

Report

Result type:
Result date:
Result status:
Result title:
Performed by:
Encounter info:

Report

Auth (verified)
SPECIMEN DESCRIPTION
3 UNKNOWN, PERSONNF ~

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Review Initial:	6/19/11	
Date Reviewed:	6/9/11	

1 CD-0-3

adenocarcinoma, endometrioid, NOS

8380/3

Site: endometrium c54.1

fw 6/19/11

* Final Report *

SPECIMEN DESCRIPTION

Surgical Pathology Report

Patient Name:
Site/Client:
Account #:
Location:
DOB:
Ordering Phy:
Order Number:

Gender: F

Pathology #:
Med. Rec. #:
Collected:
Received:
Reported:

FINAL PATHOLOGIC DIAGNOSES

- LYMPH NODES, RIGHT PERIAORTIC, EXCISION:
ONE LYMPH NODE NEGATIVE FOR METASTASIS (0/1).
- LYMPH NODES, RIGHT PELVIC ILIAC, EXCISION:
THREE LYMPH NODES NEGATIVE FOR METASTASIS (0/3).
- LYMPH NODES, RIGHT EXTERNAL ILIAC, EXCISION:
TWO LYMPH NODES NEGATIVE FOR METASTASIS (0/2).
- LYMPH NODES, RIGHT HYPOGASTRIC, EXCISION:
THREE LYMPH NODES NEGATIVE FOR METASTASIS (0/3).
- LYMPH NODES, RIGHT OBTURATOR, EXCISION:
FIVE LYMPH NODES NEGATIVE FOR METASTASIS (0/5).
- LYMPH NODES, PERIAORTIC LEFT, EXCISION:
TWO LYMPH NODES NEGATIVE FOR METASTASIS (0/2).
- LYMPH NODES, LEFT COMMON ILIAC, EXCISION:
FIVE LYMPH NODES NEGATIVE FOR METASTASIS (0/5).
- LYMPH NODES, LEFT EXTERNAL ILIAC, EXCISION:
ONE LYMPH NODE NEGATIVE FOR METASTASIS (0/1).
- LYMPH NODES, LEFT HYPOGASTRIC, EXCISION:
ONE LYMPH NODE NEGATIVE FOR METASTASIS (0/1).

UUID: E44408C9-53DE-4FF7-8D8E-68FAB24302C3
TCGA-AX-A2HA-01A-PR

Redacted



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J. LYMPH NODES, LEFT OBTURATOR, EXCISION:
FOUR LYMPH NODES NEGATIVE FOR METASTASIS (0/4).

K. UTERUS, CERVIX, TUBES AND OVARIES; TOTAL ABDOMINAL HYSTERECTOMY AND
BILATERAL SALPINGO-OOPHORECTOMY:

ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE 3 (OUT OF 3)
MEASURING 6 CM IN MAXIMUM DIMENSION.
MYOMETRIAL INVASION PRESENT (0.7 CM OF MYOMETRIAL INVASION IN AN AREA OF
1.6 CM OF MYOMETRIAL THICKNESS).
VASCULAR INVASION PRESENT.
LOWER UTERINE SEGMENT INVOLVED BY TUMOR.
NO EVIDENCE OF ENDOCERVICAL INVOLVEMENT.
CERVIX WITH CHRONIC INFLAMMATION.
OVARIES AND FALLOPIAN TUBES WITH NO SIGNIFICANT HISTOPATHOLOGICAL
CHANGES.

Electronically Signed Out

All tests performed by
Pathologists,

SPECIMEN(S)

A: PERIAORTIC LYMPH NODE, RIGHT
B: RIGHT PELVIC ILIAC LYMPH NODE
C: RIGHT EXTERNAL ILIAC LYMPH NODE
D: RIGHT HYPOGASTRIC LYMPH NODE
E: RIGHT OBTURATOR LYMPH NODE, BIOPSY
F: PERIAORTIC LYMPH NODE, LEFT
G: LEFT COMMON ILIAC LYMPH NODE
H: LEFT EXTERNAL ILIAC LYMPH NODE
I: LEFT HYPOGASTRIC LYMPH NODE
J: LEFT OBTURATOR LYMPH NODE, BIOPSY
K: UTERUS, CERVIX, TUBES, OVARIES

PROCEDURE

LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY / LYMPH NODE DISSECTION

PREOPERATIVE DIAGNOSIS
ENDOMETRIAL CANCER

POSTOPERATIVE DIAGNOSIS
ENDOMETRIAL CANCER

GROSS DESCRIPTION

Received in parts A-K as follows:

A. Labeled right periaortic lymph node is 2.5 x 1.0 x 0.6 cm of yellow lobulated adipose tissue. Specimen is bisected to reveal one lymph node, 1.0 x 0.5 x 0.4 cm. The lymph node is bisected to reveal a tan-pink glistening homogeneous cut surface. The specimen is submitted entirely in two cassettes.

