



Michigan Medicine Laboratories
 1500 East Medical Center Drive
 Ann Arbor, MI 48109
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Last Name: SMITH
First Name: JULIE
MRN: 123456789
Sex: Female **Age:** 51 Y **DOB:** 11/1/1968
Physician: DR. BAKER
Location: GENERAL HOSPITAL

SURGICAL PATHOLOGY REPORT

UM Order Number: SU-20-16777

Date Collected: 3/3/2020
Date Received: 3/3/2020 7:21 PM
Date Completed: 3/12/2020 10:21 AM

Diagnosis:

A-C. Renal biopsy (percutaneous), light microscopy, immunofluorescence and electron microscopy studies: Hypertensive nephrosclerosis with ten of sixteen glomeruli being globally scarred. Thin membrane disease present ultrastructurally. See Comment.

Signing Pathologist: Kent J. Johnson, M.D.

Comment:

The biopsy does not show any evidence of a glomerulonephritis, but shows chronicity secondary to hypertension. The EM studies reveal that there is thin membrane disease present as well.

Microscopic Description:

LIGHT MICROSCOPY:

The tissue received for this portion of the biopsy was routinely evaluated with hematoxylin and eosin, PAS, trichrome and PAM silver stains. The tissue consists of three cores of cortex and medulla. In the cortex, there is a maximum number of 16 glomeruli present. With the trichrome stain of these 16 glomeruli, 10 are globally scarred. The patent glomeruli appear unremarkable.

Analysis of the tubulointerstitial compartment reveals that there is a moderate degree of interstitial fibrosis and tubular atrophy. There is no active interstitial inflammation present. Examination of blood vessels in the biopsy reveals that there are no arteries present in the biopsy. The arterioles show some thickening secondary to hyalinosis. There is no evidence of a vasculitis.

IMMUNOFLUORESCENCE:

In the tissue received for this portion of the biopsy, 8 glomeruli could be identified. Routine immunofluorescence studies were done using FITC conjugated antisera for IgG, IgA, IgM, C3, C1q, albumin, fibrinogen, kappa and lambda. Controls for IgG, IgA, IgM and C3 are positive. Analysis of the sections from this patient reveals that there is no immune deposition present.

ELECTRON MICROSCOPY:

In the tissue received for electron microscopy, examination of the 1 micron thick sections reveals two intact glomeruli. These glomeruli were routinely processed for ultrastructural studies. Ultrastructurally, both glomeruli are patent with

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open capillary loops. There is a uniform thinning of the glomerular basement membranes. This thinning results in glomerular basement membranes that are less than 200 nanometers. This compares with a normal thickness that should be in excess of 320 nanometers. The podocytes show a minimal degree of fusion of the foot processes. Capillary loops are widely patent. There is no expansion of the mesangial region. No electron dense deposits can be visualized.

History:

51-year-old female with a history of hypertension.

Gross Description:

A. Labeled with patient name and MRN only. Received in formalin are three tan cores ranging in size from 0.2 cm to 1.1 cm. (3ns)

B. Labeled with patient name and MRN only. Received in Zeus is a 0.8 cm pink-tan soft tissue core. Submitted for DFL studies.

C. Labeled with patient name and MRN only. Received in glutaraldehyde is a 0.6 cm pink-tan soft tissue core placed on hold for the EM lab.

NM

Electronically Signed By:

Kent J. Johnson, M.D.

I, the above named pathologist, have personally examined and interpreted the slides from this case.

CPT Codes:

Specimen	CPT Code	Number of Charges
A, C	88305	2
A	88313	3
B	88346	1
C	88348	1
B	88350	8

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.

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Performing site:

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1500 E Medical Center Dr
Ann Arbor, MI 48109

CLIA Director: Riccardo Valdez, MD

CLIA Number: 23D0366712