SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-29713
DATE OF PROCEDURE: 05/02/2025
DATE OF REPORT: 05/05/2025
REQUESTING PHYSICIAN: Dr. Tammy Martinez DVM, Gastroenterology
PATHOLOGIST: Dr. Mr. Shane Barton, Anatomic Pathology

CLINICAL HISTORY:

57 year old female 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 4 tan-pink tissue fragments measuring 5 mm in aggregate.

C. Received in formalin labeled "descending colon" are 2 tan-pink tissue fragments measuring 4 mm in aggregate.

D. Received in formalin labeled "transverse colon" are 4 tan-pink tissue fragments measuring 6 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 4 tan-pink tissue fragments measuring 7 mm in aggregate.

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

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

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows fulminant active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Mucosal edema and congestion are present.

B. Sigmoid colonic 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. Surface epithelium shows reactive changes.

C. Descending colonic mucosa shows moderate to 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. Surface epithelium shows reactive changes.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. Reactive epithelial changes are seen adjacent to areas of active inflammation.

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

F. Terminal ileal mucosa shows normal small intestinal mucosa with preserved villous architecture. No evidence of chronic inflammatory bowel disease identified in this section. In addition to the chronic inflammatory changes, there are numerous neutrophils and pseudomembranes suspicious for superimposed Clostridioides difficile infection.

DIAGNOSIS:

A. Rectum, biopsy:

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

- No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

- moderate to severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- Features suggestive of superimposed Clostridioides difficile infection
- moderate to 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. The pattern of inflammation is consistent with ulcerative colitis as evidenced by the continuous mucosal involvement with greatest intensity distally. The histologic features suggestive of superimposed Clostridioides difficile infection should be correlated with clinical presentation and stool testing.

SPECIAL STUDIES:

CD3 and CD20 immunostains show a normal distribution of T and B lymphocytes without evidence of lymphoma. Gram stain highlights numerous gram-positive bacilli morphologically consistent with Clostridioides difficile.

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