SURGICAL PATHOLOGY REPORT

Patient:

FMP/SSN:

Specimen #:

DOB/Age/Sex:

Location:

(Age: F Race: WHITE

Taken:

Received:

Physician(s):

Reported:

1CD-0-3

SPECIMEN:

Carrinoma, infiltrating ductal, NOS 8500/3 Site: Great, NOS C50.9

A: SENTINEL LYMPH NODE #1 B: SENTINEL LYMPH NODE #2 C: SENTINEL LYMPH NODE #3 D: RIGHT BREAST

FINAL DIAGNOSIS:

A. SENTINEL LYMPH NODE #1, EXCISIONAL BIOPSY: NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.

- B. SENTINEL LYMPH NODE #2, EXCISIONAL BIOPSY: RARE SINGLE CYTOKERATIN POSITIVE CELLS BY IMMUNOHISTOCHEMISTRY, NO GROUPS MEASURING MORE THAN 0.2 MM IN DIAMETER.
- C. SENTINEL LYMPH NODE #3, EXCISIONAL BIOPSY: NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.
- D. BREAST, RIGHT, MASTECTOMY:

INFILTRATING DUCTAL CARCINOMA, POORLY DIFFERENTIATED (BLOOM AND RICHARDSON GRADE: TUBULES=3, NUCLEAR PLEOMORPHISM=3, MITOSES=3, TOTAL

TUMOR SIZE- 4.0 CM.

NO DUCTAL CARCINOMA IN SITU IDENTIFIED.

TUMOR 1.2 CM FROM DEEP MARGIN (NEAREST MARGIN).

NO LYMPH VASCULAR INVASION IDENTIFIED.

EXTENSIVE FIBROCYSTIC CHANGES CONSISTING OF FIBROSIS, ADENOSIS, SCLEROSING ADENOSIS, AND DUCT ECTASIA.

COMMENT: Immunostains for hormone receptors and HER 2 neu were performed on the previous biopsy with the following results:

ESTROGEN RECEPTOR: NEGATIVE. PROGESTERONE RECEPTOR: NEGATIVE.

HER 2 NEU (BY HERCEPTEST): 1+ (NEGATIVE).

The AJCC stage is pT2pN0(i+)MX.



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FINAL DIAGNOSIS (continued):

** Report Flectronically Signed Out **

CLINICAL DIAGNOSIS AND HISTORY:

/ -year-old white female with T2MXNX right breast cancer.

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer.

GROSS DESCRIPTION:

A. Received fresh, labeled with the patient's name,
designated "SENTINEL LYMPH NODE #1 BIOPSY" is a single lymph node
measuring 1.6 x 0.9 x 0.4 cm with an attached portion of fat. A portion of
the lymph node is submitted for CBCP protocol. The remaining tissue is
submitted for microscopic examination. One cassette, none saved.

- B. Received in formalin, labeled with the patient's name,
 , designated "SENTINEL LYMPH NODE #2" consists of a white/tan,
 somewhat fibrous tissue fragment consistent with a lymph node. Sectioning
 reveals a dense, white, fibrous nodule located within the specimen
 measuring 0.8 cm in its greatest dimension. No areas of hemorrhage or
 necrosis are identified. Entirely submitted. One cassette, none saved.
- C. Received in formalin, labeled with the patient's name, designated "SENTINEL LYMPH NODE #3" consists of a tan/brown, irregularly shaped tissue fragment measuring 2.5 x 2.0 x 1.5 cm. Sectioning reveals a tan/brown, unremarkable cut surface. Entirely submitted. Two cassettes, some saved.
- D. Received fresh, labeled with the patient's name, designated "RIGHT BREAST" is an 883.0 gram total mastectomy specimen, measuring 22.0 cm from the superior to inferior margin, 20.5 cm from the medial to the lateral, and 4.7 cm from the posterior margin. The overlying ellipse of nipple bearing skin measuring 4.6 x 4.2 cm and is without obvious scars or other abnormalities. An ink code is as follows: Blue=superior to anterior margin, green=inferior anterior margin, black=posterior margin. Sectioning reveals a well-defined, firm, tan quadrant, approximately 1.5 cm from the mid anterior left upper is mostly fatty with patches of white, fibrous tissue especially Paraffin sections as follows:

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GROSS DESCRIPTION (continued):

D1: Skin and lateral tip.

D2: Tumor.

D3: Fibrous left lower quadrant.

D4: Random section upper inferior quadrant.

D5: Random section upper most quadrant.

D6: Fibrous sections of the tumor.

D7: Section of nipple and underlying connective tissue.

D8: Tumor deep margin. D9: Tumor deep margin.

D10: Tumor deep margin. 10 CASSETTES

