

Phone: 03 8345 6031

Dr. Philip Kostos

UR No:	NA	Dr Ref:		Lab Number:	24-34825246
Patient:	MCGRATH, MICHELLE			Receipt Date:	10/12/24
Address:	408 CRAIGS RD, MOORALLA VIC			Collected:	10/12/24 @ 11:20 AM
Postcode:	3314	Phone:	0425 854 120	Reported:	17/12/24 @ 10:22 AM
DoB:	12/02/73	Gender:	Female	Age:	51 Years
Tests Requested:	PWH				
* = Tests Outstanding					

Doctor:	DR HOW, MING ZHOU BALLARAT BASE HOSPITAL BALLARAT VIC 3350	CC Drs: PROZESKY, MARGARETA, BALLARAT BASE HOSP,
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HISTOPATHOLOGY REPORT

ACCESSION No. BB24-021257

CLINICAL HISTORY

Right breast HW guided excision (excisional biopsy). BX = radial scar. Histopathology.

MACROSCOPY

Labelled 'right breast excisional biopsy.'
 Specimen composition: Fibrofatty breast parenchyma, with a short, medium and long suture presumed superior, medial and lateral respectively. There is a hookwire entering the specimen anteriorly and exiting posteriorly.
 Weight: 4.9 g
 Dimensions: 12 x 16 x 36 mm (SIxMLxAP)
 Slices: 6 slices from anterior to posterior at 4 mm intervals with 10 mm end slices
 Findings: The hookwire enters in slice 1 and exits in slice 6. The excision shows extensive fibrocystic change with focal fat necrosis however no discrete lesion is identified.
 Inking: Medial-yellow, inferior-green, superior-blue, lateral-black.
 Blocks: A = slice 1-anterior margin LS x3. B-E = slices 2-5 respectively. F = slice 6-posterior margin LS x 4. A6.

MICROSCOPY

All tissue has been processed and examined.
 A cavitated area surrounded by histiocytes and inflammatory reaction present, in keeping with the previous biopsy site, predominantly in slice 5.
 Lesion is present in slices 1-6, showing a focus of radial scar, with central densely hyalinised area surrounded by ducts with open lumina, showing epithelium and myoepithelial lining. Part of this lesion and the surrounding expansile ducts are within a markedly hyalinised breast stroma. The expansile ducts are showing features of duct carcinoma in situ, focally showing cribriform, and clinging pattern of involvement. The duct spaces are showing epithelial lining with moderate to severe nuclear pleomorphism (2 to 3 times the size of normal nuclei) with areas of very markedly eosinophilic cytoplasm, staining negative for ER and CK5/6. These changes are more or less similar to the biopsy, compatible for apocrine type DCIS. Central comedo necrosis is also seen. In a few spaces. A myoepithelial layer is present around these ducts, confirmed with calponin, p63 and myosin. A prominent sclerosis is seen within the stroma of the lesion. Very marked crush artefact is seen at the excised margin, largest as below.
 In multiple blocks immunostaining has been performed, invasive carcinoma is not demonstrated.

 NORMAL
FILE

 NOTES
REQUIRED

 RECALL
PATIENT

☐

URGENT

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 NON
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CONCLUSION

Right breast hookwire guided excision: Duct carcinoma in situ, partly involving a radial, excised as below.

Synoptic report

Carcinoma in situ: Present
 Type: Carcinoma in situ (apocrine subtype)
 Nuclear grade: 2(intermediate) and 3(high) grade
 Size: 36mm(by reconstruction of slices)
 Architecture: Cribriform, solid
 Associated necrosis: Present (central comedo necrosis)
 Associated calcification: Present
 Other: radial scar, partially involved by apocrine duct carcinoma in situ.

Margin involvement for carcinoma insitu:
 Distance of invasive carcinoma from closest margins: superior = positive, over 6mm, inferior = 0.4mm, medial = positive over 1.2mm, lateral /inferior = 0.5mm, anterior = focally positive, over 1.3 mm, posterior = 1.3mm

Reported by: Dr. Ranjula Liyanage, MBBS, MD, FRCPA; 17/12/2024
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