



SURGICAL PATHOLOGY REPORT

Patient Name:

Med. Rec. #:

DOB:

Gender:

Physician(s):

Location:

Service:

Billing #:

Accession #:

Billing Type:

Taken:

Received:

Reported:

Specimen(s) Received

- A: Liver mass
- B: Left adrenal tumor
- C: Periaortic lymph nodes
- D: Tumor capsule attached to diaphragm
- E: Left pleural tissue
- F: Tissue along aorta
- G: Liver mets [left lateral segment]
- H: Segment eight

ICD-O-3
Carcinoma, Adrenal cortical
8370/3
Site Adrenal Gland, cortex
C74.0
JW 4/29/13

Pathologic Diagnosis

- A. Liver mass, biopsy:
 - Metastatic poorly differentiated carcinoma.
- B. Left adrenal tumor:
 - Poorly differentiated carcinoma, most consistent with adrenal cortical carcinoma. The carcinoma obliterates the adrenal gland and extends along the renal cortex. Margins cannot be evaluated due to fragmentation of specimen. One benign renal hilar lymph node present. The tumor is positive for vimentin and focally positive for NSE and CAM 5.2. It is negative for CK AE1/AE3, CK7, CK20, inhibin, chromogranin, melan A, S-100, bcl-2, calretinin and synaptophysin.

Synoptic Report for Adrenal Gland

Specimen:	Adrenal gland and kidney.
Procedure:	Total adrenalectomy and nephrectomy.
Specimen Integrity:	Fragmented.
Specimen Size:	Indeterminate due to fragmentation.
Specimen Laterality:	Left.
Tumor Size:	Cannot be determined due to fragmentation.
Histologic Type:	Favor adrenal cortical carcinoma.
Margins:	Cannot be determined.
Lymph-Vascular Invasion:	Not identified.

PATHOLOGIC STAGE: pT4, pN0, pMX.

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated and does not incorporate other relevant data. Pathology stage is only a component to be considered in determining the clinical stage and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

- C. Periaortic nodes:
 - Six benign lymph nodes.
- D. Tumor capsule attached to diaphragm:
 - Poorly differentiated carcinoma present.
- E. Left pleural tissue:
 - Fibromembranous tissue with extensive necrotic tissue, possibly necrotic tumor.
- F. Tissue along aorta:
 - Poorly differentiated carcinoma present.
- G. Liver metastasis:
 - Metastatic poorly differentiated carcinoma.
- H. Segment 8:
 - Metastatic poorly differentiated carcinoma.

Primary Pathologist:
Electronically Signed

Intraoperative Consultation

- A. Liver mass, possible mets:
 - Metastatic high-grade carcinoma (Microscopic Examination).

Clinical History

Left retroperitoneal mass.

Gross Description

- A. Received fresh for frozen section and labeled "liver mass, possible mets" is a fragment of gray-tan soft tissue, measuring 0.5 cm in greatest dimension. The specimen is entirely frozen as FSA1, and the frozen section remnant is submitted in cassette FSA1.
- B. Received labeled "left adrenal tumor" is a left nephrectomy specimen with an attached adrenal mass, weighing 827 gm. The kidney is 10 x 5.5 x 5 cm. The mass, which surrounds most of the surface of the kidney, is 17 x 11 x 6 cm. The surface of the mass is markedly disrupted, and there are multiple fragments of the mass detached from the specimen within the container.

Sectioning demonstrates the mass surrounds most of the kidney, but does not appear to invade into the kidney. The mass is lobulated, and is mostly tan-gray, with diffuse areas of hemorrhage. The mass is present surrounding the renal hilum, and is within 1 cm of the renal artery and vein margins. Attached to the kidney is a segment of ureter, measuring 4 cm long x 0.6 cm in diameter. The mass does not invade the ureter, and the mass outside of the ureter is at least 3.5 cm from the distal ureteral margin. There is a lymph node identified in the renal hilum measuring 2 cm in greatest dimension.

Surgical Pathology Report

The renal parenchyma is tan-gray and grossly unremarkable. There are no lesions or suspicious areas identified within the kidney. There is a clear distinction between the cortex and medulla.

Cassette Summary: B1 - vascular and ureteral margins, en face, B2, B3, and B4 - representative sections of mass abutting the renal capsule, with adjacent normal kidney, B5 and B6 - representative sections of mass, B7 - renal pelvis, B8 - hilar lymph node, sectioned.

Cassette B9 through B13 - representative sections at peripheral edge of mass, with faint areas of golden tan tissue, possible residual normal adrenal gland.

C. Received in formalin and labeled "periaortic nodes" are six possible lymph nodes identified, ranging from 0.5 to 3.0 cm in greatest dimension. Cassette Summary: C1 - three lymph nodes (one unlinked and whole, one inked blue and bisected, one inked yellow and bisected), C2 - one lymph node, bisected, C3 - one lymph node, sectioned, C4 - one lymph node, serially sectioned.

D. Received in formalin and labeled "tumor capsule attached to diaphragm" is a portion of red-tan soft tissue, muscle, and attached fragments of gray-tan, disrupted tumor measuring 4.5 x 4.0 x 2.0 cm. Sectioning demonstrates layered fibrous and muscular tissue. The areas suspicious for tumor appear to be merely attached to the specimen and do not invade into it. Representative sections are submitted in cassettes D1 and D2.

E. Received in formalin and labeled "left pleural tissue" are four fragments of gray-tan soft tissue, measuring 2.5 x 2.5 x 0.5 cm. Sectioning demonstrates soft tissue consistent with pleura with attached areas of ill-defined, suspicious, gray-tan tissue. The specimen is entirely submitted in cassettes E1 and E2.

F. Received in formalin and labeled "tissue along aorta" is a portion of gray-tan soft tissue, measuring 2.5 x 1.3 x 0.8 cm. Sectioning demonstrates suspicious, gray-tan soft tissue. The specimen is entirely submitted in cassette F1.

G. Received in formalin and labeled "liver mets, left lateral segment" is a fragment of gray-tan soft tissue, measuring 0.6 cm in greatest dimension. The specimen is entirely submitted in cassette G1.

H. Received in formalin and labeled "segment 8" are two fragments of gray-tan soft tissue, measuring 0.5 cm in greatest dimension. The specimen is placed into a mesh bag, and entirely submitted in cassette H1.

Microscopic Description

Microscopic examination has been performed on all slides. The pathologic diagnosis encompasses the essential microscopic findings of this case.

A: 88331, 88307
B: 88307, 88342, 88342, 88342, 88342, 88342, 88342, 88342, 88342, 88342, 88342, 88342
C: 88307
D: 88305
E: 88305
F: 88305
G: 88307, 88342, 88342
H: 88307

If immunohistochemistry or in situ hybridization was used the following applies: This test was developed and its performance characteristic determined by It has not been cleared or approved by the U. S. Food and Drug Administration (FDA). The FDA does not require this test to go through premarket FDA review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. All special stains used have adequate controls.

Criteria	1/19/13	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History			
Diagnosis/Interpretation Primary Report			
Certified/signed	QUALIFIED	/	DISQUALIFIED
Reviewer Initials	BTH	Date Reviewed:	1/18/13