



## SUMMIT PATHOLOGY

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P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

### ABNORMAL

## NON-GYN CYTOPATHOLOGY REPORT

**Patient:** GARCIA, ARNOLD M

Med Rec#: PV:  
DOB: 08/30/1954 Age: 65 Sex: M  
Physician(s):  
HOYER ERIC MD  
Attn: MATTHEW ROBERTSON, MD

CHEYENNE RADIOLOGY GROUP

**Accession #:** 12121586  
**Date Collected:** 06/29/2020  
**Date Received:** 06/29/2020  
**Date Reported:** 07/02/2020

Test Requested: Non-Gyn Cytology

Result ID: OCW20-0208

### FINAL DIAGNOSIS:

#### NECK MASS, LEFT LEVEL IV, FINE NEEDLE ASPIRATION:

1. ADEQUATE FOR EVALUATION.
2. SUSPICIOUS FOR SQUAMOUS CELL CARCINOMA (SEE COMMENT).
3. DEFINITIVE LYMPHOID TISSUE IS NOT IDENTIFIED.

### COMMENT:

The overall findings are suspicious for squamous cell carcinoma. A squamous-lined cyst with marked reactive atypia would also be in the differential diagnosis, but is felt to be much less likely in this clinical setting of bilateral lymphadenopathy. Clinical and radiographic correlation is suggested. An immunohistochemical study for p16 is negative. These results were discussed with Dr. Hoyer on 7/2/2020 at 1:25 pm.

Daniel Long, MD  
Pathologist, Electronic Signature

Submitted Clinical ICD10 Codes: R22.9, R59

### GROSS DESCRIPTION:

**LT NECK LVL IV:** Received in CytoLyt, labeled with the patients name and "Left neck", are 30 mL of dark red, opaque fluid. Routine ThinPrep is performed. One cell block is prepared using 10% buffered formalin.

Also received labeled with the patient's name, are 2 air dried slides, 3 fixed slides, and 1 RPMI.

### MICROSCOPIC DESCRIPTION:

The sample shows clusters of ovoid to polygonal epithelial cells with scattered atypia including nuclear irregularities (best represented on the direct smear slides). Abundant inflammatory and necrotic debris is present in the background. Mitotic figures are identified. Immunoperoxidase studies with appropriately staining controls show the cells are positive for pancytokeratin, CK7, p63 and CK5/6, consistent with squamous differentiation. The cells are negative for p16, CK20, TTF-1 and PAX8.

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



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of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x7, 88173, 88305, 88342

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

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