

SURGICAL PATHOLOGY REPORT

Patient: FMP/SSN:

DOB/Age/Sex: Location: Physician(s): (Age

Race

Specimen #:

Taken: Received: Reported:

SPECIMEN:

A: SENTINEL NODE #1 B: LEFT BREAST TISSUE

100-0-3

carcinona, Infiltrating,

8600/3

FINAL DIAGNOSIS:

site: breast, NOS C50,9

A. LYMPH NODE, SENTINEL #1, BIOPSY:

5-23-1200

- ONE (1) LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA BY H&E AND IMMUNOSTAINS.
- B. BREAST, LEFT, MASTECTOMY:
 - TUMOR TYPE: INFILTRATING DUCTAL CARCINOMA.
 - NOTTINGHAM GRADE: 3 OUT OF 3.
 - NOTTINGHAM SCORE: 8 OUT OF 9 (Tubules= 3, Nuclei= 2, Mitoses= 3 mitotic count 22 per 10 HPF at 40x power)
 - TUMOR SIZE (GREATEST DIMENSION): 2.2 CM (MEASURED GROSSLY)
 - TUMOR NECROSIS: PRESENT IN BOTH THE INVASIVE AND IN SITU COMPONENTS.
 - MICROCALCIFICATIONS: ABSENT.
 - VENOUS / LYMPHATIC INVASION: ABSENT.
 - MARGINS: NEGATIVE.
 - DISTANCE OF TUMOR FROM NEAREST MARGIN IS 0.1 CM, FROM THE SUPERFICIAL (GREEN INKED) MARGIN. (MEASURED MICROSCOPICALLY) (SLIDE B6)
 - INTRADUCTAL COMPONENT: PRESENT. DUCTAL CARCINOMA; HIGH NUCLEAR GRADE (GRADE III); SOLID SUBTYPE WITH CENTRAL NECROSIS.
 - LYMPH NODES: ONE (1) NEGATIVE FOR TUMOR. (SEE PART A)
 - NIPPLE INVOLVEMENT: ABSENT.
 - SKIN INVOLVEMENT: ABSENT.
 - MULTICENTRICITY: ABSENT.
 - ESTROGEN RECEPTORS: NEGATIVE (SEE CASE
 - PROGESTERONE RECEPTORS: NEGATIVE (SEE CASE
 - HER 2 NEU by IHC: NEGATIVE (SEE CASE
 - PATHOLOGIC STAGE: pT2 NO(1-) MX
 - ADDITIONAL PATHOLOGIC CHANGES:
 - * INTRADUCTAL PAPILLOMA.
 - * FIBROADENOMATOUS CHANGES.
 - * FIBROCYSTIC CHANGES.

COMMENT: Cytokeratin staining of part A supports the above diagnosis. This case received prospective intradepartmental peer review.

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Patient:	Specimen #:
FINAL DIAGNOSIS (continued):	
**	Report Electronically Signed Out **
CLINICAL DIAGNOSIS AND HISTORY: yr old with left breas	st cancer
PRE-OPERATIVE DIAGNOSIS: none provided	
POST-OPERATIVE DIAGNOSIS: none provided	
1152 hours" is a 2.5 x 2.5 x 0.7 Sectioning reveals a 2.5 x 1.5 x adipose tissue. The specimen is Cassette Summary: A1- sentinel **At the time of submission the approximately 23 hours**** **Ma	ch markings; suture marks hottest point at communication of soft tissue. 7 cm irregular portion of soft tissue. 8 0.5 cm pink-tan lymph node with attached sentirely submitted as follows: 1 lymph node; A2- adipose tissue. 1 specimen will have been in formalin for atched sections of cassette A1 are col.****
468 gm left mastectomy specimen superior aspect and long stitch measures 20.0 cm from superior that lateral by 3.0 cm from anterior ellipse measures 9.5 x 3.5 cm are everted nipple free of discharge the left outer quadrant superfice sectioning reveals a well-circum lower outer quadrant located 0.3 from the deep margin. The cut of congested. The remainder of the distributed pink-tan fibrous tisting the superior of the distributed pink-tan fibrous tisting the superior of the superior of the distributed pink-tan fibrous tisting the superior of the superio	oriented with a short stitch at the at the lateral aspect. The specimen to inferior by 18.0 cm from medial to to posterior. The darkly pigmented skin and displays a 1.5 cm centrally located, and the deep margin is inked in black, and cial margin is inked in green. Serial ascribed 2.2 x 2.0 x 1.8 cm mass in the superficial margin and 0.7 cm surface is firm gritty pink-red and focally a specimen is composed of evenly

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Date & a second	
Patient:	 Specimen #:
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GROSS DESCRIPTION (continued):

Representative sections are submitted. At the time of submission the specimen has fixed in formalin for approximately 21 hours.

Cassette Summary: B1- skin; B2-B3- lower outer quadrant deep margin; B4-B6- mass with superficial margin; B7- representative section of grossly normal breast parenchyma from the upper outer quadrant; B8- representative section of grossly normal breast parenchyma from the upper inner quadrant; B9 representative section of grossly normal breast parenchyma from the lower inner quadrant; B10- representative section of grossly normal breast parenchyma from the lower outer quadrant; B11- representative section of grossly normal breast parenchyma from the central area; B12- representative section of nipple with associated subcutaneous tissue.

Matched sections of cassette B1, B4-B5, B7-B11 are submitted in OCT for Protocol**.

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