



Capital Digestive Care
Laboratory Division 4831 Telsa Drive
Bowie MD 20715
Phone: (240) 737-0080 FAX: (301) 464-2783



Patient: **SALAZAR, MARIO E.**

Med Rec #: **CGC64333**

Account #: **253793**

Sex: **M** Age: **71**

DOB: **8/25/1944**

Case #: **CDC2016-005334**

Date Collected: **3/1/2016**

Date Accessioned: **3/2/2016**

Date Signed Out: **3/4/2016**

Ordering Physician: **SHANAVAS, ZAIFI**

Submitting Facility: **ASC ESCM NORTH ROCKVILLE**

Referring Physician: **BANGALORE, MADAN**

Diagnosis:

1. Polypectomy colon polyp, ascending:

a. tubular adenoma(s) and non adenomatous mucosa

b. negative for high grade dysplasia

2. Polypectomy colon polyp, transverse:

fragment of benign mucosa with non-specific changes (1 of 1)

3. Polypectomy rectum polyp:

a. tubular adenoma

b. negative for high grade dysplasia

MICROSCOPIC DESCRIPTION

Microscopic sections prepared from the block were examined. The final diagnosis is based on microscopic examination of the prepared slides with integration of the results of additional studies when medically necessary.

Communications, Previous Case, Intra-departmental and EMR Reviews:

The pathologist has been authorized to perform additional studies to render a complete pathological diagnosis.

Electronically Signed By:

ERWIN A. BRUN MD

(Case Signed 3/4/2016 10:52:46 AM)

Results of Special Studies

Specimen 2 Polypectomy colon polyp, transverse:

There is no expression of MUC5Ac by immunohistochemical study.

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Interpretation tubular adenomas. f/u colonoscopy in 3 years. Portal. zs

FINAL Surgical Report for SALAZAR, MARIO E. (CDC2016-005334)

I, ERWIN A. BRUN MD attest that I have ordered/approved the studies for this case and they are medically necessary in order to generate a complete and clinically relevant diagnosis.

The external positive controls are positive and the external negative control is negative.

In vitro diagnostics were used in this report.

Analyte specific reagents (ASRs) may have been used in the evaluation of these biopsies. The performance characteristics of these ASRs were determined by CDC Labs; or when applicable by a CDC approved reference lab. These tests have not been cleared or approved by the US FOOD & DRUG Administration (FDA) because the FDA has determined that such clearance or approval is not necessary when used for clinical purposes. Use and interpretation of these tests requires correlation with morphologic assessment.

This laboratory is CAP (College of American Pathologists) accredited and certified under the Clinical Laboratory Improvement Amendments of 1988 ('CLIA') as qualified to perform high-complexity testing.

Gross Description

1. The specimen is received in formalin and labeled MARIO E. SALAZAR and ascending colon. It consists of multiple polypoid fragments of reddish-tan tissue measuring from 4 mm x 3 mm x 1 mm to 1 mm x 1 mm x 1 mm and having aggregate dimensions of 8 mm x 7 mm x 1 mm. All is submitted in cassette 1.
ER/EAB

2. The specimen is received in formalin and labeled MARIO E. SALAZAR and transverse colon. It consists of one polypoid fragment of reddish-tan color tissue measuring 3.5 mm x 2.5 mm x 1 mm. All is submitted in cassette 2.
ER/EAB

3. The specimen is received in formalin and labeled MARIO E. SALAZAR and rectum. It consists of one polypoid fragment of reddish-tan color tissue measuring 4 mm x 4 mm x 4 mm. The polyp is bisected perpendicular to the base and submitted in cassette 3.
ER/EAB

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