



SurgPath Final
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FINAL DIAGNOSIS

A) Left thyroid lobe and isthmus, lobectomy:

- 1) Multifocal papillary thyroid carcinoma; the largest measures 3.0 cm in maximum dimension.
- 2) All three tumor nodules appear confined within the thyroid without extra-thyroid extension.
- 3) No definitive evidence of lymphovascular invasion.
- 4) Uninvolved thyroid with no significant pathological change.
- 5) A piece of parathyroid tissue is identified.
- 6) Metastatic papillary carcinoma involving one of two regional lymph nodes (1/2). No evidence of extra-nodal extension.

B) Left central compartment lymph nodes, dissection: Metastatic papillary thyroid carcinoma involving total six (6/6). No evidence of extra-nodal extension.

C) Right thyroid lobe, lobectomy: Benign thyroid tissue with no significant pathological change.

A: Thyroid Gland

HISTOLOGIC TYPE:

Papillary carcinoma
Classical (usual)

TUMOR FOCALITY:

Multifocal (specify):
Ipsilateral
Left lobe

ICD-O-3

carcinoma, papillary, thyroid 8260/3
Site: thyroid, NOS C73.9

lw
10/3/12

TUMOR SIZE:

Greatest Dimension: 3.0 cm

HISTOLOGIC GRADE:

G1: Well differentiated

PRIMARY TUMOR (pT):

pT2: Tumor more than 2 cm, but not more than 4 cm, limited to thyroid

REGIONAL LYMPH NODES (pN):

pN1a: Nodal metastases to Level VI (pretracheal, paratracheal and prelaryngeal/Delphian) lymph nodes

NUMBER OF LYMPH NODE(S) INVOLVED::

7

NUMBER OF LYMPH NODE(S) EXAMINED::

8

LYMPH NODE, EXTRANODAL EXTENSION:

Not identified

DISTANT METASTASIS (pM):

Not applicable

MARGINS:

Margins uninvolved by carcinoma

TUMOR CAPSULE:

Partially encapsulated

TUMOR CAPSULAR INVASION:

Present:

Widely invasive

LYMPH-VASCULAR INVASION:

Not identified

PERINEURAL INVASION:

Not identified

EXTRATHYROIDAL EXTENSION:

Not identified

ADDITIONAL PATHOLOGIC FINDINGS:

Parathyroid gland(s):

Within normal limits

~electronic signature~

SPECIMEN RECEIVED

- A) LEFT THYROID LOBE AND ISTHMUS – F/S**
- B) LEFT CENTRAL COMPARTMENT LYMPH NODES – F/S**
- C) RIGHT THYROID LOBE**

FROZEN SECTION

- A) Left thyroid lobe and isthmus, lobectomy: Papillary thyroid carcinoma.**

Case seen with [REDACTED]

- B) Left central compartment lymph node, excision: Metastatic papillary thyroid carcinoma involving the largest lymph node.

GROSS DESCRIPTION

A) Received fresh for frozen section labeled "left thyroid lobe and isthmus" is a 9.7-g lobe of thyroid with isthmus, measuring overall approximately 5.3 x 3.5 x 2.0 cm. The specimen is subsequently inked on its surgical margins. Sectioning reveals an orange/brown nodule measuring approximately 3.0 cm in greatest dimension. Touch preps are made. A representative section is submitted for frozen section as A1. Sectioning through the remainder of the specimen reveals two additional nodules, measuring 0.6 cm and 0.7 cm in greatest dimension, respectively. Permanent sections are submitted as follows: largest nodule A2 through A5, smaller nodule A6, smallest nodule A7, and random thyroid A8. Tissue is collected for [REDACTED]

B) Received fresh for frozen section labeled "left central compartment lymph nodes" is an aggregate of approximately six lymph nodes ranging in size from 0.5 cm up to 1.8 cm in greatest dimension. The largest shows an orange/yellow to yellow/tan cut surface. A representative section of the largest is submitted for frozen section as B1. Permanent sections are submitted as follows: remainder of largest lymph node candidate B2, and remaining lymph node candidates B3. Tissue is collected for [REDACTED]

C) Received in formalin labeled "right thyroid lobe" is a 6.5-gram right thyroid lobe measuring 4.6 cm superior to inferior, 2.4 cm medial to lateral, and 1.3 cm anterior to posterior. The capsule is disrupted and has multiple fine fibrous adhesions. The entire surface is inked black. The specimen is serially sectioned to reveal dense, red/brown, unremarkable thyroid parenchyma. The specimen is entirely submitted as follows: C1 through C5 entire lobe serially and sequentially submitted from superior to inferior, C6 additional inferior lobe and perpendicular sections of the inferior lobe. [REDACTED]

CLINICAL INFORMATION

THYROID NODULES

Criteria	Yes	No
Diagnostic Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case Is (circle) <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> MISQUANTIFIED		
Reviewer Initials	Date Reviewed: 1/28/12	

10/3/12