

**SHEHLA ARAIN, M.D.**  
**MEDICAL LABORATORY DIRECTOR**
**GI PATHOLOGY REPORT**

PATIENT:	<b>LastName, FirstName</b>	ACCESSION #:	<b>G05-00000</b>
D.O.B.	10/13/1965	AGE: 40 yrs	SEX: F
MED REC #:	123456	COLLECTED:	4/22/2013
		RECEIVED:	4/22/2013
		REPORTED:	4/24/2013

**AMENDMENT**

Amendment will be placed here.

SPECIMEN(S) SUBMITTED:

CLINICAL HISTORY:

**FINAL DIAGNOSIS:**
**A. Body**

 - **Poorly differentiated adenocarcinoma.**
**B. Antrum**

 - Non-neoplastic gastric antral mucosa negative for inflammation.  
 - Stain for Helicobacter pylori microorganisms is negative

**DIAGNOSTIC COMMENTS:**

Comments will be placed here

  
 FirstName LastName, M.D.

04/24/2013 16:30

**MICROSCOPIC IMAGES:**

Upper-GI Map

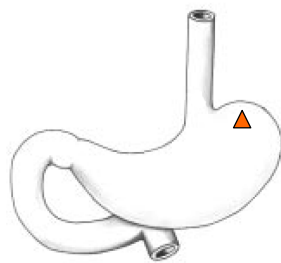


Image description

A H&amp;E

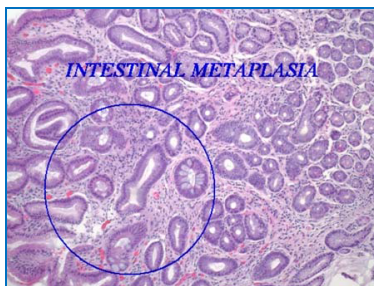


Image description

Lower-GI Map

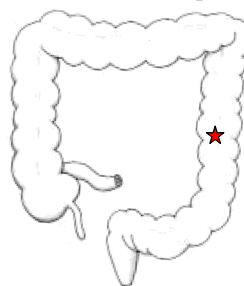


Image description

E H&amp;E

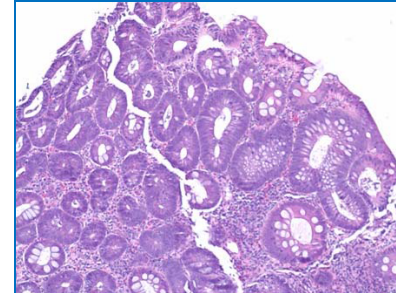


Image description

Map Legend: Benign (green circle), Inflammation (orange triangle), Other (yellow diamond), Dysplasia (blue square), Malignant (red star)

**MICROSCOPIC DESCRIPTION:**

- A.** Cords and sheets of poorly formed glands are seen infiltrating the gastric mucosa.
- B.** Gastric antral mucosa with no abnormalities identified. Giemsa stain is negative for microorganisms.

**ICD9 CODES:**
**GROSS DESCRIPTION:**

- A.** Received in formalin labeled with the patient's name and "Body" are multiple fragments of tan tissue measuring 0.8 x 0.4 x 0.2 cm in aggregate. The specimen is submitted in its entirety in one cassette labeled "A".
- B.** Received in formalin labeled with patient's name and "Antral Bx." are two fragments of tan tissue both measuring 0.2 x 0.2 x 0.2 cm. The specimen is submitted entirely in one cassette labeled "B".

CPT CODES:

### **ADDENDUM**

**Addendum will be placed here.**

The pathology report we submit to the physician is based on the tissue sample, specific patient and clinical information that we receive at Specialized Pathology Laboratories. In any case of diagnostic discrepancies between the physician's clinical impression and the pathology report, the pathologist should be notified immediately. Moreover, in such a case it is extremely important to set a joint consultation, asking the pathologist to review the case. This is particularly important when treatment associated with high morbidity /mortality relies to a large extent on the pathology report