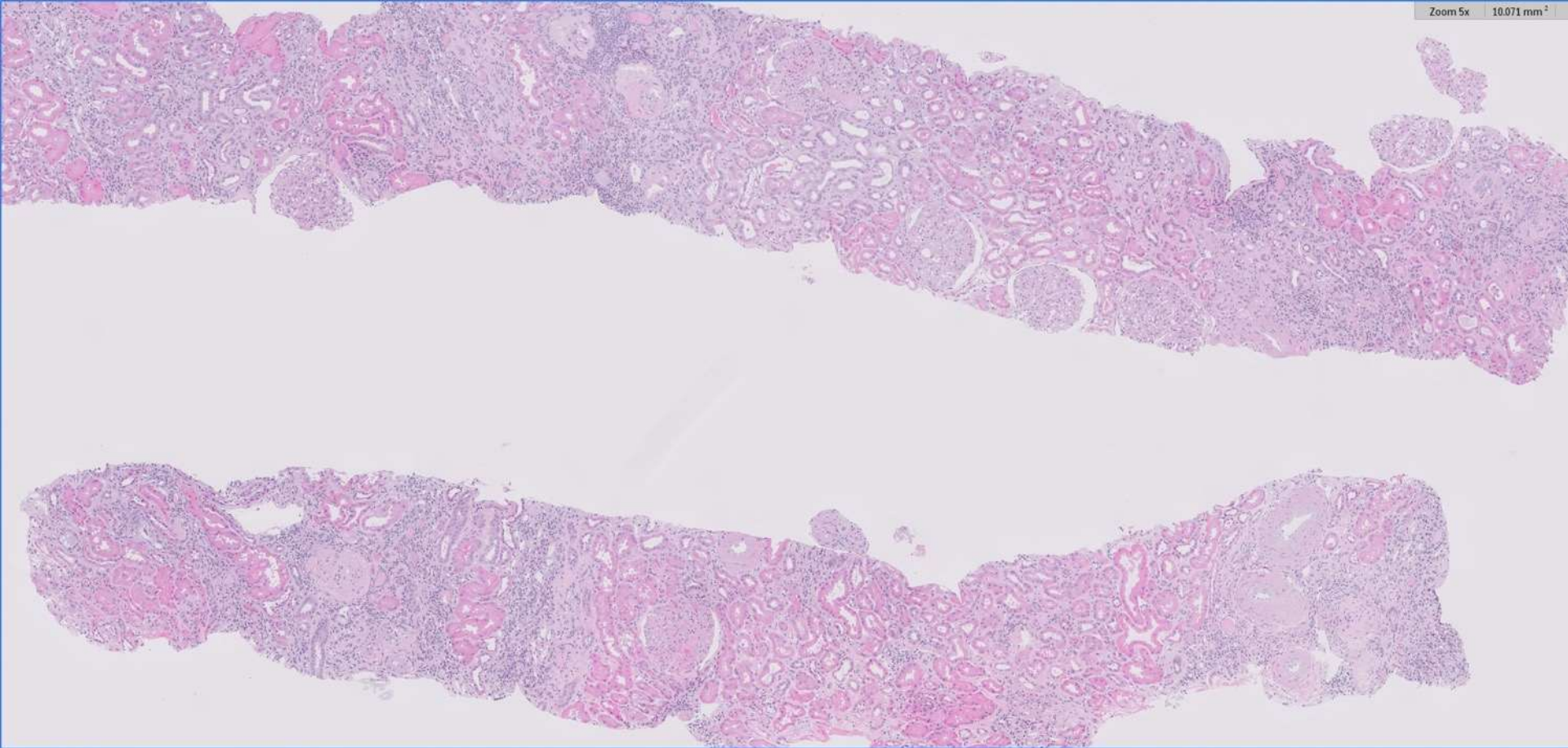
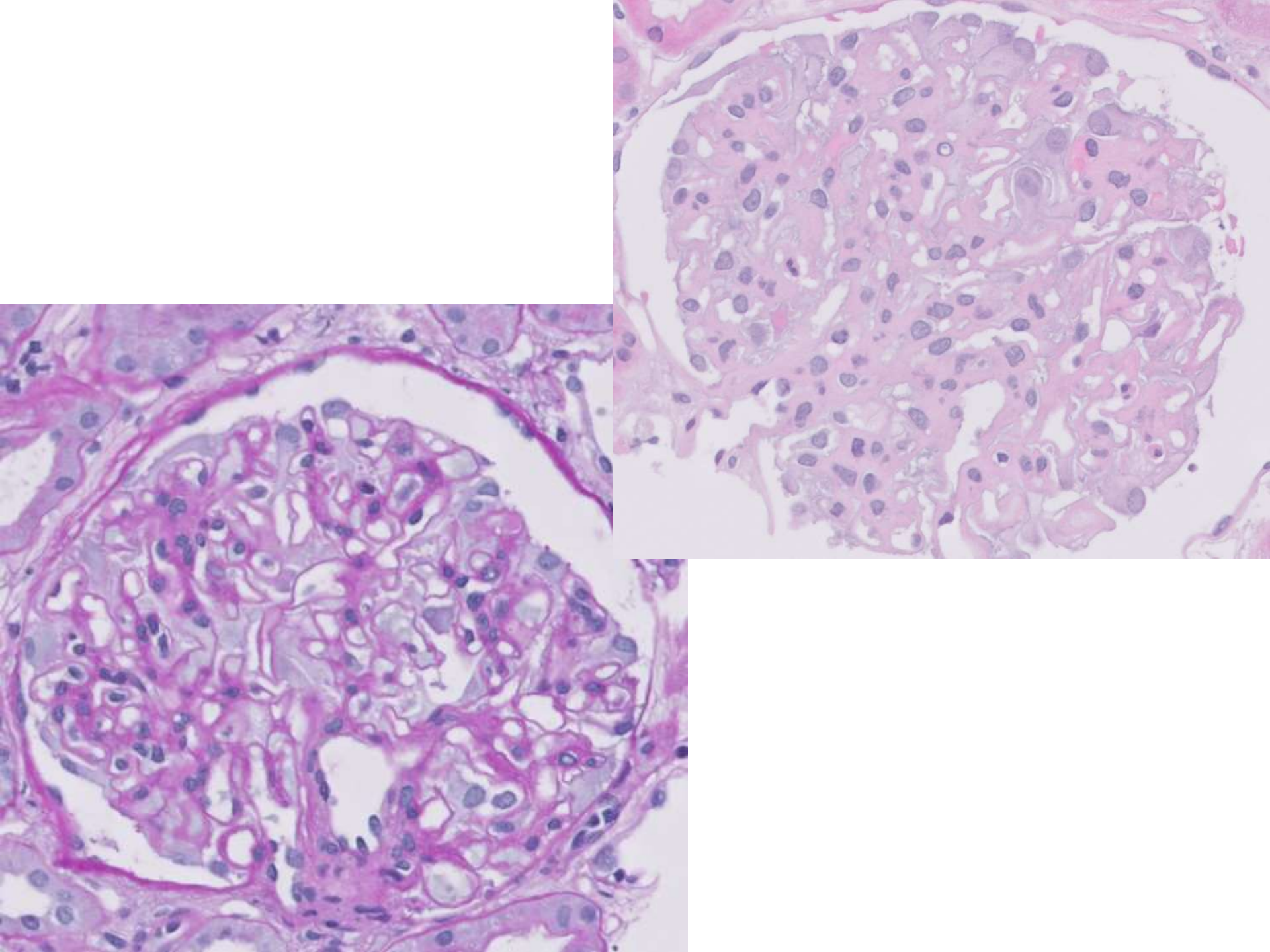


