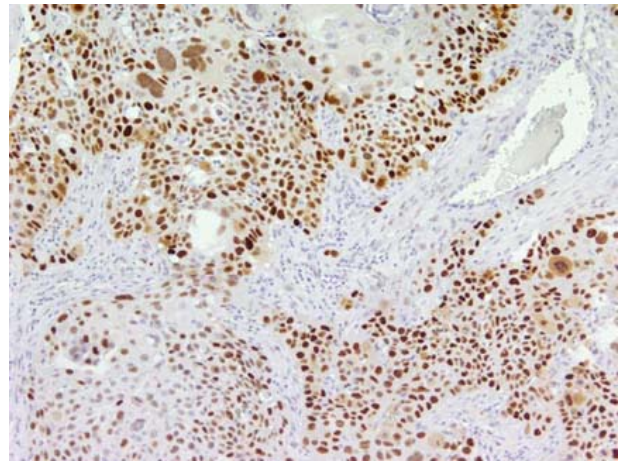
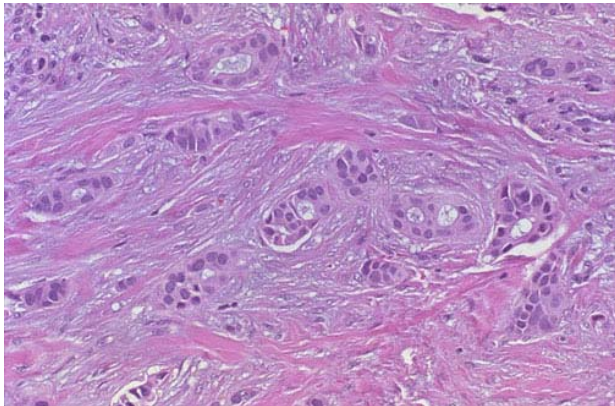


HEADER FOR PATHOLOGIST SIGNOUT

ADDRESS FOR PATHOLOGIST SIGNOUT
CITY, STATE ZIP FOR PATHOLOGIST SIGNOUT

PATIENT:	SIGNOUT, TEST	PATHOLOGY REPORT
CLINICIAN/ REQUESTING DOCTOR	Clinician Doctor M.D. THE FAMILY HEALTH CENTER 333 Nomicroscope Way New City, NJ 888882222 Tel: (909) 090-9090	ACCESSION NO: PLT07-1111 DATE OF PROCEDURE: 6/18/2007 DATE RECEIVED IN LAB: 6/18/2007 DATE OF REPORT: 7/13/2007 DATE OF BIRTH: 3/1/1944 AGE: 63 years SEX: M



Breast, fine needle aspiration (ACANTHOLYTIC ACANTHOMA / INFILTRATING DUCT CARCINOMA)

Lymph node, biopsy (LYMPHANGIOMA)

DIAGNOSIS:

A) BREAST, FINE NEEDLE ASPIRATION :

**ACANTHOLYTIC ACANTHOMA
INFILTRATING DUCT CARCINOMA.**

- COMBINED HISTOLOGICAL GRADING:
- TUMOR SIZE IS CM IN GREATEST DIAMETER.
- SURGICAL MARGINS ARE NOT INVOLVED WITH TUMOR.
- # LYMPH NODES ARE NEGATIVE FOR METASTATIC CARCINOMA.
- NO LYMPH/VASCULAR INVASION IS IDENTIFIED.
- ER/PR RECEPTORS AND HER-2-NEU ARE SENT FOR ANALYSIS AND WILL BE REPORTED UPON COMPLETION.

Comment: The preliminary pathological staging for this tumor as defined by the American Joint Committee on Cancer is: TN.

B) LYMPH NODE, BIOPSY :

LYMPHANGIOMA

ICD9 CPT

216.8 88309

228.1 88305

MICROSCOPIC DESCRIPTION:

A) BREAST: Sections show skin with hyperkeratosis, parakeratosis, and acanthosis. Acantholysis is present in the suprabasal and upper epidermis. In the upper epidermis, dyskeratosis is evidenced by corps ronds and corps grains. These are features of an acantholytic acanthoma. The cup-shaped invagination of a warty dyskeratoma is not seen. Clinical correlation is

suggested to rule out Grover's disease, Darier's disease and pemphigus.

Histological sections of the modified radical mastectomy and axillary contents show a - differentiated infiltrating carcinoma (tubule formation=; nuclear atypia=; mitotic figures=; total score=)of the breast. The tumor displays a well-defined, but infiltrating margin. There is the presence of irregular and solid clusters of tumor admixed with single cells and cords of tumor cells. There is nuclear enlargement and pleomorphism. The tumor shows a desmoplastic response. The inked surgical margins are not involved with tumor. #lymph nodes are negative for metastatic carcinoma. No lymph/vascular invasion is identified.

B) LYMPH NODE: Sections show cystically dilated vessels lined by a single layer of endothelial cells in the upper dermis. The localized form of lymphangioma circumscriptum involves primarily the upper dermis. The "classic" type of lymphangioma circumscriptum involves the deep dermis and subcutaneous fat as well as the upper dermis, and large "cisterns" may be seen. In a cavernous lymphangioma, large irregular cystic endothelial-lined spaces are located in the subcutaneous tissue and associated with smooth muscle, and overlying lymphangioma circumscriptum may be evident. The histologic appearance of lymphangiectasia secondary to lymphedema is identical to that of lymphangioma circumscriptum.

ANATOMIC SITE, PROCEDURE, AND CLINICAL IMPRESSION:

BREAST: fine needle aspiration

LYMPH NODE: biopsy

GROSS DESCRIPTION:

A) BREAST: (1 slide)

B) LYMPH NODE: (1 slide)

Electronic B. Signature, M.D.

Electronic B. Signature, M.D.

Pathologist