Michigan Medicine

Pathology and Clinical Laboratories

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ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number:	**OC-18-XXXXX**		**Referred by:**
First Name:			Doctor, Name
Last Name:			Hospital Name
MRN:			1234 Main Street
Gender:	**Age:**	**DOB:**	Any City, ST 12345
Date Received:	09/10/2018		
Date Completed:	09/10/2018		

DIAGNOSIS:

Bone tumor, right fibula, curettage (AT:SR18:4281; A1; 8/31/2018): Non-ossifying fibroma.

Bone and tissue, submitted as "right foot," excision (B1): Non-ossifying fibroma.

Dear Dr. Smith,

I have reviewed the slides on the above named XX-year-old person with a clinical history of a a tumor/cyst in their right leg that has grown over the past few years, with slowed growth more recently, though it became large enough to cause discomfort with ambulation. Per the description in the provided operative note, an MRI demonstrated an enhancing 3 x 1.8 x 1.6 cm distal right fibular lesion compatible with benign etiology, possibly representing an aneurysmal bone cyst, enchondroma, or intraosseous lipoma. Microscopically, the tissue submitted as "right fibula" consists of a bland spindle cell proliferation with associated hemosiderin-laden macrophages and foamy macrophages, with lamellar and woven bone trabeculae present at the periphery of the tissue fragments. The immunohistochemical stains you provided show the spindle cell proliferation to be negative for pankeratin. Though specimen B is submitted as "bone and tissue right foot," it shows an identical process, and based on the provided operative note, is presumed to be from the same tumor, as no separate foot lesion is described. In this specimen, the immunohistochemical stains you provided show the spindle cell proliferation to be positive for smooth muscle actin and negative for S100, and desmin, and a Ki-67 stain shows a very low proliferation index. Based on the combined morphologic and clinically described features, this fibular lesion is best classified as a non-ossifying fibroma.

Thank you for sharing this challenging case with me. I hope you find these comments helpful.

Sincerely,

David R. Lucas, M.D.

House Officer(s):

Cody Carter, M.D.

Materials Received:

A	**Outside Case Number:**	**ATSR18:4281**
	Materials Received:	8 prepared slide(s) 2 blocks, A1, B1

CPT Codes:

Specimen	CPT Code	Number of Charges
A	88325	1

Laboratory Accrediting Agency Compliance Statement:
If immunostain testing was performed on this case, the testing was developed and the performance characteristics were determined by the University of Michigan Clinical Immunoperoxidase Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. (The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ["CLIA"] as qualified to perform high complexity testing). Appropriate negative and positive controls were run. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

Performing site:

NCRC Michigan Medicine Pathology and Clinical Laboratories
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Ann Arbor, MI 48109

CLIA Director: RICCARDO VALDEZ , M.D.

CLIA Number: 23D1088637