

Case#: S14-124567

Patient: Doe, Jane DOB: 10/13/1948 Facility: Community Hospital

MR#: 8897786 Age/Sex: 70 yo F Collected: 01/22/2019 Received: 01/22/2019 Reported: 01/26/2019

Surgical Pathology Report

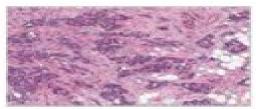
DIAGNOSIS

- Infiltrating Ductal Carcinoma, Moderately Differentiated (SBR score 6), Right Breast Core Biopsies.
- 2. Ductal Carcinoma in situ, high grade.

NOTE: breast marker analysis is pending (IHC and FISH) and an addendum report will be issued. The results were reviewed by the pathologist.



Core Biopsies, Low Power



Infiltrating Ductal Carcinoma



Focal Gland Formation

CLINICAL HISTORY: palpable right breast mass; calcifications on mammogram

SITES: right breast core biopsies

GROSS: Received in formalin are 4 cores of white and yellow tissue, each measuring 2.0 X .03 cm in diameter. Totally embedded in one cassette. MS/ad

MICROSCOPIC: Sections reveal infiltrating ductal carcinoma. The tumor is composed of irregular, nests and cords of cells with focal gland formation. Individual cells have irregular nuclei and nucleoli. Well formed glands make up less than 20% of the tumor. Mitoses are occasionally encountered and these number 4 per 10 hpf. The tumor elicits a desmoplastic stromal reaction. Calcifications are seen within a few neoplastic ducts as well as the stroma. There is a focus of ductal carcinoma in situ involving one core. Nuceli are large and have prominent nucleoli. The duct lumen is filled with necrotic debris. All four core biopsies contain infiltrating carcinoma; the longest tumor segment is 1.7 cm in a 2 cm core.

Breast Marker analysis is pending and an addendum report will be issued.

PREVIOUS BX/PAP HISTORY: FNA cyst left breast, benign (5/5/2005)



Pathology Report Thryoid Removed

Terry C. Jones

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Table of Contents Pathology Report Thryoid Removed

- 1. Understanding the eBook Pathology Report Thryoid Removed
 - The Rise of Digital Reading Pathology Report Thryoid Removed
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Pathology Report Thryoid Removed
 - Exploring Different Genres
 - o Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Pathology Report Thryoid Removed
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Pathology Report Thryoid Removed
 - Personalized Recommendations
 - Pathology Report Thryoid Removed User Reviews and Ratings
 - Pathology Report Thryoid Removed and Bestseller Lists

- 5. Accessing Pathology Report Thryoid Removed Free and Paid eBooks
 - Pathology Report Thryoid Removed Public Domain eBooks
 - Pathology Report Thryoid Removed eBook Subscription Services
 - Pathology Report Thryoid Removed Budget-Friendly Options
- 6. Navigating Pathology Report Thryoid Removed eBook Formats
 - ∘ ePub, PDF, MOBI, and More
 - Pathology Report Thryoid Removed Compatibility with Devices
 - Pathology Report Thryoid Removed Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Pathology Report Thryoid Removed
 - Highlighting and Note-Taking Pathology Report Thryoid Removed
 - Interactive Elements Pathology Report Thryoid Removed
- 8. Staying Engaged with Pathology Report Thryoid Removed
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Pathology Report Thryoid Removed
- 9. Balancing eBooks and Physical Books Pathology Report Thryoid Removed
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Pathology Report Thryoid Removed
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Pathology Report Thryoid Removed
 - Setting Reading Goals Pathology Report Thryoid Removed
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Pathology Report Thryoid Removed
 - Fact-Checking eBook Content of Pathology Report Thryoid Removed
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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