

**Pathology Report**

Report Type ..... rt  
Date of Event ..... [REDACTED]  
Sex ..... [REDACTED]  
Authored by ..... [REDACTED]  
Hosp/Group ..... [REDACTED]  
Record Status .....

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Laryngeal mass.

PROCEDURE: Not answered.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION THERAPY: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.

ES: Not answered.

FINAL DIAGNOSIS:

PART 1: LARYNX, LEFT, BIOPSY

SQUAMOUS CELL CARCINOMA BASED ON ORIGINAL FROZEN SECTION AND PERMANENT SLIDES.

PART 2: LYMPH NODES, LEFT, LEVEL 2, DISSECTION  
FOURTEEN BENIGN LYMPH NODES.

PART 3: LYMPH NODES, LEFT, LEVEL 3, DISSECTION  
TWO BENIGN LYMPH NODES.

PART 4: LYMPH NODES, LEFT, LEVEL 4, DISSECTION  
FOUR BENIGN LYMPH NODES.

PART 5: LYMPH NODES, RIGHT, DISSECTION  
SEVEN BENIGN LYMPH NODES.

PART 6: LEFT PHARYNGEAL MARGIN, BIOPSY  
NO TUMOR SEEN.

PART 7: RIGHT PHARYNGEAL MARGIN, BIOPSY  
NO TUMOR SEEN.

PART 8: POSTCRICOID MARGIN, BIOPSY  
NO TUMOR SEEN.

PART 9: LARYNX AND THYROID, TOTAL LARYNGECTOMY AND LEFT THYROID LOBECTOMY

A. PREDOMINANTLY LEFT TRANSGLOTTIC SQUAMOUS CELL CARCINOMA,  
MODERATELY DIFFERENTIATED WITH INVASION OF THYROID CARTILAGE, 3.7 CM.

B. NO PERINEURAL INVASION IS SEEN.

C. MARGINS OF RESECTION ARE FREE OF TUMOR.

D. FOLLICULAR ADENOMA, 0.3 CM, LEFT LOBE OF THYROID

E. NO PARATHYROID GLANDS ARE SEEN.

F. pT4aN0MX

My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

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GROSS DESCRIPTION:

The specimen is received in nine parts.

Part 1 is received labeled with the patient's name, initials xxx and "left larynx biopsy." The specimen is composed of tissue fragments with overall dimensions of 0.3 x 0.2 x 0.2 cm and is entirely submitted in cassette 1AFS.

Part 2 is received labeled with the patient's name, initials xxx, MRN, and "left neck dissection, level 2." It is a 12.0 x 2.5 x 0.5 cm yellow-grey-brown tissue with palpable nodularities. The dimension of the largest possible lymph node is 2.0 cm and possible lymph nodes are submitted

in cassettes 2A-2E (2C and 2E represent bisected lymph nodes).

Part 3 is labeled with the patient's name, initials xxx, MRN and "left neck level 3." It is a 4.0 x 2.0 x 0.7 cm soft, fatty tissue. The dimension of the largest possible lymph node is 2.0 cm and possible lymph nodes are submitted

in cassettes 3A and 3B (3A represents the bisected lymph node).

Part 4 is labeled with the patient's name, initials xxx, MRN and "left neck level 4." It is a 4.0 x 1.5 x 0.5 cm tissue. Possible lymph nodes are submitted in cassettes 4A and 4B (4B represents the bisected lymph node).

Part 5 is labeled with the patient's name, initials xxx, MRN and "right neck

dissection." It is a 4.0 x 1.5 x 0.5 cm tissue. Possible lymph nodes are submitted in cassettes 5A and 5B.

Part 6 is labeled with the patient's name, initials xxx, MRN and "left pharyngeal margin." It is a 5.0 x 0.3 x 0.2 cm mucosal tissue and is entirely submitted in cassette 6AFS.

Part 7 is labeled with the patient's name, initials xxx, MRN and "right

pharyngeal margin." It is a 1.0 x 0.6 x 0.2 cm tissue and is entirely submitted in cassette 7AFS.

Part 8 is labeled with the patient's name, initials xxx, MRN and "post cricoid margin." It is a 1.0 x 0.3 x 0.3 cm tissue and is entirely submitted

sette 8AFS.

