



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  
JFJ 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.

1/13/14

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Malignancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/13/14	