

Patient:

Referring Physician:

DOB: [REDACTED]

Age: [REDACTED]

Gender: M

Ref#:

Hosp#:

Provider Group :

Date of Service:

Date Received:

Inpatient

Case #:

Date Reported: [REDACTED]

FINAL SURGICAL PATHOLOGY REPORT

Diagnosis:

A. - J.) LUNG, LEFT, PERIBRONCHIAL (N11L X 3), HILAR (N10L), SUBAORTIC (N5), PULMONARY LIGAMENT (N9L), PARAESOPHAGEAL (N8L), AND SUBCARINAL (N7), LYMPH NODES, PNEUMONECTOMY WITH REGIONAL LYMPHADENECTOMY:

- POORLY DIFFERENTIATED ADENOCARCINOMA.

- 4.5 cm in maximum dimension.

- Visceral pleural invasion: PRESENT.

- MARGIN STATUS: NEGATIVE.

- Closest margin, vascular, at 0.5 cm.

- Bronchial margin, uninvolved by carcinoma.

- ATYPICAL ADENOMATOUS HYPERPLASIA.

- FOCAL NECROTIZING GRANULOMA, WITH RARE FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH HISTOPLASMA SPECIES.

- ONE (1) OF TWENTY-FOUR TOTAL LYMPH NODES, POSITIVE FOR METASTATIC CARCINOMA (1/24).

- SEE TUMOR STAGING SUMMARY BELOW.

PATHOLOGIC TUMOR STAGING SUMMARY:

Type and grade: Adenocarcinoma, poorly differentiated.

Primary tumor: pT2a (4.5 cm in maximum dimension, with visceral pleural invasion).

Regional lymph nodes: pN1 (one peribronchial out of twenty-four total lymph nodes positive; 1/24).

Distant metastasis: pMX.

Pathologic stage: IIA.

Lymphovascular invasion: Present.

Margin status: R0, closest margin, vascular at 0.5 cm.

COMMENT: Elastic stain, confirms the presence of visceral pleural invasion (slide A4).

Fungal stain (GMS), confirms the presence of rare fungal organisms. Special stain for acid-fast bacilli (AFB), is negative. All stain controls are appropriately reactive.

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Lung Tumor Staging Information

Data derived from current specimen. Staging in accordance with or modified from AJCC Cancer Staging Handbook, 7th Ed, and CAP protocol. [REDACTED]

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Procedure:	Pneumonectomy.
Specimen type:	Lung.
Specimen laterality:	Left.
Specimen integrity:	Intact.
Tumor Features:	
Tumor site:	Upper lobe.
Tumor size:	Greatest dimension: 0.5 cm. Additional dimensions: 3.3 x 3 cm.
Tumor focality:	Unifocal.
Histologic type:	Adenocarcinoma.
Histologic grade:	Poorly differentiated (G3).
Lymphovascular invasion:	Present.
Perineural invasion:	Not identified.
Visceral pleural invasion:	Present.
Tumor extension into extra-pulmonary structures:	Not identified.
Treatment effect:	N/A.
Lymph Nodes:	One (N11L) of twenty-four lymph nodes positive for metastasis (1/24).
Margin Evaluation:	
Distance to closest margin:	Vascular, at 0.5 cm.
Bronchial margin:	Uninvolved by invasive carcinoma.
Vascular margin:	Uninvolved by invasive carcinoma.
Parenchymal margin:	N/A.
Parietal pleural margin:	N/A.
Chest wall margin:	N/A.
Other margins:	N/A.
Pathologic tumor staging descriptors:	
Primary tumor (pT):	pT2a (4.5 cm in greatest dimension, with visceral pleural invasion).
Regional lymph nodes (pN):	pn1 (one (N11L) of twenty-four lymph nodes positive; 1/24).
Distant metastasis (pM):	PMX.
Margin status (R):	R0.
Pathologic stage:	IIA.
Additional pathologic findings:	Atypical adenomatous hyperplasia. Focal necrotizing granulomatous inflammation, with rare organisms morphologically consistent with Histoplasma species. Emphysematous changes.
Comment:	N/A.

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Source of Specimen:

- A. Left lung
- B. N5
- C. N11L #2
- D. N11L#3
- E. N9L
- F. N8L
- G. N7
- H. N10L
- I. N11L

Clinical History/Operative Dx:

Left lung cancer.

