FINAL SURGICAL PATHOLOGY REPORT

Diagnosis:

A. - B.) RIGHT RENAL MASS AND BASE OF TUMOR, PARTIAL NEPHRECTOMY:
- PAPILLARY RENAL CELL CARCINOMA, TYPE 2.
  - Fuhrman nuclear grade 2.
  - Size: 1.6 cm.
  - Confined to the kidney.
  - Negative for extracapsular invasion into fat.
  - Negative for lymphovascular invasion.
- BASE (margin) OF TUMOR NEGATIVE FOR MALIGNANCY.

COMMENT:

Procedure:	Partial nephrectomy.
Specimen type:	Renal mass and base of tumor.
Specimen laterality:	Right.
Tumor Features:	
Tumor size:	1.6 cm.
Tumor focality:	Single focus.
Histologic type:	Papillary renal cell carcinoma, type 2.
Histologic grade (Fuhrman nuclear grade):	2, moderately differentiated.
Sarcomatoid features:	Not present.
Macroscopic extent of tumor:	Confined to the renal cortex.
Microscopic tumor extension:	Confined to the renal cortex.
Lymph Nodes:	Not evaluated.
Margin:	Base of tumor negative. Tumor clear of inked base of the initial excision by at least 2 mm.
Pathologic tumor staging descriptors:	
Primary tumor (pT):	pT1a.
Regional Lymph nodes (pN):	pNX.
Distant metastasis (pM):	pMX.
Margin status (R):	R0.
Pathologic stage:	I.
Pathologic findings in non-neoplastic kidney:	None.
Additional pathologic findings:	None.
Comment:	

Source of Specimen:

A. Mass;Right renal

B. Renal cell base of tumor

Intraoperative Diagnosis:

B. FSB: Kidney, right, base of tumor, biopsy: Benign kidney tissue, no tumor present

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Gross Description:

A. Part A designated right renal mass. Initially received in a fresh state for frozen section analysis are three portions of soft tissue, including two pieces of perinephric fat and a excision of kidney. The portion of kidney is a corked-out wedge of tissue weighing 3 grams and 2.1 x 1.7 x 1.4 cm. The apparent deep surgical margins are now marked blue, and the superficial surface is marked yellow. The specimen is serially sectioned to reveal a well circumscribed, softened hemorrhagic tumor mass measuring up to 1.6 cm in greatest dimension. Due to the softened hemorrhagic state of the lesion the relationship with the surrounding thin border of renal parenchyma is difficult to discern, however the lesion demonstrates a capsular appearance. A discrete representative portion is retrieved centrally from the lesion and submitted for Oncogenotyping studies. The kidney biopsy is entirely submitted for microscopic evaluation. The two portions of accompanying fat are examined, and both pieces demonstrate an area of indentation, possibly corresponding to the fat formerly overlying the mass, and the fat demonstrates a thickness range of 1.5 - 2.3 cm to the radial surface. Sectioning through the fat demonstrates glistening yellow-tan lobular surface without gross evidence of an invasive component. Representative sections are submitted for microscopic evaluation.

Cassette summary: A1-A4) kidney biopsy, sequentially submitted, A5-A7) fat overlying lesion represented.

B. Received fresh labeled with the patient's name and "renal cell base of tumor" and consists of a tan portion of tissue measuring 0.7 x 0.5 x 0.1 cm. The specimen is entirely submitted for frozen section analysis in FSB. The tissue is submitted for permanent sections in cassette B1.

Microscopic Description:

A. - B.) Sections of the initial mass excision show a well-encapsulated neoplasm with a complete fibrous capsule. The tumor has a papillary and tubular architecture and the cells range from small to intermediate with round to oval nuclei and small central nucleoli not visualized at 10x (Fuhrman nuclear grade 2). There is abundant acidophilic cytoplasm throughout the majority of the tumor consistent with the type 2 subtype of papillary RCC. Characteristic foamy macrophages are present. The tumor is confined within the renal cortex without invasion through the capsule or invasion into the attached adipose tissue. The inked base of the tumor and the separate specimen designated base of tumor consists of benign renal parenchyma without tumor involvement.

Immunohistochemistry performed shows the tumor is strongly positive for cytokeratin 7 and Vimentin. CD10 is positive in approximately 30-40% of the tumor. There is only focal and weak positivity with RCC immunohistochemistry. Ber-EP4 and C-Kit are considered negative.