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Redacted



CONFIDENTIAL

SURGICAL PATHOLOGY REPORT

Time Collected

Time Reported

Order Number

Status

Final

Time Received

Time Transmitted

Ordering Provider

Relevant Information

Location

Copied To

Report Patient

Name:

Demographics (for

verification purposes)

Date of Birth:

Sex: M

SURGICAL PATHOLOGY REPORT

*****Surgical Pathology Report*****

Accession Number

Collected Date/Time

Received Date/Time

Pathologist

Specimen Description

A. Small bowel nodule

B. Mesenteric node

C. Gallbladder

D. Right lobe liver

Clinical Information

Mass in liver. Cholangiocarcinoma - query. Colon adenocarcinoma.

Diagnosis

A. Small Bowel Nodule, Biopsy:

- Focal fibrosis, negative for malignancy.

B. Mesenteric Node, Biopsy:

- One lymph node, negative for malignancy.

C. Gallbladder, Cholecystectomy:

- Unremarkable gallbladder, negative for malignancy.

D. Right Lobe Liver, Wedge Resection:

- Moderately differentiated cholangiocarcinoma.

- 7.7 x 6.0 x 5.5 cm.

- Less than 0.1 cm to the liver resection margin and the tumor focally involves the liver capsule.

- Positive perineural invasion.

- Surrounding background liver parenchyma shows moderate portal inflammation, likely due to mass effect.

Reported by:

Electronically signed by:

Verified:

ICD-O-3

Cholangiocarcinoma 8160/3
Site: Intrahepatic bile duct C22.1
JW 5/21/14

Gross Description

Received are specimens A to D. All requisitions and specimen containers are labelled with the patient's name. The cassettes and identifiers are labelled with the Surgical number.

A. Two small fragments of tan soft tissue, 0.7 x 0.3 x 0.2 cm in aggregate. Submitted in toto for FS.

B. One piece of oval-shaped nodular tissue encompassing a seemingly lymph node, 1.2 cm in greatest dimension. The node is bisected and submitted in toto in two blocks (FS1 and FS2) for FS.

C. The specimen is received fresh and is subsequently placed into formalin and consists of an intact gallbladder measuring 8.2 x 3 x 2.1 cm. The serosal surface is tan, smooth and glistening and the adventitial surface is tan, slightly hemorrhagic and roughened. The cystic duct resection margin is identified and is patent. The cystic duct lymph node is grossly identified and measures 1.2 cm in maximum dimension. The lumen is filled with thick green bile (about 4 ml). The mucosal surface is green and velvety. The wall thickness of the gallbladder is ranging from 0.2 to 0.5 cm. The specimen is serially sectioned and representative sections are submitted in cassettes C1 and C2, cassette C1 representing the cystic duct resection margin and cystic duct lymph node bisected, cassette C2 representing sections from neck, body and fundus.

D. The specimen is received in formalin and consists of a lobe of liver weighing 403 g and measuring 13.7 x 11 x 5.5 cm. The resection margin is marked with blue dye. A white solid area is identified on the serosal surface measuring 5 x 1.5 cm. The cut surface reveals a tan solid mass measuring 7.7 x 6 x 5.5 cm. This mass also grossly extends up the serosal surface. The remaining cut surface appears grossly unremarkable.

Sections are submitted as follows:

- D1 - mass in relationship with the serosal surface (white solid area on the serosal surface).
- D2-3 - mass with closest inked resection margin.
- D4 - blood vessel within the mass.
- D5-6 - further sections from the mass with fascicles.
- D7 - grossly unremarkable parenchyma adjacent to the mass.

Please note a portion of specimen D is sent for tumor banking.

Frozen Section Diagnosis

A. Small Bowel Nodule:

- Benign fibrous tissue, negative for malignancy.

B. Mesenteric Node:

- Reactive lymph node, negative for malignancy.

Reported by:

Pathologist Comment

D. The moderately differentiated adenocarcinoma cells are strongly positive for CK7, CK19, focally positive for CK20 and negative for TTF-1 and CDX2. This immunohistochemical profile is consistent with cholangiocarcinoma.

Accession Number
Encounter Number
Patient Location

Criteria	hw 1/8/14	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History	Rectal sigmoid		
Dual/Synchronous Primary Noted			
Case is (circle):	QUALIFIED		DISQUALIFIED
Reviewer Initials	STH	Date Reviewed:	1/8/14