



**PROFESSIONAL PATHOLOGY SERVICES, PC**  
**GASTROINTESTINAL PATHOLOGY DIVISION**  
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**Pathology Report**

Patient Name: **TEST, BOB** Med. Rec. #: 343-BT  
DOB/Age: 4/4/1944 (Age: 62)/M  
Soc. Sec. #: 123-45-6789  
Client: Test Client  
Physician: Test Doctor, MD  
Copy To: Sample Physician, MD

Accession #: **GE06-2**  
Date of Service: 7/26/2006  
Date Received: 7/26/2006  
Date Reported: 7/26/2006

**CLINICAL DATA:**

- A. 2ND PORTION DUODENUM BIOPSY:
- B. DUODENAL BULB SMALL POLYP:
- C. GASTRIC ANTRUM BIOPSY :
- D. GASTRIC BODY BIOPSY:
- E. POLYP @ APPENDICEAL ORIFICE BIOPSY :
- F. SNARE RECTAL POLYP:

**DIAGNOSIS**

- A. 2ND PORTION DUODENUM, BIOPSY:
  - **NO SIGNIFICANT PATHOLOGICAL CHANGE (793.4) CPT88305-02**
- B. DUODENAL BULB SMALL POLYP:
  - **ECTOPIC GASTRIC MUCOSA (535.6) CPT88305-02**
- C. GASTRIC, ANTRUM, BIOPSY:
  - **MILD CHRONIC GASTRITIS (535.10) CPT88305-02**
- D. GASTRIC, BODY, BIOPSY:
  - **NO PATHOLOGICAL CHANGE (793.4) CPT88305-02**
- E. POLYP @ APPENDICEAL ORIFICE, BIOPSY:
  - **TUBULAR ADENOMA (211.3) CPT88305-02**
- F. RECTAL, BIOPSY:
  - **TUBULAR ADENOMA (211.3) CPT88305-02**

sk/7/26/2006

\*\*\*Signed Copy on File\*\*\*  
Staff Pathologist, M.D.

**PROCEDURE/ADDENDUM:**

**Date Reported:**

**INTERPRETATION:**

## C. NEGATIVE FOR H. PYLORI

**Results-Comments**

C. H. pylori immunostain is performed and the control is acceptable. No organisms are seen in the biopsy material.

\* **FDA disclaimer:** The FDA has determined that clearance or approval of this procedure is not necessary; see **Classification/reclassification of immunochemistry reagents and kits. 63 Federal Register 30132-30142 (1998) (21CFR part 864.Doc.No. 94P-0341)**

Procedure/Addendum Reported By:

**GROSS DESCRIPTION:**

- A. Received tissue fragment in formalin, submitted in toto and measuring .2 cm.
- B. Received in formalin are multiple fragments, submitted in toto, measuring in aggregate .2 cm.
- C. Received in formalin are multiple fragments, submitted in toto, measuring in aggregate .3 cm.
- D. Received tissue fragment in formalin, submitted in toto and measuring .3 cm.
- E. Received in formalin are multiple fragments, submitted in toto, measuring in aggregate .3 cm.
- F. Received in formalin are multiple fragments, submitted in toto, measuring in aggregate .3 with the largest piece bisected.

**MICROSCOPIC DESCRIPTION:**

A. The overall architecture in the better-oriented material is well preserved with normal and intact villous structure present. No areas of villous blunting or atrophy are seen. The goblet cell component is well preserved. There is no evidence of crypt hyper or hypoplasia. The associated lamina propria reveals a normal complement of chronic inflammatory cells. No acute inflammatory cells or granulomata are seen. No infectious organisms are identified on H&E stained sections. There is no evidence of dysplasia or malignancy.

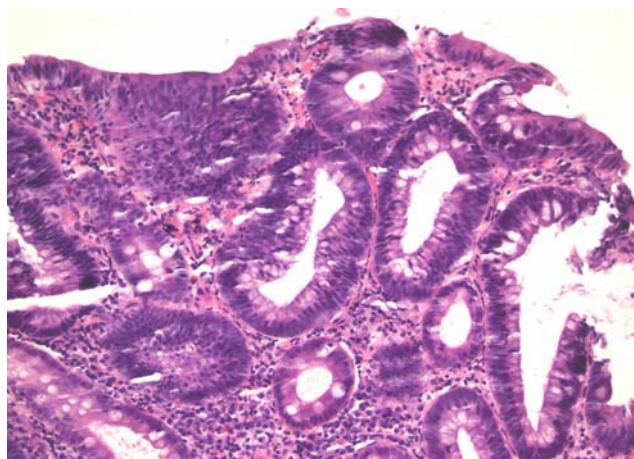
B. This specimen is partially crushed and consists of a fragment of duodenal mucosa with a group of Brunner's glands with adjacent lymphoid tissue. In some of the loose fragments there is a small focus of gastric type epithelium lining a villous.

C. The lamina propria contains a mild infiltrate of chronic inflammatory cells. I do not see any intestinal metaplasia or dysplasia. There are a few possible helicobacter like organisms on the surface.

