

Reg# [REDACTED] Name: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Age: [REDACTED] User Name: [REDACTED]

| ACCN Number | Order Test Code | Order Test Name | Last Updated |
|---|-----------------|-----------------|--------------------|
| ACCN: [REDACTED] Collected: [REDACTED] | SPF | SP FINAL REPORT | Updated [REDACTED] |
| SP FINAL REPORT | | Source: | |

HISTORY:

History of case: Positive biopsy, squamous cell carcinoma, moderately-differentiated, and positive for p16 of right tongue. Operative Procedure/Tissue Submitted: DL, BX.

GROSS:

1. "Right base of tongue" Received in formalin in a small container is a 1.2 x 0.5 x 0.2 cm mucosal strip, with granular surface. Submitted intact. (1ns)
2. "Right, level 2 lymph node" Received in formalin in a small container is a 1.1 x 0.2 x 0.1 cm red-tan soft tissue fragment. Submitted intact. (1ns)

MICROSCOPIC DIAGNOSIS:

1. Right base of tongue, biopsy: Invasive, predominantly nonkeratinizing poorly differentiated squamous cell carcinoma. Tumor invades to a depth of 0.5 cm. Immunohistochemical stain for p16 positive.
2. Soft tissue of right neck, level II, excision: Skeletal muscle with scar, acute and chronic inflammation, and foreign body giant cell reaction. Negative for neoplasm, deeper levels and cytokeratin immunohistochemical stain confirmatory.

I, [REDACTED] the signing staff pathologist, have personally examined and interpreted the slides from this case.

(electronic signature)

Close