



Pathologist:
Assistant:
Date of Procedure
Date Received:

Ordering M.D.:
Copies To:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. LEFT HYPOGASTRIC LYMPH NODE, BIOPSY:

- Metastatic high-grade mullerian carcinoma replacing most of the lymph node parenchyma (1/1)

B. LEFT PELVIC LYMPH NODE, BIOPSY:

- Two benign lymph nodes, no carcinoma seen (0/2)

C. LEFT COMMON ILIAC LYMPH NODE, BIOPSY:

- One benign lymph node, no carcinoma seen (0/1)

D. RIGHT PELVIC LYMPH NODE, BIOPSY:

- Four benign lymph nodes, no carcinoma seen (0/4)

E. RIGHT COMMON ILIAC LYMPH NODE, BIOPSY:

- Three benign lymph nodes, no carcinoma seen (0/3)

F. LEFT PELVIC BIOPSY:

- Benign fibroadipose tissue
- No carcinoma seen

G. OMENTAL BIOPSY:

- Mature adipose tissue
- No carcinoma seen

ICD-O-3

adenocarcinoma, serous, NOS 8441/3

Site endometrium C54.1

H. LEFT GUTTER BIOPSY:

- Benign fibroadipose tissue
- No carcinoma seen

lw
2/29/12

I. RIGHT PELVIC BIOPSY:

- Benign fibroadipose tissue
- No carcinoma seen

J. RIGHT GUTTER BIOPSY:

- Benign fibroconnective tissue
- No carcinoma seen

K. UTERUS, CERVIX, RIGHT AND LEFT FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:

- High-grade mullerian carcinoma, predominantly serous type
- Tumor is involving most of the endometrium and invading greater than 50% of myometrium, approaching closely uterine serosa

- Extensive vascular invasion by tumor is seen, including vessels in the lower uterine segment
- No definite direct extension of tumor into lower uterine segment and endocervix is seen (see Comment)
- Atypical leiomyoma
- Benign right and left ovaries with serous inclusion glands
- Benign right and left fallopian tubes

COMMENT: Neoplastic epithelium is present on the mucosal surface of lower uterine segment and endocervix. This is favored to represent artefactually displaced epithelium rather than true involvement by tumor. Representative slides were also reviewed by Dr. who concurs.

SYNOPTIC REPORT:

Applies To:

- A : LEFT HYPOGASTRIC LYMPH NODE
- B : LEFT PELVIC LYMPH NODE
- C : LEFT COMMON ILIAC LYMPH NODE
- D : RIGHT PELVIC LYMPH NODE
- E : RIGHT COMMON ILIAC LYMPH NODE
- F : LEFT PELVIC BIOPSY
- G : OMENTUM BIOPSY
- H : LEFT GUTTER
- I : RIGHT PELVIC BIOPSY
- J : RIGHT GUTTER
- K : UTERUS AND CERVIX BSO BILATERAL TUBES

Macroscopic

Specimen Type:

Uterus
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube
Parametrium
Omentum
Peritoneum

Microscopic

Histologic Type:

Serous adenocarcinoma ✓

Histologic Grade:

G3: Poorly differentiated

Tumor Site:

Corpus

Tumor Size:

Greatest dimension: 6.5cm

Myometrial Invasion:

Greater than 50% myometrial invasion

Involvement of Cervix:

No involvement

Extent of Involvement

of Other Organs:

None

Margins:

Cannot be assessed

Lymphovascular Invasion: Present

Pathologic Staging (pTNM) AJCC

Primary Tumor (pT): pT1b : Tumor invades greater than or equal to one-half of the myometrium

Regional Lymph Nodes (pN): pN1 : Regional lymph node metastasis to the pelvic lymph nodes

HISTORY:

Pelvic mass

MICROSCOPIC FINDINGS:

See diagnosis.

GROSS:

A. LEFT HYPOGASTRIC LYMPH NODE

Labeled with the patient's name labeled "hypogastric lymph node" and received in formalin is a 2.0 x 1.3 x 0.6 cm tan-yellow, soft adipose tissue. There is a 0.4 x 0.4 x 0.4 cm tan-white, soft lymph node. Entirely submitted.

Slide key:

A1. One lymph node, bisected - 2

B. LEFT PELVIC LYMPH NODE

Labeled with the patient's name labeled "left pelvic lymph node" and received in formalin is a 2.5 x 1.5 x 1.0 cm aggregate of three fragments of tan-yellow, soft tissue. Two lymph nodes 0.8 x 0.7 x 0.7 cm and 1.2 x 0.6 x 0.4 cm are identified. Both Lymph nodes are entirely submitted.

Slide key:

B1. Largest lymph node, bisected - 2

B2. Smaller lymph node, bisected - 2

C. LEFT COMMON ILIAC LYMPH NODE

Labeled with the patient's name labeled "left common iliac lymph node" and received in formalin is a 1.6 x 1.0 x 1.0 cm aggregate of two fragments of soft, lobulated adipose tissue. Sectioning reveals a 0.8 x 0.4 x 0.4 cm pink, semifirm lymph node. Lymph node is entirely submitted.

Slide key:

C1. Lymph node, bisected - 2

D. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name labeled "right pelvic lymph node" and received in formalin is a 2.7 x 2.5 x 1.0 cm aggregate of yellow, soft adipose tissue. Four lymph nodes ranging from 0.3 x 0.3 x 0.2 cm up to 1.0 x 0.5 x 0.3 cm are identified. Lymph nodes are entirely submitted.

