



SUMMIT PATHOLOGY

Offices located at Medical Center of the Rockies

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J. Steffa, MD

M. Walts, MD

H. Worcester, MD

SURGICAL PATHOLOGY REPORT

Patient: HOBACK, DANNY G

Med Rec#: 3535851

PV: 183822191

DOB: 05/25/1953

Age: 67

Sex: M

Physician(s):

GILL SARVJIT MD

MEDICAL CENTER OF THE ROCKIES

Attn: ALISTAIR JORDAN, DO, DAVID OTTOLENGHI, MD

Accession #: 12149794

Date Collected: 08/20/2020

Date Received: 08/20/2020

Date Reported: 08/24/2020

Test Requested: MCR Surgical

Result ID: RS20-03328

FINAL DIAGNOSIS:

LYMPH NODE, RIGHT CERVICAL, NEEDLE CORE BIOPSY:

METASTATIC SQUAMOUS CELL CARCINOMA; PLEASE SEE COMMENT.

COMMENT:

The metastatic carcinoma is present as scant cells infiltrating fibrous tissue. The focus of carcinoma is approximately 0.5 mm in the biopsy. Definitive differentiation is not possible on this specimen, but the features are suggestive of a poorly-differentiated tumor. Definitive lymph node architecture is also not seen in this specimen. The specimen will likely not be adequate for additional ancillary testing. The initial unstained slides cut have been discarded, as initial H&E sections did not contain tumor, and rare tumor cells were only seen on slides recut from the block.

Carrie Pizzi, MD

Pathologist, Electronic Signature

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

Clinical History:

H/O malignant neoplasm of oral cavity.

Per EPIC, scanned note from Dr. Gill date 8/6/2020: Patient saw Dr. Matthew Schot at Denver Oral Surgery, who did a biopsy of right mandibular gingiva which reportedly showed well-differentiated squamous cell carcinoma. Neck CT showed multiple cervical lymph nodes, thyroid nodularity, and pulmonary nodules concerning for possible metastatic disease.

Submitted Clinical ICD10 Codes: Z85.818

GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: HOBACK, DANNY G and labeled "DOB: 5/25/1953" is a 1.0 x 0.4 x 0.1 cm aggregate of translucent-white, stringy and fragmented, needle core biopsies. The specimen is filtered and submitted in toto in cassette A1.

Please note: Not enough specimen material for a conserve protocol.

MICROSCOPIC DESCRIPTION:

1 block, 1 slide examined. H&E recut slide is examined. Immunostains are performed in order to evaluate the atypical cells. The cells of interest are positive for pankeratin, p63, and cytokeratin 5/6. The cells are negative for strong, block-like staining for p16. Controls stain 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



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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 x3, 88305, 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