

SURGICAL PATHOLOGY REPORT

PATIENT:	Coleman, Brenda R.	DATE OF BIRTH:	08/21/1957
MEDICAL RECORD NUMBER:	MRN8877654	GENDER:	Female
SPECIMEN COLLECTION DATE/TIME:	04/19/2024 10:00h	CASE NUMBER:	SP-24-1100
SPECIMEN RECEIPT DATE/TIME:	04/19/2024 11:15h		
ORDERING PHYSICIAN:	Dr. Marcus Chen (Colorectal Surgery)		

SPECIMEN LABEL(s):

A: Right colon

PATIENT HISTORY:

66-year-old female S/P colonoscopy identifying cecal mass.

PRE-OPERATIVE DIAGNOSIS:

Carcinoma right colon.

DIAGNOSIS:

A. Colon, Right, Hemicolectomy:

- Invasive Adenocarcinoma with Mucinous Differentiation, Moderately Differentiated (Grade 2).

- **Tumor Size:** Greatest dimension 4.4 cm.
  - **Extent of Invasion:** Tumor invades through the muscularis propria into the pericolic fat (pT3).
  - **Margins:**
    - Proximal Margin (Terminal Ileum): Negative for carcinoma.
    - Distal Margin (Colon): Negative for carcinoma.
    - Circumferential (Radial/Mesenteric) Margin: Negative for carcinoma (>0.1 cm from tumor).
  - **Vascular Invasion:** Negative.
  - **Perineural Invasion:** Not identified.
  - **Regional Lymph Nodes:** Negative for metastatic carcinoma in **24** lymph nodes examined (0/24) (pN0).
  - **Pathologic Stage (AJCC 8th Ed.):** **pT3 pN0 MX** (M status cannot be assessed from this specimen).
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**NOTE:**

The tumor demonstrates features of conventional colonic adenocarcinoma with associated mucinous differentiation. No evidence of lymphovascular or perineural invasion identified. All resection margins are uninvolved by carcinoma. All examined lymph nodes are negative for metastasis. Consider mismatch repair protein testing per institutional guidelines/clinical context.

**GROSS DESCRIPTION:**

Received fresh labeled "right colon" is a previously unopened 15 cm segment of proximal right colon with attached 15 cm distal ileum surfaced by smooth to scabrous tan pink serosa with a copious amount of attached mesocolon and mesentery. No appendix is present. The proximal and distal margins measure 3.2 and 5.2 cm in circumference respectively. On opening there is a well circumscribed, 4.4 x 4.0 cm rubbery tan white-red tumor mass within the cecal pouch, 1 cm distal to the ileocecal valve. A portion of tumor and a portion of normal are submitted for tissue procurement as requested. On sectioning, the tumor has a maximal thickness of 1.1 cm, grossly extending through the muscularis to within 0.1 cm of the inked free serosal surface. The ileal mucosa and remaining colonic mucosa is unremarkable glistening tan pink with irregular folds and the walls average 0.5 cm in thickness. Multiple soft pale tan to tan pink tissues in keeping with lymph nodes measuring up to 1.4 cm in greatest dimension are recovered from the attached mesocolon and mesentery. Representative sections are submitted.

*Block Summary:* 1 - Proximal and distal margins; 2-4 - tumor full thickness to inked free radial serosal surface; 5 - tumor to normal; 6 - ileum; 7 - ICV [Ileocecal Valve]; 8 - colon; 9 and 10 -

eight whole lymph nodes per cassette; 11 - six whole lymph nodes; 12 and 13 - one bisected lymph node per cassette.

**MICROSCOPIC DESCRIPTION:**

Sections show invasive adenocarcinoma characterized by glandular and focal mucinous differentiation. The glandular component shows moderately differentiated features (Grade 2) with irregular gland formation infiltrating through the muscularis propria into the subserosal/pericolic adipose tissue. The tumor cells exhibit enlarged, pleomorphic nuclei with irregular chromatin and conspicuous nucleoli. Mitotic figures are present. Pools of extracellular mucin containing floating clusters of tumor cells are also noted (mucinous component). There is associated desmoplastic stromal response. Lymphovascular invasion and perineural invasion are not identified. The proximal, distal, and radial (circumferential) margins are free of carcinoma. A total of 24 lymph nodes examined are negative for metastatic carcinoma, showing only reactive changes. Sections of uninvolved colon, terminal ileum, and appendix (if present in sections) are unremarkable.

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**Electronically Signed:** Dr. James Peterson, MD - Staff Pathologist | **Date/Time:** 21/04/2024 11:45h