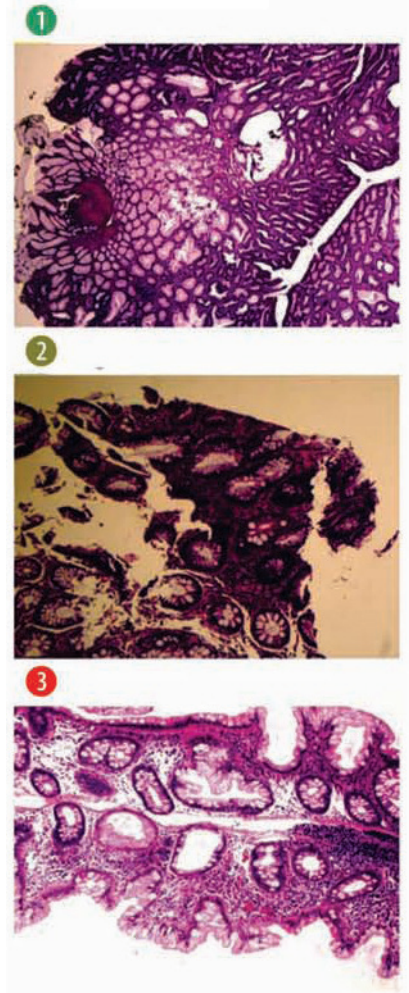


EndoSoft Surgery Center

135 Broadway
Schenectady, NY 12144

Patient Name: Mary Smith
Date of Birth: 09/15/1975
Record Number: 0159876
Accession: 21
Date / Time of Procedure: 5/18/2017, 07:56:49
Referring Physician: Frank Black, MD
Requesting Physician: Debbie Doe, MD
Pathologist: Dan White
Date Received: 5/19/2017



DIAGNOSIS:

SIGMOID COLON, POLYPECTOMY: Tubulovillous adenoma. SPLENIC FLEXURE, BIOPSY: Sessile serrated adenoma. Fragment of adenomatous polyp. See description.

MICROSCOPIC FINDINGS:

A: This is a tubulovillous adenoma. The cauterized stalk site is identified. The adjusted mucosa is adenomatous. There is no high-grade dysplasia or invasive malignancy.

B: There are fragments of colonic mucosa. One shows a flat tubular adenoma and the other shows portions of a sessile serrated adenoma. There is basal crypt dilation, horizontal placement and an occasional inverted crypt. It is possible that the area of adenomatous epithelium is contiguous with sessile serrated adenoma. This should be closely correlated with the endoscopic findings in this patient. If a single polyp was identified, this patient should be re-evaluated at a shorter interval time to make sure that this lesion has been completely removed.

CLINICAL HISTORY:

None Provided.

GROSS:

Submitted in Cassette A
 Specimen Labeled: Polyp, Sigmoid
 Color: Tan to Brown
 Comments: Surgical margin is inked black. Specimen is bisected and entirely submitted in cassette A.
 Size/Weight: 0.8 x 0.7 x 0.5

Submitted in Cassette B
 Specimen Labeled: Splenic flex
 Color: Grey-tan
 Number of tissue pieces: 3
 Comments: Specimen entirely submitted in cassette B
 Size/Weight, Largest: 0.7 x 0.4 x 0.2 cm
 Size/Weight, Smallest 0.2 x 0.2 x 0.1

COMMENTS: None.

Signature: _____ Debbie Doe, MD

CPT Code: 88305 x 2