

GROSS EXAMINATION:

A. "Omentum", unfixed, transferred to formalin. Three fragments of adipose tissue measuring 9.0  $\times$  8.0  $\times$  2.0 cm in aggregate are sectioned to reveal no masses. Representative in block Al.

- B. "Right tube and ovary", unfixed, transferred to formalin. A 13.7 gram adnexa consists of a 2.5  $\times$  2.0  $\times$  1.5 cm grossly unremarkable ovary and attached 4.0 cm long, 0.4 cm in diameter unremarkable fallopian tube. Representative in block B1.
- C. "Left ovary", unfixed, transferred to formalin. A 7.9 gram, 2.5  $\times$  2.5  $\times$  2.0 cm tan ovary contains moderate amount of fibrous adhesions on the surface. Representative in block Cl. No fallopian tube is identified.
- D. "Uterus", unfixed, transferred to formalin. A 177.0 gram, 7.0 x 6.5 x 5.0 cm supracervical uterus is received opened. The serosa is disrupted and contains numerous adhesions at the fundus. The orientation is unable to determine. The 4.5  $\times$  2.5 cm endometrial cavity is lined by tan, shaggy and sectioning demonstrates by multiple intramural leiomyomata from 1.0 to 4.0 cm in diameter. The tumor measures up to 0.8 cm in a 3.2 cm thick wall uninvolved by leiomyoma. The tumor extends to one margin while there is  $0.8\ \mathrm{cm}$  from the opposite margin.

## BLOCK SUMMARY:

full thickness tumor and leiomyoma in one half. D1-D2

tumor and margin in same half. D3

full thickness endomyometrium in opposite half with serosal D4-D5

adhesions.

tumor and margin opposite half. D6-

tumor overlying leiomyoma. D7

right parametrium D8 left parametrium D9

- E. "Cervix #1", unfixed, transferred to formalin. A 68.2 gram,  $6.0 \times 5.5 \times 5.0 \text{ m}$ cm lobulated specimen is partially covered by serosa. The remainder is covered by fibrovascular tissue. Sectioning demonstrates a pink, gray, whorled cut surface with multiple cysts from 0.1 cm to 1.0 cm filled with mucin. No definitive uterine anatomy is grossly identified. Representative in blocks E1-E6.
- F. "Cervix #2", unfixed, transferred to formalin is a 49 gram, 3.5  $\times$  3.0  $\times$  2.0 cm cervix and 2.0 cm of the lower uterine segment is tan, smooth low uterine segment, tan trabeculated, 3 cm long endocervix. The squamocolumnar junction is distinct. The ectocervix is gray and smooth. There is a possible, attached 0.5 cm vaginal cuff. The attached fibrovascular tissue contains a 1.2  $\times$  1.0  $\times$ 1.0 cm pedunculated leiomyoma.

## BLOCK SUMMARY:

vaginal cuff.

representative of cervix. F2-F3

representative lower uterine segment and endocervical canal. F4

leiomyoma. F5

MICROSCOPIC EXAMINATION: Microscopic examination is performed. DIAGNOSIS: A. "OMENTUM" (BIOPSY): NEGATIVE FOR MALIGNANCY. B. "RIGHT OVARY AND FALLOPIAN TUBE" (EXCISION): NEGATIVE FOR MALIGNANCY.

C. "LEFT OVARY" (EXCISION):

NEGATIVE FOR MALIGNANCY.

D. "UTERUS" (SUPRACERVICAL HYSTERECTOMY):

CARCINOMA OF ENDOMETRIUM:

ENDOMETRIOID Histologic type:

POORLY DIFFERENTIATED (GRADE 3) Histologic (FIGO) grade:

Extent of invasion

POSITIVE, INNER-ONE HALF (0.2 CM/3.2 CM) - Myometrial invasion:

- Endocervical involvement

NEGATIVE - Surface extension: NEGATIVE - Stromal invasion: NEGATIVE - Uterine serosa:

NEGATIVE Margins

NEGATIVE Vascular invasion:

Non-cancer related findings

ADENOMYOSIS, LEIOMYOMAS (LARGEST 4 CM) - Myometrium:

E. "CERVIX #1" (EXCISION):

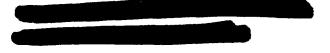
ENDOMETRIOMA, SEE NOTE. NEGATIVE FOR MALIGNANCY.

NOTE:

F. "CERVIX #2" (EXCISION):

LEIOMYOMA. NEGATIVE FOR MALIGNANCY.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).



CI ADDENDUM 1:
Please see Image Cytometry Report: results of supplementary tests.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

