



Washington  
Hospital Center  
MedStar Health

## Department of Pathology

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### SURGICAL PATHOLOGY REPORT

Patient Name:	<b>WALKER, SAMANTHA J.</b>	Client:	Washington Hospital Center	Accession #:	<b>S02-2783</b>
Med. Rec. #:	000002381723	Location:	2NW	Taken:	2/14/02
DOB:	[REDACTED]	Service:	GSG	Received:	2/14/02
Gender:	F	Financial #	000014479232	Reported:	2/19/02
Physician(s):	PAUL H SUGARBAKER, MD	Copy To:			

#### Specimen(s) Received

- A: tumor from right retro hepatic space
- B: traumatized gall bladder
- C: highest right colic lymph node
- D: right colon with terminal ileum
- E: greater omentum with tumor
- F: lesser omentum
- G: tumor nodule left peri colic sulcus
- H: old abdominal incision
- I: rectal sigmoid colon pelvic peritoneum uterus tube and ovaries
- J: distal proximal ring

#### Final Diagnosis

- A. Right retrohepatic space showing foci well differentiated mucinous adenocarcinoma. There is a portion of hepatic parenchyma.
- B. Gallbladder showing congestion and mild epithelial hyperplasia.
- C. Highest right colic lymph node showing mild reactive change.
- D. Right colon with terminal ileum showing mucinous adenocarcinoma invading colonic wall from subserosa to submucosa and ileal wall to muscularis externa. No mucosal lesions are seen. Resection margins are free of tumor. Sixteen regional lymph nodes are free of metastatic disease.
- E. Greater omentum showing mucinous adenocarcinoma and foci of fat necrosis.
- F. Lesser omentum showing fibrosis and congestion.
- G. Left peri colic sulcus showing mucinous adenocarcinoma.
- H. Old abdominal incision showing scarring fibrosis and foreign body granulomas.
- I. Recto-sigmoid, pelvic peritoneum, uterus tubes and ovaries. There are nodules of mucinous adenocarcinoma involving bowel subserosa, peritoneum, uterine serosa, right ovary and right tubal serosa. In addition there is mild chronic cervicitis, proliferating endometrium and focal endometriosis. Left ovary shows follicle cysts, left tube shows minute serosal mucinous nodule.
- J. Distal proximal ring showing no evidence of neoplasia.

COMMENT: The above features are consistent with peritoneal carcinomatosis of possible appendix origin. The lesions for the most part are well differentiated. Section from left ovary (1-8) was seen by Dr. J. Seidman who agrees that the lesion involving it is not a primary ovarian lesion. Clinical correlation is recommended.

WALKER, SAMANTHA J.

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\*\*\* Electronically Signed Out By ERWIN A BRUN, MD \*\*\*

eab/2/19/02

**Clinical History**

Appendiceal cancer

**Gross Description**

A. The specimen is labeled "tissue from right retrohepatic space".

The specimen is received in formalin and consists of a previously opened gray-tan soft cystic mass measuring 3 x 3 x 1 cm. The cavity contains gelatinous secretions.

Multiple sections/one cassette

Representative sections submitted. /ror

B. The specimen is labeled "gallbladder".

The specimen is received in formalin and consists of a gallbladder measuring 7 x 3 cm. The cystic duct orifice has been closed with metallic clip. The serosa is bile-stained. On opening the cavity is filled with bile. The wall averages 0.2 cm thick, is gray-tan and soft. The mucosa is dark green and velvety. Stones are not found in the cavity or container.

Three sections /one cassette

Representative sections submitted. /ror

C. The specimen is labeled "highest colic lymph node".

The specimen is received in formalin and consists of one grey tan-soft tissue measuring 1.5 x 1 x 0.2 cm.

One section/one cassette

Entire specimen submitted. /ror

D. The specimen is labeled "right colon with terminal ileum."

The specimen is received fresh and consists of identifiable segment of the right colon with the cecum and fragment of terminal ileum. Colon measures 15.0 cm in length and 4.5 cm in average diameter. Small bowel fragment measures 19.0 cm in length and 2.3 cm in average diameter. Appendix is not identified. Serosal surface is pinkish-tan and shows multiple yellowish to tannish mucin-filled vesicles ranging in diameter from 0.2 to 0.4 cm. Opening the specimen reveals slightly hyperemic otherwise unremarkable mucosal lining. No mucosal lesions are grossly identified. The specimen will be fixed and sections will be submitted after proper fixation.

Postfixation sectioning reveals multiple mucin filled vesicles forming nodules on the surface of the cecum and ileum. No definitive appendectomy site is grossly identified. Multiple lymph nodes are found in the pericolic fat and small bowel mesentery.

Representative sections are submitted as follows:

D1 = colon margin

D2 = ileal margin

D3,D4 = cecum with tumor nodules on the surface

D5 = ileum with tumor nodules on the surface

Lymph nodes from the cecum

D6 = one trisected lymph node

D7,D8 = multiple lymph nodes

D9= lymph node from the ileum

Multiple sections/ nine cassettes

Representative sections submitted.

