

Surgical Pathology

Final Diagnosis:

- A. TUMOR NODULE, EXCISION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- B. OLD UMBILICAL TROCAR SCAR WITH ABDOMINAL WALL, EXCISION:
- SKIN AND SUBCUTANEOUS FIBROADIPOSE TISSUE WITH SCAR AND FOREIGN BODY GRANULOMATOUS INFLAMMATION.
 - NO EVIDENCE OF MALIGNANCY.
- C. LEFT OMENTUM WITH SPLEEN AND DISTAL PANCREAS, EXCISION:
- OMENTUM WITH LOW GRADE MUCINOUS ADENOCARCINOMA.
 - SPLEEN WITH LOW GRADE MUCINOUS ADENOCARCINOMA ON THE CAPSULAR SURFACE BUT WITHOUT INVASION OF THE SPLENIC PARENCHYMA.
 - PANCREAS WITHOUT EVIDENCE OF MALIGNANCY.
- D. PERI-DUODENAL NODULE, EXCISION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- E. GEROTA'S FASCIA, EXCISION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- F. PERI-DUODENAL NODULE #2, EXCISION:
- LYMPH NODE WITH METASTATIC LOW GRADE MUCINOUS ADENOCARCINOMA (1/1).
- G. RIGHT COLON WITH RIGHT OMENTUM AND RIGHT PERICOLIC GUTTER, HEMICOLECTOMY AND EXCISION:
- WELL-DIFFERENTIATED (LOW GRADE) MUCINOUS ADENOCARCINOMA OF THE CECUM WITH INVASION THROUGH THE MUSCLE WALL AND EXTENSIVE EXTENSION INTO THE PERICOLONIC ADIPOSE TISSUE.
 - TUMOR IS PRESENT IN THE ADIPOSE TISSUE AT THE ILEAL RESECTION MARGIN, BUT THE DISTAL COLONIC RESECTION MARGIN IS FREE OF TUMOR.
 - TUMOR EXTENDS INTO THE PERIAPPENDICEAL FAT WITH SOME EXTENSION INTO THE APPENDICEAL MUSCLE WALL, BUT THE TUMOR DOES NOT EXTEND INTO THE SUBMUCOSA OR MUCOSA OF THE APPENDIX.
 - METASTATIC LOW GRADE MUCINOUS ADENOCARCINOMA IN THE OMENTUM.
 - FOURTEEN TUMOR DEPOSITS PRESENT IN PERICOLONIC ADIPOSE TISSUE (SEE

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COMMENT).

- TWO LYMPH NODES ARE IDENTIFIED WITHOUT METASTATIC ADENOCARCINOMA (0/2) (SEE COMMENT).

H. HIGHEST LEVEL LYMPH NODE, PORTAL VEIN, RESECTION:

- LYMPH NODE WITH METASTATIC WELL-DIFFERENTIATED, LOW GRADE MUCINOUS ADENOCARCINOMA (1/1).

I. GALLBLADDER, CHOLECYSTECTOMY:

- EXTENSIVE LOW GRADE MUCINOUS ADENOCARCINOMA ON THE SEROSA OF THE GALLBLADDER WITH FOCAL PENETRATION OF THE MUSCLE WALL. THE MUCOSA AND SUBMUCOSA OF THE GALLBLADDER SHOWS MILD CHRONIC INFLAMMATION BUT WITHOUT MALIGNANCY.

