

Results

Collected: 6/22/2016 0500
Received: 6/22/2016 1436

6/29/2016 4:48 PM - Tamtron Int

Component Results

Component
SURGICAL PATHOLOGY
COLLECTION DATE: 06/22/2016
**** SEE ADDENDUM ****
Surgical Pathology Report

Lab
MSHTAM

SPECIMEN SOURCE:

A. APPENDIX

CLINICAL HISTORY:

29-year-old male with appendicitis

(The above clinical history has been transcribed from the information written on the requisition sheet provided by your office. Please notify us immediately for misinterpretation or errors).

DIAGNOSIS:

Appendix, appendectomy Appendix with polypoid low grade appendiceal neoplasm arising in a background of granulomatous appendicitis. The resection margin is negative for dysplasia.

Note Additional sections are pending.

Stephen Ward, M.D., PhD
Attending Pathologist
Ln

GROSS DESCRIPTION:

The specimen labeled "Appendix" is received in formalin and consists of a 9.0 x 2.0 cylindrical appendix with a tan-pink and congested serosa partially covered by exudates. Also identified is an attached 6.0 x 1.5 x 0.5 cm focally hemorrhagic mesoappendix. The staple line resection margin is inked black and the specimen is sectioned to reveal a 1.0 cm lumen and 0.5 cm wall. The lumen contains tan-brown material. No site of rupture is grossly identified. The specimen is submitted

representatively.

Summary of sections: A1 = base of the appendix and tip of the appendix(bisected); A2-A3 = random sections; total 3

Dictated by DS: 6/22/2016

Descriptions and diagnoses were reviewed with Pathology Resident, Jian Jing, M.D.

The following statement applies to Histochemical, Immunohistochemical, Immunofluorescence, In Situ Hybridization (ISH or FISH), and/or molecular test(s) if documented as performed on specimens reported in this case: The test has not been cleared or approved for the specific use by the U.S. Food and Drug Administration. FDA does not require this test to go through premarket FDA review. 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 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing. All stains and tests are performed with appropriate positive and negative control reactions and all controls show appropriate reactivity. However, stains and tests have not been validated on decalcified tissues. Results should be interpreted with caution given the likelihood of false negativity on decalcified tissues. Certain tests utilize Class I Analyte-Specific Reagents (ASR); these tests are developed and their performance characteristics determined by this laboratory. ASRs used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

The electronic signature(s) indicates that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

Final Diagnosis performed by
Stephen C Ward MD, PhD
Electronically signed 6/28/2016 5:08:15PM

ADDENDUM 1:

The remaining specimen is submitted entirely in blocks A4-A14 and slides were reviewed. The lesion is confined to the appendix.

Note Selected slides were reviewed at gastrointestinal pathology conference where it was felt that this lesion should be considered as a low grade appendiceal mucinous neoplasm for management purposes.

Stephen Ward, M.D., Ph.D.
Attending Pathologist

The electronic signature(s) indicates that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

Addendum #1 performed by
Stephen C Ward MD, PhD
Electronically signed 6/29/2016 1:21:22PM

ADDENDUM 2:

In addition to the granulomatous appendicitis, there is also acute appendicitis with perforation of the appendiceal tip, however no mucin or neoplastic cells are seen outside of the appendix.

Stephen Ward, M.D., Ph.D.
Attending Pathologist

The electronic signature(s) indicates that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

Addendum #2 performed by
Stephen C Ward MD, PhD
Electronically signed 6/29/2016 4:47:39PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
39-MSHTAM	MOUNT SINAI HOSPITAL DEPARTMENT OF PATHOLOGY	Unknown	1468 Madison Avenue Annenberg Building 15th Floor New York NY 10029	10/24/14 0913-Present

Lab and Collection

SURGICAL PATHOLOGY on 6/22/2016

Result History

SURGICAL PATHOLOGY on 6/29/2016

Patient Release Status:

This result is not viewable by the patient.