E. The specimen is labeled "greater omentum with tumor."

The specimen is received fresh and consists of flattened fragment of fibroadipose tissue showing multiple hemorrhagic areas. The specimen measures 18.0 x 12.0 x 2.5 cm in greatest dimensions. Surface of the specimen shows several clusters of tannish mucin-filled vesicles ranging in diameter from 0.3 to 0.5 cm. Sectioning the specimen reveals yellowish to reddish-tan focally hemorrhagic adipose tissue with several clusters of described-above vesicles and one focus of slightly nodular yellowish-tan structure measuring 0.5 x 0.6 x 0.3 cm. Representative sections are submitted in three cassettes labeled E1 to E3.

Multiple sections/3 cassettes

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Representative sections submitted.

F. The specimen is labeled "lesser omentum".

The specimen is received in formalin and consists of a piece of omentum measuring 5 x 4 x 0.3 cm. It appears yellow soft and lobulated. Attached on one edge is a white firm tissue measuring 1 x 1 x 0.2 cm.

Multiple sections/two cassettes

Representative sections submitted. /ror

G. The specimen is labeled "'tumor nodule left pericolic sulcus".

The specimen is received formalin and consists of a previously partially opened gray tan-soft cystic mass measuring 2.5 x 2 x 1.5 cm. The cavity is filled with gelatinous secretions.

Multiple sections/two cassettes

Representative sections submitted. /ror

H. The specimen is labeled "old abdominal incision."

The specimen is received fresh and consists of elongated fragments of lightly pigmented skin with underlying subcutaneous tissue. The skin fragment measures 18.5 x 4.0 cm in greatest dimensions. It shows pale linear surgical scar measuring 11.0 cm in length and edematous. The undersurface of the skin shows fragments of smooth and shiny lining consistent with peritoneal. Sectioning the specimen reveals whitish-tan fibrous tissue underlying surgical scar and yellowish to reddish-tan, focally hemorrhagic adipose tissue. Representative sections are submitted in two cassettes labeled H1 and H2 as follows:

H1 = sections from old abdominal incision

H2 = sections from the peritoneum

Multiple sections/2 cassettes

Representative sections submitted.

I. The specimen is labeled "rectal sigmoid colon, pelvic peritoneum, uterus, tubes and ovaries."

The specimen is received fresh and consists of segment of a bowel which measures 18.0 cm and 2.5 cm in average diameter. Bowel is stapled close at one end and open at the other. Also seen is uterus measuring 4.5 cm from cornu to cornu, 4.3 cm from the lower uterine segment of the fundus. External os is slit-like and measures 0.6 cm in greatest dimension. Cervix measures 3.0 cm in length and 2.5 cm in average diameter. Right and left tubes and ovaries are identified. Also seen is a flattened fragment of fibrous tissue with smooth and shiny surface consistent with pelvic peritoneum. Surface of the specimen including uterus, peritoneum of the rectouterine pouch and surface of the bowel shows multiple clusters of mucin-filled vesicles ranging in size from 0.2 to 0.6 cm. Opening the bowel reveals slightly flattened mucosal lining. No mucosal lesions are grossly identified. Opening the uterus reveals diffusely hemorrhagic endometrial lining with endometrium having a thickness of 0.2 cm. Myometrium has a greatest thickness of 1.4 cm and grossly unremarkable. The specimen will be fixed and sections will be submitted after proper fixation.

Postfixation sectioning reveals multiple mucin filled vesicles forming nodules on the surface of the rectosigmoid colon, uterus, pelvic peritoneum, ovaries. Cross section of the bowel wall is grossly unremarkable. Sectioning the uterus reveals no other significant findings. Sectioning the right ovary reveals multiloculated cyst filled with mucin. Left ovary shows multiloculated cyst filled with clear fluid. Representative sections are submitted as follows:

I1, I2 = bowel with tumor nodules on the serosa

I3 = random section, rectosigmoid

I4 = pelvic peritoneum with tumor nodule

I5 = posterior cervix with peritoneum and tumor nodule

I6 = anterior endomyometrium with tumor nodules

I7 = posterior endomyometrium with tumor nodules

I8 = right ovary

I9 = right tube

I10 = left ovary

I11 = left tube

Multiple sections/ 11 cassettes

Representative sections submitted.

J. The specimen is labeled "proximal and distal tissue".

The specimen is received in formalin and consists of two short segments of bowel in donut formation. The smaller donut measures 2 x 1.5 x 1 cm. The resected margin is completely sutured with metallic sutures. This is painted black. The wall and mucosa appear grey tan and unremarkable. The other larger donut measures 2.3 x 2 x 1 cm. The resected margin is shaggy.

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This is painted black. The entire wall and mucosa appear grey tan and moderately soft.

Cassettes are labeled as follows:

J1, J2= sections from the smaller donut

J3, J4 =sections from the larger donut

Multiple sections/four cassettes

Entire specimen submitted. /ror

avy/2/14/02

ANNA V. YEMELANOVA, MD  
Rebecca Ramos, MD