SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-54297

DATE OF PROCEDURE: 05/30/2025

DATE OF REPORT: 06/03/2025

REQUESTING PHYSICIAN: Dr. Claudia Mitchell, Gastroenterology

PATHOLOGIST: Dr. Daniel Black, Anatomic Pathology

CLINICAL HISTORY:

43 year old male 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 4 tan-pink tissue fragments measuring 7 mm in aggregate.

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

C. Received in formalin labeled "descending colon" are 3 tan-pink tissue fragments measuring 6 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 7 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 2 tan-pink tissue fragments measuring 6 mm in aggregate.

All specimens are entirely submitted in 2 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate active chronic inflammation with diffuse cryptitis, diffuse crypt architectural distortion, and crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Reactive epithelial changes are seen adjacent to areas of active inflammation

B. Sigmoid 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.

C. Descending colonic mucosa shows moderate active chronic inflammation with diffuse neutrophilic cryptitis, crypt architectural distortion. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts

D. Transverse colonic mucosa shows moderate active chronic inflammation with diffuse cryptitis, diffuse crypt architectural distortion, and numerous crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Reactive epithelial changes are seen adjacent to areas of active inflammation

E. Ascending colonic mucosa shows moderate chronic colitis with diffuse cryptitis, crypt architectural distortion, and crypt abscesses. 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 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.