J. PELVIC EXENTERATION:

- RECTUM WITH LOW GRADE MUCINOUS ADENOCARCINOMA IN THE PERIRECTAL ADIPOSE TISSUE WITH FOCAL INVASION OF THE MUSCLE WALL, BUT WITHOUT EXTENSION THROUGH THE MUSCLE WALL OR INTO THE SUBMUCOSA OR MUCOSA.
- LOW GRADE MUCINOUS ADENOCARCINOMA IN THE PARAMETRIAL ADIPOSE TISSUE WITH FOCAL INVASION OF THE ADJACENT MYOMETRIUM, BUT WITHOUT PENETRATION THROUGH THE MYOMETRIUM OR INTO THE ENDOMETRIUM.
- RIGHT AND LEFT OVARIES WITH METASTATIC LOW GRADE MUCINOUS ADENOCARCINOMA.
- RIGHT FALLOPIAN TUBE WITHOUT EVIDENCE OF MALIGNANCY.
- LEFT FALLOPIAN TUBE WITH LOW GRADE MUCINOUS ADENOCARCINOMA IN THE PERITUBAL ADIPOSE TISSUE WITH FOCAL INVASION OF THE MUSCLE WALL, BUT WITHOUT INVASION THROUGH THE MUSCLE WALL OR INTO THE SUBMUCOSA OR MUCOSA.
- MULTIPLE NODULES OF LOW GRADE MUCINOUS ADENOCARCINOMA IN THE ADIPOSE TISSUE ADJACENT TO THE UTERUS.
- LOW GRADE MUCINOUS ADENOCARCINOMA IN SEPARATE NODULE PRESENT IN THE CONTAINER.
- SIX LYMPH NODES WITHOUT EVIDENCE OF MALIGNANCY (0/6).
- ATROPHY OF THE ENDOMETRIUM.
- CYSTIC ENDOCERVICITIS.

K. LESSER OMENTUM, EXCISION:

- METASTATIC LOW GRADE MUCINOUS ADENOCARCINOMA.

L. LEFT AND RIGHT DIAPHRAGMATIC PERITONECTOMY WITH PARTIAL HEPATECTOMY:

- LOW GRADE MUCINOUS ADENOCARCINOMA IN THE ADIPOSE TISSUE AND PERITONEAL FIBROUS TISSUE.
- NO LIVER TISSUE IS IDENTIFIED.

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- M. TINEA, EXCISION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
 - ONE LYMPH NODE WITHOUT EVIDENCE OF MALIGNANCY (0/1).
- N. RETROPERITONEAL SOFT TISSUE, EXCISION:
- ADIPOSE TISSUE WITHOUT EVIDENCE OF MALIGNANCY.
- O. COMPLETION COLECTOMY, WITH TRANSVERSE, DESCENDING AND SIGMOID COLON, RESECTION:
- EIGHT TUMOR DEPOSITS IN PERICOLONIC ADIPOSE TISSUE.
 - TUMOR DOES NOT INVADE INTO THE COLONIC WALL.
 - SIX LYMPH NODES WITHOUT EVIDENCE OF MALIGNANCY (0/6).
 - RESECTION MARGINS APPEAR FREE OF MALIGNANCY.
- P. SMALL BOWEL NODULE, EXCISION:
- FOCAL LOW GRADE MUCINOUS ADENOCARCINOMA.
- Q. SMALL BOWEL, SEGMENTAL RESECTION:
- SMALL INTESTINE WITH TUMOR DEPOSITS IN PERI-INTESTINAL ADIPOSE TISSUE BUT WITHOUT INVASION OF THE INTESTINE.
 - RESECTION MARGINS APPEAR FREE OF TUMOR.
- R. DONUTS, RESECTION:
- COLONIC TISSUE WITH A SMALL FOCUS OF TUBULAR ADENOMA OF THE MUCOSA.
 - NO EVIDENCE OF MALIGNANCY.
- S. GEROTA'S FASCIA #2, RESECTION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- T. DIAPHRAGM, FOCAL RESECTION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- U. ABDOMINAL WALL #1, POST PERFUSION, RESECTION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.
- V. ABDOMINAL WALL #2, POST PERFUSION, RESECTION:
- LOW GRADE MUCINOUS ADENOCARCINOMA.

