

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 8/4/1952
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Surg Path Addendum Report

ARUP test code 8070100

Addendum Discussion

Additional in situ hybridization slides are received from the outside institution for evaluation.

In situ hybridization for kappa and lambda light chains reveals the lymphoplasmic cells to be approximately 2/3rd kappa positive and 1/3rd lambda positive. These findings are consistent with a reactive process. There is no change to the original diagnosis.

03/07/18

I certify that I personally conducted the diagnostic evaluation on the above specimen(s) and have rendered the above diagnosis(es):

[Redacted], M.D.
electronic signature

University of Utah Health Care, Department of Pathology
Huntsman Cancer Hospital
1950 Circle of Hope Drive, Rm N3100
Salt Lake City UT 84112

SP Final Report

ARUP test code 8070060

Submitting Physician

[Redacted]

Phone: [Redacted]
Fax: [Redacted]

Clinical History

Per the outside hospital report: the patient is a 65-year-old woman undergoing resection of a meningioma.

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

Diagnosis [REDACTED], PERFORMED ON 02/17/2018
A, C) BRAIN, FRONTAL CORTEX AND DURA, RESECTION:
- NECROTIZING INFLAMMATORY NODULE WITH MONONUCLEAR ENCEPHALITIS;
ETIOLOGY NOT SPECIFIED; SEE COMMENT
B) BRAIN AND DURA, RESECTION:
-MENINGIOMA, WHO GRADE I
-INFLAMMATION OF DURA SIMILAR TO THAT SEEN IN PARTS A AND C
03/02/18 [REDACTED]
I certify that I personally conducted the diagnostic evaluation on the above specimens and have rendered the above diagnosis(es):
[REDACTED] M.D.
electronic signature
University of Utah Health Care, Department of Pathology
Huntsman Cancer Hospital
1950 Circle of Hope Drive, Rm N3100
Salt Lake City UT 84112

Comments The etiology of the inflammatory lesion is uncertain. We defer to the opinion of the outside general anatomic pathologist. The meningioma seen in part B does show invasion of dural vessels, however this is not considered a criteria in meningioma grading.

Gross Description Received on 02/28/2018 are 3 slides labeled [REDACTED], as per the outside slide labels.
Additional materials RECIEVED on 03/02/2018 are 8 slides labeled , as per the outside slide labels.
[REDACTED] 02/28/18

Microscopic Examination A,C) Outside sections stained with H+E reveal cortical gray matter with an associated extraaxial nodule of partially necrotic fibrous tissue. The tissue is involved by a prominent mixed inflammatory infiltrate which extends along cortical vessels and into gray matter. Outside immunohistochemistry shows both CD3 and CD20 positive lymphocyte populations.
B) Sections reveal a lobular neoplasm attached to dura. The neoplasm contains plump syncytial eosinophilic cells with round to oval nuclei and numerous nuclear-cytoplasmic pseudo-inclusions. There is no mitotic activity of necrosis. There is no brain invasion or other atypical features. The inflammatory component in parts A and C also involves dura.

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Addendum Discussion	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/7/2018 12:44:00 PM
Submitting Physician	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM
Clinical History	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM
Diagnosis	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM
Comments	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM
Gross Description	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM
Microscopic Examination	OC-180-000652	2/17/2018 12:49:00 PM	N/A	3/2/2018 3:28:00 PM

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: