

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]n

Date Coll: [REDACTED]

SURGICAL PATHOLOGY REPORT

SPECIMEN

- A. R4 lymph node
- B. L4 lymph node
- C. Level 10 lymph node
- D. Level 5 lymph node
- E. Subcarinal lymph node
- F. Level 6 lymph node
- G. Left lung

CLINICAL NOTES

PRE-OP DIAGNOSIS: Lung cancer.

FROZEN SECTION DIAGNOSIS

- FSA) R4 lymph node - Negative for malignancy.
- FSB) L4 lymph node - Negative for malignancy.

GROSS DESCRIPTION

A. Part A is submitted fresh for frozen labeled "R4 lymph node" consists of multiple fragments of tan-white and yellow tissue admixed with anthracotic pigment. The aggregate measurement is 4 x 2 x 0.5 cm. Submitted entirely for frozen section.

B. Part B is submitted fresh for frozen labeled "L4 lymph node" consists of multiple fragments of gray-red and yellow tissue with an aggregate dimension of 2 x 2 x 0.5 cm. Submitted entirely for frozen section.

C. Received fresh, [REDACTED] "level 10 lymph node", are two slightly rubbery gray-black-red tissues, in keeping with lymph nodes, measuring 0.35 cm. in greatest dimension and 0.7 x 0.5 x 0.5 cm. The larger tissue is bisected and the specimens are entirely submitted in two blocks, as labeled. AS-2

BLOCK SUMMARY: 1 - Smaller node in toto; 2 - bisected larger node.

D. Received fresh, labeled "level 5 lymph node", are two slightly rubbery gray-black-red tissues, in keeping with lymph nodes, averaging 1.1 x 0.6 x 0.6 cm. The specimens are bisected and entirely submitted independently in two blocks (one bisected node per cassette). AS-2

E. Received fresh, labeled "subcarinal lymph node", are four slightly rubbery tan-gray-red tissues, in keeping with lymph nodes, measuring up to 0.6 cm. in greatest dimension. The specimens are submitted in toto in one block. AS-1

F. Received fresh, labeled "level 6 lymph node", are two soft tan-red to gray-black tissues, in keeping with lymph nodes, measuring 0.5 and 2.4 cm. in greatest dimension, with a scant amount of associated adipose tissue. The larger node is bisected and the specimens are entirely submitted in two blocks, as labeled. AS-2

RY: 1 - Smaller node in toto; 2 - bisected larger node.

[REDACTED]

[REDACTED]

G. Left lung submitted fresh for tissue procurement labelled "left lung" is an intact lung with two lobes weighing 442 grams. There is a suture line present at the amputation point of the main left bronchus, the left main pulmonary artery and main left pulmonary vein. The pleural surface of the lung is intact with a finely stippled anthracotic pigment present. No obvious areas of puckering of the pleura or umbilication are evident. Several small possible peribronchial lymph nodes are present adjacent to the bronchial stump. There is a mass that is palpable in the interlobar fissure. This appears to be below the surface of the lung. Sections are placed through the mass and this reveals a large tumor mass which is immediately inferior to the main bronchus. The tumor mass measures maximally 6 x 5 x 4 cm. It arises approximately 1 cm below the bronchial cuff margin that grossly does not appear to be involved by tumor. There does appear to be at least one lymph node which is partially involved by tumor adjacent the bronchus. Portions of the [REDACTED] normal lung are submitted for procurement per request of [REDACTED]. Further sectioning of the lung reveals a second tumor mass present deep to the pleural surface of the lower lobe. This pleural mass has central necrosis and measures maximally 3 x 2 x 1.5 cm. It has the same fleshy tan-white gritty cut surface as does the main tumor mass. The upper lobe does not appear to have any discrete nodules. It is crepitant gray-tan tissue without focal nodularity. Sections after fixation.

BLOCK SUMMARY: 1 - bronchial margin; 2 - vascular margin; 3 - pleural margin of the main dominant tumor mass; 4-7 - dominant tumor mass; 8-10 - secondary smaller tumor including pleural surface; 11 - random left upper lobe; 12 - random left lower lobe; 13-14 - bronchial lymph nodes.

[REDACTED]

MICROSCOPIC DESCRIPTION

Microscopic sections of both lesions present in the left lung have a similar histologic appearance. Both are moderate to poorly differentiated adenocarcinomas with cells exhibiting prominent eosinophilic cytoplasm. It is not clear from the histology if this represents two separate primary tumors or an intrapulmonary metastasis from the main lung tumor. Results of the evaluation of the lung are summarized in the following template:

Histologic type: Adenocarcinoma.

Histologic grade: Moderate to poorly differentiated.

Primary tumor (pT): Two lesions are present. The larger lesion measures 6 x 5 x 4 cm., the smaller lesion 3 x 2 x 1.5 cm. (pT2).

Margins of resection: Bronchial and vascular margins of resection are free of tumor. Visceral pleural surface free of tumor.

Direct extension of tumor: Absent.

Venous (large vessel) invasion: Negative.

Arterial (large vessel) invasion: Negative.

Lymphatic (small vessel) invasion: Negative.

Regional lymph nodes (pN): Two of six bronchial lymph nodes contain metastatic adenocarcinoma (2/6). All mediastinal lymph nodes are negative (pN1).

Distant metastasis (pM): Cannot be assessed (pMX).

5, 3x6, 14x2

[REDACTED]

[REDACTED]

DIAGNOSIS

- A. Lymph node, R4, resection:
Negative for malignancy.
 - B. Lymph node, L4, resection:
Negative for malignancy.
 - C. Lymph node, level 10, resection:
Negative for malignancy.
 - D. Lymph node, level 5, resection:
Negative for malignancy.
 - E. Lymph node, subcarinal, resection:
Negative for malignancy.
 - F. Lymph node, level 6, resection:
Negative for malignancy.
 - G. Lung, left pneumonectomy:
Multicentric, moderate to poorly differentiated adenocarcinoma. Bronchial, vascular and visceral pleural surfaces are free of involvement by tumor.
Two of six peribronchial lymph nodes contain metastatic adenocarcinoma (2/6).
- [REDACTED]
- [REDACTED]

--- End Of Report ---