



----- SURGICAL PATHOLOGY -----

 MEDICAL RECORD | SURGICAL PATHOLOGY

 PATHOLOGY REPORT

Specimen

- A. LEFT UPPER LOBE CHECK BRONCHIAL MARGIN, F.S.
- B. LEVEL 9
- C. LEVEL 10
- D. LEVEL 7
- E. LEVEL 6
- F. LEVEL 5
- E1

BRIEF CLINICAL HISTORY:

None given

PREOPERATIVE DIAGNOSIS:

lung cancer

OPERATIVE FINDINGS:

POSTOPERATIVE DIAGNOSIS:

lung cancer

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 PATHOLOGY REPORT

1CD-0-3
 Adenocarcinoma, NOS
 Site: lung, upper lobe
 8/14/13
 C34.1
 for 10/1/12

GROSS DESCRIPTION:

A. The specimen consists of a 173 gram, 17.3 x 9.0 x 2.6 cm left upper lobe specimen with a 3.0 cm in length staple line adjacent to the bronchial margin. The visceral pleura is tan-pink to pink-purple displaying anthracosis. There is an area of pleural retraction with a central umbilication with underlying induration located 6.2 cm from the bronchial margin. The visceral pleura is inked blue overlying the induration. The bronchial margin is removed en face for frozen section diagnosis.

Sectioning of the lung reveals a 2.3 x 2.0 x 1.0 cm, tan to dark brown, circumscribed mass which extends to the pleura. The mass is located 6.2 cm from the bronchial margin, 4.9 cm from the vascular margin and 9.6 cm from the staple line margin. Serially sectioning through the remaining lung reveals tan-pink to dark red, spongy parenchyma with no other discrete lesions identified. There are thick mucous secretions within the bronchial tree; however, no lesions are identified within the bronchi. Multiple hilar lymph nodes are identified. No emphysematous changes are identified.

Representative sections are submitted as follows: A1- staple line (inked black) en face; A2- vascular margin; A3-A7- entire indurated mass, to include overlying pleura and adjacent parenchyma; A8- multiple whole lymph nodes; A9- one bisected lymph node; A10- representative section of normal lung parenchyma. (Please note that representative sections of normal lung parenchyma and tumor were taken for tissue banking).

FROZEN SECTION DIAGNOSIS:

FsA. Lung, left upper lobe, lobectomy:

- BRONCHIAL MARGIN, NEGATIVE FOR MALIGNANCY

B. The specimen consists of three, ovoid, tan-gray lymph nodes averaging 1.0 x 0.6 x 0.4 cm which are submitted in toto in cassette B.

C. The specimen consists of two, ovoid, tan-gray lymph nodes averaging 1.0 x 0.6 x 0.5 cm, which are submitted in toto in cassette C.

D. The specimen consists of a 1.1 x 0.7 x 0.4 cm, ovoid portion of fibrofatty tissue, which is submitted in toto in cassette D.

E. The specimen consists of two, ovoid, tan to tan-gray portions of fibrofatty soft tissue measuring 1.7 x 1.3 x 0.5 cm and 1.4 x 0.5 x 0.3 cm. The larger portion of tissue is bisected revealing a tan-gray, lobulated cut surface. The specimen is submitted as follows: E1- bisected possible lymph node; E2- possible whole lymph node.

F. The specimen consists of two, ovoid, tan-gray portions of fibrofatty tissue measuring 1.5 x 1.4 x 0.5 cm and 1.5 x 1.5 x 0.4 cm. Both portions of tissue are bisected. The specimen is submitted as follows: F1- one possible lymph node, bisected; F2- one possible lymph node, bisected.

MICROSCOPIC EXAM

DIAGNOSIS:

A. Lung, left upper lobe, lobectomy:

SPECIMEN: Lung

- Lobe of lung: Left

PROCEDURE

- Lobectomy

SPECIMEN INTEGRITY

- Intact

SPECIMEN LATERALITY

- Left

TUMOR SITE

- Upper lobe

TUMOR SIZE

- Greatest dimension: 2.3 cm

TUMOR FOCALITY

- Unifocal

HISTOLOGIC TYPE

- Adenocarcinoma

HISTOLOGIC GRADE

- G3: Poorly differentiated (high grade)

VISCERAL PLEURA INVASION

- No definitive invasion identified

TUMOR EXTENSION

- Isolate tumor cells extends to alveolar spaces adjacent to mass

MARGINS

- BRONCHIAL MARGIN

Uninvolved by invasive carcinoma

- VASCULAR MARGIN

Uninvolved by invasive carcinoma

- PARENCHYMAL MARGIN

Not applicable

- PARIETAL PLEURAL MARGIN

Not applicable

- CHEST WALL MARGIN

Not applicable

- OTHER ATTACHED TISSUE MARGIN

Not applicable

- Distance of invasive carcinoma from closest margin: 4.9 cm

Specify margin: Vascular margin

TREATMENT EFFECT

- Not applicable

LYMPH-VASCULAR INVASION

- Identified

PERINEURAL INVASION

- Not identified
- PATHOLOGIC STAGING (PTNM)
 - Primary Tumor (pT)
 - pT1b
 - Regional Lymph Nodes (pN)
 - pN0 (including specimens A-F)
 - Number examined: 22
 - Number involved: 0
 - Distant Metastasis (pM)
 - Not applicable
- ADDITIONAL PATHOLOGIC FINDINGS
 - Scar, fibrotic, calcified and hyalinized nodules associated with tumor
 - Granulomas present in hilar lymph nodes (SEE COMMENT)

- B. Lymph nodes, level 9, excision:
 - FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY
 - GRANULOMAS PRESENT
- C. Lymph nodes, level 10, excision:
 - TWO LYMPH NODES, NEGATIVE FOR MALIGNANCY
 - GRANULOMAS PRESENT
- D. Lymph node, level 7, excision:
 - ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY
 - GRANULOMA PRESENT
- E. Lymph nodes, level 6, excision:
 - TWO LYMPH NODES, NEGATIVE FOR MALIGNANCY
 - GRANULOMAS PRESENT
- F. Lymph nodes, level 5, excision:
 - FIVE LYMPH NODES, NEGATIVE FOR MALIGNANCY
 - GRANULOMAS PRESENT
 - (SEE COMMENT)

COMMENT: There are multiple granulomas present in the lymph nodes (specimens A-F). The GMS and AFB stains are negative for definitive fungal organisms or mycobacteria. Clinical correlation is recommended.

Microscopic isolate tumor cell clusters extend to alveolar and vascular spaces of lung parenchyma in vicinity of mass. The tumor clusters measures 2.0 mm in single greatest dimension. Since multifocal lymphovascular invasion is identified, these isolated tumor cells may arise from vascular spreading. The tumor approaches, but not extends through visceral pleura.

pathologist

(End of report)

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary/Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTM	Date Reviewed: 9/25/2012

10/1/12