

**SHEHLA ARAIN, M.D.**  
**MEDICAL LABORATORY DIRECTOR**

## SURGICAL PATHOLOGY REPORT

PATIENT:	<b>LastName, FirstName</b>	ACCESSION #:	<b>S05-00000</b>
D.O.B.	10/13/1965    AGE: 40 yrs    SEX: F	COLLECTED:	4/22/2013
MED REC #:	123456	RECEIVED:	4/22/2013
		REPORTED:	4/24/2013

### AMENDMENT

**Amendment will be placed here.**

SPECIMEN(S) SUBMITTED:

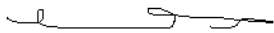
CLINICAL HISTORY:

### FINAL DIAGNOSIS:

- A. Skin, right thigh (biopsy)**  
   - Lymphoid infiltration
- B. Skin, left thigh (biopsy)**  
   - Normal tissue
- C. Skin, right knee (biopsy)**  
   - **Malignant tissue**

### DIAGNOSTIC COMMENTS:

Comments will be placed here

  
**FirstName LastName, M.D.**  
**04/24/2013 16:30**

### MICROSCOPIC IMAGES:

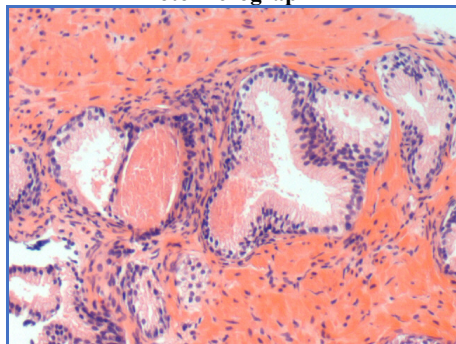
**Photomicrograph A**


Image description

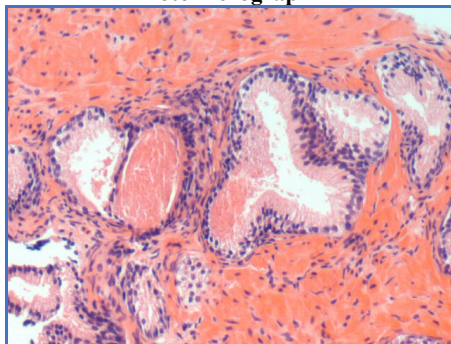
**Photomicrograph B**


Image description

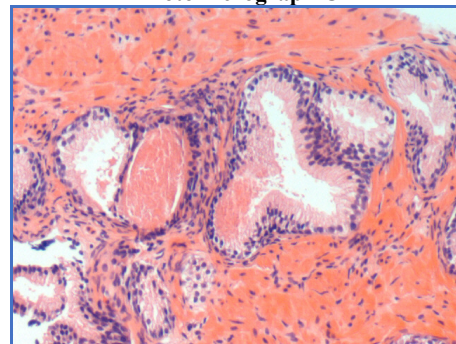
**Photomicrograph C**


Image description

### MICROSCOPIC DESCRIPTION:

- A.** Dermis shows deep perivascular lymphocytic infiltration with a few lymphocytes present in the interstitium as well
- B.** Sections show normal skin tissue
- C.** Sections show malignant cell proliferation

ICD9 CODES:

**GROSS DESCRIPTION:**

- A.** Specimen submitted in one cassette labeled 'right thigh'; consists of a soft tan punch biopsy of skin measuring 0.3 cm x 0.3 cm x 0.6 cm.
- B.** Specimen submitted in one cassette labeled 'left thigh'; Tan skin segment, received in formalin, measuring 0.4 cm x 0.4 cm
- C.** Specimen submitted in one cassette labeled 'right knee.' Cylindrical skin segment, received in formalin, measuring 0.4 cm x 0.4 cm

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