

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-72397

DATE OF PROCEDURE: 05/03/2025

DATE OF REPORT: 05/06/2025

REQUESTING PHYSICIAN: Dr. Sarah Williams, Gastroenterology

PATHOLOGIST: Dr. Lisa Anderson, Anatomic Pathology

CLINICAL HISTORY:

44 year old male with 2 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed normal mucosa with minimal erythema. Clinical suspicion for ulcerative colitis.

SPECIMEN RECEIVED:

- A. Rectum, biopsy
- B. Sigmoid colon, biopsy
- C. Descending colon, biopsy
- D. Transverse colon, biopsy
- E. Ascending colon, biopsy
- F. Terminal ileum, biopsy

GROSS DESCRIPTION:

- A. Received in formalin labeled "rectum" are 4 tan-pink tissue fragments measuring 4 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 3 tan-pink tissue fragments measuring 2 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 4 tan-pink tissue fragments measuring 4 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 3 mm in aggregate.
- F. Received in formalin labeled "terminal ileum" are 4 tan-pink tissue fragments measuring 6 mm in aggregate.

All specimens are entirely submitted in 3 cassette(s).

MICROSCOPIC DESCRIPTION:

- A. Rectal mucosa shows mild reactive changes with no significant cryptitis. The inflammatory process is limited to the mucosa without evidence of granulomas.
- B. Sigmoid colonic mucosa shows mild reactive changes with no cryptitis. The inflammatory process is limited to the mucosa without evidence of granulomas.

C. Descending colonic mucosa shows mild reactive changes with no cryptitis. The inflammatory process is limited to the mucosa without evidence of granulomas.

D. Transverse colonic mucosa shows unremarkable with no significant cryptitis. The inflammatory process is limited to the mucosa without evidence of granulomas.

E. Ascending colonic mucosa shows unremarkable with minimal cryptitis. The inflammatory process is limited to the mucosa without evidence of granulomas.

F. Terminal ileal mucosa shows normal small intestinal mucosa with preserved villous architecture. No evidence of chronic inflammatory bowel disease identified in this section.

DIAGNOSIS:

A. Rectum, biopsy:

- unremarkable active chronic colitis with ['normal architecture', 'preserved architecture', 'normal crypt architecture', 'appropriate crypt architecture']
- unremarkable within normal limits
- No dysplasia identified
- No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

- unremarkable active chronic colitis with ['normal architecture', 'preserved architecture', 'normal crypt architecture', 'appropriate crypt architecture']
- unremarkable within normal limits
- No dysplasia identified

C-E. Descending, transverse, and ascending colon, biopsies:

- minimal active chronic colitis with crypt architectural distortion
- Features within normal limits
- No dysplasia identified

F. Terminal ileum, biopsy:

- Normal mucosa
- No evidence of inflammatory bowel disease

COMMENT:

The histologic findings show a pattern of minimal to no chronic active colitis with minimal changes. The absence of granulomas, transmural inflammation, and terminal ileal involvement are features favoring ulcerative colitis over Crohn's disease. Correlation with clinical, endoscopic, and radiologic findings is recommended for definitive classification.

SPECIAL STUDIES:

No special stains were performed.

This is a synthetic educational pathology report created for AI training purposes. It does not represent a real patient case.