



**Michigan Medicine Laboratories**

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Ann Arbor, MI 48109  
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**ANATOMIC PATHOLOGY CONSULTATION REPORT**

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<b>Order Number:</b>	<b>OC-20-8318</b>	<b>Referred by:</b>
<b>First Name:</b>	JULIE	DR. BAKER
<b>Last Name:</b>	SMITH	GENERAL HOSPITAL
<b>MRN:</b>	123456789	123 MAIN ST.
<b>Gender:</b>	Female <b>Age:</b> 30 Y <b>DOB:</b> 11/1/1989	ANYWHERE, MI 48000
<b>Date Received:</b>	04/13/2020	
<b>Date Completed:</b>	04/13/2020	

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**DIAGNOSIS:**

**Thyroid, right lobe, excision (KS20-001397-A, 4/02/2020): Diffuse hyperplasia consistent with Graves disease.**

**Thyroid, left lobe, excision (-B): Two discrete foci of papillary carcinoma, well differentiated follicular variant, 0.6 and 0.7 cm, confined to the thyroid with likely negative margins. Diffuse hyperplasia consistent with Graves disease. See comment.**

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Dear Dr. Baker,

Thank you for sending this case for consultation to the University of Michigan Endocrine Pathology service. I have reviewed the slides of the thyroid specimens from your patient, Julie Smith.

I agree the right lobe shows diffuse hyperplasia consistent with Graves disease.

The left lobe contains two discrete nodules, both with a follicular pattern. I do think both of these nodules have enough nuclear features to justify a diagnosis of either NIFTP or follicular variant of papillary carcinoma. For several reasons, I would use the follicular variant of papillary carcinoma for both these lesions. For the 0.6 cm tumor in B-1 and B-2, this tumor looks like it has minimal invasion. For the 0.7 cm lesion in B-8 and B-9, the capsule of the lesion is not complete, which is needed for a NIFTP diagnosis. Thus, I would diagnose two foci of papillary carcinoma, as above.

Thank you for allowing me to share in the care of your patient. Please feel free to contact me at abcdefg@umich.edu should you have any questions.

Sincerely,

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**First Name:** JULIE  
**Last Name:** SMITH  
**Order Number:** OC-20-8318

**Clinic:** ABCD



Thomas J. Giordano, M.D., Ph.D.

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**Clinical History:**

Thyrotoxicosis with diffuse goiter.

**Materials Received:**

<b>A</b>	<b>Outside Case Number:</b>	<b>KS20-1397</b>
	Materials Received:	Number of prepared slides: 15 Number of unstained slides: 0 Number of blocks: 0

**CPT Codes:**

Specimen	CPT Code	Number of Charges
A	88321	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.) Appropriate negative and positive controls were run and demonstrated expected results. Most antibodies (including ER, PR, and HER2/neu) were not validated on decalcified tissues; negative staining on decalcified specimens should therefore be viewed with discretion, as a falsely negative result cannot be excluded. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

**Performing site:**

ULAB                      University of Michigan Hospitals, Main Medical Campus  
1500 E Medical Center Dr  
Ann Arbor, MI 48109

CLIA Director:        Riccardo Valdez, MD

CLIA Number:        23D0366712

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