

[REDACTED]

COPY TO:

[REDACTED]
Operative Consult: "Pill cam present in terminal ileum, no FS,
reported to Dr. [REDACTED] positive
patient ID"
[REDACTED]

Pre-Op Diagnosis

Obstructing right colon cancer

Post-Op Diagnosis

Same

Clinical History

Nothing indicated on requisition

Gross Description:

Container labeled "[REDACTED] - right colon" is a 27.5 cm previously opened portion of partially sectioned large bowel including cecum as well as 9.5 cm of attached previously opened slightly dilated terminal ileum. The specimen is covered by a moderate amount of pericolic, epiploic, and omental adipose tissue with a few fibrous adhesions which kink the large bowel immediately distal to the cecum. The serosa is shaggy and gray tan to pink. The small bowel wall is up to 0.6 cm and fibrotic. The lumen is lined by gray tan mucosa with preservation of intestinal folds and slight granularity; however, no gross lesions are identified. The large bowel wall is up to 0.6 cm, edematous, and fibrotic. The lumen is lined by gray tan mucosa with preservation of intestinal folds. Extending from the ileocecal valve into the cecal pouch is a previously sectioned markedly distorted centrally ulcerated finely granular gray red to brown lesion measuring on reconstruction approximately 7.5 x 5.5 cm. This markedly stenoses the lumen in the area of the ileocecal valve which in one area on reconstruction measures less than 0.8 cm in diameter. The lesion does not extend to the appendiceal orifice. Within the adipose tissue is a 6.6 x 0.8 x 0.8 cm grossly unremarkable vermiform appendix. The lesion has a gritty focally necrotic tan gray fibrotic cut surface and

[REDACTED]

grossly extends up to 1.6 cm in thickness. In most areas this extends to but not through the serosa predominantly in the area of the cecal pouch; however, in one area this grossly appears to focally extend into the surrounding adipose tissue where it is seen at its nearest point 1.0 cm from the nearest soft tissue margin. The specimen is received after operative consult which is reported as "pill cam present in terminal ileum, no FS, reported to Dr. [REDACTED] positive patient ID" by Dr. [REDACTED]. Separately received in the specimen container is a 2.8 x 1.2 x 1.2 cm capsular portion of foreign plastic material which one half is a transparent lens. On one side this is labeled "pill cam." Additionally noted within the specimen container are three tissue cassettes each labeled "[REDACTED]". Sectioning the surrounding adipose tissue shows several poorly defined gray yellow nodules up to 1.0 cm. Representative sections are submitted labeled as follows: A - proximal margin, B - distal margin, C - representative small bowel, D through G - representative lesion and surrounding tissue, H - random uninvolved bowel, I - appendix, J through L - nodules from pericolic fat.

[REDACTED]

Microscopic Description:

The slides labeled [REDACTED] are examined. See diagnosis.

Final Diagnosis

Terminal ileum, appendix, and right colon (right hemicolectomy):

Terminal ileum: No carcinoma identified. PAS 1

Appendix: No carcinoma identified. PAS 1

Colon:

Tumor characteristics:

Histologic type: Adenocarcinoma.

Location of tumor: Cecum.

Size: 7.5 x 5.5 x 1.6 cm in greatest dimension.

Grade: Moderately differentiated.

Lymphovascular space invasion: No unequivocal lymphovascular space invasion identified.

Perforation of Visceral peritoneum: No.

Presence of mesenteric deposits: No.

Depth of invasion: Carcinoma extends through muscularis propria into subserosal adipose tissue within less than 1 mm of the serosal surface but no perforation identified grossly or microscopically (see comment).

Surgical Margin Status:

Proximal Margin: No carcinoma identified.

Distal Margin: No carcinoma identified.

Deep Radial Margin: No carcinoma identified.

Distance of tumor from closest margin: Carcinoma extends to within less than 1 mm of the serosal surface but no clear perforation identified.

Lymph Node Status:

Total number of lymph nodes examined: 19

Total number of lymph nodes with metastatic carcinoma: 0 (0/19)

PAS 9

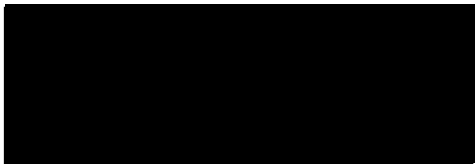
Other:

Stenosis associated with tumor. PAS 3

Fibrous serosal adhesions. PAS 4

Grossly noted pill cam present within specimen. PAS 2 SPC-A

CPT: 88309 x1, 88329 x1



Stage: pT3N0

Comments

The carcinoma extends through muscularis propria into subserosal adipose tissue. Microscopically, the carcinoma extends to within less than 1 mm of the serosal surface but is not clearly perforated. Clinical correlation and follow up is recommended.

At the request of the undersigned pathologist, these slides have been additionally reviewed by [REDACTED] who concurs with the diagnosis.

[REDACTED]

<Sign Out Dr. Signature>

[REDACTED]