

Penrose-St. Francis Health Services  
2222 N. Nevada Ave, Colorado Springs, CO 80907  
Pathology Department

Report Verified: 09/21/2025 05:54:15 AM

**Patient Name:** Jane A. Doe

**DOB:** 1976-03-15 **Gender:** Female

**Medical Record #:** MRN1234567

**Physician:** Dr. Sarah Miller

**Specimen #:** S24-12345

**Procedure:** Core Biopsy, Right Breast Mass

**Collection Date:** 2024-05-20

**Received Date:** 2024-05-21

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**Preoperative Diagnosis**

Right breast mass, suspicious for malignancy.

**Postoperative Diagnosis**

Invasive Ductal Carcinoma, Not Otherwise Specified (NOS), Right Breast.

**Clinical Information**

48-year-old female with palpable right breast mass, suspicious imaging findings (BI-RADS 4c).

**Gross Description**

Received are three tan-white, cylindrical tissue cores, measuring 1.5 cm, 1.8 cm, and 1.7 cm in greatest dimension, collectively submitted in formalin.

**Microscopic Description**

Sections show fragments of breast tissue extensively infiltrated by malignant epithelial cells forming nests, cords, and individual cells within a desmoplastic stromal background. The tumor cells are pleomorphic with irregular nuclear contours, vesicular chromatin, prominent nucleoli, and moderate amounts of eosinophilic cytoplasm. Mitotic activity is readily identified. No definitive lymphovascular invasion is seen in these biopsy fragments. Ductal carcinoma in situ (DCIS) is identified focally adjacent to the invasive component.

**Laboratory Studies**

Immunohistochemical stains performed on representative tumor tissue show: ER: Positive (90% of cells, strong intensity), PR: Positive (70% of cells, moderate intensity), HER2: Negative (score 1+ by IHC). Ki-67: Approximately 25%.

## **Diagnosis**

Right Breast, Core Biopsy: Invasive Ductal Carcinoma, Not Otherwise Specified (NOS), Grade 2 (Nottingham Histologic Grade 2/3, based on nuclear pleomorphism 2, tubule formation 2, mitotic count 2). Focally associated Ductal Carcinoma In Situ, intermediate nuclear grade. No lymphovascular invasion identified in the submitted biopsy fragments.

## **Prognostic/Predictive Markers**

Estrogen Receptor (ER): Positive (90%, strong). Progesterone Receptor (PR): Positive (70%, moderate). HER2/neu: Negative (1+). Ki-67 proliferative index: ~25%.

## **Comment**

Further workup with definitive surgical excision is recommended for complete assessment of tumor size, extent, margins, and lymph node status.

**Pathologist:** Dr. Emily R. Carter, Staff Pathologist

**Report Date:** 2024-05-23