SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-96697

DATE OF PROCEDURE: 04/06/2025

DATE OF REPORT: 04/09/2025

REQUESTING PHYSICIAN: Dr. Sarah Williams, Gastroenterology

PATHOLOGIST: Dr. Brian Wells, Anatomic Pathology

CLINICAL HISTORY:

49 year old male with 1 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed severe ulceration and spontaneous bleeding 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 2 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 3 tan-pink tissue fragments measuring 8 mm in aggregate.

C. Received in formalin labeled "descending colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.

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

E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 2 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 2 tan-pink tissue fragments measuring 8 mm in aggregate.

All specimens are entirely submitted in 1 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows fulminant colitis with extensive cryptitis, extensive architectural distortion, and numerous crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas.

B. Sigmoid colonic mucosa shows fulminant colitis with severe neutrophilic cryptitis, diffuse crypt branching and atrophy, and numerous crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Mucosal edema and congestion are present

C. Descending colonic mucosa shows moderate to severe inflammation with severe diffuse cryptitis, extensive architectural distortion, and extensive crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas.

D. Transverse colonic mucosa shows fulminant colitis with severe neutrophilic cryptitis, extensive architectural distortion, and numerous crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas.

E. Ascending colonic mucosa shows severe active chronic inflammation with severe neutrophilic cryptitis, marked crypt architectural distortion, and diffuse 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:

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

• severe consistent with ulcerative colitis

• No dysplasia identified

• No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

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

• severe consistent with ulcerative colitis

• No dysplasia identified

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

• severe 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.