



SUMMIT PATHOLOGY
Office located at Cheyenne VA Medical Center
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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: BOYD, MERL LEROY

Med Rec#: **S20-554**

PV:

DOB: **09/29/1948** Age: **71** Sex: **M**

Physician(s):

MELIA LARRY

VETERANS ADMINISTRATION HOSPITAL - WY

Attn: **NATHANIEL CHARTER**

Accession #: 12110662

Date Collected: **06/08/2020**

Date Received: **06/08/2020**

Date Reported: **06/09/2020**

Test Requested: **WY VA Surgical**

Result ID: VAS20-0548

FINAL DIAGNOSIS:

**SOFT TISSUE, RIGHT PSOAS MUSCLE/ABDOMEN MASS, NEEDLE CORE BIOPSY:
INVOLVED BY POORLY-DIFFERENTIATED CARCINOMA WITH SQUAMOUS DIFFERENTIATION (SEE
COMMENT).**

COMMENT:

The tumor immunophenotype is not specific for a site of origin. Primary bladder origin should be considered given the GATA3 positivity, although this marker is not specific. The clinical history of a lung mass is noted. In the absence of an alternative site of origin, these findings could be compatible with a metastasis from a primary lung squamous cell carcinoma. Clinical and radiographic correlation is essential.

These results were called to Dr. Melia by Dr. Long on 6/9/2020 at 4:35 pm.

Daniel Long, MD
Pathologist, Electronic Signature

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

Clinical History:

Lung mass, possible metastasis.

Clinical Diagnosis: Right psoas mass.

GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: BOYD, MERL LEROY and labeled "Rt psoas core x5" are multiple tan-gray, stringy and fragmented needle core biopsies, ranging from 0.1-1.3 cm in greatest dimension. The specimen is bagged and submitted in toto and cassettes A1-A2 (A2, conserve).

MICROSCOPIC DESCRIPTION:

2 blocks, 1 slide examined each block. Sections show clusters of malignant polygonal cells infiltrating through desmoplastic stroma. Fragments of skeletal muscle are present in the background. Immunoperoxidase studies with appropriately staining controls show the tumor cells are positive for p63 and CK5/6 supporting squamous differentiation. The tumor cells are positive for GATA3 and negative for uroplakin. These results support the final 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



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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 x3, 88305, 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