[REDACTED] is labeled with the patient's name, initials, xxx, MRN and "total laryngectomy and left thyroid lobectomy". It consists of a 9.0 x 8.0 x 5.5 cm total laryngectomy specimen with a 4.5 x 3.0 x 1.5 cm, 9 gram left thyroid

lobectomy. On serial sections is a transglottic located tumor of 3.7 x 2.5 x 1.5 cm located mainly on the left side and extending to the right side as well. It has an irregular surface. It is 2.5 cm from the inferior margin and 4.0 cm from the superior margin. On serial sections of the left thyroid lobe are 0.1 cm tan-white areas with no obvious tumor involvement. A portion of tumor and normal mucosa were banked.

Ink code

Black = all margins

Blue = soft tissue after hyoid bone removal (not a margin)

Red = banked area.

Cassette code

9A base of tongue margin

9B inferior tracheal margin

9C representative sections from left thyroid lobe

9D left lateral margin, including pyriform sinus

9E right lateral margin, including pyriform sinus

9F and 9G sections from superior to inferior from left side

9H and 9I tumor samples from left side in relation to epiglottis

9J and 9K tumor samples from superior to inferior on the right side

9L anterior verlying tumor.

ated by: [REDACTED], M.D.

[REDACTED] VE CONSULTATION:

PART 1AFS: LEFT LARYNX BIOPSY (frozen section)

A. MALIGNANT.

B. SQUAMOUS CELL CARCINOMA [REDACTED]

PART 6AFS: LEFT PHARYNGEAL MARGI [REDACTED] tion)

A. BENIGN.

B. NO TUMOR SEEN [REDACTED]

PART 7AFS:RIGHT PHARY [REDACTED] frozen section)

A. BENIGN.

B. NO TUMOR SEEN [REDACTED]

PART 8AFS: POST-CRICO [REDACTED] zen section)

A. BENIGN.

NO TUMOR SEEN [REDACTED]

[REDACTED] / [REDACTED] COPIC:

copic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The testing was developed and its performance characteristics

dete

the [REDACTED], Department of Pathology, as required by t

'[REDACTED] regulations. The testing has not been cleared or approved for the sp cific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation

ranges from a minimum of 2 to a maximum of 84 hours. This laboratory [REDACTED] certified under the Clinical Laboratory Improvement Amendments of [REDACTED] ("CLIA") as qualified to perform high-complexity clinical testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - LARYNX RESECTIONS

TYPE OF LARYNGECTOMY: Total

TUMOR LATERALITY: Left

ATTACHED STRUCTURES: Base of tongue, Thyroid

TUMOR LOCATION/SEGMENT: Transglottic

TUMOR SIZE: Maximum dimension: 3.7 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Moderately differentiated

STRUCTURES INVOLVED BY TUMOR: True cord, False cord, Epiglottis, Thyroid cartilage

LYMPH NODES: Lymph nodes positive, Right: 0

Total number of right sided lymph nodes examined: 7

Lymph nodes positive, Left: 0

Total number of left sided lymph nodes examined: 20

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

No

INTRA-PERINEURAL INVASION: Absent

VASCULAR INVASION: No

SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)

T STAGE, PATHOLOGIC: Glottis, pT4a

N STAGE, PATHOLOGIC: pN0

M STAGE, PATHOLOGIC: pMX

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HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Left

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

Part 2: n Left Neck Lev

Taken: [REDACTED] Received: [REDACTED]

Stain/ch

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

Part 3: 1 3

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1 B

Part 4: 1 4

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1      B  
Part 5:                  n Right  
Taken: [REDACTED]      Received: [REDACTED]  
Stain/cn

H&E x 1      A  
H&E x 1      B  
Part 6:                  l Margin  
Taken: [REDACTED]      Received: [REDACTED]  
Stain/cn

H&E x 1      AFS  
Part 7:                  al Margin  
Taken: [REDACTED]      Received: [REDACTED]  
Stain/cn

H&E x 1      AFS  
Part 8:                  argin  
Taken: [REDACTED]      Received: [REDACTED]  
Stain/cn

H&E x 1      AFS  
Part 9:  
Taken: [REDACTED]      Received: [REDACTED]  
Stain/cn

H&E x 1      A  
H&E x 1      B  
H&E x 1      C  
H&E x 1      D  
H&E x 1      E  
H&E x 1      F  
H&E x 1      G  
H&E x 1      H  
H&E x 1      I  
H&E x 1      J  
H&E x 1      K  
x 1      L

[REDACTED]