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ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number: OC-20-7919 Referred by:
First Name: JANE DR. BAKER
Last Name: SMITH GENERAL HOSPITAL
MRN: 123456789 123 MAIN ST.
Gender: Female Age: 39 Y DOB: 11/11/1980 ANYWHERE, MI 48000
Date Received: 04/02/2020
Date Completed: 04/02/2020

DIAGNOSIS:

A. Breast, left, core needle biopsy (S20-4044; 03/18/2020): Invasive ductal carcinoma with extensive mucinous features, modified Bloom-Richardson grade 1 (of 3).

B. Breast, left, lumpectomy and sentinel lymph node biopsy (S20-4346; 03/26/2020): See parts 1-4 and comment below.

--1. Mucinous (colloid) carcinoma, modified Bloom-Richardson grade 1 (per outside report, measuring 1.7 cm in greatest dimension). Focal ductal carcinoma in situ (DCIS), low nuclear grade.

--2. Background breast with lobular neoplasia consisting of classical lobular carcinoma in-situ (C-LCIS) and atypical lobular hyperplasia (ALH).

--3. The surgical margins are negative for carcinoma by greater than 0.2 cm.

--4. A single (1) benign sentinel lymph node. [0/1]

Dear Dr. Baker,

This report is regarding the materials from Jane Smith, a 39 year-old woman with a medical history significant for a left breast mass. I understand that this case has been directed to me as a second opinion. Per your report, Ms. Williams was diagnosed with an invasive ductal carcinoma with mucinous features for which she underwent lumpectomy with sentinel lymph node biopsy. Grossly, the lumpectomy specimen disclosed a 1.7 cm mass was identified.

Sections from the core needle biopsy and lumpectomy both show an invasive ductal carcinoma with abundant extracellular mucin. The tumor cells are of low nuclear grade and mitotic figures are inconspicuous. In the resection specimen, the carcinoma shows > 90% mucinous differentiation diagnostic of a low-grade mucinous (colloid) carcinoma.

Taken together, I completely agree with your morphologic assessment of this case and have nothing substantive

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Clinic: MIMD

