

Tissue Exam: Patient Communication

Released

Not seen

Cervical Cancer Screening History - Results and Follow-ups

All results

Result date	Tests and Procedures	Follow-ups
03/10/2024	Tissue Exam LAB AP SYNOPTIC CHECKLIST: View Details in Report Full result values not displayed (4): View Details in Report	
10/12/2014	Tissue Exam PATHOLOGY REPORT FINAL CONVERSION: View Details in Report	

Results

Tissue Exam:

Status: Final result Visible to patient: No (inaccessible in MyAUBHealth)

Next appt: 04/11/2024 at 08:30 AM in Radiology (PHILIPS GAMMA CAMERA) Dx: Thyroid neoplasm

Component

Case Report

SURGICAL PATHOLOGY

Authorizing Provider:

03/10/2024 11:40

Ordering Location:

03/10/2024 13:28

Pathologist:

Collected:

Received:

Operating Rooms

Specimen: Thyroid, Left, left thyroid lobe and isthmus

Diagnosis

**LEFT THYROID LOBE AND ISTHMUS, HEMITHYROIDECTOMY:
ENCAPSULATED ANGIOINVASIVE ONCOCYTIC CARCINOMA, CONFINED TO THYROID GLAND.
SURGICAL MARGINS ARE NEGATIVE FOR CARCINOMA.**

Electronically signed by Nina Elie Salem-Shabb, MD on 09/10/2024 at 12:12

Microscopic

Description

The tumor measures 2.9 cm in maximum dimension it is surrounded by a thick fibrous capsule. It is composed of a monotonous population of oncocytes. These tumor cells have moderately abundant eosinophilic cytoplasm with round nuclei containing prominent nucleoli. The tumor cells are arranged in nests and sheets with occasional papillary formation. Nuclear features of papillary carcinoma are not present. Venous channels in and outside the capsule show vascular invasion. The capsule is also penetrated by the tumor in more than 1 location (capsular invasion).

Synoptic Checklist

THYROID GLAND (THYROID GLAND - All Specimens) 8th Edition - Protocol posted: 22/03/2023

SPECIMEN

Procedure

Left lobectomy with isthmusectomy
(hemithyroidectomy)

TUMOR

Tumor Focality	Unifocal
Tumor Characteristics	
Tumor Site	Left lobe
Tumor Size	Greatest Dimension (Centimeters): 2.9 cm
Additional Dimension (Centimeters)	2.5 cm 2 cm
Histologic Tumor Types and Subtypes	Encapsulated angioinvasive oncocytic carcinoma
Tumor Proliferative Activity	
Mitotic Rate	Less than 3 mitoses per 2mm ²
Tumor Necrosis	Not identified
Angioinvasion (vascular invasion)	Present: 2 vessels
Lymphatic Invasion	Not identified
Perineural Invasion	Not identified
Extrathyroidal Extension	Not identified
Margin Status	All margins negative for carcinoma
Distance from Invasive Carcinoma to Closest Margin	Less than 1 mm

REGIONAL LYMPH NODES

Regional Lymph Node Status	Not applicable (no regional lymph nodes submitted or found)
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DISTANT METASTASIS

Distant Site(s) Involved	Cannot be determined
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pTNM CLASSIFICATION (AJCC 8th Edition)

Reporting of pT, pN, and (when applicable) pM categories is based on information available to the pathologist at the time the report is issued. As per the AJCC (Chapter 1, 8th Ed.) it is the managing physician's responsibility to establish the final pathologic stage based upon all pertinent information, including but potentially not limited to this pathology report.

pT Category	pT2
pN Category	pN not assigned (no nodes submitted or found)

Disclaimer

The interpretation of this case included the use of immunohistochemistry or special stains. These tests have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research.

Gross Description

Left thyroid lobe and isthmus. Formalin.

A 4.7 x 4.4 x 3 cm 25 g hemithyroidectomy: 2.6 x 1 x 0.5 cm isthmus, 4.7 x 3.1 x 2.7 cm left lobe. There is a 2.9 x 2.5 x 2 cm well-circumscribed lobulated uniform solid tan beige nodule located at 1 cm from the isthmal surgical margin and abutting the remaining surgical margins. Partially submitted.

Ink code: anterior blue, posterior yellow.

Summary of sections:

1A isthmal surgical margin (en face)

1B isthmus and nodule

1C-1H nodule

Specimen Collected: 03/10/24 11:40

Last Resulted: 09/10/24 12:12

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

Result Care Coordination

 Patient Communication



Released



Not seen

PACS Images & Report

(Link Unavailable) Show images for Tissue Exam

All Reviewers List

Lab Information

Lab

AUBMC PATHOLOGY AND LABORATORY MEDICINE

Responsible Users

Nina Elie Salem-Shabb, MD Staff Pathologist

Additional Information

Specimen ID	Bill Type	Client ID
S24-11076		

Specimen Date Taken	Specimen Time Taken	Specimen Received Date	Specimen Received Time	Result Date	Result Time
3 Oct 2024	11:40 AM	3 Oct 2024	1:31 PM	9 Oct 2024	12:12 PM

Routing History

Priority	Sent On	From	To	Message Type
	09/10/2024 12:12 PM	Lab, Background User		Results
	09/10/2024 12:12 PM	Lab, Background User	Pamela Howeiss, MD	Results

LDT Disclaimers:

POC, COVID-19/Flu A&B Rapid Ag Detection:

A negative test result does not eliminate the possibility of SARS-COV-2 and influenza A&B infection and should be confirmed by molecular testing if necessary for patient management.

POC, COVID-19 Rapid Ag Detection:

Any negative Ag test should be confirmed with PCR.

POC, Glucose:

The Glucose testing using Accu-check Performa was developed and its performance characteristics determined by the Pathology and Laboratory Medicine Department at AUBMC. It has not been cleared or approved by the FDA. The laboratory is CAP accredited and qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

POC, Tramadol:

"Instant-View "Tramadol Cassette test was developed and its performance characteristics determined by the Pathology and Laboratory Medicine Department at AUBMC. It has not been cleared or approved by the FDA. The laboratory is CAP accredited and qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

General Note for all POC Drug of Abuse tests and POC Tramadol

Drugs of abuse screening: AUBMC does not assume any responsibility or liability whatsoever with respect to the genuineness or condition the urine specimen from whom it is reported to be taken.

It is also being clearly agreed and understood that the immunoassay test for drug abuse is simply carried out as a screening test for clinical purposes and any results thereof need to be further confirmed by other analytical procedures; it is further agreed and understood that AUBMC assumes no responsibility or liability for the consequences, if any, resulting from the use of the test or the interpretation of the findings thereof and that AUBMC is and shall remain independent of the purpose for which the performance of the test is requested or the use for which the test is intended.