

Collection Date:

Hospital of Origin:

Copy to

QC Pathologist:

FINAL PATHOLOGIC DIAGNOSIS:

A. Lymph nodes, left pelvic, excision:

No neoplasm identified in three lymph nodes.

B. Lymph nodes, right pelvic, excision:

No neoplasm identified in three lymph nodes.

C. ~~Uterus, cervix, bilateral ovaries and fallopian tubes,~~ hysterectomy with bilateral salpingo-oophorectomy:
Invasive squamous cell carcinoma.

Grade: Moderate to poorly differentiated.

Location: Circumferential involvement of the cervix with extensive involvement of the lower uterine segment and extension into the uterine corpus.

Size: Approximately 3.8 cm by gross evaluation.

Tumor involves the deep stroma of the cervix and lower uterine segment.

Depth of deepest invasion is approximately 1.8 cm.

Tumor invades into the adipose connective tissue outside of the uterus.

Lymphovascular space invasion not identified.

Surgical margin status:

Carcinoma in situ closely approximates the anterior and posterior cervical margin.

Invasive squamous cell carcinoma involves the deep connective tissue cauterized surface.

No tumor identified in the separately submitted left and right paracervical tissue.

Lymph nodes:

No tumor identified in three lymph nodes of the left paracervical soft tissue.

No neoplasm identified in two lymph nodes of the right paracervical soft tissue.

pTNM stage (AJCC 2010): pT2a1 N0.

Endometrium -

Atrophy.

Myometrium -

Multiple leiomyomas with areas of hyalinization and calcification; adenomyosis.

Bilateral ovaries -

No neoplasm identified.

ICD-O-3

Carcinoma, squamous cell, nos 8070/3

Site: cervix, nos C53.9

HW 4/19/11



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
Hi&M Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is Circled	QUALIFIED	DISQUALIFIED
Reviewed By	Date Reviewed:	

KMF

HW 4/19/11

Bilateral fallopian tubes -

No neoplasm identified.

D. Specimen submitted as "right uterine artery",

excision:

Benign adipose tissue and arterial vessel with no neoplasm identified.

COMMENTS:

Selected slides have been reviewed by D who
agrees with the diagnosis.

CLINICAL HISTORY:

Preoperative Diagnosis: ~~Carcinoma of cervix~~

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Left pelvic lymph node - FS.
- B. Right pelvic lymph node - FS.
- C. Uterus, cervix and bilateral tubes and ovaries.
- D. Right uterine artery.

CODES:

PROCEDURAL DEMOGRAPHICS:

Date of Procedure:

Accession Date/Time:

GROSS DESCRIPTION:

A. Received in a single container labeled and
#1 left pelvic lymph node is a 6.2 x 5.3 x 1.1 cm. aggregate
of fibroadipose tissue bearing multiple irregular tan-yellow
firm tissues consistent with probable lymph node ranging
from 0.5 x 0.3 x 0.2 cm. to 3.5 x 1.8 x 0.7 cm. The
specimen is sectioned and representative sections are
submitted for frozen section. The frozen section residue is
submitted in block 1. Additional representative sections
are submitted, to include the lymph nodes in their entirety
as labeled: block 2--four whole probable lymph nodes;
blocks 3-8 one lymph node bisected in each; blocks 9 and
10--one lymph node serially sectioned. The blocks are
labeled

B. Received in a single container labeled and
#2 right pelvic lymph node is a 6.3 x 5.5 x 1.1 cm.
aggregate of fibroadipose tissue bearing multiple irregular
tan-yellow firm tissues consistent with probable lymph node
ranging from 1.3 x 0.6 x 0.6 cm. to 2.5 x 1.1 x 0.4 cm. The
specimen is sectioned and representative sections are
submitted for frozen section. The frozen section residue is
submitted in block 1. Additional representative sections

are submitted, to include the lymph nodes in their entirety as labeled: block 2--three whole probable lymph nodes; block 3--two whole probable lymph nodes; blocks 4-7 one lymph node bisected in each. The blocks are labeled

C. Received in a single container labeled #3 uterus, cervix and bilateral tubes and ovaries is a 244 gram previously opened hysterectomy specimen consisting of a 7.8 x 6.8 x 3.4 cm. uterine body and an attached 4.4 x 4.2 x 3.8 cm. cervix. There is a rim of gray-white mucosa surrounding the ectocervix.

