



## SUMMIT PATHOLOGY

Office located at Cheyenne Regional Medical Center  
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C. Bee, MD	C. McLaughlin, MD	M. Riley, MD
J. Andersen, MD	A. Libby, MD	C. Salisbury, MD
S. Alam, MD	D. Long, MD	J. Stefka, MD
P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

### ABNORMAL

## SURGICAL PATHOLOGY REPORT

**Patient: MYERS, CONNIE J**

Med Rec#: 183726

PV: 1011853168

DOB: 07/03/1944 Age: 75 Sex: F

Physician(s):

**TETENTA SODIENYE M.D.**

CRMC CHEYENNE REGIONAL MED CENTER

Attn: **WILLIAM KETCHAM**

**Accession #: 12114498**

Date Collected: **06/16/2020**

Date Received: **06/16/2020**

Date Reported: **06/17/2020**

Test Requested: **CRMC Surgical (WY)**

**Result ID: CRS20-1155**

### FINAL DIAGNOSIS:

**LUNG, LEFT UPPER LOBE, NEEDLE CORE BIOPSY:**  
SMALL CELL CARCINOMA (SEE COMMENT).

### COMMENT:

The morphologic and immunostain characteristics of the tumor are those of small cell carcinoma; however, there is no definitive histopathologic evidence that the lesion is a lung primary. Please correlate clinically and with imaging studies to determine if the tumor is consistent with a lung primary. Phoned to Dr. Tetenta 6/17/20.

Phillip J Haberman, MD  
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Daniel Long, MD

**Clinical History:** Lung mass, discussed with Dr. Ketcham.

### GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: MYERS, CONNIE J and labeled "A" are 3 tan-white, cylindrical cores with lengths measuring between 0.9 and 1.5 cm all with an average diameter of less than 0.1 cm. The cores are submitted entirely in blocks A1-A2, block A2 to be conserved.

### INTRAOPERATIVE CONSULT DIAGNOSIS:

Touch Prep: Touch Prep:

Pass 1: Small round blue cells present, favor lymphoid; small cell carcinoma is in the differential diagnosis (9:15)

Pass 2: Small round blue cells present, similar to part A; specimen divided into RPMI and formalin to allow for flow cytometry (9:18)

Pass 3: Similar findings to passes 1-2 with small round blue cells and few epithelial cells with minimal atypia (9:25)

Pass 4: Similar to other passes with small round blue cells and a few bland epithelial cells (9:30)

Results discussed with Dr. Ketcham 6/16/2020 [performed by Daniel Long, MD]



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### MICROSCOPIC DESCRIPTION:

Microscopic examination performed including properly controlled immunostains which are done to help characterize the tumor. The tumor is positive for pancytokeratin, CD56, chromogranin, synaptophysin, and TTF-1 (weak); and negative for p40, CK5/6 and Napsin-A. This staining pattern supports the diagnosis.

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x7, 88172, 88305, 88177 x4, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: Summit Cheyenne 2301 House Ave. Ste 108, Cheyenne, WY 82001