

Phone: 03 8345 6031

Dr. Philip Kostos

|                       |                             |                     |               |                     |
|-----------------------|-----------------------------|---------------------|---------------|---------------------|
| UR No:                | <b>NA</b>                   | Dr Ref:             | Lab Number:   | 25-34800332         |
| Patient:              | <b>MCGRATH, MICHELLE</b>    |                     | Receipt Date: | 14/01/25            |
| Address:              | 408 CRAIGS RD, MOORALLA VIC |                     | Collected:    | 14/01/25 @ 11:43 AM |
| Postcode:             | 3314                        | Phone: 0425 854 120 | Reported:     | 30/01/25 @ 06:00 PM |
| DoB:                  | 12/02/73                    | Gender: Female      | Age: 51 Years |                     |
| Tests Requested:      | PWH                         |                     |               |                     |
| * = Tests Outstanding |                             |                     |               |                     |

|         |   |   |
|---------|---|---|
| Doctor: | DR HSUEH, YUNG-HSIN<br>GRAMPIANS HEALTH BALLARAT<br>DRUMMOND ST NTH,<br>BALLARAT VIC 3350 | CC Drs: PROZESKY, MARGARETA, BALLARAT BASE<br>HOSP, |
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## HISTOPATHOLOGY REPORT

ACCESSION No. BB25-000516

### CLINICAL HISTORY

- 1) left breast hookwire guided excision (stitch short superior, long lateral \T\ medial medial) for Histopath.
- 2) right breast reexcision of margin for Histopath
- 3) right axillary sentinel LN biopsy for Histopath
- 4) right axillary nonsentinel LN for Histopath

Review of pathology record shows previous RIGHT breast mammotome biopsy (BB 24-0 17042) reported as features highly suggestive of apocrine DCIS. Subsequent wire localised RIGHT breast excisional biopsy (BB 24-0 21257) reported as apocrine DCIS of intermediate to high nuclear grade, with positive superior, medial and anterior margins.

Review of pathology record shows previous left breast mammotome core biopsies (BB 24-0 17539) or? Radial scar/architectural distortion indeterminate (radiologically) reported as focal stromal hyalinisation with non-specific appearance, no diagnostic features of radial scar.

### MACROSCOPY

1) labelled 'LEFT breast hookwire guided excisional biopsy stitch short superior, long lateral, medium medial.'  
 Specimen composition: A piece of fatty tissue, oriented as described. A hookwire enters the specimen at the lateral pole does not exit  
 Weight: 11 g  
 Dimensions: 40 x 30 x 17 mm (MLxSIxAP)  
 Slices: 6 slices from medial to lateral. End slices 15 mm thick, middle slices 4 mm thick on average.  
 Findings: the entire specimen comprises fibrous rubbery tissue with scant fatty tissue throughout, there is a central area of haemorrhage approximately 6 x 4 x 10 mm not corresponding to a macroscopically evident lesion. No discrete lesion or nodule is identified. The hookwire enters at the lateral margin and exits centrally between slices 2-3.  
 Inking: Superior blue, inferior green, anterior yellow, posterior black.  
 Blocks: A-B; LS slice 1, superior to inferior. C-F; slices 2-5. G-I; LS slice 6, superior to inferior. A9

2) labelled 'RIGHT breast reexcision of margins.'

 NORMAL  
FILE

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REQUIRED

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Specimen composition: A piece of fatty tissue with a strip of overlying attached skin, with 3 sutures variable length, presumed orientation markers (short suture designated superior, medium suture designated medial, long suture designated lateral).

Weight: 15 g

Dimensions: 65 x 27 x 30 mm (MLxSIxAP)

Slices: 10 slices from lateral to medial. In slices 15 mm thick, middle slices 4-5 mm thick on average.

Findings: The entire specimen comprises fibrous rubbery tan tissue with minimal fatty tissue. No mass or lesion is identified.

Inking: Superior blue, inferior green, anterior yellow, posterior black.

Blocks: A-B; LS slice 1. C-J; slices 2-9. K-M; LS slice 10. A13

3) labelled "RIGHT axillary sentinel node biopsy"

Specimen composition: 2 lymph nodes 8x 5 x 4 mm and 4 x 4 x 5 mm with attached fat, entire specimen 26 x 24 x 8 mm. Trisected at 2 mm thickness. A1 (fat retained)

4) labelled "RIGHT axillary nonsentinel node biopsy "

Specimen composition: A lymph node, 15 x 10 x 6 mm with attached fat, entire specimen 25 x 23 x 6 mm lymph node bisected and submitted in entirety. A1 (fatty trimmings reserved)

## MICROSCOPY

SPECIMEN 1, LEFT BREAST WIRE EXCISION: This breast excision has been entirely processed. There is prominent fibrocystic change together with columnar cell change, sclerosing adenosis (multifocal) and duct ectasia. The previous mammotome biopsy cavity is visible within block D\T\E , and there is adjoining radial Scar/complex sclerosing lesion change associated with hyalinised stroma. There are several other small radial scars observed away from the mammotome biopsy select. These all have intact myoepithelial layer on immunohistochemical evaluation.

No in situ or invasive carcinoma has been identified within the planes of section examined.

Radial scar is transected at the anterosuperior margin.

SPECIMEN 2, RIGHT BREAST RE-EXCISION OF MARGINS: This breast excision has been entirely processed. There is an organising postsurgical cavity visible from slice 1 (lateral) to slice 10 (medial, associated with conspicuous fat necrosis and organising granulation tissue and incorporating some suture material focally.

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There is a localised area insistent with residual apocrine DCIS identified within the sections from the lateral margin, which abuts the diathermy surgical margin (0.1 mm clearance). The DCIS involved ducts have intact myoepithelial layer on immunohistochemical evaluation. No invasive carcinoma has been identified on H\T\E levels, or with utilisation of cytokeratin immunohistochemistry.

The background breast tissue shows conspicuous fibrocystic change, multifocal sclerosing adenosis, columnar cell change and duct ectasia.

SPECIMEN 3, RIGHT AXILLARY SENTINEL NODE BIOPSY: These 2 sentinel lymph nodes are negative for metastatic carcinoma.

SPECIMEN 4, RIGHT AXILLARY NONSENTINEL NODE BIOPSY: This single lymph node is negative for metastatic carcinoma.

## CONCLUSION

SPECIMEN 1. HOOKWIRE LOCALISED EXCISION LEFT BREAST:

- Previous mammotome biopsy site identified, with adjoining radial scar/complex sclerosing lesion.

- Multiple small radial scars are also present, together with fibrocystic change, multifocal sclerosing adenosis, columnar cell change and duct ectasia.

SPECIMEN 2. RIGHT BREAST RE-EXCISION OF MARGINS:

- Extensive organising postsurgical changes, with focal residual apocrine DCIS (intermediate/high nuclear grade) identified, which abuts the lateral margin.

Specimen 3. Right axillary sentinel node biopsy: Two lymph nodes, negative for metastatic carcinoma. (0/2)

Specimen 4. Right axillary nonsentinel node biopsy: One lymph node, negative for metastatic carcinoma. (0/1)

Reported by: Dr. Sharon Wallace MBBS, BMedSc., FRCPA; 30/01/2025

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