

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-62622

**DATE OF PROCEDURE:** 04/26/2025

**DATE OF REPORT:** 04/30/2025

**REQUESTING PHYSICIAN:** Dr. Barbara Smith, Gastroenterology

**PATHOLOGIST:** Dr. Andrew Diaz, Anatomic Pathology

## **CLINICAL HISTORY:**

60 year old male with 1 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed moderate inflammation with patchy erosions from rectum to splenic flexure. 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 5 tan-pink tissue fragments measuring 6 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 2 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 6 tan-pink tissue fragments measuring 4 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.

All specimens are entirely submitted in 6 cassette(s).

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows moderate to severe active chronic inflammation with crypt architectural distortion, lamina propria plasma cells, and basal plasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Marked decrease in goblet cell population.

B. Sigmoid colonic mucosa shows severe active chronic inflammation with diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

C. Descending colonic mucosa shows moderate to severe active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. No evidence of dysplasia is identified.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Mucosal edema and congestion are present.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. No evidence of dysplasia is identified.

F. Terminal ileal mucosa shows essentially normal ileal mucosa with intact villous architecture and no active inflammation. No evidence of chronic inflammatory bowel disease identified in this section.

## **DIAGNOSIS:**

### ***A. Rectum, biopsy:***

- moderate to severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- moderate to severe consistent with ulcerative colitis
- No dysplasia identified
- No evidence of cytomegalovirus (CMV) infection

### ***B. Sigmoid colon, biopsy:***

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- severe consistent with ulcerative colitis
- No dysplasia identified

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

- moderate to severe active chronic colitis with crypt architectural distortion
- Features consistent with ulcerative colitis
- No dysplasia identified

### ***F. Terminal ileum, biopsy:***

- Mild non-specific inflammation
- No evidence of inflammatory bowel disease

## **COMMENT:**

The histologic findings show a pattern of continuous chronic active colitis with greatest severity in the distal colon and rectum, with relative sparing of the proximal colon. 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. Clinical correlation and follow-up biopsies are recommended to monitor disease activity and treatment response.

## **SPECIAL STUDIES:**

Cytomegalovirus (CMV) immunohistochemistry is negative for viral inclusions.

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