

**Other Sites Case 1**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
February 27, 2007

Clinical History: PSA 42.0; rule out prostate carcinoma.

Specimen:

- A. Right prostate biopsies
- B. Left prostate biopsies
- C. Left seminal vesicle biopsies

Gross Description:

- A. Right prostate biopsies consist of three white to tan, soft cylindrical tissue fragments measuring 1.3 x 0.1 x 0.1 cm each. The specimen is entirely submitted in one cassette for microscopic examination.
- B. Left prostate biopsies consist of three white to tan, soft cylindrical tissue fragments ranging in size from 0.5 x 0.1 x 0.1 cm.

Final Diagnosis:

Prostate, right side needle biopsies: Infiltrating moderately differentiated conventional (acinar) adenocarcinoma

Prostate, left needle biopsies: Infiltrating poorly differentiated conventional (acinar) adenocarcinoma

Total Gleason score  $3 + 4 = 7$

Left seminal vesicle: No evidence of malignancy

Prognostic Information:

Right Side Prostate      Gleason's Pattern: 3  
                                 Cores with Tumor: 3 of 3  
                                 Tumor Length/Total Core Length: 7 mm / 28 mm  
                                 % Pattern 4 or 5: 0 %

Left Side Prostate      Gleason's Pattern: 4  
                                 Cores with Tumor: 2 of 2  
                                 Tumor Length/Total Core Length: 18 mm / 18 mm  
                                 % Pattern 4 or 5: 100 %

Overall Gleason Score (Grade):  $4 + 3 = 7$

Perineural Invasion: Not present

**END Other Sites Case 1**

**Other Sites Case 2**  
**SURGICAL PATHOLOGY REPORT #1**

Surgical Pathology Report  
July 11, 2007

Specimen: Hysterectomy

Final Diagnosis:

Uterus, resection: Endometrioid adenocarcinoma, Grade 1 involving most of endometrium, myometrial invasion confined to inner 1/3 of myometrium (T1b). Tumor is 6cm in greatest dimension. Adenomyosis, leiomyomata, and endometrial polyps.

**Other Sites Case 2**  
**SURGICAL PATHOLOGY REPORT #2**

Surgical Pathology Report  
August 30, 2007

Specimen: Bilateral salpingo-oophorectomy, right and left ovaries

Final Diagnosis:

- A. Left ovary with endometriosis; benign left fallopian tube
- B. Right ovary showing well-differentiated (Grade I) endometrioid adenocarcinoma with squamous metaplasia involving the ovarian surface (T1c)

Comment:

The left ovary shows endometriosis and no evidence of malignancy. The left fallopian tube is benign. The right ovary shows a well-differentiated (grade I) endometrioid adenocarcinoma with extensive squamous metaplasia. The tumor involves the surface of the ovary and also involves the ovarian parenchyma. This patient had a hysterectomy with endometrioid adenocarcinoma approximately ten weeks prior to this ovarian surgery; tumor showed extensive endometrial involvement but invasion was confined to the inner one-third of the myometrium. This suggests that the current ovarian tumor may be a separate primary.

**END Other Sites Case 2**

**Other Sites Case 3**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
November 22, 2007

Final Diagnosis Diagnosis:

- A. Right salpingo-oophorectomy: Involvement of by high-grade poorly differentiated carcinoma with mixed features of high-grade papillary serous carcinoma and endometrioid carcinoma, right ovary and fallopian tube (8.5 x 5.5 x 5.0 cm mass).
- B. Left salpingo-oophorectomy: Involvement by high-grade carcinoma (8.0 x 7.0 x 4.0 cm) with mixed features of high-grade papillary serous carcinoma and endometrioid carcinoma, left ovary and left fallopian tube.
- C. Peritoneum, pelvic peritoneal tumor, biopsies: Involvement by high-grade poorly differentiated carcinoma.
- D. Hysterectomy: Involvement by high-grade poorly differentiated carcinoma, uterine serosa and the outer portion of the myometrium. Angiolymphatic invasion is present. No histologic abnormality, cervix. Disordered proliferative endometrium, endometrium.
- E. Omentectomy: Extensive involvement by high-grade poorly differentiated carcinoma.

Comment:

Sections of the right and left adnexal mass and sections of the omentum and multiple peritoneal biopsies show involvement by high-grade carcinoma with overlapping histologic features of poorly differentiated endometrioid adenocarcinoma and high-grade papillary serous carcinoma. The tumor extensively involves the right and left ovaries and fallopian tubes, omentum and peritoneum. The tumor forms large tumor mass around the appendix and involves appendiceal serosa and muscularis propria of the appendix. The tumor involves the uterine serosa and the outer portion of the myometrium.

