SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-30228

DATE OF PROCEDURE: 05/19/2025

DATE OF REPORT: 05/21/2025

REQUESTING PHYSICIAN: Dr. Shelley Vaughn, Gastroenterology

PATHOLOGIST: Dr. Daniel Black, Anatomic Pathology

CLINICAL HISTORY:

38 year old female with 1 year history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed moderate erythema and loss of vascular pattern from rectum to descending colon. 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 7 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 4 mm in aggregate.

C. Received in formalin labeled "descending colon" are 2 tan-pink tissue fragments measuring 2 mm in aggregate.

D. Received in formalin labeled "transverse colon" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 3 tan-pink tissue fragments measuring 7 mm in aggregate.

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

All specimens are entirely submitted in 5 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate active chronic inflammation with severe cryptitis, crypt branching and atrophy. The inflammatory process is limited to the mucosa without evidence of granulomas. Paneth cell metaplasia is noted

B. Sigmoid colonic mucosa shows moderate chronic colitis with severe cryptitis, marked crypt distortion. The inflammatory process is limited to the mucosa without evidence of granulomas.

C. Descending colonic mucosa shows moderate chronic colitis with severe cryptitis, crypt branching and atrophy. The inflammatory process is limited to the mucosa without evidence of granulomas.

D. Transverse colonic mucosa shows moderate chronic colitis with severe cryptitis, crypt architectural distortion. The inflammatory process is limited to the mucosa without evidence of granulomas. Basal plasmacytosis is prominent

E. Ascending colonic mucosa shows moderate active chronic inflammation with severe cryptitis, marked crypt distortion. The inflammatory process is limited to the mucosa without evidence of granulomas.

F. Terminal ileal mucosa shows mild reactive changes. No evidence of chronic inflammatory bowel disease identified in this section.

DIAGNOSIS:

A. Rectum, biopsy:

• moderate active chronic colitis with ['crypt architectural distortion', 'marked crypt distortion', 'crypt branching and atrophy', 'diffuse crypt architectural distortion']

• moderate consistent with ulcerative colitis

• No dysplasia identified

• No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

• moderate active chronic colitis with ['crypt architectural distortion', 'marked crypt distortion', 'crypt branching and atrophy', 'diffuse crypt architectural distortion']

• moderate consistent with ulcerative colitis

• No dysplasia identified

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

• moderate 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.

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.