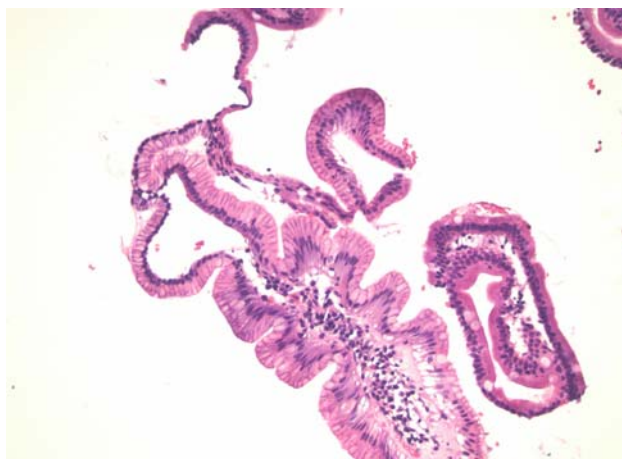
D. Sections of gastric body type mucosa do not demonstrate any significant inflammation, helicobacter like organisms, intestinal metaplasia, or dysplasia.

E. In specimen "E" polypoid large bowel mucosa shows adenomatous gland change with predominantly tubular architecture. No high dysplasia is present. No invasive neoplasm is found.

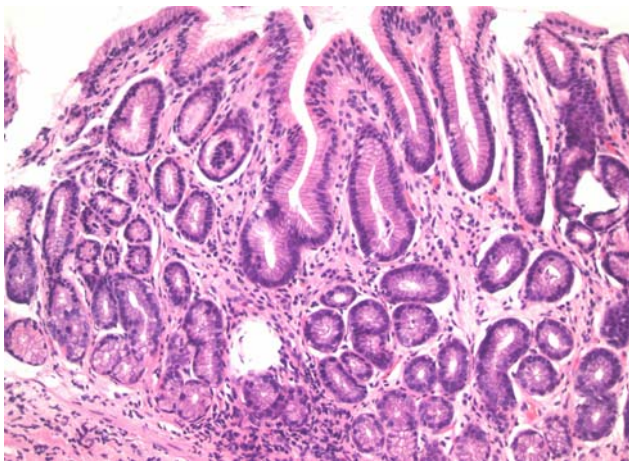
F. This polyp is essentially identical. I do not see any high grade dysplasia.



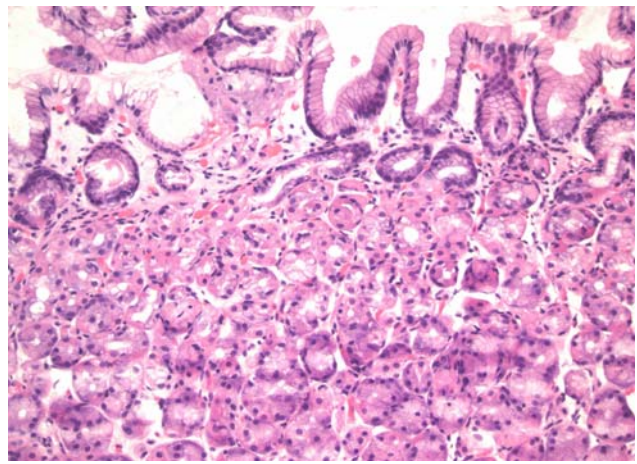
A. Intact Architecture



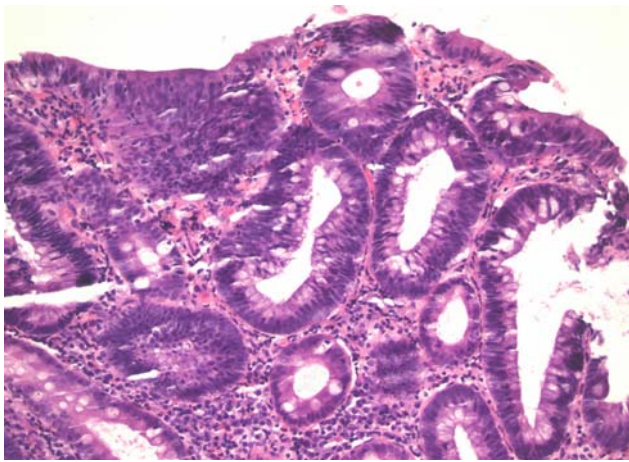
B. Ectopic Gastric Mucosa



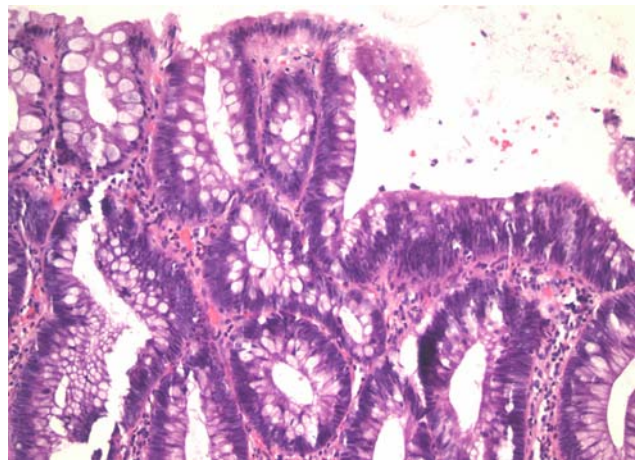
C. Mild Chr Inflammation



D. Intact Architecture



E. Tubular Adenoma



F. Tubular Adenoma