Diagnosis Comment:

The tumor in the multiple sections in many of the specimens shows well-differentiated mucinous adenocarcinoma (low grade), with varying degrees of mucin, ranging from small amounts to nearly complete replacement of the tumor with mucin. In specimen G, the hemicolectomy specimen, there are fourteen distinct tumor deposits, but some of these may represent an aggregation of multiple deposits, as they are quite large. In addition, only two distinct lymph nodes are identified in Part G, although it is likely

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that many of the tumor deposits actually represent completely replaced lymph nodes. Nevertheless, according to protocol, since there is no lymphoid tissue identified in the deposits, they are classified as deposits. Overall there are two lymph nodes with metastatic adenocarcinoma of the sixteen identified in the various specimens (2/16), but the metastatic tumor is not present in the regional lymph nodes, although there are numerous tumor deposits. The synoptic report is a composite of the various specimens, including previous specimens (for the MMR data). The number of tumor deposits listed in the synoptic report are the ones in specimen G, but there are numerous others in the other specimens.

Signed:

Addendum

Addendum

A *50 Gene Cancer Panel* was performed on this case, the results of which can be found in case number

Synoptic Data:

SPECIMEN INFORMATION

Previous case information included:

Specimen(s) included in case:

Case 1:

Case 2:

Terminal ileum

Cecum

Appendix

Ascending colon

Hepatic flexure

Transverse colon

Splenic flexure

Descending colon

Sigmoid colon

Rectosigmoid colon

Rectum

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Procedure used to obtain specimen: RIGHT HEMICOLECTOMY,
PANCOLECTOMY, PELVIC
EXENTERATION

GROSS TUMOR CHARACTERISTICS

Site of excised tumor: Cecum
Length of surgical specimen excised (cm): (cm): 36
Greatest dimension of excised neoplasm (cm): (cm): 6.0
Second dimension of excised neoplasm (cm): (cm): 4.5
Macroscopic perforation of colon by tumor: Not identified

MICROSCOPIC TUMOR CHARACTERISTICS

Histologic type of neoplasm: Mucinous adenocarcinoma (greater than 50% mucinous)
Histologic grade of neoplasm: Low-grade (well to moderately differentiated)
Mucinous histologic fraction of neoplasm: (%): 95
Percent signet ring cells in adenocarcinoma: (%): 0
Intratumoral Lymphocytic Response: None
Peritumoral Lymphocytic Response: None
Status of tumor budding in carcinoma: None
Number of tumor buds per HPF (Average per 10 HPF): Average # per HPF: 0
Perineural Invasion: Perineural invasion absent
Lymphatic (Small Vessel) Invasion (L): Absent
Intramural vascular (Large vessel) invasion: Absent
Extramural vascular (Large vessel) invasion: Absent
Polyp Type in which invasive carcinoma arose: None identified

TREATMENT EFFECT

Treatment Effect: No prior treatment

MARGIN STATUS

Status of surgical margins involved by tumor: Positive - Surgical margins involved by tumor
Surgical margin closest to tumor: Proximal margin
Distance of invasive carcinoma from closest margin: (cm): 0

MARGINS

Proximal: TUMOR IN ADIPOSE TISSUE
Distal: Margin uninvolved by invasive carcinoma
Mesenteric: Margin uninvolved by invasive carcinoma
Distance of carcinoma to closest mucosal margin: (cm): 10

STAGING

Primary Tumor (pT) Category (AJCC Staging): pT3: Tumor invades through the muscularis propria into pericolorectal tissues

Direct extension of tumor (Computable Data):

Tumor invades through the muscularis propria into the subserosal adipose tissue or the nonperitonealized pericolic or perirectal soft tissues but does not extend to the serosal surface

Invasion of adjacent structures: No

* Tumor adheres to adjacent structures (but no invasion):

Regional Lymph Node (pN) involvement:

of lymph nodes involved by carcinoma:
of lymph nodes microscopically examined:
Tumor Deposits:
Number of tumor deposits:

Distant Metastasis (pM):

Additional Pathologic Findings:

ANCILLARY TESTING

Mismatch repair abnormality by IHC:

MLH1- Mismatch Repair (MMR) Proteins by IHC:
MSH2-Mismatch Repair (MMR) Proteins by IHC:
MSH6-Mismatch Repair (MMR) Proteins by IHC:
PMS2-Mismatch Repair (MMR) Proteins by IHC:
BRAF Expression (by immunohistochemistry):
IHC Interpretation for mismatch repair genes:

