

**RP/Ureter Case 1**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
October 20, 2007

Specimen:

- A. Left ureter biopsy
- B. Uterus and bladder
- C. Right ureter

Final Diagnosis:

- A. Left ureter biopsy - invasive high grade urothelial carcinoma.
- B. Uterus and bladder (radical cyst hysterectomy) - invasive high grade urothelial carcinoma involving the left ureter. Neoplasm penetrates into but not through muscularis propria of the ureter. Extensive urothelial carcinoma in situ involving the bladder. No involvement of the urethra. Staging AJCC pathologic stage: pT2; pNX; pMX; No involvement of soft tissue margins; invasive carcinoma is present at the transected left ureteral margin. Cystic atrophy of the endometrium. Cervix, right fallopian tube and right ovary with no significant diagnostic abnormality.
- C. Right ureter - chronic ureteritis with reactive urothelial atypia; no dysplastic or neoplastic changes in sections examined.

**END RP/Ureter Case 1**

**RP/Ureter Case 2**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
September 10, 2007

Clinical History: Left renal pelvis mass, gross hematuria

Specimen: Left kidney with ureter and bladder cuff

**Gross Description:**

The specimen is received in one formalin filled container labeled with the patient's name, sublabeled "left kidney with ureter and bladder cuff", and consists of a previously opened radical nephrectomy specimen which measures 13 x 8 x 8 cm. The adipose tissue is peeled away from the kidney. No adrenal gland is present. A ureter is present measuring 17 x 1 cm. The kidney measures 12 x 7 x 7 cm. Upon sectioning a fungating, friable gray-white mass lesion is located in the hilum measuring 6 x 6 x 5 cm. The mass lesion grossly involves the calices and renal pelvis. Sections through the remaining kidney reveal no additional mass lesions or areas of hemorrhage.

Microscopic Description: None

**Final Diagnosis:**

Left kidney with ureter and bladder cuff: Papillary transitional cell carcinoma, grade I/III. Tumor measures 6 cm in greatest dimension and is present in the renal pelvis and major calyces. No stromal or vascular space invasion identified. The proximal ureter shows focal transitional cell carcinoma in situ. Ureter surgical margin is negative for malignancy. No adrenal gland or lymph nodes are identified.

**END RP/Ureter Case 2**

**RP/Ureter Case 3**  
**SURGICAL PATHOLOGY REPORT #1**

Surgical Pathology Report  
July 1, 2007

Final Diagnosis:

Right renal pelvis, biopsy: Papillary urothelial carcinoma, low grade (noninvasive)

**RP/Ureter Case 3**  
**SURGICAL PATHOLOGY REPORT #2**

Surgical Pathology Report  
July 4, 2007

- A. Base of right ureter, biopsy: Papillary urothelial carcinoma, low grade (noninvasive)
- B. Right ureter, intramural, biopsy: Papillary urothelial carcinoma, low grade (noninvasive)
- C. Right ureter external to bladder wall, biopsy: Papillary urothelial carcinoma, low grade (noninvasive)
- D. Bladder, right trigone, biopsy: Papillary urothelial carcinoma, low grade (noninvasive)
- E. Right bladder neck tumor, biopsy: Papillary urothelial carcinoma, non-invasive

**RP/Ureter Case 3**  
**SURGICAL PATHOLOGY REPORT #3**

Surgical Pathology Report  
July 20, 2007

Final Diagnosis:

Right kidney and ureter, resection, TURB:

- A. Papillary urothelial carcinoma, low grade (noninvasive)
- B. Tumor location: Renal pelvis
- C. Renal ureter margin of resection uninvolved by tumor or dysplasia
- D. Urinary bladder, designated anterior wall tumor, transurethral resection: Low grade papillary urothelial carcinoma (noninvasive).

**END RP/Ureter Case 3**

**RP/Ureter Case 4**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
June 11, 2007

**Gross Description:**

Received is a 20.0 x 9.5 x 4.0 cm, right kidney encircled by perinephric adipose tissue and Gerota's fascia, a 23.0 cm in length segment of ureter and an attached bladder cuff, 1.5 x 1.0 cm. Three separate exophytic, soft, papillary masses are noted. The first is in the ureter, 2.4 x 1.0 x 1.0 cm. Two additional masses are both located in the inferior major calyx of the renal pelvis with the larger, 1.5 x 0.9 x 0.6 cm, and the smaller adjacent mass, 0.5 cm in maximum dimension. The superior pole of kidney has two golden yellow, subcapsular nodules, 0.2 and 0.4 cm in maximum dimension. The remaining caliceal system has no additional areas of nodularity or firmness. The kidney parenchyma consists of tan tissue without additional masses.

**Microscopic Description:**

Sections of kidney and ureter demonstrate four separate urothelial tumors. The largest is located in the distal ureter, 2.4 cm in diameter and consists of a low-grade papillary transitional cell carcinoma without evidence of infiltration. Three additional tumors are noted in the caliceal system of the right kidney. These represent high grade papillary transitional cell carcinomas focally associated with infiltration of the lamina propria/submucosa but without extension into the adjacent muscle wall. Kidney focally shows subcapsular adrenal cortical rests. This is substantiated with IP studies.

**Final Diagnosis:**

Multifocal papillary transitional cell carcinoma, low to high grade. Four separate tumors present, measuring 2.4 cm, 1.5 cm, 0.5 cm and 0.5 cm in maximum dimension. Largest lesion located in mid right ureter and remaining three lesions located in the inferior calyx of the right kidney. The tumors in the inferior calyx are high grade and demonstrate focal infiltration of the lamina propria/submucosa but without evidence of involvement of the underlying muscle wall. Tumor within ureter is low grade and shows no evidence of infiltration.

