Criteria			Yes	No
Diagnosis Dircrepancy			<u> </u>	+
Primary Tumor Site Discrepancy				+ 1/2
HIPAA Discrepancy				+
Prior Malignancy History				+ 4/
D-ial/Synchronous Primary-Noted	<u> </u>			
Case is (circle):) $_{7}$	DISQUA	IFIED	
Reviewer Initials Date F	eviewe	d:/0/		/ -
			7.5	10/27
			- <i>w</i>	-14/E



Accession #

Taken:

Received:

Reported:

Surgical Pathology Report

Patient Name Med Rec No: Client: DOB. Location: Gender: Pt. Phone no Physician(s): CC:

History/Clinical Dx: Endometrial cancer

Postoperative Dx: Same, pending pathology examination

Specimen(s) Received:

A: Uterus, cervix, tubes and ovaries

B: Left pelvic lymph node

C: Left aortic lymph node D: Right pelvic lymph node

E: Right aortic lymph node

adenocaccinoma, endometrioid, NOS 8380/3 Site: Indonetrium C54.1 fw

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DIAGNOSIS:

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A. Uterus, cervix, tubes and ovaries:

ENDOMETRIAL ADENOCARCINOMA

Tumor Information:

Operative procedure:

Histologic type:

Histologic grade(FIGO):

Nuclear grade:

Tumor size:

Extent of invasion:

TAH-BSO with staging

Endometrioid

Grade 3

2

3.0 cm

Present.

Greater than 50% of myometrial thickness (23mm invasion, myometrial thickness of 25mm)

Lympho/vascular invasion: //

Serosa:

Parametrium:

Cervical involvement:

Right adnexa:

Left adnexa:

Special studies:

Staging information:

Absent

Free of tumor Free of tumor

Free of tumor

Free of tumor

On request

T1c, N0

B. Left pelvic lymph nodes:

Eight lymph nodes negative for metastasis (0/8)

C. Left aortic lymph node:

One lymph node negative for metastasis (0/1)

D. Right pelvic lymph nodes:

Six lymph nodes negative for metastasis (0/6)

E. Right aortic lymph nodes:

Three lymph nodes negative for metastasis (0/3)

Probability Statement ne transport of the approximation of the sequence of the province of the sequence of the seque

Surgical Pathology Report

Gross Description

A Received in formalin labeled uterus, cervix, bilateral fallopian tubes and ovaries" is a previously opened uterus and cervix and attached right and left fallopian tubes and ovaries, 67.0 grams. The uterus is symmetrical in configuration, 5.0 cm in length, 3.5 cm in broadest extent, and up to 2.5 cm anterior-posteriorly. The cervical portion is 2.5 x 2.5 x 2.5 cm, and appears grossly normal. Situated along the anterior aspect of the endometrial canal an exophytic tumor mass, yellow-tan in 2.0 cm within the myometrium. By gross evaluation, the tumor is free of the outer serosal surface by a distance of 0.2 cm. At ovaries are each approximately 2.5 x 1.5 x 1.0 cm, and contain several corpora albicantia. A portion of each ovary has been removed intraoperatively and submitted for cancer research. Representative sections, blocks A1-A11.

KEY TO CASSETTES:

A1-A2 - Cervix

A3 - Upper cervical canal

A4-A7 - Tumor

A8 - Right adnexa
A9 - Left adnexa
A10 - Right parametrium

A11 - Left parametrium

B. Received in formalin labeled the period of the perio

KEY TO CASSETTES:

B1 - Two lymph nodes
B2 - Three lymph nodes

B2 - Three lymph nodes B3 - Remainder of sample

- C. Received in formalin labeled left aortic lymph node" is a fragment of yellow-tan fatty soft tissue, 1.0 grams, 1.0 x 1.0 x 0.5 cm. By palpation and cross sectioning, there is a pink-tan rubbery lymphoid nodule, 1.0 cm in greatest dimension.
- D. Received in formalin labeled right pelvic lymph node" is a fragment of yellow-tan fatty soft tissue, 6.0 grams, 3.5 x 2.5 x 1.5 cm. By palpation and cross sectioning, there are multiple soft pink-tan rubbery lymphoid nodules, 2.0 cm in greatest dimension. Entirely submitted, blocks D1-D4.

KEY TO CASSSETTES:

D1 - One lymph node
D2 - Two lymph nodes
D3 - Three lymph nodes
D4 - Remainder of sample

E. Received in formalin labeled right aortic lymph node" is a fragment of yellow-tan fatty soft tissue, 1.0 grams, 1.5 x dimension. Entirely submitted, blocks E1-E2.

KEY TO CASSSETTES:

E1 - Three lymph nodes E2 - Remainder of sample

Microscopic Description

The microscopic findings support the above diagnosis.

Surgical Pathology Report