List: SMALL INTESTINE, APPENDIX

pN1c: Tumor deposit(s) in the subserosa, or non-peritonealized pericolic or perirectal tissues without regional lymph node metastasis

2
16
Present
16

pM1b: Metastasis to more than one organ/sites

pM1b: Sites: OVARIES, DISTANT LYMPH NODES, OMENTUM, MESENTERIC AND PERITONEAL SITES, AND NUMEROUS PERI-ORGAN SITES

Adenoma(s)

No: Mismatch repair proficient

Intact nuclear expression
Intact nuclear expression
Intact nuclear expression
Intact nuclear expression
Negative for cytoplasmic expression
No loss of nuclear expression of MMR proteins: low probability of Lynch syndrome or sporadic mismatch repair deficiency.

Preoperative Diagnosis:

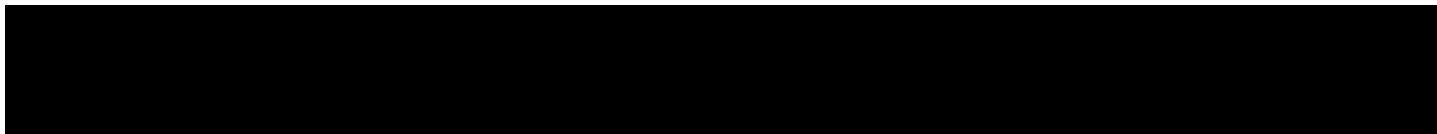
Carcinomatosis.

Postoperative Diagnosis:

Carcinomatosis.

Intraoperative Diagnosis:

Part A: Tumor nodule (FSA1): “Adenocarcinoma with mucinous features.” Frozen sections are done by [REDACTED].
Periduodenal nodule, biopsy (FSD1): “Adenocarcinoma with mucinous features”. This case was reported to [REDACTED].



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Periduodenal nodule #2, biopsy (FSF1): “Lymph node with scant tumor cells and large pools of mucin, consistent with metastatic adenocarcinoma”. This case was reported to [REDACTED].

Source/Gross:

Part A is received fresh in container labeled [REDACTED] and is designated “tumor nodule.” The tissue consists of a 1.8 x 1.5 x 0.8 cm aggregate of mucinous soft tissue and debris and possible tumor. The specimen is submitted all for frozen section diagnosis in block FSA1. [REDACTED]

Part B is received fresh in a container labeled [REDACTED] and is designated “old umbilical trocar scar with abdominal wall”. The specimen consists of a 3.5 x 1.8 x 1.5 cm fragment of congested soft tissue with an attached 2.5 x 0.5 x 0.5 cm ellipse of unremarkable skin. The cut surface reveals a hemorrhagic tract within the soft tissue that extends to the deep margin and is surrounded by a gray fibrous tissue. Tumor is not identified. Sections are submitted in B1.

Part C is received fresh in a container labeled [REDACTED] and is designated “left omentum with spleen and distal pancreas”. The specimen consists of an intact spleen with attached portion of omentum. The spleen is 226 gm and 11.5 x 9.8 x 5.7 cm. The surface has areas of tan-gray possible tumor implants up to 2.5 cm. The cut surface of the spleen has a well-defined red and white pulp with no intraparenchymal tumor identified.

The spleen has a well-defined red and white pulp throughout.

In the hilum of the spleen is a 4.5 cm staple line. Adjacent to the staple line is a 3.5 x 1.7 x 1.5 cm portion of possible distal pancreas. No definite lesion is identified.

Extending away from the hilum of the spleen is a 16.5 x 7.5 x 3.2 cm portion of omentum. Approximately 75% of the omentum is replaced by gray-white mucinous partially necrotic tumor. Sections are submitted per the Code of Sections.