**END RP/Ureter Case 4**

**RP/Ureter Case 5**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
March 30, 2007

Clinical History: 78 year old white male who has been followed for several years for his prostate. He presented with some passage of clots. Ultrasound of his abdomen revealed a mass effect in his left kidney. He underwent a CT scan which revealed a large cyst appearing structure and a filling defect in the left renal pelvis, as well as a filling defect in the bladder area. Bone scan and chest were negative. It was felt that the patient most likely has a transitional cell carcinoma present in his left kidney versus a solid lesion. He is being admitted for a nephroureterectomy.

Specimen:

- A. Bladder tumor, superficial and deep biopsies
- B. Left kidney

Final Diagnosis:

- A. Bladder tumor, superficial and deep biopsies: Papillary transitional cell carcinoma grade III of IV. Muscle invasion is identified.
- B. Kidney, left nephrectomy: Extensive papillary transitional cell carcinoma grade III of IV involving the ureter, renal pelvis and caliceal system. No invasion is identified.  
AJCC TNM pT1NXMX

**END RP/Ureter Case 5**

**RP/Ureter Case 6**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
December 2, 2007

Specimen: Left kidney and ureter, nephroureterectomy

Microscopic Examination: Sections of the renal pelvis demonstrate focal papillary urothelial carcinoma, high-grade, showing no evidence of invasion in its involvement of the renal pelvis. In these sections, tumor directly adjoins the renal medulla. In addition, sections of the ureter demonstrate focal, high-grade papillary urothelial carcinoma. A section of the proximal aspect of the detached ureter segment demonstrates a focus of hemorrhagic mucosal erosion with an associated microfocus of lamina propria microinvasion. There is no demonstrable muscular wall invasion. The distal resection margin at the ureterovesical junction shows no tumor. Other sections of the ureteral and pelvocaliceal urothelium, while showing focal urothelial dysplasia, demonstrate no urothelial carcinoma in situ.

**Final Dx**

Left kidney and ureter, nephroureterectomy: papillary urothelial carcinoma involving renal pelvis and ureter, multifocal, with the following features: high-grade papillary urothelial carcinoma with no evidence of invasion, renal pelvis; high-grade papillary urothelial carcinoma, ureter.

**END RP/Ureter Case 6**

**RP/Ureter Case 7**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
January 22, 2011

Clinical History: Recurrent transitional cell bladder carcinoma with first diagnosis in January 2007.

Specimen: Right kidney and right ureter, nephroureterectomy

Final Diagnosis:

- A. Right kidney, nephrectomy specimen: High grade papillary transitional cell carcinoma involving the renal pelvis, with stromal but not muscular invasion. Hilar vascular and Gerota's fascia margins of resection are free of tumor.
- B. Right ureter and ileocolonic cutaneous reservoir, excised: segment of ureter with extensive low-grade papillary transitional cell carcinoma without clear evidence of stromal, muscular, or angiolymphatic invasion. Non-invasive carcinoma is present at the ureterocolonic anastomotic site. The colon segment shows mild acute serositis. Two small benign lymph nodes.

**END RP/Ureter Case 7**

**RP/Ureter Case 8**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
August 25, 2007

Specimen:

- A. Colonic mesentery - biopsy
- B. Retroperitoneal soft tissue - biopsy
- C. Internal ring soft tissue - biopsy

Gross Description:

Three specimens are received.

- A. "Colonic mesentery" consists of multiple irregular, necrotic soft tan to firm calcified tissue fragments aggregating to 1.5 cm.
- B. "Retroperitoneal tissue" consists of a membranous tan-red 1.3 cm soft tissue fragment.
- C. "Internal ring" consists of an approximately 1.5 cm firm tan lymph node.

Microscopic Description:

The colonic mesentery and retroperitoneal biopsies show an infiltrative high-grade carcinoma with features fully consistent with high-grade urothelial carcinoma. The internal ring soft tissue shows a benign reactive lymph node.

Final Diagnosis:

- A. Colonic mesentery, biopsy: High-grade carcinoma consistent with urothelial carcinoma.
- B. Retroperitoneum, biopsy: High-grade carcinoma consistent with urothelial carcinoma.
- C. Soft tissue, internal ring: No evidence of malignancy.

**END RP/Ureter Case 8**



**RP/Ureter Case 9**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
January 27, 2007

Specimen:

- D. Left ureter biopsy
- E. Right ureter biopsy

Final Diagnosis:

- D. Left ureter biopsy - invasive high grade urothelial carcinoma
- E. Right ureter biopsy – low grade urothelial carcinoma, noninvasive

**END RP/Ureter Case 9**

**RP/Ureter Case 10**  
**Surgical Pathology Report**

Surgical Pathology Report  
July 12, 2007

Clinical History: Bladder cancer

Specimen: Radical Cystectomy

Final Diagnosis:

- A. Lymph nodes, pelvic right (resection): Two of 15 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 2.6 cm in greatest diameter) (2/15)
- B. Lymph nodes, pelvis left (resection): Two of 13 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 1.7 cm in greatest dimension) (2/13)
- C. Bladder and prostate (resection):  
Poorly differentiated transitional cell carcinoma of the bladder involving right and left ureter bladder junction, right and left bladder wall, prostate urethra.  
The tumor invades into the perivesicular soft tissue microscopically (pT3bstage).  
Carcinoma in situ associated with invasive carcinoma and also involving right and left ureters and bladder dome.
- D. Urethral margins are free of tumor.  
Right and left urethral margins show carcinoma in situ.  
Prostate: urothelial carcinoma in situ and invasive carcinoma involving prostatic urethra.
- E. Lymph nodes, sacral area (resection): Three of 10 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 1 cm in greatest dimension) (3/10)

**END RP/Ureter Case 10**