Slide key:

D1. Largest lymph node, bisected - 2

D2. Two lymph nodes - 2

D3. Smallest lymph node - 1

E. RIGHT COMMON ILIAC LYMPH NODE

Labeled with the patient's name _____, labeled "right common iliac lymph node" and received in formalin is a 1.5 x 1.3 x 0.7 cm aggregate of yellow, soft adipose tissue. Three lymph nodes ranging from 0.6 x 0.5 x 0.3 cm up to 1.0 x 0.5 x 0.3 cm are identified. All lymph node are entirely submitted.

Slide key:

E1. Three lymph nodes - 3

F. LEFT PELVIC BIOPSY

Labeled with the patient's name _____, designated "LT pelvic biopsy" and received in formalin is a 4.0 cm long x up to 0.2 cm diameter red-pink, soft tissue fragment. Entirely submitted.

Slide key:

F1. 1

G. OMENTAL BIOPSY

Labeled with the patient's name _____, labeled "omental biopsy" and received in formalin is a 3.0 x 1.7 x 1.4 cm soft, lobulated omental fat. No tumor is seen. Representative sections are submitted.

Slide key:

G1. 3

H. LEFT GUTTER BIOPSY

Labeled with the patient's name _____, labeled "left gutter biopsy" and received in formalin is a 0.5 x 0.3 x 0.2 cm yellow, soft tissue fragment. Entirely submitted.

Slide key:

H1. 1

I. RIGHT PELVIC BIOPSY

Labeled with the patient's name _____, labeled "right pelvic biopsy" and received in formalin is a 0.8 x 0.4 x 0.3 cm fragment of yellow-pink, soft tissue. Entirely submitted.

Slide key:

I1. 1

J. RIGHT GUTTER BIOPSY

Labeled with the patient's name _____, labeled "right gutter biopsy" and received in formalin is a 0.8 x 0.4 x 0.3 cm fragment of tan-pink, soft tissue. Entirely submitted.

Slide key:

J1. 1

K. UTERUS AND CERVIX, BSO, BILATERAL TUBES

Labeled with the patient's name _____, labeled "uterus and cervix, BSO, bilateral tubes", received fresh and subsequently placed in formalin is a 174 gram hysterectomy and bilateral salpingo-oophorectomy specimen. The uterus measures 8.5 cm superior to inferior, 4.0 cm wide, 4.0 cm anterior to posterior. Cervix is 3.5 cm long, 1.9 cm in width, with a 0.5 cm long slit-like os. Attached is 5.5 cm long x 0.5 cm in diameter right fimbriated fallopian tube, 1.5 x 1.0 x 0.7 cm right ovary, 5 cm long x 0.5 cm diameter left fimbriated fallopian tube, 1.5 x 1.0 x 0.7 cm left ovary. The endometrial cavity is 6.5 cm long x 4.0 cm in width with a 0.1 cm thick endometrium. The myometrium is up to 2 cm thick. The uterus is received open and research tissue has been taken.

There is a 6.5 x 6.0 cm tan-yellow, soft mass extending up to 1.5 cm above the endometrium. It involves approximately 75% of the endometrium primarily on the posterior wall with a maximum thickness of 3.5 cm. The mass involves 90% of the myometrial thickness coming to within 0.4 cm of the uterine serosa.

The mass comes to within 1.0 cm of the lower uterine segment. There is a separate 2.0 x 2.0 cm tan-yellow, soft mass that extends up to 0.4 cm above the endometrium on the anterior wall. It is 0.5 cm from first mass and infiltrates the myometrium up to 25%, measuring 1.5 cm in thickness, 0.9 cm from the anterior uterine serosa. There is also a 3.0 x 3.0 x 2.7 cm well-circumscribed, firm, tan-white whorled nodule in the anterior fundus.

The left fallopian tube is pink-tan, smooth and glistening with several paratubal cysts ranging from 0.1 cm up to 0.2 cm in greatest dimension. The left ovary is tan-yellow, cerebriiform, smooth and unremarkable. The right fallopian tube exhibits multiple paratubal cysts ranging from 0.2 cm up to 0.3 cm in greatest diameter. The right ovary is tan-yellow, cerebriiform, smooth and unremarkable. The ectocervix is tan-pink, smooth and glistening and diffusely hyperemic.

Gross photographs are taken.

Ink key:

Black - posterior

Blue - anterior.

Representative sections are submitted.

Slide key:

K1. Posterior cervix - 1

K2. Anterior cervix - 1

K3. Posterior lower uterine segment - 1

K4. Anterior lower uterine segment - 1

K5-K12. Larger mass (closest approach to posterior serosa in K5) - 1 each

K13-K14. Second mass - 1 each

K15. Nodule - 2

K16. Left Fallopian tube with paratubal cysts - 3

K17. Left ovary, bisected and entirely submitted - 2

K18. Right Fallopian tube with paratubal cysts - 3

K19. Right ovary, bisected and entirely submitted - 2

Gross dictated by

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.
Electronically signed

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/29/12	

SURGICAL PATHOLOGY REPORT

If this report includes immunohistochemical test results, please note the following: Numerous immunohistochemical tests have been developed and their performance characteristics determined by the U.S. Food and Drug Administration (FDA), and FDA approval is not required.