Code of Sections

| | |
|-------|---------------------------|
| C1-C2 | spleen with tumor implant |
| C3 | uninvolved spleen |
| C4-C5 | possible pancreas |
| C6-C8 | omentum with tumor |

Part D is labeled with the name [REDACTED] and designated “periduodenal nodule”. The specimen consists of a tan nodule (0.6 x 0.4 x 0.2 cm). This specimen was entirely submitted for frozen section analysis, subsequently thawed and entirely placed in cassette D1. [REDACTED]

Part E is received fresh in a container labeled [REDACTED] and is designated “Gerota’s fascia” and consists of a 7.5 x 4.5 x 1.8 cm fragment of congested fibroadipose tissue. Approximately one-half of

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the tissue is replaced by mucinous tumor. The remaining tissue is congested and otherwise unremarkable. Sections are submitted in E1 through E3. [REDACTED]

Part F is labeled with the name [REDACTED] and designated "periduodenal nodule #2". The specimen is a tan nodule (1.5 x 1.2 x 1.0 cm). The specimen is inked black, bisected and half is submitted for frozen section, thawed and submitted entirely in cassette F1. The remainder of the specimen is submitted in F2. [REDACTED]

Part G is received in formalin in a container labeled [REDACTED] and designated "right hemicolectomy with right omentum and right pericolonic gutter plus standard lymph node section". The specimen consists of ascending colon (21.0 cm in length x 8.0 cm in circumference), terminal ileum (15.0 cm in length x 4.0 cm in circumference) and piece of omentum (18.0 x 10.0 x 2.0 to 5.0 cm). The serosal surface looks dull and has scattered metastatic spots ranging from 0.2 cm to 1.0 cm on the surface of the serosa. A moderate amount of pericolonic and mesenteric adipose tissue is present with numerous varied size nodules attached to it (0.1-3cm in diameter).

The ulcerated tumor (6 x 4.5 x 3.5 cm) is 10 cm away from the distal colon resection margin and 11 cm from the cecum. The surface of the tumor is very shaggy looking with hemorrhages. The adventitia of the tumor area is inked black. Further sectioning reveals the mass invades through full thickness of bowel wall and extending to pericolonic adipose tissue.

There are clusters of metastasized tumor nodules (similar to the nodules described above) attached to the serosal surface of the ileocecal valve. The mucosa surface is grossly not involved. The appendix (5 x 1 x 1 cm) including the orifice has no tumor identified grossly (gross picture is taken). Section of appendix reveals a pinpoint lumen and unremarkable mucosa.

There are numerous metastasized tumors nodules attached to the Omentum. They are firm, size varying from 0.5 to 2 cm. Cut surface of the nodules reveals pale colored, homogenous texture. A lymph nodes search is conducted. 13 firm lymph node candidates and potential lymph nodes candidate clusters are submitted as per Code of Sections.

Code of Sections

| | |
|--------|--|
| G1-G2 | tumor section closest to adventitia |
| G3-G6 | tumor, representative section, (yellow ink is margin cut by the prosector, which is not the true margin) |
| G7 | random colon mucosa |
| G8-G10 | distal colon margin |
| G11 | terminal ileal proximal margin |
| G12 | cecum to appendix orifice |
| G13 | the other half of cecum to appendix orifice |
| G14 | proximal one-third appendix attached to tumor nodule |
| G15 | middle sections of appendix |
| G16 | tip of appendix |
| G17 | tumor mass outside of the cecum with cecal mucosa |

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| | |
|---------|--|
| G18 | random metastasized tumor nodule |
| G19-G20 | representative sections from tumor mass on the omentum |
| G21 | one lymph node candidate |
| G22 | two lymph node candidates |
| G23 | lymph node candidate cluster |
| G24 | lymph node candidate cluster |
| G25 | five lymph node candidates |
| G26 | three lymph node candidates |
| G27 | two lymph node candidates |

Part H is received in formalin in a container labeled [REDACTED] and designated "highest level lymph node portal vein". The specimen consists of a lymph node candidate (2.0 x 1.5 x 1.0 cm) with a staple attached to it. The specimen looks pale and white. The entire specimen is submitted in cassette H1. [REDACTED]

Specimens are received fresh in several containers labeled [REDACTED] and consists of

