

**SUMMIT PATHOLOGY**

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ABNORMAL**NON-GYN CYTOPATHOLOGY REPORT****Patient: HODGE, MICHELLE**

Med Rec#: 743029

PV: 1011843631

DOB: 02/14/1975 Age: 45 Sex: F

Physician(s):

VALINO CHERRY

CRMC CHEYENNE REGIONAL MED CENTER

Attn: **DANIEL POSSEHN, DO****Accession #: 12115652**Date Collected: **06/16/2020**Date Received: **06/17/2020**Date Reported: **06/19/2020**Test Requested: **CRMC Non-Gyn Cytology (WY)****Result ID: CRC20-0173****FINAL DIAGNOSIS:****PLEURAL FLUID, LEFT, THORACENTESIS:****METASTATIC POORLY DIFFERENTIATED CARCINOMA (SEE COMMENT).****COMMENT:**

The recent ascites fluid showing metastatic carcinoma is noted (see CRC20-0168). The radiographic findings concerning for a possible biliary or gallbladder primary are also noted. The current pleural fluid sample shows involvement by a poorly differentiated metastatic carcinoma. The site of origin is unclear based on the immunoprofile; however, the immunoprofile is not consistent with hepatocellular, kidney, colon, or upper gynecologic tract origin. Other sites of origin cannot be entirely excluded. Given tumor positivity for GATA3, p63 and CK5/6, considerations in the differential diagnosis would include basal-like/metaplastic mammary carcinoma or urothelial carcinoma. A subset of pancreaticobiliary carcinomas shows GATA3 positivity. While adenocarcinoma is favored, a primary squamous cell carcinoma (such as from the cervix or less likely lung) could show this tumor's staining pattern. Please note that more specific markers of breast, urothelial and pancreaticobiliary differentiation are negative, precluding more definitive characterization. Clinical and radiographic correlation is suggested. These results were communicated to Dr. Workman on 6/19/2020 at 6:30 pm.

Daniel Long, MD

Pathologist, Electronic Signature

Clinical History: Adenocarcinoma.**Submitted Clinical ICD10 Codes:** R09.02, R10.84, R74.0, E80.6, E87.1, D72.829, J90, R18.8, Z72.0**GROSS DESCRIPTION:**

LT PLEURAL: Received unfixed, labeled with the patient's name and "L Pleural", are 700 mL of orange/brown, hazy fluid. Routine ThinPrep is prepared. One cell block is prepared using 10% buffered formalin.

MICROSCOPIC DESCRIPTION:

One ThinPrep slide and one cell block slide examined. The sample shows clusters of malignant round to ovoid cells with mild to moderate eosinophilic cytoplasm. Immunoperoxidase studies with appropriately staining controls show the tumor cells are positive for CK7, GATA3, p63, CK5/6, p16, MOC-31, and BerEP4. The cells are negative for CK20, ER, PR, GCDFFP-15, mammoglobin, uroplakin, TTF-1, PAX8, CDX2, S100P, CK17, calretinin, WT1, and arginase.



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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 x20, 88112, 88305, 88342

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

Specimen interpreted at: Summit Cheyenne 2301 House Ave. Ste 108, Cheyenne, WY 82001