

Patient ID 321	Patient Name TEST, IMPLEMENTATION TESTING	Birth Date 1956-05-23	Gender F	Age 57
Order Number R1057548	Client Order Number R1057548	Ordering Physician ,	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 11 Jun 2013 08:00		

REVISED REPORT

Pathology Consultation

Accession Number

HR13-200

MCR

Referring Pathologist / Physician

Doctor Test Jr., M.D.

MCR

REVISED Ref Path/Phys Address

 Methodist Hospital
 200 1st Street SW
 Rochester, MN 55905
 507-266-0740

MCR

Final Diagnosis:

Thyroid, right lobe, resection (S13-0008789; 5/28/2013): Hurthle cell adenoma with extensive involuting scarring fibrosis, forming an irregular shaped nodular mass, by report, 2.2 cm in greatest dimension. The tumor shows histologic features that would be compatible with the effects of a preoperative fine needle aspiration. The background thyroid shows mild adenomatous hyperplasia with chronic lymphocytic thyroiditis (see diagnosis comment).

MCR

Comment:

Thank you for sending in consultation the slides and tissue blocks of the thyroid right lobe resection from Implementation Test. As we discussed in our telephone conversation on the afternoon of June 7th, 2013, I agree with your assessment in this very challenging case.

MCR

In my opinion, I would classify the resected thyroid as containing a benign Hurthle cell adenoma. From your gross description, the lesion measured 2.2 cm in greatest dimension and appeared encapsulated, pink-tan, centrally cystic and friable, and roughly ovoid with hemorrhage. This translates microscopically into an encapsulated Hurthle cell neoplasm. As we discussed, there is probably as much, if not more, dense hyalin fibrosis internally as that residing in the region of the capsule. When I see that degree of fibrosis, I typically increase my threshold of classifying a lesion as potentially malignant. Thus, while there are certainly islands of Hurthle cells surrounded by fibrosis that might suggest capsular invasion, I actually favor benign entrapment in the process of the lesion undergoing involutational scarring fibrosis. Some of this could be related to the traumatic effects of a preoperative aspiration procedure, but the degree of fibrosis likely indicates more ancient change over a relatively long period of time. Thus, to my eye, I believe the histologic features represent a benign adenoma.

Signing Pathologist:

6/11/2013 15:12 Interpreted by: Pathologist X. Test, M.D.

Report electronically signed by Melissa L. Skjeveland

Transcribed by: asa05 6/11/2013 14:08:12

MCR

Performing Site Legend

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905



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Specimen:

MCR

A: MML Pathology Consultation; right thyroid - 8 slides (S13-0008789), 3 blocks

Material:

MCR

A. MML Pathology Consultation; right thyroid - 8 slides (S13-0008789), 3 blocks:

SLIDE DISPOSITION:

8 slides and 3 blocks returned 6/11/2013- ASB

Received: 11 Jun 2013 12:47

Reported: 12 Jun 2013 13:52

QA Environment

Performing Site Legend

Code	Laboratory	Address
MCR	Mayo Clinic Dept. of Lab Med and Pathology	200 First Street SW, Rochester, MN 55905