Part I specimen is designated "gallbladder" and consists of a 9.2 cm in length x 3.6 cm in diameter on intact gallbladder with a red-tan focally cauterized adventitial surface. The serosal surface is remarkable for three well-circumscribed red-tan nodules ranging in size from 1.3-1.7 cm. Sectioning of the three nodules reveals white-tan mucinous, solid tissue. The cystic duct margin is inked blue and shaved. The gallbladder is opened to reveal approximately 25 cc of yellow-green viscous bile with no calculi within the gallbladder or container. The mucosa is red-tan, yellow-green, velvety, and bile-stained. There are no distinct masses or polyps grossly identified and the three nodules on the serosal surface appear to be confined to the serosal surface. The wall measures 0.1-0.2 cm in thickness. Representative sections are submitted in two cassettes labeled A1-A2, including the cystic duct margin in cassette A1 in sections of each nodule in cassettes A1 and A2 with adjacent normal mucosa.

Part J is designated "right and left anterior and pelvic periteneotomy en blanc with total radical hysterectomy, clip marks obliterated umbilical artery" and consists of a pelvic exenteration composed of the following component: Rectum, uterus with attached bilateral fallopian tubes and ovaries as well as attached pelvic peritoneal reflection of the uterus. The specimen is oriented per [REDACTED] with a separate piece of paper which will be scanned into the case. The specimen is oriented as follows: Clips mark the obliterated umbilical artery right and left, silk stitch marks distal rectal margin, long blue stitch with clip marks the proximal rectal margin. The rectum measures approximately 11.5 cm in length and ranging in diameter from 1.8-2.9 cm with a small portion of pericolic attached adipose tissue measuring 4.1 cm in greatest thickness. The uterus measures approximately 4.4 x 4.1 x 2.2 cm, right fallopian tube measuring 7.5 cm in length and ranging in diameter from 0.3-0.5 cm, right ovary 8.1 x 4.2 x 5.6 cm, left fallopian tube with fimbriated end 7.0 cm in length and ranging diameter from 0.3-0.5 cm, and left ovary 6.1 x 3.0 x 2.5 cm. The portion of peritoneal reflection attached to the uterus measurements approximately 16.5 x 12.1 x 0.7 cm. The serosal surface of the rectum, anterior and posterior peritoneal and serosal surface of the uterus as well as bilateral ovaries are remarkable for scattered red-tan mucinous nodules throughout the entire specimen. Sectioning of these numerous nodules reveals white-tan to red-tan solid mucinous tissue. The fallopian tube segments appear grossly unremarkable for any nodules. The anterior parametrium of the uterus is inked blue and the posterior parametrium of the uterus is inked black. The uterus does not appear

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to be adhered through the rectum and is freely movable. The rectum is opened to reveal a pink-tan normal folding mucosa with no masses or polyps grossly identified. Sectioning of the nodules on the serosal surface of the rectum reveals pink-tan to white-tan mucinous tissue that does not appear to invade into the colon. The uterus is bivalved to reveal pink-tan smooth endometrium with no masses or polyps within the endometrial canal.

The endometrial canal measures 2.9 cm in length x 1.2 cm cornu-to-cornu. The endocervical canal is pink-tan with a herringbone appearance and is grossly unremarkable. Sectioning of the uterus reveals pink-tan smooth myometrium with no masses or nodules identified and a maximum thickness of 0.9 cm. The right ovary has a multilobulated tunica albuginea with multiple mucinous nodules scattered throughout the entire surface. The right ovary is serially sectioned to reveal a multiple unilocular cyst filled with thick yellow-green mucinous fluid as well as scattered areas of white-tan solid mucinous tissue. No normal ovarian tissue is grossly identified. The right fallopian tube has a pink-tan smooth serosal surface with no nodules or paratubal cysts grossly identified. Sectioning reveals and consists of pink-tan tissue with a pinpoint lumen and is grossly unremarkable. The left ovary has a pink-tan multinodular tunica albuginea with scattered attached white-tan mucinous nodules. The left ovary is serially sectioned to reveal multiple unilocular cysts filled with green-brown mucinous, thick fluid and the remainder of the cut surface is composed of white-tan mucinous solid tissue. No distinct normal ovarian stroma is grossly identified. The left fallopian tube has a pink-tan smooth serosal surface remarkable for two white-tan mucinous nodules measuring 0.7 and 1.1 cm in greatest dimension. Fallopian tube is sectioned to reveal pink-tan tissue with no gross invasion of the nodules on the serosal surface into the lumen identified. Also, within the container is a separate pink-tan mucinous nodule measuring 3.5 x 2.1 x 1.5 cm. Representative sections are submitted as per code of sections.

