

Patient Name:	Last, First	Patient ID#:	00000000
DOB:	MM/DD/YYYY - AGE yrs - Gender	Enterprise#:	E0000000
Client:	External Submitter	Client ID:	CCL
Address:		Client MRN:	99999999

SURGICAL PATHOLOGY REFERENCE LAB CONSULT (Final result)

Surgical Pathology Report (Final result)		S00-111111	
Authorizing Provider:	PROVIDER NAME	Ordering Provider:	
Ordering Location:	Hosp Lab Main	Collected:	MM/DD/YYYY 00:00
Pathologist:	John R Goldblum, MD	Received:	MM/DD/YYYY 00:00

Specimens

A SLIDE(S), 14 slides S00-111111

FINAL DIAGNOSIS

Client Name/Location, City, State; S00-111111 (MM/DD/YYYY)

Appendix, appendectomy (14 H&Es)

- Low-grade appendiceal mucinous neoplasm (**LAMN**) with features of perforation.
- Extravasated organizing acellular mucin involves the serosal surface.
- Negative for lymphovascular and perineural invasion.
- No regional lymph nodes submitted for evaluation.
- Mucin is present on the serosal surface at the resection margin, but there is no tumor at the margin.
- Pathologic Stage: pT4a

Electronically signed by John R Goldblum, MD on MM/DD/YYYY at 00:00

Diagnosis Comment

Thank you for allowing us the opportunity to review this case in consultation representing the appendectomy specimen from a PATIENT presenting with appendicitis. Per accompanying gross description, the entire appendix was submitted for microscopic review.

The appendix was entirely submitted for light microscopy examination. Histologic sections demonstrate an epithelial lining that is lined by flattened to undulating neoplastic epithelium. This epithelium retains a glomular morphology with abundant apical cytoplasmic acid mucin and basal nuclei with nuclear elongation, hyperchromasia, and pseudostratification. Beneath this atypical epithelium, there is fibrosis of the lamina propria with foci of obliteration of the muscularis mucosa and submucosa. The neoplasm is non-infiltrative, but exhibits a pushing and diverticulum-like pattern of growth. These findings are consistent with a low-grade appendiceal mucinous neoplasm (LAMN). There is a focus which is suspicious for appendiceal rupture (A8), and extravasated mucin is present at the serosal surface and is associated with an exuberant fibrinous and inflammatory reaction. Definite extra-appendiceal neoplastic epithelium is not identified. High-grade cytoarchitectural features are not seen. There is no evidence of lymphovascular or perineural invasion. Regional lymph nodes are not available for evaluation. Overall, the features are most consistent with a low-grade appendiceal mucinous neoplasm with acellular mucin involving the serosa.

Thank you for sending this case in consultation. Please do not hesitate to contact the GI consultation Service at 216-445-5612 with questions or if additional follow up information becomes available. This case was reviewed in conjunction with the GI pathology fellow, NAME.

INITIALS OF REVIEWING PATHOLOGISTS MM/DD/YYYY

Clinical History

Consult Requested

Performing Lab

Diagnostic interpretation performed at Cleveland Clinic, 9500 Euclid Ave, Cleveland OH 44195 CUA# 36D0656094