Surgical Pathology Consultation Report

Accession #: Patient Name: Collected: Service: MRN: Received: DOB: Visit #: Reported: Location: Gender: Facility: HCN: Copy To:

Specimen(s) Received 1. Omentum: omentum

- 2. Lymph node: Rt. common illac lymph nodes

- Lymph node: Rt. pelvic lymph nodes
 Lymph node: Lt. pelvic lymph node
 Uterus: Uterus, cervix, bilateral tubes and overles
- 6. Soft Tissue: Right pelvic side wall



Diagnosis

- 1. Omentum, partial omentectomy:
- Mature adipose tissue, Negative for malignancy.
- 2. Right common iliac lymph nodes;
- Fibroadipose tissue only.
- No lymphoid tissue present.
- 3. Right pelvic lymph nodes:
- No tumor seen in four lymph nodes examined (0/4)
- 4. Left pelvic lymph nodes:
- No tumor seen in nine lymph nodes examined (0/9)
- 5. Uterus, cervix, bilateral fallopian tubes and ovaries, Robotic assisted total hysterectomy and bilateral salpingooophorectomy: Endometrium:
- SEROUS CARCINOMA.

Myometrium:

- Invaded by adenocarcinoma, extending to the outer half of myornetrium.
- Leiomyomata and Adenomyosis.

- Negative for malignancy.

Right & left ovaries:

- Negative for malignancy.

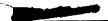
Right & left fallopian tubes:

Negative for malignancy.

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1CD-0-3 Carcinoma surous, NOS 8441/3 Sita: Indometrium C54.1 pw 11/13/16

Criteria		Yes	No.
Diagnosis Discrepand	γ		$+\Delta$
Primary Tumor Site C	Discrepancy		+X
HIPAA Discrepancy			1-2-
Prior Malignancy His	tory		
Dual/Synchronous P	rimary Noted	l	X
Case is (cincle):	QUALIFIED / QI	SQUAUFIED	
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- 6. Soft tissue: right pelvic sidewall:
- Mature adipose tissue, Negative for malignancy.

Synoptic Data

Uterine corpus Specimen:

Cervix Right ovary

Left ovary Right fallopian tube

Left fallopian tube

Omentum

Simple hysterectomy Procedure:

Bilateral salpingo-oophorectomy Other (specify): robotic-assisted

Lymph Node Sampling:

Performed: Pelvic lymph nodes intact hysterectomy specimen

Specimen Integrity:

Other: both sides

Tumor Site: Turnor Size:

Greatest dimension: 2.9 cm Serous adenocarcinoma

Histologic Type:

Not applicable

Histologic Grade: Myometrial Invasion:

Present

Myometrial thickness: 1.5 mm

50% or greater myometrial invasion

Involvement of Cervix:

Not involved

Extent of Involvement of Other Organs:

Right ovary not involved

Left ovary not involved
Right fallopian tube not involved
Left fallopian tube not involved

Omentum not involved Pelvic wall not involved

Lymph-Vascular Invasion: TNM Descriptors:

Not identified

Not applicable

Primary Tumor (pT): Regional Lymph Nodes (pN): pT1b (IB): Tumor invades more than or one-half of the myometrium

pNX: Regional lymph nodes cannot be assessed

Pelvic lymph nodes examined: 13 Pelvic lymph nodes involved: 0 Para-aortic lymph nodes examined: 0 Para-aortic lymph nodes involved: 0

Distant Metastasis (pM):

Not applicable

Additional Pathologic Findings:

None identified

Electronically verified by:

Gross Description

- 1. The specimen container is labeled with the patient's name and as "Omentum". The specimen consists of 3 un-oriented pieces of lobulated adipose tissue that have an aggregate fresh weight of 48.0 g and measure from 2.9 cm to 8.5 x 7.5 x 1.7 cm. Serial cuts through, and palpation of the specimen show no discrete lesions, firm areas or probable lymph nodes. 1A-1E representative sections
- 2. The specimen container is labeled with the patient's name and as "Right common iliac lymph nodes". The specimen consists of 2 pieces of fibroadipose tissue that measure, in aggregate, $2.0 \times 1.7 \times 0.3$ cm. No gross lymph nodes are identified within the specimen.
- 2A submitted in toto
- 3. The specimen container is labeled with the patient's name and as "Right pelvic lymph nodes". The specimen consists of multiple pieces of fibroadipose tissue that measure, in aggregate, 4.0 x 3.5 x 1.0 cm. Within the tissue pieces are multiple lymph nodes that range from 0.2 to 2.2 cm. Representative sections, lymph nodes submitted in toto: 3A-3B multiple lymph nodes, per block
- 3C-3D 1 lymph node bisected, per block
- 4. The specimen container is labeled with the patient's name and as "Left pelvic lymph nodes". The specimen consists of multiple piece of fibroadlpose tissue that measure, in aggregate, 8.5 x 4.0 x 1.5 cm. Within the tissue pieces are multiple lymph nodes that range from 0.2 to 2.2 cm. Representative sections, lymph nodes submitted in toto: 4A-4C multiple lymph nodes, per block
- 4D- 4E 1 lymph node bisected, per block
- 5. The specimen container is labeled with the patient's name and as "Uterus, cervix, bilateral tubes and ovaries". The specimen consists of a total hysterectomy specimen with attached bilateral salpingo-oophorectomy. The specimen has a fresh weight of 71.9 g. The uterus and cervix measures 7.5 cm SI x 5.0 cm ML x 2.9 cm AP. The cervix has a maximum diameter of 2.5 cm. The external os measures 0.7 cm and is oval. The right fallopian tube measures 6.0 x 0.5 cm. The right ovary measures 2.5 x 1.5 x 0.8 cm. The left fallopian tube measures 5.5 x 0.5 cm. The left ovary measures 2.0 by 1.8 x 0.7 cm.

The uterine serosa demonstrates a roughened appearance with fragments of adipose tissue on the fundal aspect. There is a subserosal nodule on the posterior aspect measuring 0.9 cm in diameter. This has a white whorled pattern on cut section. The exocervix is pink-tan and glistening with petechial areas of congestion. The endocervical canal measures 3.5 cm in length. The endometrial cavity measures 3.2 cm SI x 3.0 cm from cornua to cornua. The endometrium demonstrates a papillary tan tumor predominantly inferior aspect that measures 2.4 cm SI by 2.9 cm from cornua to cornua. On the anterior aspect the tumor has a maximum depth of 1.0 cm. It extends into the inner half of the myometrium and comes to within 1.0 cm of the anterior serosa. On the posterior aspect the tumor has a maximum depth of 0.7 cm. It infiltrates the myometrium and comes to within 0.9 cm of the posterior serosa. The myometrium demonstrates 2 white whorled nodules in the posterior aspect measuring 0.9 and 1 cm in diameter. Both fallopian tubes show fimbria. The outer surface of the ovaries is smooth. The cut surface of each ovary demonstrates an unremarkable parenchyma. Multiple pieces of tissue are stored frozen. Representative sections, fimbria and remainder of fallopian tubes and ovaries in toto:

5A-5B anterior cervix to anterior uterine cervical junction, bisected

5C-5D full thickness sections anterior endomyometrium with tumor

5E-5F posterior cervix to posterior uterine cervical junction, bisected

5G posterior subserosal nodule

5H posterior myometrial nodule

5I-5J full thickness sections posterior endomyometrium with tumor

5K right fimbria, longitudinally sectioned

5L-5M right fallopian tube, serially sectioned from fimbrial to comual end

5N-5P right ovary

5Q left fimbria, longitudinally sectioned

5R-5S left fallopian tube, serially sectioned from fimbrial to cornual end

5T-5U left ovary

6. The specimen container is labeled with the patient's name and as "Of pelvic side wall". The specimen consists of one oriented lobulated piece of adipose tissue measuring 12.5 x 4.5 x 1.0 cm. Serial cuts through and palpation of the tissue demonstrate no discrete lesions or probable lymph nodes.

6A-6E representative sections

