

## SURGICAL PATHOLOGY REPORT

Patient: [REDACTED]  
MR #: [REDACTED]  
DOB/Age/Sex: [REDACTED]  
YNHH Visit #: [REDACTED]  
Submitting Physician: [REDACTED]

Accession #: [REDACTED]  
Taken: [REDACTED]  
Accessioned: [REDACTED]  
Adm-Disch Date: [REDACTED]  
Reported: [REDACTED]

### Clinical Information Provided:

history of AKI and hypercalcemia . + new onset proteinuria

### Specimen(s) Received:

- 1: KIDNEY BIOPSY
- 2: KIDNEY BIOPSY (GLUT)
- 3: KIDNEY BIOPSY (ZEUS)

## FINAL DIAGNOSIS

### KIDNEY, BIOPSY:

- DIFFUSE ACUTE TUBULAR INJURY
- MODERATE ARTERIO- AND ARTERIOLEPHROSCLEROSIS

Note: The preliminary result was discussed with [REDACTED]

### LIGHT MICROSCOPY:

The biopsy consists of one fragment which is stained with H&E, PAS, Trichrome, Jones Silver, and HPS stains. Review of all stains reveals 28 glomeruli, 13 of which are globally sclerotic. The architecture of the kidney is distorted. There is striped interstitial fibrosis with proportional atrophy involving 50% of the biopsy tissue. There is an interstitial infiltrate consisting of lymphocytes and plasma cells involving 10% of the interstitium in scarred areas. There is no tubulitis. The tubules show dilated lumina and acute tubular injury. The glomeruli show mild increase in mesangial cellularity and matrix deposition. The vessels show tortuosity, moderate intimal sclerosis, and hyalinosis.

### IMMUNOFLOUORESCENCE MICROSCOPY:

Frozen sections are stained for IgA, IgG, IgM, C3, C1q, kappa, lambda, and fibrinogen. No glomeruli are present on stained sections for evaluation.

### ELECTRON MICROSCOPY:

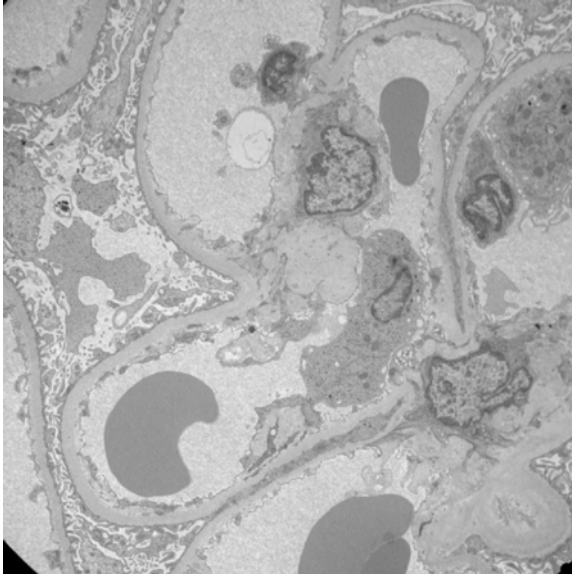
Specimens are prepared for electron microscopy and semi-thin sections stained with toluidine blue are reviewed prior to thin sectioning for ultrastructural examination. Electron microscopy demonstrates patent capillary loops. The glomerular architecture demonstrates thickened basement membranes with increase in lamina rara interna. No subepithelial deposits and no intramembranous deposits are identified. There is microvillous transformation of the podocytes. The tubules show injury. There is global effacement of foot processes. Endothelial cells appear swollen. There are no subendothelial deposits. Mesangial electron dense

deposits are not identified.

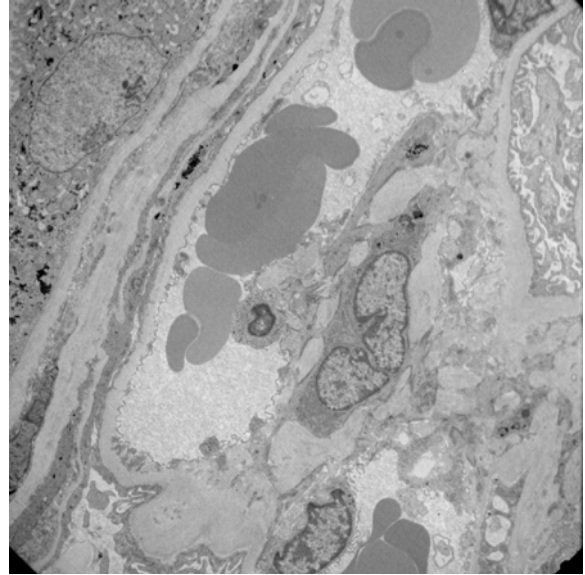
Pathologist: [REDACTED]

