



SUMMIT PATHOLOGY
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ABNORMAL
SURGICAL PATHOLOGY REPORT

Patient: **TEARMAN, HERMAN T**

Med Rec#: **1249078**

PV: **00101010775**

DOB: **05/31/1975** Age: **45** Sex: **M**

Physician(s):

GILL SARVJIT MD

MCKEE MEDICAL CENTER

Accession #: 12146725

Date Collected: **08/14/2020**

Date Received: **08/14/2020**

Date Reported: **08/19/2020**

Test Requested: **McKee Surgical**

Result ID: MS20-01459

FINAL DIAGNOSIS:

A) LYMPH NODE, POSTERIOR CERVICAL, EXCISION:

ONE LYMPH NODE WITH NO METASTATIC CARCINOMA IDENTIFIED (0/1).

B) LYMPH NODES, LEFT NECK, REGIONAL DISSECTION:

1. FOUR OUT OF 55 LYMPH NODES POSITIVE FOR METASTATIC SQUAMOUS CELL CARCINOMA.
2. LARGEST LYMPH NODE BRIDGES LEVELS II AND III AND IS 5.3 CM IN GREATEST DIMENSION (1/1).
3. ADDITIONAL LYMPH NODES INCLUDE:
 - LEVEL II: 2 OF 17 LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (2/17)
 - LEVEL III: ONE OF 23 LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (1/23)
 - LEVEL IV: 14 LYMPH NODES WITH NO METASTATIC CARCINOMA IDENTIFIED (0/14)
4. EXTRANODAL EXTENSION OF CARCINOMA IS SEEN.

COMMENT:

Per pathology records, the patient has a history of HPV-mediated squamous cell carcinoma of the left tonsil (OS20-13470, tonsillectomy performed 7/16/2020). The findings in this left neck dissection are consistent with metastasis from the left tonsil carcinoma.

Carrie Pizzi, MD

Pathologist, Electronic Signature

Clinical History: Left neck mass.

GROSS DESCRIPTION:

- A) Received fresh, which has been verified to belong to patient: TEARMAN, HERMAN T and labeled "posterior cervical lymph node" is a 0.6 x 0.5 x 0.5 cm pink lymph node. The lymph node is bisected revealing a pink, soft, unremarkable cut surface. A H&E touch prep is performed on the cut surface. The lymph node is submitted in its entirety for frozen section analysis. The frozen section remnant is submitted block FSA1.
- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: TEARMAN, HERMAN T and labeled "Left neck mass and brachial plexus" is a 16.4 x 6.7 x 2.3 cm irregular, focally nodular and lobulated pink yellow rubbery tissue with orienting sutures (2 long = level 2-brachial plexus, 1 long = level 2-3 -cervical lymph node, 2 short = level 4 lymph node). The area designated with the single long suture and cervical lymph node is inked (surface involved by suture = blue, opposite surface = black) and sectioning reveals a 5.3 x 2.9 x 1.9 cm palpable fluctuant mass. Sectioning of the nodule reveals a tan, slightly lobulated, glistening and focally cystic cut surface. The cysts contain opaque tan soft substance. There is also focal chalky yellow discoloration involving the surface of the mass. There possible pink uninvolved lymph nodes at the periphery of the mass.

Sectioning of the remainder of the tissue within Level 2 reveals multiple (approximately 17) tan-red possible lymph nodes, ranging from 0.2 cm to 2.4 cm. Sectioning of the tissue within Level 3 reveals multiple (approximately 20) tan-red



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possible lymph nodes ranging from 0.2 cm to 1.7 cm. Sectioning the tissue at the level 4 reveals multiple (approximately 14) tan and red possible nodes ranging from 0.2 to 1.1 cm. Representative sections are submitted as follows:

Cassette Summary:

B1-B5: Level 2-3 mass designated by suture

B6-B7: Level 2, 1 lymph node, serially sectioned

B8: Level 2, 6 lymph nodes, intact

B9: Level 2, 5 lymph nodes, intact

B10: Level 2, 1 lymph node, bisected

B11: Level 2, 4 lymph nodes, intact

B12: Level 3, 8 lymph nodes, intact

B13: Level 3, 5 lymph nodes, intact

B14: Level 3, 2 lymph nodes, bisected

B15: Level 3, 6 lymph nodes, intact

B16: Level 3, 3 lymph nodes, intact

B17: Level 4, 6 lymph nodes, intact

B18: Level 4, 3 lymph nodes, intact

B19: Level 4, 5 lymph nodes, intact

INTRAOPERATIVE CONSULT DIAGNOSIS:

A) Frozen: Negative for carcinoma. 1142, 8/14/2020 [performed by Carrie Pizzi, MD]

MICROSCOPIC DESCRIPTION:

A) Reviewed are two cryostat slides and one touch prep from intraoperative consultation. 1 block, 1 slide and 2 levels examined.

B) 19 blocks, 1 slide examined each block. Immunostains are performed on block B1 in order to further characterize the carcinoma the carcinoma is positive for p63 and CK5/6, confirming the diagnosis of squamous cell carcinoma. The carcinoma is positive for p16 with strong, block-like staining, supporting an HPV-associated carcinoma. 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 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 x2, 88331, 88305, 88342, 88307

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

Specimen interpreted at: McKee Medical Center 2000 Boise Ave, Loveland, CO 80538