



## SUMMIT PATHOLOGY

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### SURGICAL PATHOLOGY REPORT

**Patient: SHAFFER, ALYCIA MARIE**

Med Rec#: 339813

PV: 00102860491

DOB: 11/20/1989 Age: 30 Sex: F

Physician(s):

**REED CHRIS MD**

NORTH COLORADO MEDICAL CENTER

Attn: **ALISON RODRIGUEZ, SUMMITVIEW IMAGING**

**Accession #: 12149581**

Date Collected: **08/18/2020**

Date Received: **08/19/2020**

Date Reported: **08/21/2020**

Test Requested: **NCMC Surgical**

**Result ID: NS20-03197**

### FINAL DIAGNOSIS:

**A) BREAST, LEFT, 2 O'CLOCK, N7, ULTRASOUND-GUIDED CORE BIOPSY:**

1. RADIAL SCAR INVOLVED BY USUAL DUCTAL HYPERPLASIA.
2. CALCIFICATIONS PRESENT ASSOCIATED WITH RADIAL SCAR.
3. NO ATYPIA OR MALIGNANCY IDENTIFIED.

**B) BREAST, LEFT, 2:30, N8, ULTRASOUND-GUIDED CORE BIOPSY:**

1. BENIGN BREAST TISSUE WITH STROMAL SCLEROSIS WITH FEATURES OF PSEUDOANGIOMATOUS STROMAL HYPERPLASIA (PASH).
2. NO ATYPIA OR MALIGNANCY IDENTIFIED.

### COMMENT:

Part A: The largest piece of radial scar in the biopsy is 6 mm, and multiple pieces are sampled. Complete excision of radial scar is recommended. Clinical and radiologic correlation is required to determine if there is residual radial scar to excise.

Part B: The largest focus of stromal sclerosis in part B is 6 mm. Based on the pathology findings alone, no further sampling is recommended in this area. Clinical and radiologic correlation is required.

Carrie Pizzi, MD

Pathologist, Electronic Signature

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

### Clinical History:

US guided left breast 2:00 N7.

US guided left breast 2:30 N8

A: Suspect CA - less likely fibrosis, FC changes, rad scar.

B: Suspect benign - ? FA ? complicated cyst.

### Clinical Diagnosis:

### GROSS DESCRIPTION:

- A) Received in a formalin filled bottle/container, which has been verified to belong to patient: SHAFFER, ALYCIA MARIE and labeled "A. Left breast 2:00 N7" is a 2.1 x 1.3 x 0.1 cm aggregate of tan-pink to yellow, fibrofatty needle core fragments, filtered and submitted in toto in block A1.

Out of Body: 1620 on 8/18/20



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In formalin: 1620 on 8/18/20

Out of formalin: 1822 on 8/19/20

- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: SHAFFER, ALYCIA MARIE and labeled "B. Left breast 2:30 N8" are 3 tan-white to yellow, fibrofatty needle core fragments ranging from 1.4 cm to 1.7 cm in length and 0.2 cm in diameter. The specimen is submitted entirely in block B1.

Out of Body: 1626 on 8/18/20

In formalin: 1626 on 8/18/20

Out of formalin: 1822 on 8/19/20

### MICROSCOPIC DESCRIPTION:

- A) 1 block, 3 slides and 3 levels examined. Immunostains are performed to further characterize the lesion. Controls stain appropriately. The epithelial proliferation is variably positive for estrogen receptor, progesterone receptor, and cytokeratin 5/6, consistent with usual ductal hyperplasia. The angulated glands have a myoepithelial cell layer staining with p63 and smooth muscle myosin. The stromal cells are negative for pankeratin. No atypia or malignancy is identified.
- B) 1 block, 3 slides and 3 levels examined.

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 x5, 88305 x2, 88342

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

Specimen interpreted at: North Colorado MC 1801 16th St., Greeley, CO 80631