The serosa is smooth and tan-pink. The ectocervix is smooth, focally hemorrhagic and gray-white with a 0.7 cm. slit like os. The endocervical canal is tan and 3.6 cm. in length. The cut surface of the cervix consists of a 3.8 x 2.5 cm. gray-white to yellow lesion with a thickness of 2.1 cm. The lesion appears to abut the inked margin. The lesion involves all four quadrants. The lesion possibly extends into the lower uterine segment.

The identifiable endometrial cavity is 1.8 cm. from cornu to cornu and 2.4 cm. in length. The endometrium is tan and averages 0.1 cm. in thickness. The myometrium is trabeculated, tan-pink and averages 1.9 cm. in thickness. There are four intramural whorled gray-white dense nodules ranging from 0.5 cm. to 3.9 cm. in greatest dimension. No areas of hemorrhage or necrosis are identified in the nodules. One of the nodules is diffusely hardened and yellow.

There are four irregular tan-yellow to white firm tissues in the left paracervical soft tissue ranging from 0.6 x 0.5 x 0.3 cm. to 1.1 x 0.7 x 0.3 cm. No obvious lymph nodes or lesions are identified in the right paracervical soft tissue.

Also received in the same container is a 3.1 x 1.5 x 1.1 cm. ovary with an attached 3.3 x 0.4 cm. fimbriated fallopian tube. The outer surface of the ovary is lobulated and tan. The cut surface is tan with gray-white corpora albicans. The fallopian tube has a tan-pink serosa and a pin point lumen.

There is also a 2.5 x 1.3 x 0.8 cm. ovary with a detached 1.4 x 0.3 cm. fimbriated fallopian tube. The outer surface of the ovary is lobulated and tan. The cut surface is tan with gray-white corpora albicans. The fallopian tube has a tan-pink serosa and a pin point lumen.

The specimen is inked, serially sectioned and representative sections are submitted as labeled: block 1--cervix 12 to 3:00; 2--cervix 3 to 6:00; 3--cervix 6 to 9:00; 4--cervix 9 to 12:00; 5--anterior lower uterine segment; 6--posterior lower uterine segment; 7--anterior endomyometrium with serosa; 8--posterior endomyometrium; block 9--two myometrial nodules; block 10--largest myometrial nodule; blocks 11-12 hardened myometrial nodule, following decalcification; block 13--three whole firm tissues from left paracervical soft tissue; 14--one firm tissue from left paracervical soft tissue, bisected; blocks 15-16 right paracervical soft

Path continued

tissue; block 17--ovary with _____ed fallopian tube; block
18--ovary and detached fallopian tube. The blocks are
labeled
Also received in the same container is a green and yellow
cassette labeled _____ for _____ and
D. Received in a single container labeled _____ and
right uterine artery is a 3.5 x 1.8 x 0.6 cm. aggregate of
fibroadipose tissue which is submitted in toto in blocks 1-2
labeled

INTRA-PROCEDURE CONSULTATION:

FSA: No tumor identified (0/3).

ESB: No tumor identified (0/3). Both diagnoses are per Dr.

XR Chest Bedside

EXAMINATION: CHEST-BEDSIDE

CPT:

RIS Order:

COMPLETED:

FULL RESULT:

Indication: Short of breath

Comparison: i

Findings: AP chest was performed. Heart size is normal. No adenopathy is evident. Minimal basilar atelectasis or infiltrate is present. There is no pneumothorax present. There is no pleural fluid present. The osseous structures appear intact. Mildly dilated loops of bowel are seen beneath the diaphragm.

IMPRESSION:

Mild basilar atelectasis or infiltrate. Otherwise, no significant change in the appearance of the lungs.