SUMMIT PATHOLOGY
Offices located at Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538
Tel: (970) 624-1500
Fax: (970) 624-1593

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: OWENS, WALTER
Med Rec#: **6989602** PV: **181694917**
DOB: **04/13/1947** Age: **73** Sex: **M**
Physician(s):
SMITH JR. RONALD MD MEDICAL CENTER OF THE ROCKIES

Accession #: 12147576
Date Collected: **08/17/2020**
Date Received: **08/17/2020**
Date Reported: **08/19/2020**

Test Requested: **MCR Surgical** **Result ID: RS20-03280**

FINAL DIAGNOSIS:

A) LYMPH NODE, 11L - INTERLOBAR, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

B) LYMPH NODE, 12L - LOBAR, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

C) LYMPH NODE(S), 10- HILAR, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

D) LYMPH NODE, ADDITIONAL 11L - INTERLOBAR, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

E) LYMPH NODE, ADDITIONAL 12L - LOBAR, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

F) LYMPH NODE, 5 - AP WINDOW, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

G) LUNG, LEFT UPPER LOBE, LOBECTOMY:
POORLY DIFFERENTIATED PULMONARY ADENOCARCINOMA, CONFINED TO THE PULMONARY PARENCHYMA.
1.7 CM IN EXTENT, MARGINS NEGATIVE FOR MALIGNANCY.
AREAS OF SUBPLEURAL FIBROSIS AND EMPHYSEMATOUS CHANGE PRESENT.
SIX LYMPH NODES NEGATIVE FOR MALIGNANCY (0/6); FOCAL HYALINIZED GRANULOMAS PRESENT.
AFB AND GMS STAINS NEGATIVE FOR ACID FAST ORGANISMS OR FUNGI.
SEE SYNOPTIC REPORT BELOW.

SYNOPTIC DIAGNOSIS / CASE SUMMARY: PRIMARY LUNG TUMORS

PROCEDURE: Lobectomy
SPECIMEN LATERALITY: Left
TUMOR SITE: Upper lobe
TOTAL TUMOR SIZE: 1.7 cm
TUMOR FOCALITY: Single focus
HISTOLOGIC TYPE: Adenocarcinoma, acinar type
HISTOLOGIC GRADE: Poorly differentiated
SPREAD THROUGH AIR SPACES (STAS): Absent

SUMMIT PATHOLOGY
Offices located at Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538
Tel: (970) 624-1500
Fax: (970) 624-1593

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: OWENS, WALTER
Med Rec#: **6989602** PV: **181694917**
DOB: **04/13/1947** Age: **73** Sex: **M**
Physician(s):
SMITH JR. RONALD MD MEDICAL CENTER OF THE ROCKIES

Accession #: 12147576
Date Collected: **08/17/2020**
Date Received: **08/17/2020**
Date Reported: **08/19/2020**

VISCERAL PLEURA INVASION: Absent
LYMPHOVASCULAR INVASION: Absent
DIRECT INVASION OF ADJACENT STRUCTURES: Absent

MARGINS:
- ALL MARGINS ARE UNINVOLVED BY INVASIVE CARCINOMA
  - MARGINS EXAMINED: 2.6 from the nearest bronchial and vascular margins, and is 2.8 cm from the parenchymal margin.

REGIONAL LYMPH NODES: Uninvolved
- NUMBER OF LYMPH NODES INVOLVED: 0
- NUMBER OF LYMPH NODES EXAMINED: 12

TREATMENT EFFECT: Not applicable

PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8TH EDITION):
- TNM DESCRIPTORS: none
- PRIMARY TUMOR: pT1b
- REGIONAL LYMPH NODES: pN0
- DISTANT METASTASIS: Requires clinical correlation

ANCILLARY STUDIES: The tumor shows diffuse TTF-1 positivity with negative napsin, patchy ck5/6, and CD56 staining, weak equivocal synaptophysin staining and only focal chromogranin staining. P40 is negative. Collectively these features are consistent with a poorly differentiated adenocarcinoma with focal neuroendocrine differentiation and squamous metaplasia and assist in excluding neuroendocrine carcinoma and squamous cell carcinomas.

Jeremiah Andersen, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Craig L Nerby, MD

Clinical Diagnosis: Adenocarcinoma, upper lobe, left lung.

GROSS DESCRIPTION:

A) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and labeled "1 lymph node 11 L-interlobar" is a 0.9 x 0.8 x 0.6 cm gray-black, rubbery lymph node with a minimal amount of attached tan-brown soft tissue. The lymph node is bisected, and submitted entirely in block A1.

B) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and labeled "2 lymph node 12L -lobar" is a 0.8 x 0.8 x 0.6 cm black-red, rubbery lymph node. The lymph node is bisected, and submitted entirely in block B1.

C) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and

SUMMIT PATHOLOGY
Offices located at Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538
Tel: (970) 624-1500
Fax: (970) 624-1593

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: OWENS, WALTER
Med Rec#: **6989602** PV: **181694917**
DOB: **04/13/1947** Age: **73** Sex: **M**
Physician(s):
SMITH JR. RONALD MD MEDICAL CENTER OF THE ROCKIES

Accession #: 12147576
Date Collected: **08/17/2020**
Date Received: **08/17/2020**
Date Reported: **08/19/2020**

labeled "3 lymph node 10 L-hilar" is a 0.5 x 0.2 x 0.1 cm irregular gray-black soft tissue. The specimen is filtered, and submitted in toto in block C1.

D) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and labeled "4 additional lymph node 11 L interlobar" is a 0.6 x 0.4 x 0.3 cm irregular gray-black lymph node. The specimen is submitted entirely, intact in block D1.

E) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and labeled "5 additional lymph node 12L- lobar" is a 0.9 x 0.7 x 0.5 cm gray-black lymph node with a minimal amount of attached red-tan soft tissue. The specimen is bisected, and submitted entirely in block E1.

F) Received in a formalin filled bottle/container, which has been verified to belong to patient: OWENS, WALTER and labeled "6 left lymph node 5-AP window" is a 0.5 x 0.4 x 0.4 cm gray-black lymph node with a moderate amount of attached red-tan soft tissue. The specimen is submitted entirely, intact in block F1.

G) Received fresh, which has been verified to belong to patient: OWENS, WALTER and labeled "7 left upper lung lobe" is a 403 g, 23.5 x 11.8 x 3.5 cm left upper lung lobe. The pleura is purple-pink and predominately smooth. There is a focal indurated area with puckering within the pleura at the central aspect of the specimen, the pleura is inked blue. Additionally there is an area of white, plaque-like material at the superior pole (inked green), and a focal indurated area which is inked (orange). The medial aspect contains a 7.5 cm in length stapled parenchymal margin, this margin is inked yellow. The vascular and bronchial margins are shaved. Sectioning reveals a 1.9 x 1.9 x 1.4 cm tan-gray, indurated mass with ill-defined borders which abuts the previously mentioned, puckered (inked blue) pleura. This mass is 2.6 from the nearest bronchial and vascular margins, and is 2.8 cm from the parenchymal margin. The previously mentioned area of induration is located 3.7 cm from the mass, sectioning reveals a 0.8 x 0.6 x 0.6 cm, calcified, tan-white nodule. This nodule is 0.5 cm from pleura, 5.7 cm from the bronchial and vascular margins, and 5.9 cm from the parenchymal margin. The previously mentioned plaque-like area is located 6.0 cm superior to the mass, this area is 3.2 x 1.1 cm, and extends toa depth of 0.1 cm, this plaque-like area does not grossly extend into the parenchyma. This plaque-like area is 8.5 cm from the bronchial and vascular margins, and 7.5 cm from the proximal margin. The remainder of the cut surfaces are purple-red and spongy with diffuse anthracosis. 7 gray-black lymph nodes are identified ranging in size from 0.5-1.8 cm, the cut surfaces of the largest 2 lymph nodes contain calcified areas.
Representative tissue submitted as follows:
Cassette Summary:
G1: Bronchial margins, en face
G2: Vascular margins, en face
G3: Perpendicular section of bronchial margin closest to mass
G4-G6: Mass including pleura, entirely
G7: Tissue between mass and nodule
G8: Nodule including pleura
G9-G10: Plaque like area from superior aspect
G11: Unremarkable lung parenchyma from lower aspect
G12: Largest lymph node, sectioned
G13: 1 lymph node, bisected
G14: 2 intact lymph nodes
G15: 1 lymph node, bisected
G16: 2 lymph nodes, intact

MICROSCOPIC DESCRIPTION:

A) One block, one slide examined.
B) One block, one slide examined.
C) One block, one slide examined.
D) One block, one slide examined.
E) One block, one slide examined.

SUMMIT PATHOLOGY
Offices located at Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538
Tel: (970) 624-1500
Fax: (970) 624-1593

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: OWENS, WALTER
Med Rec#: **6989602** PV: **181694917**
DOB: **04/13/1947** Age: **73** Sex: **M**
Physician(s):
SMITH JR. RONALD MD MEDICAL CENTER OF THE ROCKIES

Accession #: 12147576
Date Collected: **08/17/2020**
Date Received: **08/17/2020**
Date Reported: **08/19/2020**

F) One block, one slide examined.

G) 16 blocks, 1 slide examined each block. Elastin stain shows no tumoral involvement of the visceral pleura. GMS and AFB stains are negative in the granuloma. See synoptic report for immunohistochemical assessment of tumoral differentiation. Positive and negative controls were examined and reacted appropriately.

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 x6, 88312 x3, 88305 x6, 88309, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538
Specimen interpreted at: Medical Center Rockies 2500 Rocky Mountain Avenue, Loveland, CO 80538