L1% RANGES	Borderline		
Test Favor	able Border		Unfavorable		
ER >5% PR >5%			<5% <5%		
Her2/neu <2.0			>2.0		
Ki-67 <10% A-MALIGNANT	>10% -	<20%	>20%		
	MD (Electronic Signature	e)			
	SURGICAL PATHO	LOGY REPORT	-		
			CEDURE DATE:		
SPECIMEN DESCR	IPTION: ======		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	SENTINEL LYMPH NODE,	BPC			ŀ
C. RIGHT AXILLARY N PRE-OPERATIVE D		;=====================================	Criteria Diagnosis Discrepancy	Yes	*
Right breast carcino	oma	. <del>-</del>	Primery Tumor Site Discrepancy HIPAA Discrepancy		*
==== POST-OPERATIVE Same, pending pathol	DIAGNOSIS: ======== logy consultation		Prior Malignancy History  Dual/Synchronous Primary Noted  Casets (circle): QUALIFIED	DISQUALIFIED	±⋠
	1ATION: =======	-   文章 三章 -	Reviews Intiles	Wiewed: 43	#



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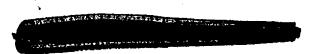
Patient MRN

:Surgical Report

Right breast, upper outer quadrant, needle aspirate biopsy diagnosed as fibrocystic change, proliferative ductal epithelium, fibrosis, and scattered inconspicuous atypical cells suspicious for lobular carcinoma.

BPC DIAGNOSIS: "(Smear) Lymph node positive for carcinoma" by Dr

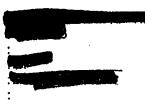
GROSS DESCRIPTION: ========= A. The specimen consists of the right breast, measuring  $21 \times 20 \times 5.5$  cm and weighing 1067 grams. No axillary tail is attached. No orientation is provided. The breast is covered with an ellipse of tan-white skin, measuring  $17 \times 7$  cm. The nipple is retracted and measures 0.8  $\times$  0.8  $\times$  0.4 cm. No discrete ulceration, fissure, or exudate is identified. The nipple is surrounded by unremarkable tan-brown areola. Approximately 2.2 cm away from the nipple is a poorly defined, slightly raised tan-brown area, measuring  $\phi$ .7 x 0.6 cm. No discrete scar is identified. The deep surface reveals a large mechanical defect, measuring 5 x 2 cm and 3 cm in depth. The specimen appears to have been sectioned by the surgeon. The deep surface is inked black and the specimen is serially sectioned. The sections show a very poorly circumscribed, tan-white fibrotic area, measuring approximately 4.5 x 3.5 k 3.5 cm. The fibrotic area reveals a well defined irregular mass, measuring  $2.5 \times 2.0 \times 1.6$  cm and a hemorrhagic area, measuring 0.7 cm in greatest dimension. The mass is composed of tan-white firm tissue and is approximately 1.4 cm from the deep margin. One possible intramammary lymph node, measuring 1.2 cm in greatest dimension, is identified. The lymph node is bisected and no discrete neoplastic involvement is present. The surgical resection margins are unremarkable. Separately received in the same container are five portions of irregular tan-yellow adipose tissue, measuring  $5 \times 5 \times 1$  cm in aggregate. No discrete lesion or lymph node is identified in the separate portions. Representative sections are submitted in thirteen cassettes as follows: cassette 1 - mass with deep margin; cassettes 2 and 3 - additional sections of mass; cassettes 4 through 6 - random sections from the fibrotic area, away from the mass; cassettes 7 through 10 - sections from the four quadrants; cassette 11 - lymph node: cassette 12 - nipple and tan-brown area of the skin; cassette 13 - random sections from the separate portions. B/BPC. The specimen consists of one portion of tan-yellow adipose tissue, measuring  $5 \times 4 \times 2$  cm. The specimen has been bisected in pathology consultation. The specimen is serially sectioned and four possible lymph nodes, ranging from 0.5 cm to 2.5 cm in greatest dimension, are identified The two largest lymph nodes appear to be involved by neoplasm. Representative sections are submitted in three cassettes as follows: cassette 1 - two intact lymph nodes; cassette 2 - one lymph node; cassette 3 - one lymph node. C. The specimen consists of multiple portions of tan-yellow adipose tissue,



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:Surgical Report

measuring  $8 \times 8 \times 2$  cm in aggregate. On palpation, fifteen possible lymph nodes, ranging from 0.2 cm to 1.5 cm in greatest dimension, are identified. Three lymph nodes are grossly involved by neoplasm. Representative sections are submitted in four cassettes as follows: cassette 1 - six intact lymph nodes: cassette 2 - one bisected lymph node; cassette 3 - three lymph nodes; cassette 4 - five intact lymph nodes.

==== MICROSCOPIC DESCRIPTION: =========== A, B/BPC, & C. Serial sections in twenty slides are examined. Sections from specimen A show breast within an extensively infiltrating mammary lobular carcinoma, focally with pleomorphic features. Tumor is widely infiltrative; closest approach to deep margin is approximately 9 mm. Maximum tumor size is difficult to assess on glass slides alone, but combining the grossly evident tumor mass with the additional fibrotic areas, all of which are involved by carcinoma of the gross impression of up to 4.5 cm is felt to be accurate as a true assessment of the infiltrative tumor. The intramammary lymph node sampled in block All, as well as seventeen additional lymph nodes submitted as parts B/BPC & C are all extensively involved by metastatic carcinoma morphologically identical to the mammary primary. There is also evidence of extranodal spread involving the soft tissue surrounding several of the lymph nodes.

==== FINAL DIAGNOSIS: ======

RIGHT BREAST! MASTECTOMY WITH SENTINEL LYMPH NODE BIOPSY AND A. B/BPC & C. FOLLOW UP AXILLARY DISSECTION:

TUMOR TYPE: INFILTRATING CARCINOMA, LOBULAR PHENOTYPE

NOTTINGHAM PROGNOSTIC INDEX/GRADE: II (TUBULE SCORE - 3; NUCLEAR SCORE - 3;

MITOTIC SCORE - 1)

MAXIMUM INVASIVE TUMOR SIZE: APPROXIMATELY 4.5 CM, GROSS PLUS MICROSCOPIC DATA COMBINED: SEE DESCRIPTION

PERCENT DCIS: NOT APPLICABLE 4.

5. LYMPHVASCULAR INVASION: NONE SEEN

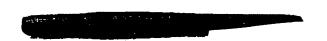
DISTANCE TO CLOSEST MARGIN: 9 MM, DEEP, BLOCK A1

MICROCALCIFICATIONS: NOT APPLICABLE 7.

LYMPH NODES: EIGHTEEN OF EIGHTEEN LYMPH NODES INVOLVED BY METASTATIC CARCINOMA WITH EXTRANODAL SPREAD OF TUMOR

TNM STATUS: pT3.N3a,MX

10. ANCILLARY STUDIES: IMMUNOHISTOCHEMICAL EVALUATION IS PENDING: AN ADDENDUM REPORT WILL BE



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**ISSUED** 

COMMENT: The fine needle aspiration report from

is reviewed in conjunction

with the slides. A-MAI IGNANT

(Electronic Signature)

DATE AND TIME OF REPURT: