



Pathology Report

Final Diagnosis

- A. LEFT KIDNEY, NEPHRECTOMY:
Renal cell carcinoma, papillary type II. See Key Pathologic Findings.
Surgical margins, free of malignancy.
Pathologic stage: pT3a NX MX.

I, _____ the attending pathologist, personally reviewed all slides and / or materials and rendered the final diagnosis. Electronically signed out by _____

Key Pathological Findings

A: Kidney Resection
PROCEDURE:
SPECIMEN TYPE: Nephrectomy
SPECIMEN LATERALITY:
Left
TUMOR SIZE (largest tumor if multiple):
Dimension: 8.7 cm
MACROSCOPIC EXTENT OF TUMOR:
Tumor extension into pelvic fat
HISTOLOGIC TYPE:
Papillary renal cell carcinoma
SARCOMATOID FEATURES:
Not identified
TUMOR NECROSIS:
< 10%
HISTOLOGIC GRADE (Fuhrman Nuclear Grade):
G3: Nuclei very irregular, approximately 20 microns; nucleoli large and prominent
MICROSCOPIC TUMOR EXTENSION:
Tumor extension into renal sinus
Tumor extension into pelvic fat
MARGINS:
Vascular, ureteral and surgical margins, uninvolved by carcinoma
ADRENAL GLAND:
Not present
PERINEURAL INVASION:
Absent
ANGIOLYMPHATIC INVASION:
Absent
LYMPH-VASCULAR INVASION:
Absent
PRIMARY TUMOR (pT):
pT3a: Tumor extends into renal pelvic fat

ICD-O-3
Carcinoma, papillary renal
cell 8260/3
Site @ Kidney NOS C64.9
4/28/14

REGIONAL LYMPH NODES (pN):

pNX: Regional lymph nodes cannot be assessed

DISTANT METASTASIS (pM):

pMX

Specimen(s) Received

A LEFT KIDNEY

Preoperative Diagnosis

Left renal mass

Gross Description

A. The specimen is received fresh, labeled "left kidney" and consists of a kidney with partial encapsulated perinephric tissue, 844.0 g, 19.5 x 9.8 x 8.6 cm. The specimen is inked black. The adrenal gland is not identified.

The cut surfaces exhibit an irregular tumor mass involving the cortex and medulla in the superior, middle and inferior poles, 8.7 x 7.6 x 7.2 cm. The tumor is variegated, pale tan-pink and soft with smooth lobulated sections. Marked fibrotic septation is noted. Neither necrosis, hemorrhage or cystic degeneration is identified. The tumor invades 90% of the calyceal system and extends to the hilum. The renal vein, artery and ureter are probe patent, and not involved by tumor. The tumor does not appear to invade the renal sinus, nor penetrate through the renal capsule to involve the perinephric fat. The tumor is sharply demarcated from normal parenchyma. Satellite tumor nodules are not present. The remaining renal parenchyma is pink-tan, smooth and glistening with a well-demarcated cortico-medullary junction, 1.5 cm thickness. The papillae are blunted. A segment of attached ureter is noted (4.5 cm length x 4 mm diameter). The renal artery reveals no significant atherosclerotic changes. No lymph nodes are identified. Representative sections are submitted in A1-A14 as labeled:

- A1: Mirror image section of tumor for Tissue Procurement Laboratory
- A2: Renal vein and artery with ureter resection margin, tangential
- A3-A4: Tumor with inked perinephric fat margin
- A5-A7: Tumor, renal pelvis, pelvic fat and normal parenchyma
- A8-A11: Tumor and hilum in relation to renal artery and vein with ureter
- A12-A13: Tumor with septated fibrotic tissue
- A14: Normal renal parenchyma

The specimen is submitted for Tissue Procurement Laboratory.

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		
Dual/Synchronous Primary		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	SE	Date Reviewed: 12/25/13