**END Other Sites Case 3**

**Other Sites Case 4**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
September 12, 2007

Clinical History: The patient is a 37 year old female who is referred to me for multiple endocrine neoplasia syndrome type-2A syndrome (MEN 2A). The patient has a family history of medullary carcinoma of the thyroid with two cousins and an uncle having had medullary carcinoma of the thyroid. The latest one prompted an endocrine workup, and the cousin was found to have the RET proto-oncogene. The patient was tested for it and was positive for the RET proto-oncogene. She also has a calcitonin which is elevated at 35.9 and hyperparathyroidism with calcium of 11.2 and a parathyroid hormone (PTH) in the 120s. The patient is otherwise asymptomatic.

Specimen:

- A. Total thyroid
- B. Right inferior parathyroid
- C. Left inferior parathyroid
- D. Right superior
- E. Right middle compartment lymph nodes

Final Diagnosis:

- A. Thyroid, total thyroidectomy: 3 mm multifocal medullary carcinoma with background C-cell hyperplasia; Microscopic (less than 1mm) papillary carcinoma
- B. Right inferior parathyroid, parathyroidectomy: Benign parathyroid gland
- C. Left inferior parathyroid, parathyroidectomy: Benign parathyroid gland
- D. Half of right superior parathyroid, biopsy: Benign parathyroid gland
- E. Right middle compartment lymph nodes, dissection: One of eleven lymph nodes with metastatic medullary carcinoma from thyroid.

Comment:

There are at least three foci of medullary carcinoma within the thyroid gland. The largest is 3 mm and in the right lobe; the smallest is in the left lobe. Small foci of C-cell hyperplasia are also noted with microscopic (less than 1mm) papillary carcinoma. The lymph node metastasis of medullary carcinoma is 0.7 mm

**END Other Sites Case 4**

**Other Sites Case 5**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
August 1, 2007

Specimen: Right testicle

**Gross Description:**

The specimen is received in a formalin-filled container labeled with the patient's name. The specimen is designated as "right testicle" and consists of a testicle with attached spermatic cord, which together weighs 65 gm. The spermatic cord measures 8.0 cm in length by 2.0 cm in diameter. The tunica vaginalis is baggy and has a stringy appearance. The outer portion of the testicle measures 7.0 x 3.5 x 3.5 cm. Prior to dissection, the entire outer surface is marked with black ink. The specimen is then bisected. The tunica vaginalis is noted to contain a small amount of straw-colored fluid. The testicle measures 4.3 x 3.0 x 3.0 cm. The testicular parenchyma displays two tumors. The first tumor (tumor #1) measures 3.2 x 2.1 x 2.0 cm and is soft and pink. The second tumor is firm, yellow-pink-tan with areas of focal hemorrhage and measures 2.7 x 1.7 x 1.2 cm (this will be called tumor #2). Both tumor #1 and #2 extend to the tunica albuginea. The tumors measure approximately 0.1cm from one another. However, the tumors do not appear to invade through the tunica albuginea. The tumors do not appear to extend to the spermatic cord. The epididymis measures 3.0 cm in length by up to 1.0 cm in diameter. The remaining testicular parenchyma appears normal.

**Final Diagnosis:**

Right testicle, radical orchiectomy: Mixed germ cell tumor with the following features: Composed of two nodules measuring 3.2 cm. and 2.7 cm.- the larger tumor nodule is composed of seminoma.- the smaller nodule is composed of 80% embryonal carcinoma and 20% seminoma.- definite angiolymphatic invasion is not identified.- the nodules are confined to the testis without invasion into the epididymis or through the tunica albuginea.- the spermatic cord margin is free of malignancy.- the background testicular parenchyma shows intratubular germ cell neoplasia.

**END Other Sites Case 5**

**Other Sites Case 6**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
January 12, 2007

Clinical History: 57 year old man with melanoma of right eye with orbital hemorrhage.

Specimen: Enucleation, right eye

**Gross Description:**

Received in formalin designated "enucleation right eye" is a 2.5 x 2.6 x 2.2 cm eye globe, including a 0.4 cm in length x average diameter 0.4 cm optic nerve stump and a 1.1 x 1.0 cm, somewhat depressed, opaque cornea. The sclera is blue-white, with a minimal amount of attached soft tissue. The optic nerve margin is inked blue and the vortex veins are stripped. The eye globe is bisected in the transverse plane, revealing a dark brown, 0.7 x 0.4 x 0.4 cm mass, apparently located between the retina and the sclera, at least 0.7 cm from the optic nerve.