Code of Sections:

| | |
|---------|---|
| J1 | proximal rectal margin, shaved |
| J2 | distal rectal margin, shaved |
| J3 | peritoneum of uterus, shaved |
| J4 | left peritoneum of uterus, shaved |
| J5 | sections of umbilical artery marked by the surgeon |
| J6 | normal mucosa of rectum |
| J7 | sections of serosal nodules of rectum |
| J8 | anterior cervix |
| J9 | posterior cervix |
| J10 | full thickness section of anterior endomyometrium |
| J11 | full thickness section of posterior endomyometrium |
| J12-J13 | sections of right ovary |
| J14 | sections of right fallopian tube including fimbriated end |
| J15-J16 | sections of left ovary |
| J17 | sections of left fallopian tube including serosal nodule and fimbriated end |
| J18-J20 | sections of numerous nodules from peritoneal reflection attached uterus |
| J21 | section of separate nodule within the container |
| J22 | five pink-tan lymph nodes found within the pericolonic adipose tissue of the rectum |

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Part K is designated “lesser omentum” and consists of two fragments of pink-tan tissue measuring 1.9 x 1.0 x 0.8 cm and 3.8 x 2.2 x 1.6 cm. Both fragments are sectioned to reveal white-tan solid mucinous tissue with no distinct normal tissue grossly identified. Representative sections are submitted in three cassettes labeled K1-K3.

Part L is designated “left and right diaphragmatic peritonectomy with partial hepatectomy, stitch marks falciform” and consists of a 32.1 x 20.7 x 1.6 cm single portion of pink-tan nodular tissue and yellow lobulated adipose tissue with a single stitch marking the falciform ligament. No distinct liver parenchyma or tissue is grossly identified. Sectioning reveals scattered areas of solid white-tan mucinous tissue with no liver parenchyma grossly identified. White-tan mucinous tissue is grossly identified at the stitch marking the falciform. Representative sections are submitted as per code of sections.

Code of Sections:

L1 tissue from stitch marking the falciform
L2-L5 additional sections of white-tan mucinous tissue

Part M is designated “tinea” and consists of a single oriented fragment of red-tan tissue measuring 4.8 x 4.1 x 1.5 cm. The tissue is serially sectioned to reveal white-pink solid mucinous tissue with adjacent yellow-lobulated adipose tissue. Representative sections are submitted into three cassettes labeled M1-M3.

Part N is designated “retroperitoneal soft tissue” and consists of a single portion of yellow lobulated adipose tissue measuring 5.8 x 3.9 x 1.0 cm and sectioning reveals yellow lobulated adipose tissue with no mucinous tissue or nodules grossly identified. Representative sections are submitted into three cassettes labeled N1-N3.

Part O is designated “completion colectomy, contains transverse descending and sigmoid” and consists of a single segment of unoriented colon measuring 45.2 cm in length and ranging in diameter from 1.8 to 4.2 cm. There is attached mesenteric and pericolic adipose tissue ranging in thickness from 2.1-7.5 cm. The pericolic and mesenteric adipose tissue are remarkable for multiple white-tan solid nodules ranging in size from 0.2-approximately 2.7 cm in greatest dimension. One nodule is 0.3 cm from the closest mesenteric margin. The serosal surface of the colon is remarkable for scattered pink-tan to red-tan mucinous nodules, ranging in size from 0.4 to 3.3 cm. The smallest nodule is 2.7 cm from one resection margin and all remaining nodules are more than 3 cm away from the staple resection margins of the colon. The remainder of the serosal surface is pink-tan, smooth to roughen with no perforations or defects grossly identified. The colon is opened to reveal pink-tan epididymis colonic mucosa. No distinct masses or polyps grossly identified. No nodules appear to be invading through the serosa into the colon. Sectioning of the nodules and the mesenteric and pericolic adipose tissue as well as on the serosal surface reveal white-tan solid mucinous tissue. The pericolic and mesenteric adipose tissue is sectioned to reveal 12 pink-tan small oval lymph nodes that range from 0.2-0.3 cm. Representative sections are submitted as per code of sections.