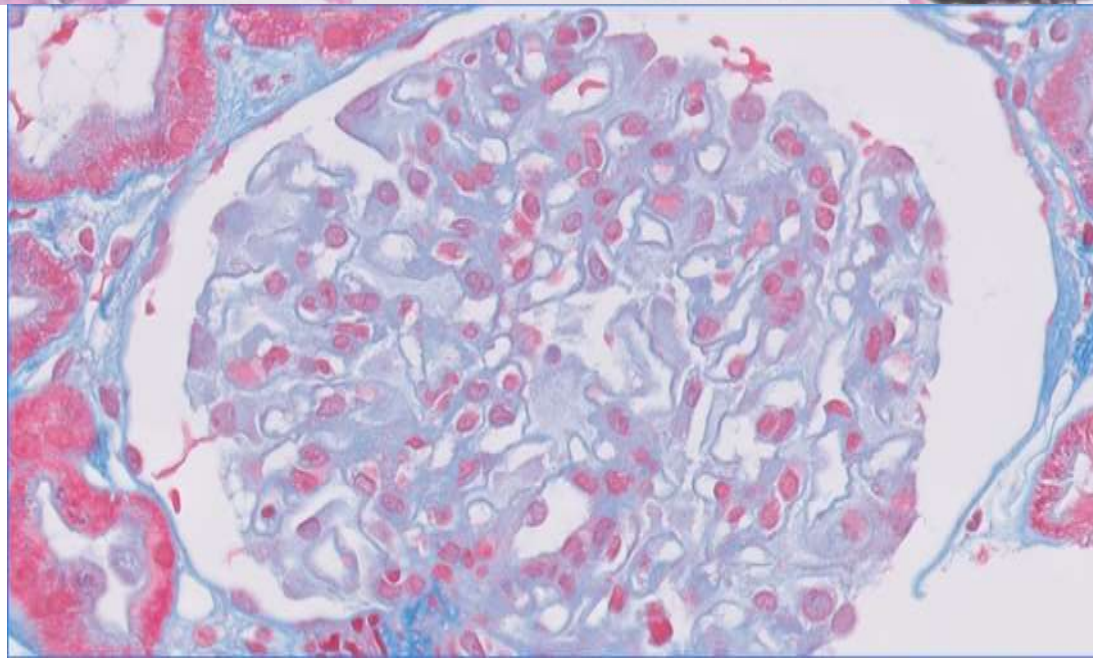
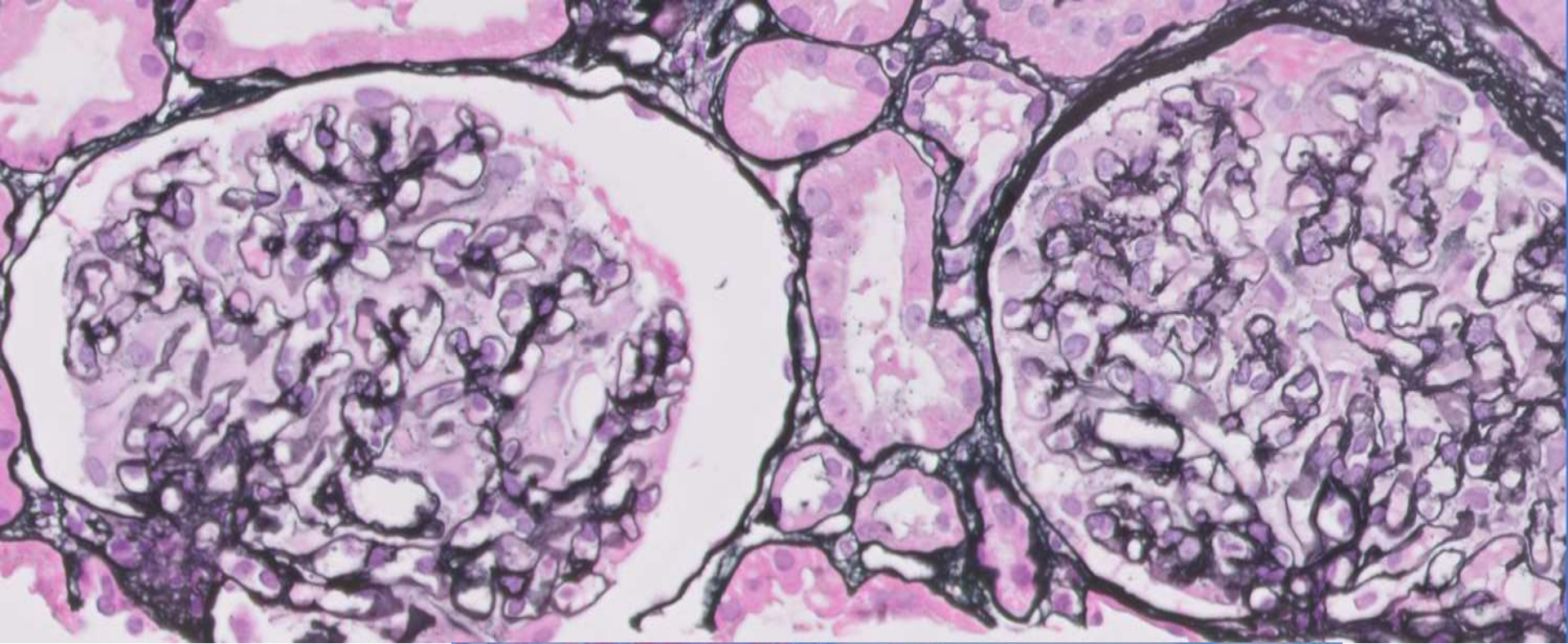
22-0401

**Megan Troxell/Ankur Sangoi; Stanford/El Camino
Hospital**

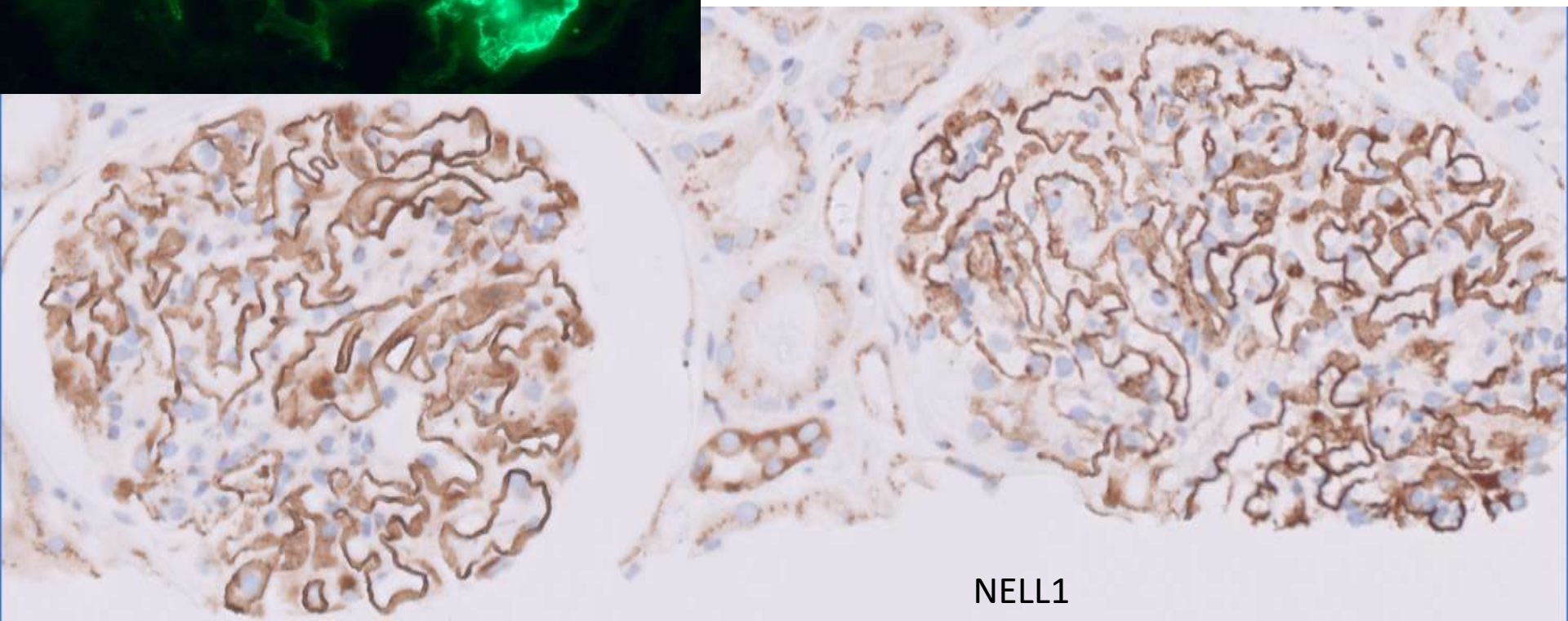
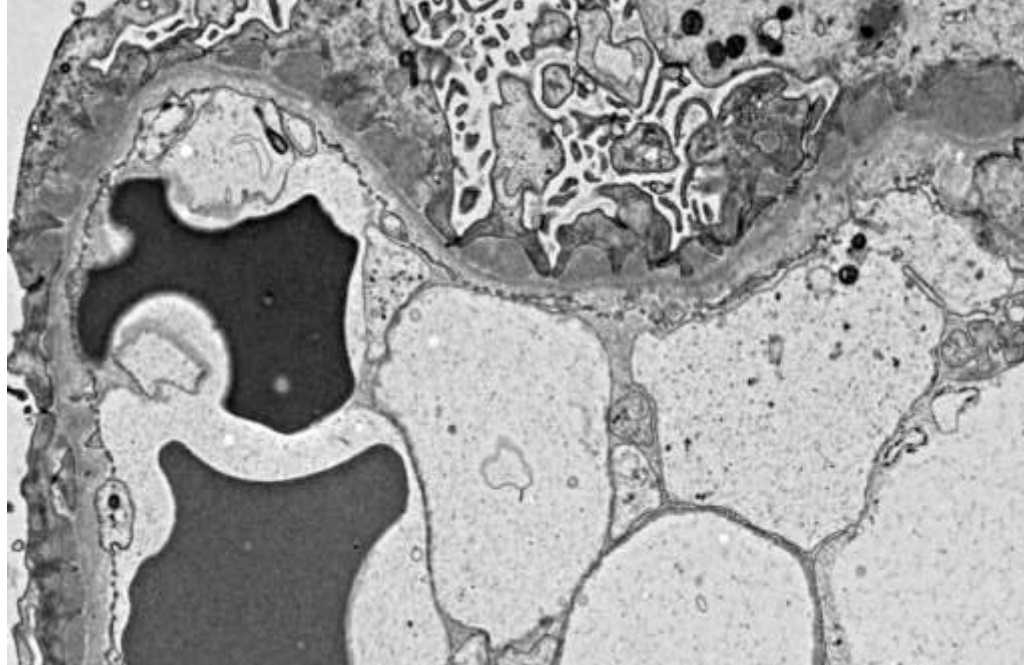
