SURGICAL PATHOLOGY:	
PROCEDURE DATE: RECEIVED DATE: REPORT DATE:	
COPY TO:	Criteria Yes Ni Diagnosis Discrepancy Primary Tumor Site Cherepancy HIPAA Discrepancy Prior Malignancy History Dual/Synchonous Primary History
Pre-Op Diagnosis Endometrial cancer Post-Op Diagnosis Same as above Clinical History Nothing indicated Gross Description: Five parts Carrier Carrier	Case is (cits life) DUALIFIED DISQUALIFIED Reviewer initial of Market M
Container labeled "Labeled" 1 - left pelvic lymph nodes" is 5.1 x 2.6 x 1.8 cm portion of tan yellow fibroadipose tissue which on palpation and sectioning reveals five poorly defined tan yellow to brown nodules from 1.1 to 2.1 cm. On sectioning the larger nodules have fleshy and fatty cut surfaces. The largest nodule is sectioned and submitted labeled A-B; remaining nodules bisected and individually submitted labeled C-F.	9/3/,
Container labeled "Labeled" 2 - left aortic lymph nodes" is 4.8 x 1.5 x 1.0 cm elongated portion of tan yellow fibroadipose tissue which on palpation and sectioning reveals three poorly defined tan yellow nodules up to 1.5 cm. On sectioning the larger nodules have fleshy and fatty cut surfaces. The largest nodules are bisected and individually submitted labeled A-B; whole smallest nodule submitted labeled C.	
Container labeled "	



Container labeled "44 - right aortic lymph nodes" is 4.9 x 3.5 x 1.5 cm tan yellow fibroadipose tissue fragments which on palpation and sectioning reveals two poorly defined tan yellow nodules 2.5 cm and 3.8 cm. On sectioning there are fleshy and fatty cut surfaces. The largest nodule is sectioned and submitted labeled A-B; smaller nodule bisected and submitted labeled C.

■5 - uterus, cervix, bilateral tubes and bilateral ovaries" is a previously laterally opened moderately distorted uterus with attached cervix and bilateral adnexa. The uterus and cervix together weigh 87 grams and on reconstruction measure approximately 6.9 x 6.4 x 4.7 cm. The cervix has a wrinkled gray-tan ectocervical mucosa. The os is patent. The uterine canal sounds to a depth of approximately 5.8 cm. The endocervical canal is lined by trabeculated tan gray to brown mucosa. The uterine serosa is smooth and tan-brown. The architecture is distorted by the presence of a left fundic subserosal nodule 1.6 cm as well as a left lateral subserosal to intramural nodule 1.8 cm. The lateral nodule has a bulging whorled tan gray fibrotic cut surface while the fundic nodule has a focally calcified cut surface. The uninvolved myometrium measures up to 1.9 cm and is tan-pink and fibrotic. The endometrial canal is lined at the fundus extending to both the anterior and posterior aspects by a 3.5 x 3.3 x up to 0.9 cm friable granular gray tan to pink papilliferous plaque like lesion. On sectioning this has a friable gray pink cut surface and grossly extends into the myometrium in the right lateral fundic region to a maximum thickness of 2.4 cm. This is focally noted at its nearest point 0.3 cm from the right lateral serosa. The small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. The left fallopian tube measures $4.1 \times 0.5 \times 0.5$ cm. The right fallopian tube measures 4.5 x 0.5 x 0.5 cm. Each has a smooth tan brown serosa with a tan wall and pinpoint lumen. The left ovary measures 1.5 \times 1.0 \times 0.8 cm and has a lobular tan outer surface with a mottled tan gray fibrotic cut surface. The right ovary measures 1.6 x 0.9 x 0.7 cm and has a lobular tan outer surface with a mottled tan gray fibrotic cut surface. Also received in the same container are 6.2 x 5.0 x 1.8 cm of friable granular papilliferous gray tan to pink lesional tissue fragments with a small amount of clotted blood. Also received in the same container are two tissue cassettes each labeled Representative sections are submitted labeled as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment and shaved posterior serosa; D - representative fundic subserosal nodule; E-G - anterior endomyometrium; H-K - posterior endomyometrium; L-M - left lateral endomyometrium; N-O - right lateral endomyometrium; P-S - fundic endomyometrium; T - left parametrium; U - right parametrium; V left adnexa; W - right adnexa; X - separate lesional tissue.

Microscopic Description: Slides reviewed.

Final Diagnosis
Left pelvic lymph node dissection:
Five benign hyperplastic regional lymph nodes (0/5).
Left aortic lymph node dissection:
Three benign hyperplastic regional lymph nodes (0/3).
Right pelvic lymph node dissection:

Six benign hyperplastic regional lymph nodes (0/6). Right acrtic lymph node dissection: Two benign hyperplastic regional lymph nodes (0/2). Hysterectomy: Carcinoma of endometrium. Tumor characteristics: Histologic type: Predominantly endometrioid with some mucinous features. Histologic grade: High grade (G3). Location: Endometrial canal in general. Tumor size: 3.5 x 3.3 x 1.6 cm. Extent of invasion: Invades more than one half of the myometrium. Maximal thickness of myometrial invasion is 16 mm into a 19 mm thick myometrium. Extension of tumor: Extent of involvement of other organs: None identified. Lymphovascular space invasion: Focally identified. Surgical margin status: Cervical: Negative. Left parametrial: Negative. Right parametrial: Negative. Lymph node status (utilizing specimens #1, 2, 3, 4. Sites: Bilateral pelvic, bilateral aortic. Number of lymph nodes examined: 16.
Number of lymph nodes containing metastatic carcinoma: None (0/16). Other: Cervix-endocervix: No pathological diagnosis. Endometrium: Focal complex hyperplasia with atypia immediately adjacent to neoplasm. Myometrium: Adenomyosis, leiomyomas. Uterine serosa, bilateral ovaries and fallopian tubes: No pathological diagnosis. Other organs or biopsies: None. Correlation with intraoperative findings: None Results of additional studies: None pTN stage: pT1bN0 PAS 9 SPC-A CPT: Comments This test has been finalized at the

<Sign Out Dr. Signature>