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B. Labeled right pelvic iliac lymph node. Received fresh is 2.0 x 1.5 x 0.5 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals four lymph nodes ranging from 0.5 x 0.2 x 0.2 cm to 0.6 x 0.5 x 0.4 cm. All the lymph nodes are bisected to reveal a tan-pink focally hemorrhagic glistening smooth cut surface. The specimen is submitted entirely in four cassettes as follows:

- 1-largest lymph node bisected,
- 2-one lymph node bisected,
- 3-one lymph node bisected,
- 4-one lymph node bisected.

C. Labeled right external iliac lymph node. Received fresh is 2.5 x 1.6 x 1.0 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals two lymph nodes, 0.2 x 0.2 x 0.2 cm and 1.6 x 1.4 x 0.6 cm. The lymph nodes are bisected to reveal a gray-white homogeneous cut surface. The specimen is submitted entirely in four cassettes as follows:

- 1 and 2-largest lymph node bisected,
- 3-smaller lymph node bisected,
- 4-remaining adipose tissue.

D. Labeled right hypogastric lymph node. Received fresh is 4.0 x 2.0 x 1.0 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals three lymph nodes ranging from 0.5 x 0.4 x 0.3 to 2.0 x 1.0 x 0.5 cm. The lymph nodes are bisected to reveal a tan-pink focally hemorrhagic glistening cut surface. The specimen is submitted entirely in four cassettes as follows:

- 1-largest lymph node bisected,
- 2-one lymph node bisected,
- 3-smallest lymph node bisected,
- 4-remaining adipose tissue.

E. Labeled right obturator lymph node. Received fresh is 4.5 x 2.5 x 1.0 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals four lymph nodes ranging from 0.4 x 0.2 x 0.2 cm to 1.3 x 0.6 x 0.5 cm. The larger lymph nodes are bisected to reveal a tan-pink focally hemorrhagic cut surface. The specimen is submitted entirely in six cassettes as follows:

- 1-one lymph node bisected,
- 2-largest lymph node bisected,
- 3-one lymph node bisected,
- 4-smallest lymph node bisected,
- 5 and 6-remaining adipose tissue.

F. Labeled left periaortic lymph node. Received fresh is 3.0 x 1.5 x 1.0 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals two lymph nodes, 0.6 x 0.5 x 0.4 cm and 1.0 x 0.4 x 0.3 cm. The lymph nodes are bisected to reveal a tan-pink glistening cut surface. The specimen is submitted entirely in four cassettes as follows:

- 1 and 2-largest lymph node sectioned,
- 3-smaller lymph node bisected,
- 4-remaining adipose tissue.

G. Labeled left common iliac lymph node. Dissection of the adipose tissue reveals five lymph nodes ranging from 0.3 x 0.2 x 0.2 cm to 0.6 x

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0.4 x 0.3 cm. The lymph nodes are bisected to reveal a tan-pink glistening homogeneous cut surface. Specimen is submitted entirely in five cassettes as follows:

- 1-one lymph node bisected,
- 2-one lymph node bisected,
- 3-one lymph node bisected,
- 4-one lymph node bisected,
- 5-one lymph node bisected.

H. Labeled left external iliac lymph node. Received in formalin is a 3.0 x 1.0 x 0.6 cm in aggregate of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals two lymph nodes, 0.4 x 0.2 x 0.2 cm and 0.9 x 0.3 x 0.2 cm. The lymph nodes are bisected to reveal a tan-gray homogeneous cut surface. The specimen is submitted entirely in three cassettes as follows:

- 1-largest lymph node bisected,
- 2-smaller lymph node bisected,
- 3-remaining adipose tissue.