**\* Report Electronically Signed Out \***

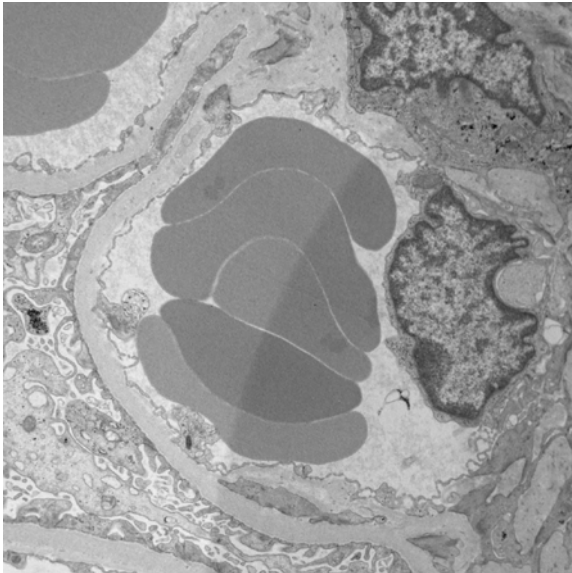
This electronic signature indicates that the pathologist has personally reviewed the available gross and/or microscopic material and has based the diagnosis on that evaluation.



