

MR#: DOB: CLINIC CODE: SEX: ADMIT DATE: AGE: DISCH DATE: ROOM #: SURGER ATTENDING PHYSICIAN: ADMITTING PHYSICIAN:

- 6. Extent:
 - A. Endocervical involvement: Negative.
 - B. Paracervical tissue involvement: Negative.
 - C. Uterine serosa: Negative.
 - D. Fallopian tubes and ovaries: Negative.
- 7. Margins: Negative.
- The tumor measures 3 x 2 cm. Tumor Size: 8.
- Lateral aspect of anterior endometrium. Tumor Site: 9.
- Lymph Nodes: Negative. 10.

Eleven right pelvic lymph nodes, no malignancy found (0/11). Seven left pelvic lymph nodes, no malignancy found (0/7). Total 0/18.

- None. Other Sites of Neoplastic Involvement: 11.
- Tissue Submitted for Estrogen and Progesterone Receptor Assays; Results to be Reported Separately 12. (Block B7). by.
- No malignancy. Pelvic Washings: 13.
- Adenomyosis. 14. Additional Findings: Leiomyomata uteri. Endometrial polyp.
- TNM STAGING: 15. pT1a - Tumor involves less than one-half of myometrium. pN0. pMX.
- A. 88108
- B. 88309, 88331
- C. 88307
- D. 88307

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NAME: DOB:	MR#:
SEX: F	CLINIC CODE: ADMIT DATE:
ROOM#:	DISCH DATE:
ATTENDING PHYSICIAN: ADMITTING PHYSICIAN:	SURGERY

MICROSCOPIC EXAMINATION:

- A-D. A microscopic examination was performed to render the above diagnosis.
- A. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "pelvic washings with 1000 units of Heparin." It consists of approximately 25 cc of yellow watery fluid. Two cytospins are obtained.
- B. The specimen is received in fixative in a single container labeled with the patient's name and number and marked as "uterus, cervix, tubes and ovaries." It consists of a hysterectomy and bilateral salpingo-ophorectomy specimen weighing 252 grams. The uterus measures 11 x 12 x 5 cm and is in continuity with the right 2 x 1.3 x 1 cm and left 1.7 x 1.7 x 0.8 cm ovaries and the fimbriated, right and left fallopian tubes, the right 5 x 0.5 cm and the left 6.5 x 0.5 cm.

Within the right lateral aspect of the anterior endometrium is a solid 3 x 2 cm mass that protrudes up to 1.5 cm above the flat endometrial surface and appears to superficially extend into underlying myometrium which measures up to 2.3 cm in thickness. Adjacent to this tumor is a separate, $2.5 \times 2 \times 1$ cm polyp with a smooth outer surface that appears also limited to the endometrium. There is no grossly apparent extension into underlying myometrium. The endocervical canal is grossly unremarkable. The adnexa are grossly free of tumor.

Growing from the right uterine cornu is a subserosal, 4 cm nodule simulating right adnexal mass. The fallopian tubes are discontinuous consistent with previous tubal ligation.

Representative sections are submitted as follows:

#1. Tumor with full thickness myometrium for frozen section, frozen section permanent.

Touch preparations are obtained.

#2. Paracervical tissue and ectocervical margins.

#3-#7. Tumor with full thickness myometrium.

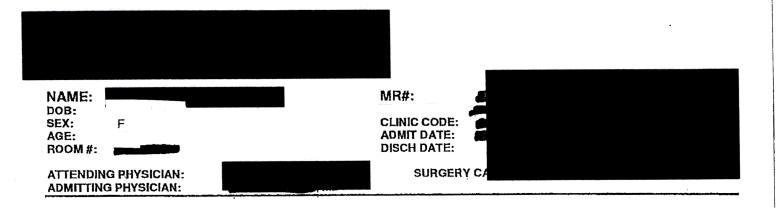
#8. Tumor and base of endometrial polyp with full thickness myometrium.

#9. Surface of the endometrial polyp.
#10. Random endometrium, myometrium.

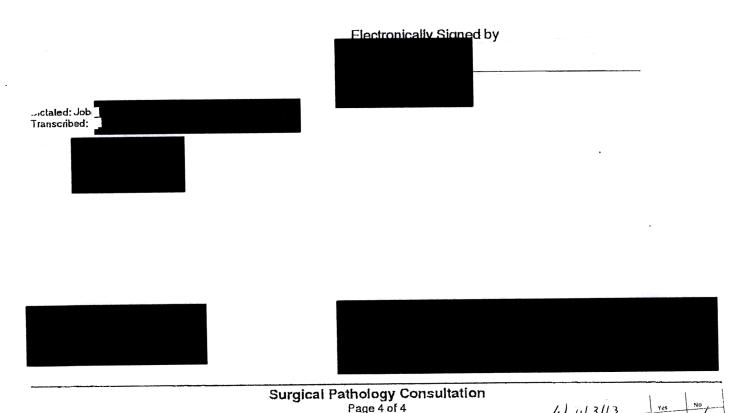
#11,#12. Endocervical canal.

#13. Largest myometrial nodule.

#14-#15. Right and left adnexa respectively.



- C. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "right pelvic lymph nodes." The specimen consists of fibroadipose tissue fragments with lymph nodes, in aggregate 12 x 7.3 x 1.2 cm. The lymph nodes range in size from 0.6 to 2.8 cm and appear grossly unremarkable. The lymph nodes are submitted in three cassettes.
- D. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "left pelvic lymph nodes." It consists of fibroadipose tissue fragments with lymph nodes, in aggregate 9.2 x 6 x 1.5 cm. The lymph nodes range in size from 0.7 to 1.9 cm and appear grossly unremarkable. The lymph nodes are submitted in two cassettes.



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