SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-13607

DATE OF PROCEDURE: 05/21/2025

DATE OF REPORT: 05/25/2025

REQUESTING PHYSICIAN: Dr. Sarah Williams, Gastroenterology

PATHOLOGIST: Dr. Jennifer Lee, Anatomic Pathology

CLINICAL HISTORY:

55 year old male with recent onset history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed mild erythema and granularity limited to rectum and sigmoid 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 6 tan-pink tissue fragments measuring 2 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 3 tan-pink tissue fragments measuring 5 mm in aggregate.

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

D. Received in formalin labeled "transverse colon" are 3 tan-pink tissue fragments measuring 2 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 6 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 3 tan-pink tissue fragments measuring 6 mm in aggregate.

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

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows mild chronic colitis with mild neutrophilic cryptitis, minimal crypt architectural distortion. The inflammatory process is limited to the mucosa without evidence of granulomas.

B. Sigmoid colonic mucosa shows minimal to mild inflammation with minimal cryptitis, preserved crypt architecture. The inflammatory process is limited to the mucosa without evidence of granulomas.

C. Descending colonic mucosa shows mild active chronic inflammation with mild neutrophilic cryptitis, preserved crypt architecture. The inflammatory process is limited to the mucosa without evidence of granulomas.

D. Transverse colonic mucosa shows mild active chronic inflammation with mild neutrophilic cryptitis, focal crypt distortion. The inflammatory process is limited to the mucosa without evidence of granulomas.

E. Ascending colonic mucosa shows minimal to mild inflammation with minimal cryptitis, preserved crypt architecture. 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:

• mild active chronic colitis with ['minimal crypt architectural distortion', 'focal crypt distortion', 'mild architectural changes', 'preserved crypt architecture']

• mild consistent with mild ulcerative colitis

• No dysplasia identified

• No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

• mild active chronic colitis with ['minimal crypt architectural distortion', 'focal crypt distortion', 'mild architectural changes', 'preserved crypt architecture']

• mild consistent with mild ulcerative colitis

• No dysplasia identified

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

• mild to moderate active chronic colitis with crypt architectural distortion

• Features consistent with mild 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.