

PATHOLOGY REPORT

PATIENT NAME:	Rodriguez, Maria	MRN:	MGH5647382
DOB:	06/22/1954	AGE:	69 F
ACCESSION #:	MGP24-0815 (Test No. G-3155/12)	COLLECTED:	(Not Specified)
RECEIVED:	04/19/2024	REPORTED:	04/22/2024
PHYSICIAN:	Dr. Patel (General Surgery)		

SPECIMEN(S):

1. Material: stomach, Method of collection: Lesion resection.

CLINICAL DIAGNOSIS:
(Not Provided)

HISTOPATHOLOGICAL DIAGNOSIS:

1. Stomach, Resection:
- Adenocarcinoma, tubular type, poorly differentiated (G3).
 - Lauren Classification: Intestinal type.
 - Depth of Invasion: Tumor extends to the peritoneal surface (pT3).
 - Margins: Surgical incision lines free of neoplastic lesions.
 - Lymph Nodes: Not identified/submitted (pN0 - per diagnosis line, requires confirmation).
 - Background Mucosa: Chronic inflammation with focal intestinal metaplasia.
 - Omentum: Adjacent part of the omentum free of cancerous lesions.
 - Pathologic Stage (AJCC 8th Ed., Assuming pN0): pT3 pN0 MX

MACROSCOPIC DESCRIPTION:

The specimen containing the stomach, after being incised along the greater curvature sized 18.5 X 16cm with the omentum sized 30 X 16cm. Cauliflower-shaped tumour on the greater curvature sized 5.5 X 4.5 X 2.4 cm. Distance from the proximal end: 8.0cm, from distal end: 5.0cm. Cancerous proliferation reaches the peritoneal surface of the stomach. Surgical incision lines appear free of neoplastic lesions. Mucosa outside the tumour shows features suggestive of chronic inflammation. Adjacent part of the omentum appears free of cancerous lesions.

MICROSCOPIC DESCRIPTION:

Sections reveal gastric mucosa infiltrated by poorly differentiated adenocarcinoma forming tubular structures (Grade 3). The tumor exhibits features consistent with Lauren intestinal type. Neoplastic cells deeply invade the gastric wall, reaching the serosal (peritoneal) surface. Surgical margins are uninvolved by carcinoma. The background gastric mucosa shows chronic inflammation and areas of focal intestinal metaplasia. Submitted omental tissue is free of tumor. No lymph nodes were identified in the examined sections.

Electronically Signed: Dr. Kenji Tanaka, MD | Date: 22/04/2024 09:15