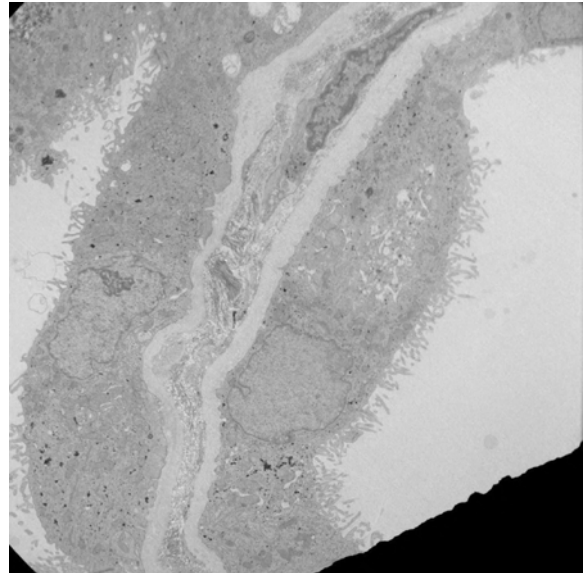
Electron Micrograph



Electron Micrograph

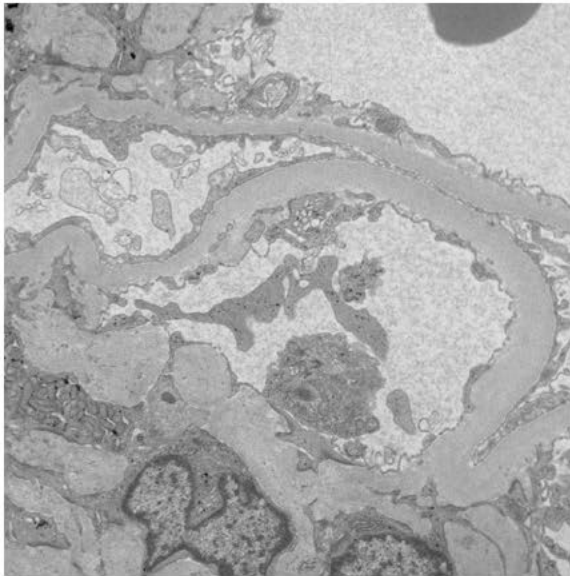


Electron Micrograph

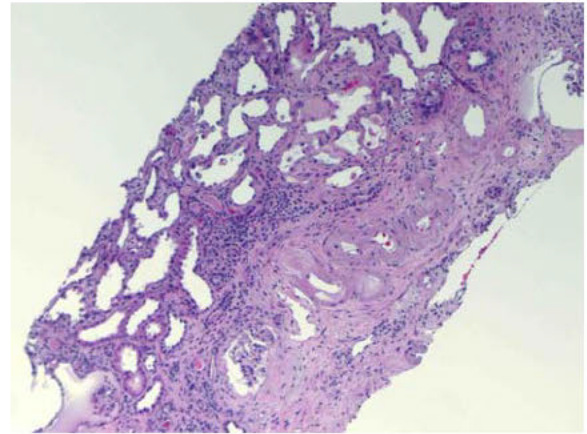


Electron Micrograph

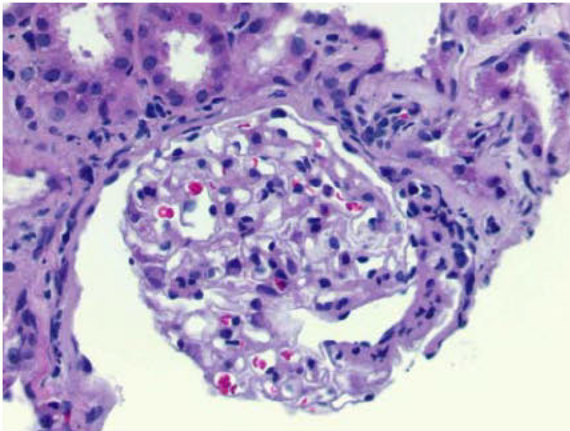




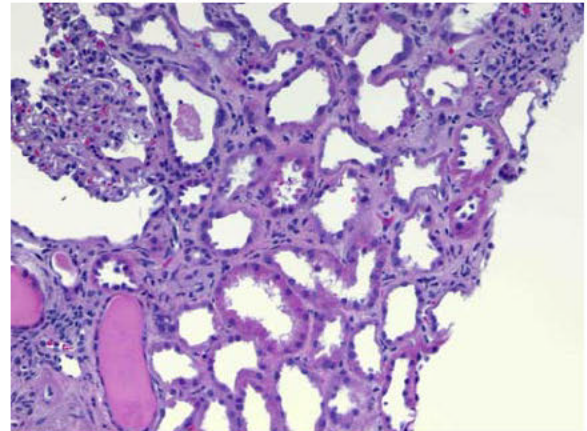
Electron Micrograph



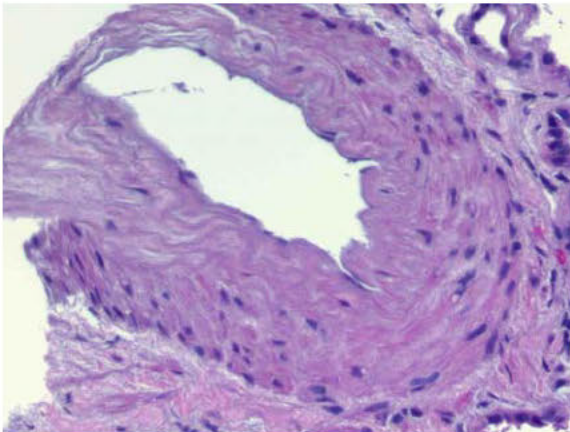
10x



Glom



Interstitium



Vessel

**Gross Description:**

1. Received in formalin, labeled with the patient's name and unit number only is a 1.5 x 0.1 cm tan cylindrical soft tissue which is filtered into a mesh bag and submitted in toto in one cassette.
2. Received in glutaraldehyde, labeled with the patient's name and unit number only is a 0.2 x 0.1 cm tan cylindrical soft tissue which is submitted for electron microscopy studies.

3. Received in Zeus fixative, labeled with the patient's name and unit number only is a 0.3 x 0.1 cm tan-pink cylindrical soft tissue which is submitted for immunofluorescent studies.

**Frozen/Intraoperative Diagnosis: ()**

1-VIAL FOR EM PICKED-UP FROM S/P

Summary of Stains Performed and Reviewed	Count
Hematoxylin-Phloxine B-Safran	1
Jones	1
Periodic Acid Schiff	2
Trichrome, Klatskin	1

Summary of Tissue Submitted for Microscopic Examination	Block Detail		
	<u># Blocks</u>	<u>Designation</u>	<u>#</u> <u>Description</u>
Part 1] KIDNEY BIOPSY	1	[Undes]	(1) (No Description)