

SURGICAL PATHOLOGY REPORT

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Clinical Diagnosis & History: Colon carcinoma.

Specimens Submitted:

1: SP: RIGHT COLON; HEMICOLECTOMY

DIAGNOSIS:

1. SP: RIGHT COLON; HEMICOLECTOMY:

Tumor Type:

Adenocarcinoma

Histologic Grade:

Moderately differentiated

Tumor Location:

Ascending colon

Tumor Size:

Length is 3.5 cm

Width is 3.1 cm

Maximal thickness is 0.5 cm

Tumor Budding:

Absent

Increased Tumor Infiltrating Lymphocytes:

Absent

Precursor Lesions:

Tubulovillous adenoma

Deepest Tumor Invasion:

Muscularis propria

Gross Tumor Perforation:

Not identified

Lymphovascular Invasion:

Not identified

Large Venous Invasion:

Not Identified

Perineural Invasion:

Not identified

Surgical Margins:

Free of tumor

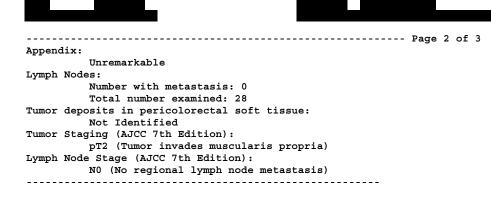
Polyps/Mucosa Dysplasia (away from the carcinoma):

Not Identified

Non-Neoplastic Bowel:

Unremarkable

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I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

Gross Description:

1. The specimen is received fresh, labeled "Right colon" and consists of a segment of terminal ileum and colon with attached omentum. The terminal ileum measures 14.5 cm in length and 3.0 cm in circumference at the proximal resection margin, which is inked violet. The remaining colon measures 26.3 in length with a circumference of 6.6 cm at the distal resection margin, which is inked orange. The attached appendix measures 6.1 cm in length and averages $0.4\ \mathrm{cm}$ in diameter. The appendiceal and intestinal serosa is pink and smooth. Lobulated fatty tissue spans the length of the specimen measuring up to 5.2 cm in thickness. The attached omentum measures $7 \times 6 \times 10^{-5}$ 1.3 centimeters. The specimen is opened to reveal a pink-tan fungating mass measuring 3.5 cm in length and 3.1 cm in width. The mass is located in the ascending colon, 4.5 cm from the ileocecal valve, 17.8 cm from the proximal margin and 16.1 cm from the distal margin. Sectioning shows a depth of invasion of 0.2 cm grossly. A tatoo is identified adjacent to the tumor. Multiple diverticula are present. The remaining mucosa is unremarkable. The attached adipose tissue is submitted for lymph node dissection, and all identified lymph nodes are submitted. Representative sections of the specimen are submitted for permanent sections and for TPS.

Summary of sections:
P - proximal margin shave
D - distal margin shave
T tumor, in toto
A - appendix representative sections
RSI -representative sections, ileum
RSC representative sections, colon

** Continued on next page **

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DI - diverticula

O-omentum

LN - lymph nodes BLN - bisected lymph nodes

Summary of Sections:
Part 1: SP: RIGHT COLON; HEMICOLECTOMY

| Block | Sect. | Site | PCs | |
|-------|-------|------|-----|----|
| 2 | | a | | 2 |
| 1 | | d | | 1 |
| 2 | | di | | 2 |
| 8 | | LN | | 24 |
| 1 | | 0 | | 1 |
| 1 | | p | | 1 |
| 1 | | rsc | | 2 |
| 1 | | rsi | | 1 |
| 8 | | t | | 8 |

** End of Report **