

Patient: **TEST, PATIENT**

Age: 75 (11/09/47)

Pathology #: **DPS-23-01673**

Acct#:

Sex: FEMALE

Doctor: Radiology, MD

Date Obtained: 01/24/2023

Date Received: 01/24/2023

CC: TEST, DOCTOR

**CLINICAL DATA:** N63

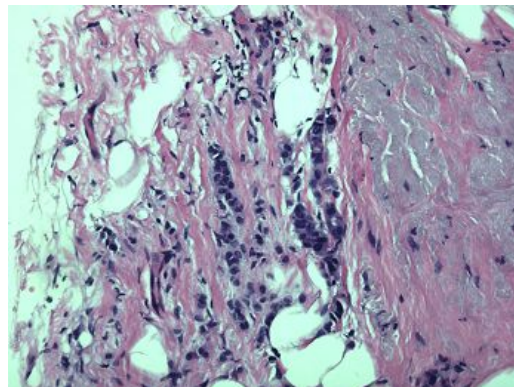
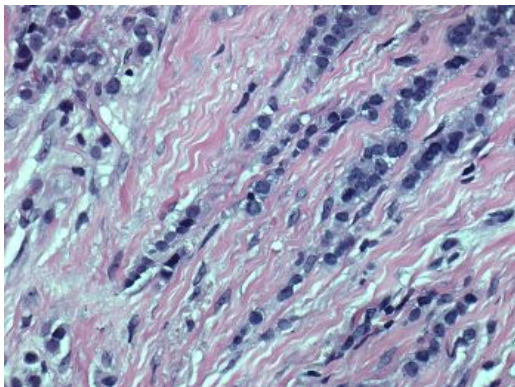
**SPECIMEN:** A. RIGHT BREAST BIOPSY US GUIDED 1100  
B. RIGHT BREAST BIOPSY US GUIDED 900

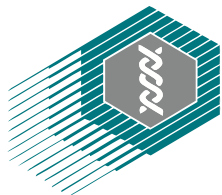
**DIAGNOSIS:**

- A. **BREAST, RIGHT 11:00, ULTRASOUND-GUIDED NEEDLE BIOPSY: INVASIVE LOBULAR CARCINOMA, SEE NOTE.**
- B. **BREAST, RIGHT 9:00, ULTRASOUND-GUIDED NEEDLE BIOPSY: INVASIVE LOBULAR CARCINOMA, SEE NOTE.**

**NOTE:** Both parts A and B show similar morphology and if the biopsies are representative of the tumors then they are grade 1 (estimated SBR 5). The invasive carcinoma in part A measures at least 0.5 cm and in part B measures at least 0.4 cm. Atypical lobular hyperplasia is present in both parts. Immunohistochemical staining for AE1/AE3 and E-cadherin were performed with reactive controls on blocks A1 and B1 that support the diagnosis. ER, PR and HER-2/neu studies will be performed on blocks A1 and B1 and the results will be reported separately.

This case was reviewed by Dr. Long Li who concurs. History of prior right breast biopsy with invasive lobular carcinoma is noted (DPS-16-5694). Dr. Test was notified on 1/26/23 via phone conversation.





## ANATOMIC PATHOLOGY REPORT

Laboratory Medical Director: Ly Ma, M.D.

3301 C Street, Ste 200E  
Sacramento, CA 95816  
(916) 446-0424  
Fax: (916) 446-9330  
www.dpmginc.com

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**A**

**B**

### GROSS DESCRIPTION: MT:sst

A. Placed in formalin at 3:40 in a container labeled with the patient's name and "RT 1100 A" are four tan-yellow to tan-pink cores of fibrofatty tissue. The cores measure from 2.7 cm to 1.4 cm in length with an average diameter of 0.15 cm. The specimen is entirely submitted between sponges in cassette A.

B. Placed in formalin at 4:20 in a container labeled with the patient's name and "RT 900 B" are four tan-yellow to pink-yellow cores of fibrofatty tissue. The cores measure from 2.0 cm to 1.2 cm in length with an average diameter of 0.1 cm. The specimen is stained with eosin and entirely submitted between sponges in cassette B.

SS:sks; C50.911

This report may include a photomicrograph of the slide under examination. For a variety of reasons, including the limitations of some electronic interfaces, the photomicrograph may not appear on the version of this report that you view. The photomicrograph is not of diagnostic quality and should not be relied upon by any professional. Health care professionals should rely only upon the pathologist's written interpretation.

Final Diagnosis on 01/26/2023 by **Sasan Setoodeh, M.D.**

Electronically signed at Sutter Medical Center Sacramento  
2825 Capitol Avenue SACRAMENTO, CA 95816