**Microscopic Description:**

Sections show globe in which there is a large nodular choroidal mass near the optic nerve. The mass is composed of sheets of spindle cells (predominantly Callender spindle B cell type) having central vesicular nuclei with prominent nucleoli and variably abundant amphophilic cytoplasm. Only rare cells with epithelioid features are noted. Some neoplastic cells contain granular brown pigment compatible with melanin. The lesion extends locally into the sclera following a myelinated nerve twig and traversing half to two thirds of the way through the sclera, but not to the scleral surface. There is no vascular invasion or infiltration of the optic nerve.

**Final Diagnosis:**

Right eye, enucleation: Choroidal spindle cell malignant melanoma with the following features: Mixed cell type, predominantly Callender spindle B cell type 0.7 cm maximum diameter with 0.4 cm maximum thickness. Extension into but not through the sclera. No vascular or optic nerve invasion.

**END Other Sites Case 6**

**Other Sites Case 7**  
**RADIOLOGY REPORT**

Radiology Report  
May 3, 2007

MRI Left Femur

Technique: Axial T1, fat saturated T2 and a sagittal and coronal saturated T2-weighted sequence is being evaluated. In addition, a coronal T1-weighted sequence is being evaluated.

No other films are available for comparison.

Findings: Images reveal a diffuse infiltration involving the distal one-half of the femur. This extends over a segment of approximately 18 cm. The bone marrow is of heterogeneous increased signal intensity on T2-weighted sequences and of heterogeneous low marginal intensity on T1-weighted sequences. There is transgression of the cortex. There is edema within the surrounding soft tissues.

A fracture is not clearly identified. Please note that the epiphysis is relatively spared of this process. This lesion is predominately within the diaphysis and metaphysis of the femur.

Impression: Diffusely infiltrating lesion of the distal aspect of the femur shaft. There is surrounding soft tissue masses due to breakdown of the cortex. There is surrounding edema within this region. The exact etiology of this finding is uncertain but it is felt to represent malignant neoplasm.

**END Other Sites Case 7**

**Other Sites Case 8**  
**SURGICAL PATHOLOGY REPORT**

**Surgical Pathology Report**

**March 22, 2007**

Clinical History: Multiple liver lesions

Specimen:

- A. Liver-Liver core biopsy for frozen section
- B. Liver-Liver core biopsy

Frozen Section Diagnosis:

Malignant spindle cell tumor with features suspicious of metastatic leiomyosarcoma

Comments

In view of the CT scan findings, the morphologic features of the neoplasm are consistent with a metastasis from a primary gastric neoplasm. The differential diagnosis includes leiomyosarcoma/malignant gastro-intestinal stromal tumor (G.I.S.T.) and malignant fibrous histiocytoma. A paraffin block will be sent to Impath for immunohistochemistry.

Final Diagnosis:

Ultrasound guided core biopsies of a lesion in the liver: Malignant spindle cell tumor, metastatic

Amended Diagnosis based on additional Studies Requested from Impath: Metastatic malignant GIST.

**END Other Sites Case 8**



**Other Sites Case 9**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
December 2, 2007

Specimen:

- A. Left inferior parathyroid biopsy
- B. Left total, right subtotal thyroid

Gross Description:

- A. Received fresh designated with the patient's name is a portion of yellow-tan soft tissue measuring 4.0 mm in greatest dimension. Entirely submitted in one cassette for frozen section.
- B. Received fresh designated with the patient's name and "left total, right subtotal thyroid" is a fluctuant tan mass weighted 90 gm and measuring 7.5 x 8.5 x 4.8 cm. The surface of the tissue has a ragged red-tan and gray appearance. The margins of resection are marked with black ink. Sectioning reveals a large partially cystic mass occupying almost the entire specimen, with the exception of one separate nodule measuring 3.5 x 2.0 x 1.5 cm. Sectioning of the smaller nodule reveals a white cystic interior with yellow papilliferous material partially filling the space.

Final Diagnosis:

- A. Left inferior parathyroid biopsy: Parathyroid tissue
- B. Left total and right subtotal thyroid:
  - Papillary carcinoma, 3.5 cm, confirmed to the thyroid
  - Grossly encapsulated follicular cell carcinoma with one focus of vascular invasion at the level of the tumor capsule 7.5 cm

**END Other Sites Case 9**