I. Labeled left hypogastric lymph node. Received fresh is 3.0 x 1.3 x 0.6 cm in aggregate of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals one lymph node, 2.0 x 1.0 x 0.5 cm. The lymph node is bisected to reveal a tan hemorrhagic glistening cut surface. The specimen is submitted entirely in three cassettes as follows:

- 1 and 2-lymph node bisected,
- 3-remaining adipose tissue.

J. Labeled left obturator. Received fresh is 2.5 x 1.6 x 0.7 cm of yellow lobulated adipose tissue. Dissection of the adipose tissue reveals four lymph nodes ranging from 0.3 x 0.2 x 0.2 cm to 1.6 x 0.4 x 0.4 cm. The lymph nodes are bisected to reveal a tan-pink focally hemorrhagic cut surface. The specimen is submitted entirely in four cassettes as follows:

- 1-largest lymph node bisected,
- 2-one lymph node bisected,
- 3-one lymph node bisected,
- 4-one lymph node bisected.

K. Received in one container and labeled uterus, cervix, tubes and ovaries. Reviewed fresh a hysterectomy specimen with attached bilateral tubes and ovaries. The 170 gram hysterectomy specimen is 10.0 cm from fundus to exocervix, 7.0 cm from cornu to cornu, and 3.5 cm anterior to posterior. The serosa is dusky pink-tan and smooth. The cervix is 3.0 cm long, and 3.5 cm wide. The ectocervical mucosa is gray-white, smooth, glistening with a 0.3 cm slit-like os. The specimen is bivalved into anterior and posterior halves to reveal a 6.0 x 4.5 cm tan-pink friable fragmented mass that is raised above the endometrium; 1.0 cm. The mass occupies the entire endometrium and approaches the lower uterine segment. The mass is sectioned to reveal a 0.3 cm depth of invasion into the upper myometrium on the anterior aspect. The mass is located 1.9 cm from the serosa, and 3.0 cm from the ectocervical mucosa. The myometrium is tan, striated, slightly trabeculated and is up to 2.0 cm thick. The attached right fimbriated fallopian tube is 4.0 cm in length and has a uniform diameter of 0.7 cm. The serosa is dusky

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pink-tan and smooth. The specimen is serially sectioned to reveal a complete pinpoint lumen. The attached right enlarged cerebriiform like ovary is 6 x 3.5 x 2.0 cm. The external surface is tan-gray and uniformly hemorrhagic. The specimen is sectioned to reveal multiple subcortical cysts ranging from 0.2 to 0.3 cm, some of which are filled with clotted blood and some of which contain clear solid fluid. All of the subcortical cyst have a smooth inner lining. Located centrally in the ovary is one large fluid filled cystic structure, 1.5 x 1.4 x 1.0 cm that has a smooth inner lining. The remaining cut surface is tan-gray and glistening. A portion of the ovary is submitted for frozen tissue bank. The attached left fimbriated fallopian tube is 4.0 cm in length and has a uniform diameter of 0.7 cm. The mucosa is dusky purple-pink and smooth. The specimen is serially sectioned to reveal a complete pinpoint lumen. The attached left enlarged cerebriiform like ovary is 4 x 3 x 2.5 cm. The external surface is tan-gray and focally hemorrhagic. The specimen is serially sectioned to reveal multiple subcortical cysts ranging from 0.1 to 0.5 cm in greatest dimension, some of which are filled with clear straw-like fluid and some of which are filled with mucinous material. All of the subcortical cysts have a smooth inner lining. The remaining cut surface is tan-pink and glistening. Representative sections are submitted in 21 cassettes as follows:

- 1 anterior cervix
- 2 posterior cervix
- 3 6 endomyometrium with the mass on the anterior aspect
- 7, 8 longitudinal section including the ectocervix to lower uterine segment in two parts
- 9 11 posterior endomyometrium with the mass.
- 12 13 longitudinal section of the posterior ectocervix to lower uterine segment in two parts.
- 14 right tube
- 15 18 right ovary, 16 18 include the largest cyst
- 19 left tube
- 20, 21 left ovary

CPT CODE(S): A:

Unless indicated as evaluated by gross examination only, all slides have been reviewed by the signing Pathologist.

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Completed Action List:

* Perform by -UNKNOWN, PERSONNEL on

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