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Requested by:

Patient

MRN

Date of Service

Performing Facility

Ordering Provider

Result Provider

Report Name

:Surgical Report

1CD-0-3  
carcinoma, infiltrating lobular, NOS 8520/3  
Site: breast, NOS C50.9 In 6/10/11

SEE REPORT

ADDENDUM INFORMATION

PROCEDURE DATE:

----- ADDENDUM REPORT #1: COMMENT: -----

Immunoevaluation using Assisted Quantitative Image Analysis has been completed and is summarized under line 10 of the diagnosis below.

T:

----- ADDENDUM REPORT #1: DIAGNOSIS: -----

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

1 - 9. SEE ORIGINAL DIAGNOSIS

10. ANCILLARY STUDIES: SEE BELOW

ASSAY RESULTS

Test	Staining Intensity	% Positive Avg	Prognostic Significance
ER	N/A	66%	Favorable
PR	N/A	7%	Favorable
Her2/neu	0.4	N/A	Normal Limit
Ki-67	N/A	11%	Borderline

REFERENCE RANGES

Test	Favorable	Borderline	Unfavorable
ER	>5%		<5%
PR	>5%		<5%
Her2/neu	<2.0		>2.0
Ki-67	<10%	>10% - <20%	>20%

A-MALIGNANT

MD

T:

(Electronic Signature)

SURGICAL PATHOLOGY REPORT

PROCEDURE DATE:

----- SPECIMEN DESCRIPTION: -----

A. RIGHT BREAST  
B. RIGHT AXILLARY SENTINEL LYMPH NODE, BPC  
C. RIGHT AXILLARY NODE

----- PRE-OPERATIVE DIAGNOSIS: -----

Right breast carcinoma

----- POST-OPERATIVE DIAGNOSIS: -----

Same, pending pathology consultation

----- CLINICAL INFORMATION: -----

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Cases (date)	QUALIFIED	DISQUALIFIED
Reviewed (date)	6/3/11	

[REDACTED]

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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.

----- INTRAOPERATIVE CONSULTATION: -----

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

----- GROSS DESCRIPTION: -----

A. The specimen consists of the right breast, measuring 21 x 20 x 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 x 7 cm. The nipple is retracted and measures 0.8 x 0.8 x 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 0.7 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 x 3.5 cm. The fibrotic area reveals a well defined irregular mass, measuring 2.5 x 2.0 x 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 x 5 x 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 x 4 x 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,

[REDACTED]

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Ordering Provider : [REDACTED]  
Result Provider : [REDACTED]  
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measuring 8 x 8 x 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 A11, 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.

T:

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

- A, B/BPC & C. RIGHT BREAST! MASTECTOMY WITH SENTINEL LYMPH NODE BIOPSY AND FOLLOW UP AXILLARY DISSECTION:
1. TUMOR TYPE: INFILTRATING CARCINOMA, LOBULAR PHENOTYPE \*
  2. NOTTINGHAM PROGNOSTIC INDEX/GRADE: II (TUBULE SCORE - 3;  
NUCLEAR SCORE - 3;  
MITOTIC SCORE - 1)
  3. MAXIMUM INVASIVE TUMOR SIZE: APPROXIMATELY 4.5 CM, GROSS  
PLUS MICROSCOPIC DATA  
COMBINED; SEE DESCRIPTION
  4. PERCENT DCIS: NOT APPLICABLE
  5. LYMPHAVASCULAR INVASION: NONE SEEN
  6. DISTANCE TO CLOSEST MARGIN: 9 MM, DEEP, BLOCK A1
  7. MICROCALCIFICATIONS: NOT APPLICABLE
  8. LYMPH NODES: EIGHTEEN OF EIGHTEEN LYMPH NODES INVOLVED BY  
METASTATIC CARCINOMA WITH EXTRANODAL SPREAD  
OF TUMOR
  9. TNM STATUS: pT3,N3a,MX
  10. ANCILLARY STUDIES: IMMUNOHISTOCHEMICAL EVALUATION IS  
PENDING; AN ADDENDUM REPORT WILL BE

[REDACTED]

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ISSUED

COMMENT: The fine needle aspiration report from [REDACTED] is reviewed in conjunction with the slides.  
A-MALIGNANT

[REDACTED]  
(Electronic Signature)

DATE AND TIME OF REPORT: