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Patient Name: [REDACTED] Patient ID: MOC [REDACTED]
Location: [REDACTED] (DIS: [REDACTED]) D.O.B: D/M/Y: [REDACTED] SEX: F
Attending [REDACTED] Account #: [REDACTED]
Family Dr: [REDACTED] Family Dr Mne: [REDACTED]

SURGICAL PATHOLOGY

SUBMITTED DATE: 2/0/ TIME: 1:00 SPECIMEN #: [REDACTED]
RECEIVED DATE: 2/0/ TIME: 1:00 SPECIMEN STATUS: Signed Out

CLINICAL DX AND INFORMATION

[REDACTED] with ER + PR + HER2 Neu - right breast cancer as per MCC,
oncologist feels surgery of front best despite lymph node involvement

SPECIMEN SUBMITTED:

- A - Right mastectomy with axillary contents
- B - Right additional axillary contents

PERSONAL HEALTH INFORMATION
GIVEN TO PATIENT

DIAGNOSIS:

- A. Breast (right), modified radical mastectomy:
 - Invasive ductal carcinoma, no special type, with lobular growth pattern, AJCC stage pT3 pN2a (see Synoptic Report)
 - Nottingham grade 2/3
 - Size of invasive carcinoma: 56 mm
 - Ductal carcinoma in-situ (DCIS), intermediate grade (extent: 33 mm)
 - Resection margins:
 - Negative for invasive carcinoma (closest margin: 7 mm posterior)
 - Negative for DCIS (greater than 10 mm from closest margin)
 - Metastatic carcinoma in seven out of twenty lymph nodes (7/20)
 - Size of largest metastatic focus: 15 mm
 - Positive for extranodal extension (extent greater than 2 mm)
 - Breast biomarkers previously performed; not repeated on the current specimen
- B. Lymph nodes (right additional axillary contents), excision:
 - Micrometastatic carcinoma in one out of six lymph nodes (1/6)
 - Negative for extranodal extension

Synoptic XPert

----- Breast Invasive Carcinoma - Resection, 1 -----

Specimen
Procedure: Total mastectomy
Specimen Laterality: Right

L = Abnormal Low H = Abnormal High # = Delta Result
*L = Critical Low *H = Critical High ** = Abnormal Result (Non-Numeric)
Printed D/M/Y: 1 0 26 ** CONTINUED ON NEXT PAGE **

I certify that this is a true copy
of the original document
Date: [REDACTED] 2026

患者姓名:	[redacted]	病历账号:	M00959307
地点:	[redacted] (出院时间: [redacted] 月 [redacted] 日 [redacted])	出生日期:	19[redacted] 年 [redacted] 月 [redacted] 日 性别: 女
主治医生:	[redacted]	就诊号:	AC [redacted]
家庭医生:	L [redacted]	家庭医生医疗编号:	H [redacted]
手术病理			
送检日期:	202[redacted] 年 0 月 [redacted] 日 时间: 15:26	标本编号:	2 [redacted]
接收日期:	202[redacted] 年 [redacted] 月 [redacted] 日 时间: 16:10	标本签收状态:	已签发

临床诊断及相关信息

[redacted] 岁女性, 经多伦多综合癌症中心确诊为 ER 阳性、PR 阳性、HER2 阴性型右侧乳腺癌; 尽管存在淋巴结受累情况, 肿瘤内科医生仍认为首选手术治疗。

送检标本

A - 右侧乳房切除术标本 (腋窝组织)

B - 右侧腋窝追加切除组织 章: 向患者告知的个人健康信息

病理诊断

A. 右侧乳房改良根治术标本:

- 浸润性导管癌, 非特殊类型, 伴小叶状生长方式, AJCC 分期 pT3 pN2a (详见简明病理报告),
- 诺丁汉组织学分级 2/3 级;
- 浸润性癌病灶大小: 56 毫米
- 导管原位癌, 中级别, 病灶范围: 33 毫米
- 手术切缘:
 - 浸润性癌切缘阴性 (最近切缘为后方 7 毫米);
 - 导管原位癌切缘阴性 (距最近切缘大于 10 毫米)
- 淋巴结转移情况: 20 枚淋巴结中 7 枚见癌转移 (7/20),
 - 最大转移灶大小: 15 毫米
 - 存在淋巴结外侵犯, 侵犯范围大于 2 毫米
- 乳腺肿瘤标志物已完成既往检测, 本次标本未重复检测。

B. 右侧腋窝追加切除组织淋巴结切除术标本:

- 6 枚淋巴结中 1 枚见微转移癌 (1/6),
 - 无淋巴结外侵犯

简明病理报告

-----乳腺浸润性癌 - 切除标本, 1-----

标本

手术方式: 全乳房切除术

标本侧别: 右侧

L=异常降低 H=异常升高 #=结果变化值

*L=显著降低 *H=显著升高 **=异常结果 (非数值型)

打印日期: 2026 年 0 月 [redacted] 日 09:47

下页续