Intraoperative Diagnosis:

A. Bronchial margin negative for carcinoma [REDACTED]

Gross Description:

A. The specimen is labeled left lung and is received without fixative. It consists of a left pneumonectomy specimen with an approximate weight of 550 grams. The left upper lobe measures 18.5 x 7.8 x 5.5 cm and the left lower lobe measures 23.5 x 10.5 x 9 cm. The pleural surfaces of both lobes vary from tan to pale red to violet and there is prominent anthracotic mottling along the anterior and lateral surface. At the hilum, there is a 2.5 cm segment of mainstem bronchus. There are a few small gray-brown to black bronchobranchial nodes. In the mid anterior surface of the upper lobe, directly opposite the mainstem bronchus, there is an area of puckering and folding of the pleural surface approximately 3 cm in maximum dimension. The pleural surface in this area is inked. There is palpable firmness of the lung parenchyma in the peribronchial area. Metallic staple lines are present in the interlobar fissure between the upper and lower lobe directly opposite the mainstem bronchus. On sectioning, the pleural parenchyma surrounding the upper lobe segmental bronchus is firm, pale yellow to gray-tan with inspissated mucoid material throughout the pulmonary parenchyma. This firm tissue overall measures 4.5 x 3 x 3.3 cm and on superficial dissection, this tissue approaches to within 2.5 cm of the bronchial resection margin. It approaches to within 0.5 cm of the vascular margins of the pneumonectomy specimen. Sections of the upper lobe reveal spongy, red pulmonary parenchyma in the apical portion of the lung and pink to pale red, well-aerated pulmonary parenchyma in the inferior portion of the upper lobe. Dissection of the lower lobe reveals no grossly obvious tumor involvement of either the lobar bronchus and surrounding pulmonary parenchyma or the remainder of the lower lobe. Representative sections are submitted.
Section summary: A1) bronchial resection margin, A2) vascular resection margins, A3) bronchobranchial lymph nodes, A4) central medial pleural surface, A5) section of mass with closest approach to bronchial resection margin, A6-A7) additional sections of mass, A8) peribronchial nodes, A9) uninvolved upper lobe, A10) peribronchial tissue lower lobe, A11) sections of lower lobe. [REDACTED]

B. The specimen is designated N5 and is received in formalin. It consists of two fragments of fibrofatty and partially anthracotic tissue varying from 2 x 0.9 x 0.7 cm to 2 x 1.1 x 0.7 cm. The specimen is serially sectioned and submitted entirely in cassettes B1-B2 respectively. [REDACTED]

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C. The specimen is labeled [REDACTED] and is received in formalin. It consists of a slightly disrupted portion of gray-black anthracotic tissue measuring 1.7 x 0.6 x 0.4 cm. The specimen is serially sectioned and entirely submitted in C1. [REDACTED]

D. The specimen is labeled [REDACTED] and is received in formalin. It consists of a 0.7 x 0.3 x 0.2 cm fragment of dark red to anthracotic tissue which is submitted intact in cassette D1. [REDACTED]

E. The specimen is labeled [REDACTED] and is received in formalin. It consists of a single 3 x 1.5 x 0.9 cm fragment of fibrofatty and focally anthracotic tissue. The tissue appears to contain several small anthracotic appearing nodes. The tissue is entirely submitted in cassettes E1-E2 (all nodes remaining intact). [REDACTED]

F. The specimen is labeled [REDACTED] and is received in formalin. It consists of a 1 x 0.7 x 0.7 cm fragment of anthracotic and fibrofatty tissue. It is bivalved and submitted in cassette F1. [REDACTED]

G. The specimen is labeled [REDACTED] and is received in formalin. It consists of multiple fragments of anthracotic, hemorrhagic, and fibrofatty tissue which are 3 cm in aggregate. The largest intact fragment measures 2.3 x 0.7 x 0.7 cm. The largest fragment is serially sectioned and submitted in cassette G1. The remaining fragments are submitted in G2-B3. [REDACTED]

H. The specimen is labeled [REDACTED] and is received in formalin. It consists of a 1.3 x 0.7 x 0.6 cm fragment of anthracotic tissue. It is trisectioned and submitted in cassette H1. [REDACTED]

I. The specimen is labeled [REDACTED] and is received in formalin. It consists of a 1.4 x 0.8 x 0.6 cm fragment of anthracotic tissue. It is trisectioned and submitted in cassette I1. [REDACTED]

Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

D. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

E. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

F. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

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G. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

H. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

I. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

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END OF REPORT (FINAL)

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