Document Type: Oncology Report - Testicular Cancer Diagnosis & Orchiectomy
Date of Service: February 18, 2019 (Surgery Date)

[Citywide Cancer Center - *Logo: A stylized ribbon with a star*]
Patient Name: John Doe
Date of Birth: 01/15/1970
Medical Record Number: MJ19700115

UROLOGY CONSULTATION NOTE (February 1, 2019 - Dr. Marcus Thorne, Urologist):

- **Reason for Consult:** Patient referred by Dr. Evelyn Reed for evaluation of painless swelling of the right testicle. Patient noticed a firm lump about 2 months ago, which has gradually increased in size. Denies pain, fever, or trauma.
- **Physical Exam:** General: Appears well. Genitalia: Scrotum reveals a firm, non-tender, irregular mass within the right testicle, measuring approximately 2.5 x 2.0 cm. Transillumination negative. Left testicle normal. Epididymis and spermatic cords non-tender.
- **Impression:** Right testicular mass, highly suspicious for malignancy.
- **Plan:** Urgent scrotal ultrasound and serum tumor markers (AFP, HCG, LDH). Patient consented to potential orchiectomy if malignancy confirmed.

SCROTAL ULTRASOUND REPORT (Metropolitan General Radiology - February 5, 2019 - Attached):

- **Study:** Ultrasound Scrotum.
- **Findings:** Right testicle demonstrates a well-defined, heterogeneous hypoechoic mass measuring 2.5 x 2.0 x 1.8 cm within the parenchyma. Increased color Doppler flow within the mass. No associated hydrocele or epididymitis. Left testicle is normal.
- **Impression:** Right testicular mass, highly suspicious for malignancy. Recommend further workup including tumor markers and urologic consultation.

TUMOR MARKERS (Unity Diagnostics Lab - February 5, 2019 - Attached):

- Alpha-Fetoprotein (AFP): 3.5 ng/mL (Normal - *Reference Range: <8.1 ng/mL*)
- Beta-Human Chorionic Gonadotropin (HCG): <2 mIU/mL (Normal - *Reference Range: <2 mIU/mL*)
- Lactate Dehydrogenase (LDH): 280 U/L (Mildly Elevated - *Reference Range: 140-280 U/L*)

OPERATIVE REPORT (February 18, 2019 - Right Radical Inguinal Orchiectomy - Dr. Marcus Thorne):

- **Procedure:** Right radical inguinal orchiectomy.
- **Anesthesia:** General Anesthesia.
- **Findings:** Standard inguinal incision made. Spermatic cord ligated at internal ring. Right testicle, epididymis, and spermatic cord delivered. A firm, whitish, homogenous mass was palpable within the testicle. Specimen sent to pathology.
- **Complications:** None. Estimated blood loss: Minimal.
- **Postoperative Diagnosis:** Right testicular mass, suspicious for malignancy.

PATHOLOGY REPORT (Citywide Cancer Center Pathology - February 25, 2019 - Attached):

- **Specimen:** Right testicle, orchiectomy.
- **Gross Description:** Testicular parenchyma with a firm, solid, tan-white, homogenous mass measuring 2.5 x 2.0 x 1.8 cm. Appears well-circumscribed.
- **Microscopic Description:** Histological sections reveal sheets of large, uniform cells with distinct cell borders, abundant clear-to-glycogen-rich cytoplasm, and central round nuclei with prominent nucleoli. Extensive lymphocytic infiltration in the stroma. Numerous mitotic figures present. No evidence of vascular or lymphatic invasion. Tunica albuginea intact. Spermatic cord margin free of tumor.
- **Diagnosis:** Seminoma, classic type, limited to the testis (pT1). Tumor size 2.5 cm. No lymphovascular invasion. No involvement of epididymis or spermatic cord margin.

ONCOLOGY CONSULTATION NOTE (March 10, 2019 - Dr. Sarah Jenkins, Oncologist):

- **Referring Physician:** Dr. Marcus Thorne
- **Diagnosis:** Stage I Seminoma (pT1N0M0) of the right testicle.
- **Discussion:** Patient counseled on diagnosis, excellent prognosis for Stage I seminoma, and available management options: active surveillance, one cycle of adjuvant carboplatin chemotherapy, or adjuvant radiation therapy. Risks and benefits of each option were discussed in detail.
- **Plan:** After careful consideration, patient expresses a strong preference for active surveillance. Baseline CT chest/abdomen/pelvis ordered for staging. Regular follow-up with serial tumor markers (LDH) and imaging (CT scans) at prescribed intervals.

Physician Signatures:
Dr. Marcus Thorne, MD (Urologist)

Dr. Sarah Jenkins, MD (Oncologist)
March 12, 2019
