



**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

R. Barner, MD	N. Johnston, DO	C. Pizzi, MD
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**

<b>Patient:</b> <b>WOOD, ROBIN R</b>		<b>Accession #:</b> <b>12146911</b>
Med Rec#: <b>2618899</b>	PV: <b>182709409</b>	Date Collected: <b>08/14/2020</b>
DOB: <b>02/20/1959</b>	Age: <b>61</b> Sex: <b>F</b>	Date Received: <b>08/14/2020</b>
Physician(s):		Date Reported: <b>08/18/2020</b>
<b>WOLD STEPHEN M.D.</b>		
MEDICAL CENTER OF THE ROCKIES		
Attn: <b>MICHAEL L LARSON, KATIE RUTLEDGE, MD</b>		

Test Requested: **MCR Surgical** Result ID: **RS20-03257**

**FINAL DIAGNOSIS:**

- A) **LYMPH NODE, LEFT SUPRACLAVICULAR, CORE BIOPSY:**  
METASTATIC HIGH-GRADE POORLY-DIFFERENTIATED CARCINOMA, SEE COMMENT.
- B) **LYMPH NODE, LEFT LATERAL NECK, CORE BIOPSY:**  
METASTATIC HIGH-GRADE POORLY-DIFFERENTIATED CARCINOMA, SEE COMMENT.

**COMMENT:**

Sections demonstrate a high-grade poorly-differentiated metastatic neoplasm. In this relatively limited sample the tumor cells are not staining for more specific markers in an appreciable amount. Extremely scant tumor is identified in site B. Further sampling may be useful in further classification of this neoplasm.

Arlene Libby, MD  
Pathologist, Electronic Signature

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

**Clinical Diagnosis:** Left supraclavicular LN = 1.8 cm.

**GROSS DESCRIPTION:**

- A) Received fresh, which has been verified to belong to patient: WOOD, ROBIN R and labeled "L suprac LN" are multiple cores and fragments of tan-white tissue, aggregating 0.3 x 0.1 by less than 0.1 cm. Three touch preps are performed for Diff-Quik staining and the specimen is filtered and submitted in its entirety in cassette A1. Additionally received is tissue in RPMI solution for send out for flow cytometry.
- B) Received fresh, which has been verified to belong to patient: WOOD, ROBIN R and labeled "#2 L LN lateral neck" is a 0.3 x 0.1 by less than 0.1 cm aggregate of multiple cores and fragments of gray-white tissue. Two touch preps are performed for Diff-Quik staining and the specimen is filtered and submitted in its entirety in cassette B1. Additional tissue is received in RPMI solution for send out for flow cytometry.

**INTRAOPERATIVE CONSULT DIAGNOSIS:**

- A) Touch Prep: Immediate assessment: A: Lesional tissue present, necrosis in A; favor adequate-.
- 8-14-20 @ 1504 hrs [performed by Jeremiah Andersen, MD]



## 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

R. Barner, MD

C. Bee, MD

J. Andersen, MD

S. Alam, MD

P. Haberman, MD

W. Hamner, MD

N. Johnston, DO

C. McLaughlin, MD

A. Libby, MD

D. Long, MD

C. Murphy, MD

C. Nerby, MD

C. Pizzi, MD

M. Riley, MD

C. Salisbury, MD

J. Steffka, MD

M. Walts, MD

H. Worcester, MD

### ABNORMAL

## SURGICAL PATHOLOGY REPORT

**Patient:** WOOD, ROBIN R

Med Rec#: 2618899

PV: 182709409

DOB: 02/20/1959 Age: 61 Sex: F

Physician(s):

WOLD STEPHEN M.D.

MEDICAL CENTER OF THE ROCKIES

Attn: MICHAEL L LARSON, KATIE RUTLEDGE, MD

**Accession #:** 12146911

Date Collected: 08/14/2020

Date Received: 08/14/2020

Date Reported: 08/18/2020

B) Touch Prep: Immediate assessment: B: Lesional tissue present, necrosis in A; favor adequate.

8-14-20 @ 1504 hrs [performed by Jeremiah Andersen, MD]

### MICROSCOPIC DESCRIPTION:

- A) Sections demonstrate a lymph node involved by numerous groups of tumor cells with increased N:C ratios, relatively small nuclei, apoptosis and increased mitotic activity. Definitive extracapsular extension is not identified. A panel of immunohistochemical stains is performed to attempt to further define this process. The tumor is diffusely positive for pancytokeratin. Extremely rare cells are highlighted by a cytokeratin 5 and 6 stain, a PAX-8 stain and a CD99 stain. A Ki-67 stain demonstrates a markedly increased proliferation rate of approximately 98%. The tumor cells are negative for CD56, INSM1, p16, chromogranin, synaptophysin, p40, TTF-1, Napsin-A, cytokeratin 7, cytokeratin 20, GATA-3, p63, CDX-2 and inhibin. In many of the stains, there are limited tumor cells due to the relatively small size of the biopsy.
- B) One H&E slide examined and filed.

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 x17, 88360, 88333 x2, 88305 x2, 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