

Patient: **TEST, PATIENT**

Age: 93 (08/16/19) Pathology #: **DPS-23-13454**

Acct#:

Sex: MALE

Doctor: Test, MD

Date Obtained: 08/12/2023

Date Received: 08/13/2023

CC:

CLINICAL DATA: A-H: ELEVATED PROSTATE, PROSTATE

DIAGNOSIS:

[A] LEFT BASE: Atypical Small Acinar Proliferation, Suspicious for Adenocarcinoma , See Note

[B] LEFT LATERAL: Prostatic adenocarcinoma

Gleason 3 + 4 = 7

Measuring up to 8 mm in greatest dimension

Adenocarcinoma occupies 56% of surface area of core biopsy

Adenocarcinoma present in 2 of 2 core(s)

[C] LEFT MID: Prostatic adenocarcinoma

Gleason 3 + 3 = 6

Measuring up to 2.5 mm in greatest dimension

Adenocarcinoma occupies 6% of surface area of core biopsy

Adenocarcinoma present in 1 of 2 core(s)

[D] LEFT APEX: Prostatic adenocarcinoma

Gleason 3 + 3 = 6

Measuring up to 0.5 mm in greatest dimension

Adenocarcinoma occupies 2% of surface area of core biopsy

Adenocarcinoma present in 1 of 1 core(s)

[E] RIGHT BASE: Prostatic adenocarcinoma

Gleason 4 + 5 = 9

Measuring up to 14.5 mm in greatest dimension

Adenocarcinoma occupies 100% of surface area of core biopsy

Adenocarcinoma present in 1 of 1 core(s)

See Note

[F] RIGHT LATERAL: Prostatic adenocarcinoma

Gleason 4 + 5 = 9

Measuring up to 14 mm in greatest dimension

Adenocarcinoma occupies 78% of surface area of core biopsy

Adenocarcinoma present in 2 of 2 core(s)

See Note

[G] RIGHT MID: Prostatic adenocarcinoma

Gleason 4 + 3 = 7

Measuring up to 5 mm in greatest dimension

Adenocarcinoma occupies 41% of surface area of core biopsy

Adenocarcinoma present in 2 of 2 core(s)

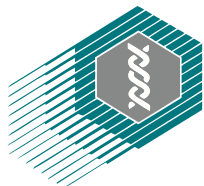
[H] RIGHT APEX: Prostatic adenocarcinoma

Gleason 3 + 3 = 6

Measuring up to 0.5 mm in greatest dimension

Adenocarcinoma occupies 2% of surface area of core biopsy

Adenocarcinoma present in 1 of 1 core(s)



