



Patient: **Test Patient** Age: 36 (09/30/86) Pathology #: **DPS-23-12100**
Acct#: Sex: FEMALE
Doctor: TEST, MD Date Obtained: 06/05/2023
Date Received: 06/06/2023

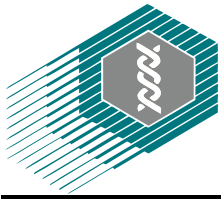
CLINICAL DATA: R87.610; R87.810; Z87.42; Z32.02

SPECIMEN: A. CX BX 7 O' CLOCK
B. CX BX 12 O' CLOCK
C. ECC WITH ECB

DIAGNOSIS:

- A. **CERVIX AT 7:00, BIOPSY: HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION (AT LEAST CIN 2) WITH ENDOCERVICAL GLANDULAR INVOLVEMENT, SEE NOTE.**
- B. **CERVIX AT 12:00, BIOPSY:**
- **LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESION (CIN 1).**
 - **NEGATIVE FOR ENDOCERVICAL GLANDULAR COMPONENT.**
- C. **ENDOCERVIX, CURETTAGE:**
- **FRAGMENT OF ECTOCERVICAL SQUAMOUS MUCOSA WITH HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION (AT LEAST CIN 2).**
 - **BENIGN ENDOCERVICAL GLANDULAR MUCOSA, NEGATIVE FO DYSPLASIA OR CARCINOMA.**

NOTE: Immunohistochemistry for p16 and Ki-67 was performed with appropriate controls on A1 and B1 at DPMG. The p16 stain shows diffuse block like staining in regions of dysplasia in part A. The Ki-67 stain shows proliferative activity that extends at least to the middle third of the mucosa in part A. These results are consistent with high-grade squamous intraepithelial lesion, at least CIN 2, in part A. Fragmentation and tangential sectioning preclude a definitive analysis of the true potential extent of dysplasia. Dr. Juan Rong, M.D./Ph.D. has reviewed select slides (A1 with associated immunohistochemistry) and concurs with the diagnosis. Dr. Coley contacted the office of Dr. Test 6/13/2023 and faxed a report of the final pathology.



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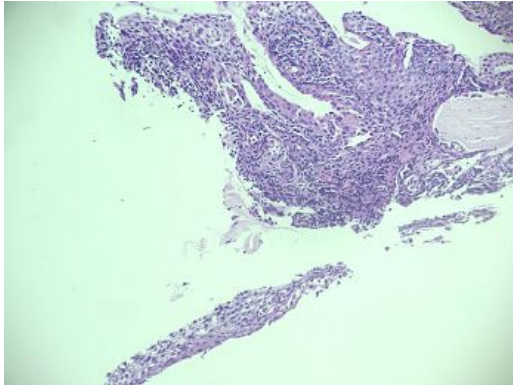
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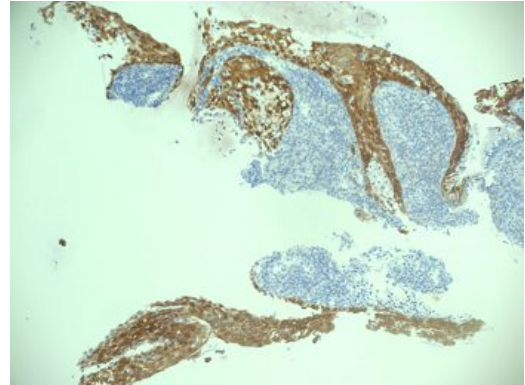
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H&E (A)



p16 IHC (A)

GROSS DESCRIPTION: CL:snc

A. Received in formalin in a container labeled with the patient's name and "cx bx 7:00" are two irregular tan portions of soft tissue measuring 0.5 x 0.2 x 0.1 and 0.3 x 0.2 x 0.1 cm. The specimen is stained with eosin, wrapped in biopsy paper and entirely submitted in cassette A.

B. Received in formalin in a container labeled with the patient's name and "12:00" is a single irregular tan portion of soft tissue measuring 0.7 x 0.4 x 0.1 cm. The specimen is stained with eosin, wrapped in biopsy paper and entirely submitted in cassette B.

C. Received in formalin in a container labeled with the patient's name and "ECC" is a 1.0 x 0.8 x 0.1 cm aggregate of clear mucoid material admixed with tan-brown flecks of soft tissue. The specimen is filtered through a biopsy bag and is entirely submitted in cassette C.

The test(s) that are reported here were developed and the performance characteristics determined by Central Histology Facility of Diagnostic Pathology Medical Group, Inc. The test(s) may not have been cleared or approved by the U.S. Food and Drug Administration (FDA); however, the FDA has determined that such clearance or approval is not necessary. These test(s) are used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing. The appropriate positive and negative controls were used for each immunohistochemical and/or ISH stain.

NC:sks; R87.610, R87.810, Z87.42, Z32.02

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 06/13/2023 by **Nicholas Coley, M.D.**
Electronically signed at Sutter Medical Center Sacramento
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