

Specimens Submitted: 1: UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES; TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY 2: LYMPH NODES, LEFT OBTURATOR SENTINEL; EXCISION 3: LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION 4: LYMPH NODES, RIGHT OBTURATOR; EXCISION 5: LYMPH NODES, RIGHT HYPOGASTRIC; EXCISION 6: LYMPH NODES, RIGHT COMMON ILIAC; EXCISION 7: LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION 8: LYMPH NODES, LEFT OBTURATOR; EXCISION 9: LYMPH NODES, LEFT HYPOGASTRIC; EXCISION 10: LYMPH NODES, LEFT COMMON ILIAC; EXCISION 11: HERNIA SAC; EXCISION

1CB-0-3 adeno carcinoma, indometrioid, NOS 8380/3

Site: indometrium C54.1

DIAGNOSIS:

1. UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES; TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

Tumor Type:

Adenocarcinoma, endometrioid type

Architectural Grade (For Endometrioid Types only):

III (>50% solid growth)

Nuclear Grade (For Endometrioid Types only):

Grade 2

FIGO Grade (For Endometricid Types only):

Grade 3

Myometrial Invasion:

(>50%)

The precise depth of invasion is difficult to determine due to distortion. However, grossly the tumor involves approximatley 80% of the myometrial thickness.

Endocervical Invasion:

Not identified

Lymphovascular invasion:

Identified

Endometrium:

Exhibits atrophy

Myometrium:

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Criteria	Yes	No
Diagnosis Discrepancy		N.
Primary Turnor Site Discrepancy		1 1
HIPAA Discrapancy		-
Prior Malignancy History		N.
Qual/Synchronous Frimary Nound		-
Case is (rirele): OHALIFIT / DISC	UALIFIED	
Reviewer Init als Date Reviewed:	72/1	
1151.1		
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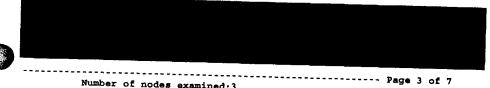


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	Exhibits adenomyosis Exhibits one leiomyoma
	Exhibits one lelomyoma
Adnexa:	Unremarkable Left fallopian tube exhibits:adhesions and foreign body giant cell
2. LYMPH	NODES, LEFT OBTURATOR SENTINEL; EXCISION:
TAPE	Number of nodes examined: 1
Comment:	Number of metastatic nodes: V Deeper levels and CK AE1:AE3 are negative for metastasis
	Deeber 164618 and on 1224
3. LYMPI	H NODES, RIGHT EXTERNAL ILIAC; EXCISION:
гулц	ph Nodes: Number of nodes examined:5
	Number of metastatis
4. LYMP	H NODES, RIGHT OBTURATOR; EXCISION:
Lym	ph Nodes: Number of nodes examined:6
	Number of mercapeasa
5. LYMI	PH NODES, RIGHT HYPOGASTRIC; EXCISION:
Lyn	mph Nodes:
	Not identified
	Benign adipose tissue only Tissue is entirely submitted.
Comment	TISSUE IS CHICAGO, DAMAGE CONTROL OF THE CONTROL OF
	••••••
6 LYM	PH NODES, RIGHT COMMON ILIAC; EXCISION:
Lv	mph Nodes:
-•	Number of nodes examined:1
	Number of metastatic nodes:0
	Number of metapotation
7. LYM	THE NODES, LEFT EXTERNAL ILIAC; EXCISION: THEN NODES:
гу	Number of nodes examined:4
	to a second material modes:0
	Number of metablactic locality
	TOTAL EVET STON.
8. LYN	APH NODES, LEFT OBTURATOR; EXCISION:
L	ymph Nodes:

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Number of nodes examined: 3 Number of metastatic nodes:0

9. LYMPH NODES, LEFT HYPOGASTRIC; EXCISION: Lymph Nodes:

Not identified Benign adipose tissue only.

10. LYMPH NODES, LEFT COMMON ILIAC; EXCISION:

Lymph Nodes:

Number of nodes examined: 3 Number of metastatic nodes:0

11. HERNIA SAC, EXCISION:

- Benign fibroadipose tissue consistent with hernia sac.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED