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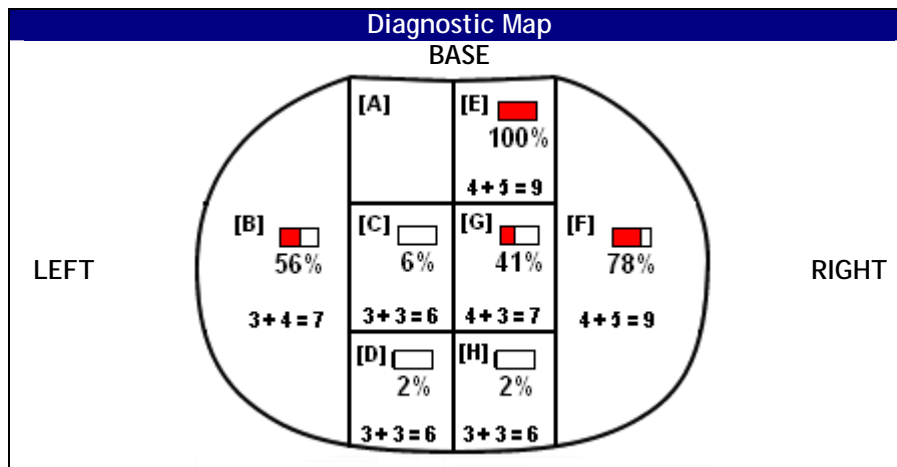
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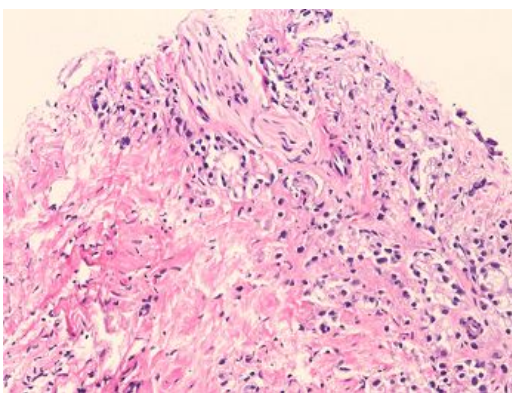
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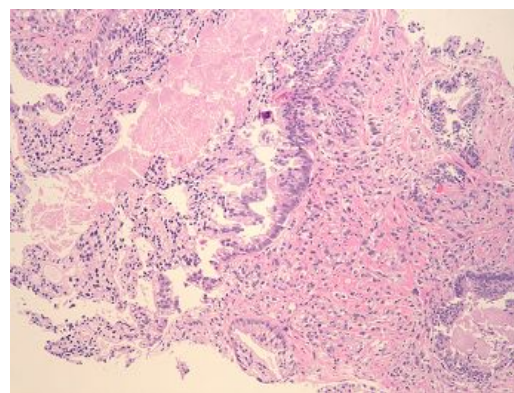
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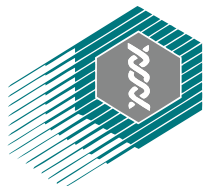
Specimen	Fixative	Gross Description		Cassettes	Patient ID Confirmed	Site Match
		Total Cores	Spec Len [cm]			
[A] LEFT BASE	AZF	1	1.4	1	Y	Y
[B] LEFT LATERAL	AZF	2	1.3 & 1.2	1	Y	Y
[C] LEFT MID	AZF	2	1.6 & 1.5	1	Y	Y
[D] LEFT APEX	AZF	1	1.4	1	Y	Y
[E] RIGHT BASE	AZF	1	1.5	1	Y	Y
[F] RIGHT LATERAL	AZF	2	1.5 & 1.3	1	Y	Y
[G] RIGHT MID	AZF	2	1.5 & 1.4	1	Y	Y
[H] RIGHT APEX	AZF	1	1.7	1	Y	Y



E



F



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NOTE: A message for Dr. Test regarding the diagnosis of adenocarcinoma was left for him with Kim on 08/15/2023, at 3:30 PM. The slides for specimens B and E were also examined by my colleague Dr. Kai Ni, who is in essential agreement.

[A] LEFT BASE atypical small acinar proliferation with associated high grade prostatic intraepithelial neoplasia. A 2nd, deeper level slide was prepared, although the small gland atypia is best seen on the initial slide.

MICROSCOPIC DESCRIPTION:

B) Carcinoma involves combined 14 mm out of combined core length of 25 mm, involves approximately 56 % of biopsy by the linear measure and surface area.

C) Carcinoma involves 2.5 mm out of combined core length of 30 mm, involves approximately 8 % of biopsy by the linear measure and 6% of surface area.

D) Carcinoma involves 0.5 mm out of combined core length of 13 mm, involves approximately 4 % of biopsy by the linear measure and approximately 2% surface area.

E) Carcinoma involves 14.5 mm out of combined core length of 14.5 mm, involves 100 % of biopsy by the linear measure and surface area.

F) Carcinoma involves combined 21 mm out of combined core length of 27 mm, involves approximately 78 % of biopsy by the linear measure and surface area.

G) Carcinoma involves combined 9 mm out of combined core length of 22 mm, involves approximately 41 % of biopsy by the linear measure and surface area.

H) Carcinoma involves 0.5 mm out of core length of 17 mm, involves approximately 3 % of biopsy by the linear measure and 2% of surface area.

The test(s) that are reported here were developed and the performance characteristics determined by Central Histology Facility of Diagnostic Pathology Medical Group, Inc. They 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. They 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.

NKM:dl; 88305x8; 99000; 185

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.

Partin prognostic tables can be found at <http://urology.jhu.edu/prostate/partintables.php>

Final Diagnosis performed by N. Keith McMurry, M.D.

Electronically signed 08/15/2023