

Joshua John Spady

Surgical Pathology Exam [LAB1750] (Order #: 617828116) Qty: 1

Lab Collection Information

Tissue Collected: 8/15/2018 1939

Surgical Pathology Exam

Status: Final result Visible to patient: No (Not Released) Next appt: None

Narrative

Patient: SPADY, JOSHUA JOHN
MRN: [REDACTED] Hosp OP Ext
Acct #: [REDACTED]
DOB: [REDACTED] Sex: M
Case #: [REDACTED]
Printed: 8/21/2018 21:54

PATHOLOGY REPORT

Collected	Accessioned	
Completed		
8/15/2018 19:39:00	8/16/2018 14:04:34	8/21/2018
21:53:58		

Clinical Information

Appendicitis, unspecified appendicitis type.

Diagnosis

APPENDIX, APPENDECTOMY:

- ④ - Poorly differentiated mucinous adenocarcinoma with patchy signet ring cell features, invading through muscularis propria to mesoappendix, tumor size at least 3.5 cm
- ④ - Focal perineural invasion identified
- Proximal appendiceal margin, negative for tumor.
- Diffuse suppurative appendicitis with perforation and abscess formation in appendiceal wall.
- Diffuse acute serositis.

Comment: This case was reviewed at the Daily Intradepartmental QA Conference.

Dictated and authenticated by: SHAOZENG ZHANG, M.D., Ph.D.
08/21/18

SZ/NBM

Performing Location: Pathology Services - Providence St. Vincent Medical
Center, 9205 SW Barnes
Rd, Portland OR 97225
(503) 215-6660

Synopsis

A: Appendix - Resection
Specimen

Procedure: Appendectomy

Tumor

Histologic Type: Mucinous adenocarcinoma

Histologic Grade: G3: Poorly differentiated

Tumor Size: 3.5 Centimeters (cm)

Tumor Deposits: Not identified

Tumor Extent

Tumor Extension: Tumor invades through the muscularis propria into the
subserosa or

mesoappendix but does not extend to the serosal surface

Accessory Findings

Lymphovascular Invasion: Not identified

Margins

Proximal Margin: Uninvolved by invasive carcinoma

Status of Mucinous Neoplasm at Proximal Margin: Uninvolved by
appendiceal mucinous
neoplasm

Mesenteric Margin: Uninvolved by invasive carcinoma

Status of Mucinous Neoplasm at Mesenteric Margin: Uninvolved by
appendiceal mucinous
neoplasm

Lymph Nodes

Regional Lymph Nodes: No lymph nodes submitted or found

PATHOLOGY REPORT

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8/15/2018 19:39:00
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Pathologic Stage Classification (pTNM, AJCC 8th Edition)

Primary Tumor (pT): pT3

Regional Lymph Nodes (pN): pNX
Special Studies
Ancillary Studies: Performed - MMR

2017 June AJCC 8th Edition CAP Annual Release

Gross Description

APPENDIX

Received in formalin labeled with the patient's name (initials JJS) and designated as "A.

Appendix"

Size, margin, outer surface: 4.7 x 0.8 cm. The margin is closed a staple line and is inked black.

The outer surface is pink-tan with adherent exudate.

Integrity: Possible focal perforations are noted near the appendiceal tip that measure 0.1 and 0.2

cm.

Fecalith: Absent

Mucosa and tip: Pink-tan and focally hyperemic with an average wall thickness of 0.3 cm. No

lesions identified in the appendiceal tip.

SECTIONS:

A1. Resection margin and cross sections

A2. Appendiceal tip with possible perforations

Additional sections submitted 8/17/18, SCM

A3-4. Remainder of appendiceal cross-sections

A5-7. Remainder of appendiceal tip. The appendix is entirely submitted with a portion of the mesoappendix and staple line remaining in the container

SCM/SCM

Microscopic Description

PARAFFIN IMMUNOHISTOCHEMISTRY (block A6, A7):

Keratin AE1/3, CDX2, CK20 -- strongly and diffusely positive in tumor

Interpretation: Poorly differentiated adenocarcinoma

The results of immunohistochemical stains for four main mismatch repair (MMR) proteins performed are as follows - Block A2:

MLH1 IHC: Present

MSH2 IHC: Present

MSH6 IHC: Present

PMS2 IHC: Present

MMR Interpretation: NORMAL. It indicates that this tumor has probable microsatellite stability (MSS/normal MMR proteins - see comment).

Comment: Immunohistochemical stains for the four main mismatch repair (MMR) proteins have been used as a surrogate marker for microsatellite instability. The presence or absence of

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immunohistochemical staining in the mismatch repair proteins correlates well with microsatellite instability by PCR.

Genetic counseling is recommended for appropriate interpretation of all results.

MMR interpretation by Maritza Martel, M.D.

Appropriate controls were used for each immunohistochemical stain. This test was developed and its performance characteristics determined by the Providence Oregon Regional Laboratory and Pathology Services, 4400 NE Halsey Street, Bldg. 3, Portland, OR, 97213, CLIA #38D2032720. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

SZ/SZ

Specimen Collected: 08/15/18 19:39 Last Resulted: 08/21/18 0:00 Order Details View Encounter Lab and Collection Details Routing Result History

Scans on Order 617828116

Scan on 8/21/2018 21:54 by Onbase, Orca : SURG PATH FINAL REPORT

Specimen Information

Specimen ID: 848307147 Type: Tissue Collected: 8/15/2018 1939

8/21/2018 21:57 - Edi, Transcription

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