Code of Sections:

O1 staple resection margins of the colon, shaved

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| | |
|-------|--|
| O2 | mesenteric margin, perpendicular with closest nodule |
| O3-O4 | sections of epididymis mucosa |
| O5-O7 | nodules from serosal surface, pericolonic adipose tissue and mesenteric adipose tissue |
| O8 | contains four lymph nodes submitted whole |
| O9 | contains four lymph nodes submitted whole |
| O10 | contains four lymph nodes submitted whole |

Part P is designated “small bowel nodule” and consists of a single small fragment of white-tan firm tissue measuring 0.3 x 0.3 x 0.2 cm. The entire specimen is placed in a mesh bag into a single cassette labeled P1.

Part Q is designated “small bowel resection, stitch marks nodule” and consists of a 5.1 cm in length x 2.5 cm in diameter segment of a small bowel with two staple resection margins and a single stitch marking a nodule on the serosal surface. The stitch marking the specific nodule which measures 0.3 x 0.3 cm and the nodule is approximately 0.2 cm from one staple resection margin. The remainder of the serosal surface is remarkable for a large full thickness defect which is opposite the nodule marked by the stitch and 0.5 cm from the opposite staple resection margin. There is attached mesenteric adipose tissue measuring 2.2 cm in greatest thickness remarkable for multiple additional white-tan solid nodules ranging in size from 0.3-1.5 cm. The segment of small bowel is opened to reveal pink-tan edematous mucosa with no distinct masses or nodules grossly identified. Sectioning of the nodules on the serosal surface and mesenteric adipose tissue reveals white-tan solid mucinous tissue. Representative sections are submitted as per code of sections.

Code of Sections:

| | |
|-------|---|
| Q1 | one resection margin with adjacent serosal nodule, perpendicular |
| Q2 | second resection margin and adjacent full thickness defect of serosa, perpendicular |
| Q3 | sections of small intestine |
| Q4-Q5 | sections of mesenteric nodules |

Part R is designated “donuts” and consists of two anastomotic donuts measuring 1.1 x 1.0 x 0.2 cm and 2.0 x 1.7 x 0.8 cm. Each donut is composed of pink-tan glistening mucosa with no masses or nodules identified. A representative section of each donut is submitted into a single cassette labeled R1.

Part S is designated “gerota’s fascia” and consists of two fragments of red-tan tissue measuring 1.3 and 9.1 cm in greatest dimension. Sectioning of the tissue reveals white-tan solid mucinous tissue and yellow lobulated adipose tissue. Representative sections are submitted into three cassettes labeled S1-S3.

Part T is designated “diaphragm” and consists of two fragments of pink-tan tissue measuring 1.1 and 3.1 cm in greatest dimension. Sectioning of the two fragments reveals pink-tan to white-tan mucinous tissue with solid areas and no cystic spaces are grossly identified. The entire specimen is submitted into three cassettes labeled T1-T3.

Part U is designated “abdominal wall #1 post perfusion” and consists of a single fragment of pink-tan tissue measuring 2.2 x 1.2 x 0.3 cm. The fragment is remarkable for small white-tan nodules ranging from



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0.1-0.3 cm in greatest dimension. Sectioning reveals white-tan solid mucinous tissue within the nodules. The entire specimen is submitted into a single cassette labeled U1.

Part V is designated “abdominal wall #2 post perfusion” and consists of a single fragment of pink-tan tissue measuring 5.9 x 2.7 x 0.3 cm. The specimen is serially sectioned to reveal white-tan scattered mucinous tissue throughout the specimen. Representative sections are submitted into three cassettes labeled V1-V3.

