



## Sun Yat-sen University Affiliated Cancer Hospital Histopathological Diagnosis Report

Pathology No.: [REDACTED]

Name: [REDACTED]	Gender: Male	Age: [REDACTED]	Patient Tel No.:
Dept.: 1st Ward of Hepatobiliary Surgery	Medical Record No.:		Collection Time: 202[REDACTED]-02[REDACTED]
Specimen Name: Tumor in Segment 5/6 of Liver, Gallbladder			Receipt Date: 202[REDACTED]-02[REDACTED]
Clinical Diagnosis: [REDACTED] space-occupying lesion, nature to be determined			

### Gross Findings:

1 (Tumor in Segment 5/6 of Liver): The submitted liver tissue measures 11\*8\*5cm in size. A nodule is found on the cut surface, measuring 5\*3\*3 cm, greyish-yellow, hard in texture, without necrosis or satellite nodules, and closely adjacent to the liver capsule.

2 (Gallbladder): The submitted gallbladder tissue measures 8\*3.5\*1 cm in size, with a capsule wall thickness of 0.3 cm, smooth inner wall of the capsule, and containing dark green bile.

### Pathological Diagnosis:

#### 【Specimen】

Preoperative Neoadjuvant/Conversion Therapy: None.

Specimen Name: 1 (Tumor in Segment 5/6 of Liver).

Number of Tumors: 1.

#### 【Lesion】

Tumor Size: 3.5 cm×3 cm×3 cm.

Gross Classification: Multinodular type.

Microscopic Description: Infiltration of moderately to poorly differentiated adenocarcinoma is found in the liver tissue, which is consistent with intrahepatic cholangiocarcinoma combined with the results of immunohistochemistry.

Histological Type: Intrahepatic cholangiocarcinoma, ICD-0 Code: 8160/3.

Differentiation Degree: Moderately-Poorly differentiated.

Edmondson-Steiner Grade: Grade II-III.

Necrosis: No necrosis.

Satellite Lesions: None.

#### 【Invasion Status】

Microvascular Invasion (MVI) Grade: M0: No MVI detected.

Review Physician: Zheng Yinli

Audit Physician: [REDACTED]

Report Date: 2026-02-20

Sampling Physician: Tan Xirong

Sampling Technician: [REDACTED]

Initial Diagnosing Physician: [REDACTED]

### Notes:

1. If clinicians have any doubts about the pathological diagnosis in this report, please contact the Department of Pathology in a timely manner;
2. A small amount or fragmented tissue submitted clinically may not represent the whole picture and essence of the lesion tissue, so clinicians should pay attention to the pathological diagnosis made based on this;
3. This report shall take effect only after being signed and confirmed by a physician;
4. Address: 6/F, Building 2, 651 East Dongfeng Road, Guangzhou Tel.: 020-87782011

## Sun Yat-sen University Affiliated Cancer Hospital Histopathological Diagnosis Report

Pathology No.: [REDACTED]

Name: [REDACTED]	Gender: Male	Age: [REDACTED]	Patient Tel No.: [REDACTED]
Dept.: 1st Ward of Hepatobiliary Surgery	Medical Record No.: [REDACTED]		Collection Time: 2021-02-21
Specimen Name: Tumor in Segment 5/6 of Liver, Gallbladder			Receipt Date: 2021-02-21
Clinical Diagnosis: Hepatic space-occupying lesion, nature to be determined			

Macrovascular Tumor Thrombus: No tumor thrombus is found.

Biliary Duct Tumor Thrombus: No tumor thrombus is found.

Nerve Invasion: No invasion is found.

Liver Capsule Invasion: No involvement of the liver capsule.

Invasion of Extrahepatic Viscera or Structures: Not assessable.

### 【Surgical Margin】

Hepatic Resection Margin: No carcinoma is found.

### 【Condition of Perihepatic Tissue】

Background Liver Condition: Showing chronic hepatitis changes, with steatosis in some hepatocytes.

Inflammation G2, Fibrosis Stage S2.

### 【Other Conditions】

2 (Gallbladder): Cholelithiasis, chronic cholecystitis.

### 【Distant Metastasis】

Mx: Unknown.

### 【TNM Staging】

pT1aNxMx

【Immunohistochemistry】 CK7(+), CK19(+), Muc-1(Focal +), HepPar-1(-), Arginase-1(-), Glypican-3(-), CD34(Sinusoidal +), Syn(-), HER2(0), MSH2(+), MSH6(+), MLH1(+), PMS2(+).

Review Physician: [REDACTED]

Audit Physician: [REDACTED]

Report Date: 2021-02-21

Sampling Physician: [REDACTED]

Sampling Technician: [REDACTED]

Initial Diagnosing Physician: [REDACTED]

Notes:

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# 中山大学附属肿瘤医院

## 组织病理诊断报告书

病理号: [REDACTED]

姓名: [REDACTED] 性别: 男 年龄: [REDACTED] 岁 患者电话: [REDACTED]  
科室: 肝脏外科一区 病历号: [REDACTED] 采集时间: 202[REDACTED]  
标本名称: 肝S5/6肿物, 胆囊 收到日期: 202[REDACTED]-0[REDACTED]  
临床诊断: 肝占位性质待查

### 肉眼所见:

- 1 (肝S5/6肿物) 送检肝组织大小为11\*8\*5cm, 切面见一结节, 大小为3.5\*3\*3cm, 灰黄, 质硬, 未见坏死及卫星结节, 紧邻肝被膜。
- 2 (胆囊) 送检胆囊组织大小为8\*3.5\*1cm, 囊壁厚为0.3cm, 囊内壁光滑, 内含墨绿色胆汁。

### 病理诊断:

#### 【标本】

术前新辅助/转化治疗: 无。  
标本名称: 1 (肝S5/6肿物)。  
肿瘤个数: 1个。

#### 【病灶】

肿瘤大小: 3.5cm×3cm×3cm。  
巨检分型: 多结节型。  
镜下描述: 肝组织中见中至低分化腺癌浸润, 结合免疫组化结果, 符合肝内胆管癌。  
组织学类型: 肝内胆管癌, ICD-O编码: 8160/3。  
分化程度: 中-低分化。  
Edmondson-Steiner分级: II-III级。  
坏死: 无坏死。  
卫星灶: 无。

#### 【侵犯情况】

微血管侵犯(MVI)分级: M0: 未发现 MVI。  
大血管癌栓: 未见癌栓。  
胆管癌栓: 未见癌栓。  
神经侵犯: 未见侵犯。  
肝被膜侵犯: 未累及肝被膜。  
肝外脏器或结构侵犯: 无法评估。

#### 【切缘】

复诊医生: [REDACTED] 审核医生: [REDACTED] 报告日期: 2026-0[REDACTED]  
取材医生: [REDACTED] 取材技术员: [REDACTED] 初诊医生: [REDACTED]

I certify that this is a true copy  
of the original document  
Date: 18<sup>th</sup> of Apr. 20 26

- 说明: 1、若临床医生对本报告中病理诊断存有疑问, 请及时与病理科联系;  
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3、本报告需经医生签名确认后方可生效;  
4、地址: 广州市东风东路651号 2号楼 6楼 电话: 020-8[REDACTED]

# 中山大学附属肿瘤医院

## 组织病理诊断报告书

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姓名: [REDACTED] 性别: 男 年龄: [REDACTED] 岁 患者电话: [REDACTED]  
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标本名称: 肝S5/6肿物, 胆囊 收到日期: 20[REDACTED]-02-[REDACTED]  
临床诊断: 肝占位性质待查

肝脏断端切缘: 未见癌。

【周围肝组织情况】

背景肝情况: 呈慢性肝炎改变, 部分肝细胞伴脂肪变性。  
炎症G2, 纤维化分期S2。

【其他情况】

2(胆囊): 胆囊结石, 慢性胆囊炎。

【远处转移】

Mx未知。

【TNM分期】

pT1aNxMx

【免疫组化】

CK7(+), CK19(+), Muc-1(部分+), HepPar-1(-), Arginase-1(-), Glypican-3(-),  
CD34(血窦+), Syn(-), HER2(0), MSH2(+), MSH6(+), MLH1(+), PMS2(+).

复诊医生: [REDACTED] 审核医生: [REDACTED] 报告日期: 202[REDACTED]-02-[REDACTED]

取材医生: [REDACTED] 取材技术员: [REDACTED] 初诊医生: [REDACTED]

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of the original document  
Date: 18<sup>th</sup> day [REDACTED] 2026