

Report for [REDACTED]

UUID:0411A69E-4F72-4043-B62C-9F5FC568E2E9

TCGA-FY-A3NM-01A-PR

Redacted

TEST: Surgical Pathology  
 Collected Date & Time:

Result Name      Results      Units  
**Surgical Pathology**      **SURGICAL P**  
**SURGICAL PATHOLOGY REPORT**

Reference Range

Patient Name: [REDACTED]  
 Accession #  
 Med. Rec. #:  
 Billing Type: Outpatient  
 Location:  
 DOB:      (Age:  
 Service: Surgery  
 Gender: F  
 Billing  
 Taken      Received  
 Physician(s): [REDACTED]

Criteria	lw 1/7/12	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			X
HIPAA Discrepancy			X
Prior Malignancy History			X
Dual/Synchronous Primary Noted			X
Case is (circle):	QUALIFIED	DISQUALIFIED	
Reviewer Initials:	LMH		Date Reviewed: 1/30/11

Specimen(s) Received

- A: Total thyroidectomy
- B: Right central neck lymph nodes

Reported:

ICD-O-3

carcinoma, papillary, thyroid 8260/3  
 Site: thyroid, nos C73.9

1/7/12  
 lw

## Pathologic Diagnosis

## A. Total thyroidectomy:

- Papillary thyroid carcinoma, identified as two foci in the right lobe (1.6 and 0.5 cm) and one focus in the left lobe (1.3 cm).
  - There is minimal extrathyroidal extension in the left lobe.
  - No lymphovascular invasion identified.
  - Two benign lymph nodes identified (0/2).
  - One unremarkable parathyroid gland identified on the left side.
  - Chronic thyroiditis.
- B. Right central neck lymph nodes:
- Four lymph nodes negative for malignancy (0/4).
  - Benign thymic tissue.
  - Parathyroid tissue.

Synoptic: Thyroid Gland Resection

Procedure: Total thyroidectomy with central compartment dissection.

Specimen Integrity: Intact.

Specimen Size:

Right lobe: 5.2 x 2.1 x 2.0 cm.  
 Left lobe: 3.1 x 2.2 x 1.5 cm.  
 Isthmus: 2.5 x 0.9 x 0.7 cm.  
 Central Compartment: 2.2 x 1.5 x 1.4 cm.

Tumor Focality: Multifocal bilateral.

Dominant Tumor:

Tumor Laterality: Right lobe.  
 Tumor Size: Greatest dimension 1.6 cm.  
 Histologic Type: Papillary carcinoma, classical.  
 Variant: Classical.

Architecture: Classical.  
Cytomorphology: Classical.  
Margins: Margins uninvolved by invasive carcinoma.  
Tumor Capsule: None.  
Tumor Capsular Invasion: Not identified.  
Lymph-Vascular Invasion: Not identified.  
Extrathyroidal Extension: Not identified.

Second Tumor:

Tumor Laterality: Right lobe.  
Tumor Size: Greatest dimension 0.5 cm.  
Histologic Type: Papillary carcinoma, classical variant,  
classical architecture, classical cytomorphology.  
Margins: Margins uninvolved by invasive carcinoma.  
Tumor Capsule: Totally encapsulated.  
Tumor Capsular Invasion: Present, minimal.  
Lymph-Vascular Invasion: Not identified.  
Extrathyroidal Extension: Not identified.

Third Tumor:

Tumor Laterality: Left lobe.  
Tumor Size: Greatest dimension 1.3 cm.  
Histologic Type: Papillary carcinoma, classical variant,  
classical architecture, classical cytomorphology.  
Margins: Margins uninvolved by invasive carcinoma.  
Tumor Capsule: None.  
Tumor Capsular Invasion: Cannot be identified.  
Lymph-Vascular Invasion: Not identified.  
Extrathyroidal Extension: Present, minimal.

PATHOLOGIC STAGE: pT3 N0 MX.

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated and does not incorporate other relevant data. Pathology stage is only a component to be considered in determining the clinical stage and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

Primary Pathologist: [REDACTED]

Electronically Signed Out by: [REDACTED]  
[REDACTED]

Clinical History  
Papillary thyroid cancer.

Gross Description

Specimen A is labeled "total thyroidectomy." Received fresh is a 14 gm total thyroidectomy specimen. The specimen consists of right thyroid lobe (5.2 x 2.1 x 2.0 cm), left thyroid lobe (3.1 x 2.2 x 1.5 cm), isthmus (2.5 x 0.9 x 0.7 cm). The specimen comes oriented with a suture that marks right superior pole. There is a possible 0.3 cm lymph node identified. The right lobe is serially sectioned to reveal a 0.5 cm in greatest dimension, unencapsulated, firm, white-tan lesion that grossly abuts the blue-inked margin and is in the superior half of the right thyroid lobe. There is a second unencapsulated lesion present towards the inferior pole of the right thyroid that measures 1.6 x 1.1 x 1.0 cm. This lesion is brown-tan, soft, and has a hemorrhagic center. The remaining thyroid parenchyma is red-tan and unremarkable.

The left thyroid is serially sectioned to reveal a 1.3 x 1.1 x 0.6 cm, white-tan, ill-defined lesion. The remaining left thyroid lobe has red-tan parenchyma with no other discrete nodules or masses present. The isthmus is serially sectioned to reveal a red-tan cut surface with no discrete lesions or masses present. The case is reviewed by Dr.

Sections are submitted as follows: A1 - lesion in superior portion of thyroid lobe, A2-A4 - lesion #2 in the inferior half of the right thyroid, A5-A6 - lesion in left thyroid lobe, A7 - representative section of isthmus, A8possible lymph node.

Part B is labeled "right central neck nodes." Received in formalin is a 2.2 x 1.5 x 1.4 cm aggregate of two fragments of adipose tissue. There are three possible lymph nodes identified, ranging from 0.1 to 0.2 cm in greatest dimension. Sections are submitted as follows: B1 - three possible lymph nodes, B2 - remainder of specimen.

#### Microscopic Description

Microscopic examination has been performed on all slides. The pathologic diagnosis encompasses the essential microscopic findings of this case.

Interpretation performed at [REDACTED]

[REDACTED]

[REDACTED]