



## LABORATORY MEDICINE PR

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### Surgical Pathology Consultation Report \* Addended \*

Patient Name:		Accession #:
MRN:		Collected:
DOB:		Received:
Gender:		Reported:
HCN:		
Ordering MD:		
Copy To:		

#### Specimen(s) Received

1. Thyroid: Right Hemithyroidectomy(incl.isthmus)
2. Skin- anterior neck
3. soft tissue mass right anterior chest

#### Diagnosis

1. Papillary carcinoma, follicular variant, 4.7 cm, and papillary microcarcinoma, 0.2 cm: Thyroid, right hemithyroidectomy specimen
2. Irritated and inflamed seborrheic keratosis: Skin (anterior neck) biopsy
3. Spindle cell lesion: Soft tissue (right anterior chest) excisional biopsy See Comment

#### Comment

3. The spindle cell lesion of the anterior chest wall will be reported by after special studies are completed.

#### Synoptic Data

Procedure: Right hemithyroidectomy ICD-O-3  
Received: Fresh  
Specimen Integrity: Intact  
Specimen Size: Right lobe:  
6.1 cm  
3.6 cm  
1.8 cm  
Isthmus +/- pyramidal lobe:  
2.6 cm  
1.2 cm  
1.0 cm  
Specimen Weight: 24 g  
Tumor Focality: Multifocal, ipsilateral  
----- DOMINANT TUMOR -----  
Tumor Laterality: Right lobe  
Tumor Size: Greatest dimension: 4.7cm  
Additional dimension: 3.5 cm  
Additional dimension: 1.7 cm

*Carcinoma, papillary, follicular variant  
8340/3  
Site: thyroid, nos C73.9  
lw  
10/21/12*

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Histologic Type: Papillary carcinoma, follicular variant, 99% *pw TSS*  
Histologic Grade: Follicular architecture  
Classical cytomorphology  
Not applicable  
Margins: Margins uninvolved by carcinoma  
Tumor Capsule: Partially encapsulated  
Tumor Capsular Invasion: Present, extent minimal  
Lymph-Vascular Invasion: Not identified  
Perineural Invasion: Not identified  
Extrathyroidal Extension: Not identified

----- SECOND TUMOR -----

Tumor Laterality: Right lobe  
Tumor Size: Greatest dimension: 0.2cm  
Histologic Type: Papillary carcinoma, follicular variant  
Papillary carcinoma, microcarcinoma (occult, small or microscopic) variant  
Papillary carcinoma, oncocytic or oxyphilic variant  
Follicular architecture  
Oncocytic or oxyphilic cytomorphology  
Not applicable  
Margins: Margins uninvolved by carcinoma  
Tumor Capsule: Partially encapsulated  
Tumor Capsular Invasion: Not identified  
Lymph-Vascular Invasion: Not identified  
Perineural Invasion: Not identified  
Extrathyroidal Extension: Not identified  
TNM Descriptors: m (multiple primary tumors)  
Primary Tumor (pT): pT3: Tumor more than 4 cm, limited to thyroid or with minimal extrathyroidal extension (eg, extension to sternothyroid muscle or perithyroid soft tissues)  
Regional Lymph Nodes (pN): pNX: Regional lymph nodes cannot be assigned  
Number of regional lymph nodes examined: 0  
Number of regional lymph nodes involved: 0  
Distant Metastasis (pM): Not applicable  
Additional Pathologic Findings: None Identified

\*Pathologic Staging is based on AJCC/UICC TNM, 7th Edition

Electronically verified by:

### Clinical History

STITCH MARKS UPPER POLE

### Gross Description

1. The specimen labeled with the patient's name and as "Thyroid: Right hemithyroidectomy (including isthmus)" consists of a right hemithyroidectomy specimen that is oriented with a suture and weighs 24.0 g. The lobe measures 6.1 cm SI x 3.6 cm ML x 1.8 cm AP and the isthmus measures 2.6 SI x 1.2 cm ML x 1.0 cm AP. The external surfaces have fibrous adhesions. No parathyroid glands or lymph nodes are identified grossly. The external surface is painted with Silver nitrate. The upper mid to lower pole of the lobe contains a well delineated nodule that measures 4.7 cm SI x 3.5 cm ML x 1.7 cm AP. The remainder of the thyroid tissue is unremarkable. Sections of nodule and normal tissue are stored frozen. The remainder of the specimen is submitted as follows:

1A-I lobe, superior to inferior  
1J-L isthmus

2. The specimen labeled with the patient's name and as "Skin: Anterior neck" consists of a fragment of pink-tan tissue measuring 0.5 x 0.5 x 0.3 cm received in 10% buffered formalin.

**Surgical Pathology Consultation Report**

2A submitted in

3. The specimen labeled with the patient's name and as "soft tissue mass right anterior chest" consists of a piece of red-yellow soft tissue that measures 2.8 x 2.5 x 1.7 cm and weighs 6.9 g received in 10% buffered formalin. On sectioning, there is a well-circumscribed nodule within the soft tissue measuring 2.2 x 1.8 x 1.3 cm.

3A-D serially sectioned and submitted in

**Addendum**

**Status: Signed Out  
Date Reported:**

**Addendum Diagnosis**

3. Soft tissue (right anterior chest), excisional biopsy:  
- Intravascular fasciitis – please see Addendum Comment

**Addendum Comment**

Sections examined show a well-circumscribed, encapsulated lesion within the skeletal muscle of this excisional biopsy. The capsule shows areas of entrapped smooth muscle fibres, reminiscent of a large muscular vessel. The intravascular lesion is heterogenous with multiple lobules of variable cellularity. There is palisading of the hypercellular areas around central areas of pauci-cellularity. Some of the central areas show fibrin collections. At the periphery of the lesion, there are many anastomosing thin-walled vessels surrounded by a myxoid spindle-cell proliferation with tissue-culture pattern. There is extensive mixed inflammation throughout the lesion including predominantly small lymphocytes and plasma cells. The spindle cells are bland with dispersed chromatini. Occasional multinucleated cells are noted. Throughout the lesion, there are only rare mitotic figures (<1 per 10 HPF). A previous scar with hemosiderin deposition and reparative changes is present, consistent with previous biopsy procedure. Movat pentachrome stain highlights the remnant large vessel and the myxoid change within the lesion.

On immunohistochemistry, the cells are positive for SMA and negative for caldesmon, desmin, and CD34. shows focal areas with some entrapped positive spindle cells but is negative in the main spindle cell population. PGP 9.5 shows weak nuclear and cytoplasmic staining of scattered spindle cells.

The overall morphology is consistent with intravascular fasciitis, which is considered a variant of nodular fasciitis. The lesion is completely excised in the plane of sections examined.

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy	X	
HIPAA Discrepancy		
Prior Malignancy History	X	
Dual/Synchronous Primary Noted		
Case is Cited:	QUALIFIED	DISQUALIFIED
Reviewed By:	Date Reviewed:	9/21/10