



Department of Cancer Pathology

Examination: Histopathological examination

Internal invoice No. Value of diagnostic procedure Examination No.:

Patient: XXX XXX Age: Gender:

Material: 1. Total organ resection – right breast and axillary lymph nodes

ICD-O-3
carcinoma, lobular, infiltrating NOS
8520/3

Unit in charge:

Physician in charge:

Material collected or Material received or

Sit: breast, NOS C50.9
6/4/12 co

Expected time of examination: up to 8 working days

Clinical diagnosis: Cancer of the right breast.

Examination performed on:

Macroscopic description:

Right breast, sized 27.8 x 17.2 x 6.8 cm, removed along with axillary tissues sized 13 x 9 x 4 cm and a skin flap of 21.8 x 10.3 cm. Weight 940 g.

Tumour sized 4.2 x 2.4 x 1.4 cm found on the boundary of outer quadrants, placed 2.2 cm from the outer boundary, 1.6 cm from the base and 2.6 cm from the skin. Lymph nodes of 1 cm in length.

Microscopic description:

Carcinoma lobulare invasivum (classical type) - NHG1 (3 + 1 + 1/0 mitoses/ 10 HPF - visual area 0,55 mm).

Infiltratio carcinomatosa mamillae.

Lesions in situ of the type: carcinoma lobulare in situ (LCIS). Glandular tissue showing parenchyma atrophy. AXILLAR

LYMPH NODES: Metastases carcinomatose in lymphonodis (No XIX/XXI). Infiltratio telae perinodalis.

Histopathological Diagnosis

Carcinoma lobulare invasivum mammae dextrae. Lubular invasive carcinoma of the right breast

Metastases carcinomatose in lymphonodis axillae (No XIX/XXI) (NHG1, pT2, pN3a). Cancer metastases in the axillary lymph nodes No XIX/XXI.

Compliance validated by:

Examination performed on

Result of immunohistochemical examination

Estrogen receptors found in 75% of neoplastic cell nuclei. Progesterone receptors found in 75% of neoplastic cell nuclei. HER2 protein stained with by . Negative reaction in invasive cancerous cells (Score =1+)

Compliance validated by:

CONTACT YOUR DOCTOR WITH THIS REPORT!

	Yes	No
HPA criteria		
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPA Discrepancy		
Other Staging/History		
Dual/Synchronous Primary? Noted		
Case is clinically	QUALIFIED	DISQUALIFIED
Reviewer initials		
	Date Reviewed:	

5/2/12
6/5/12