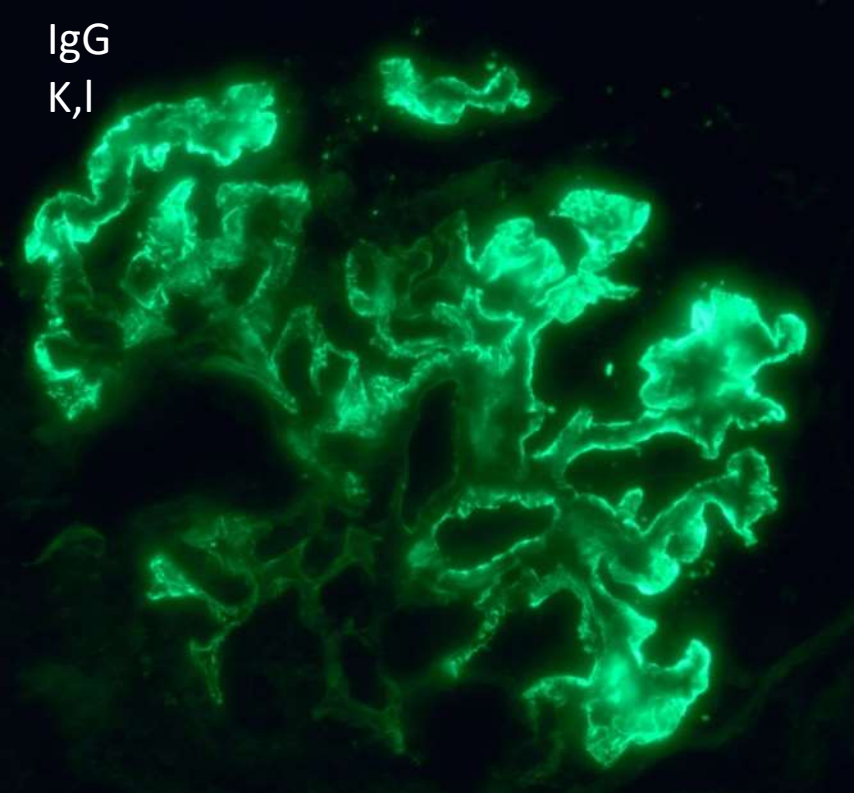
Elderly woman with nephrotic range proteinuria, COPD,
smoking, squamous cell lung carcinoma, renal cell
carcinoma, gout. ANA+.







IgG
K,I



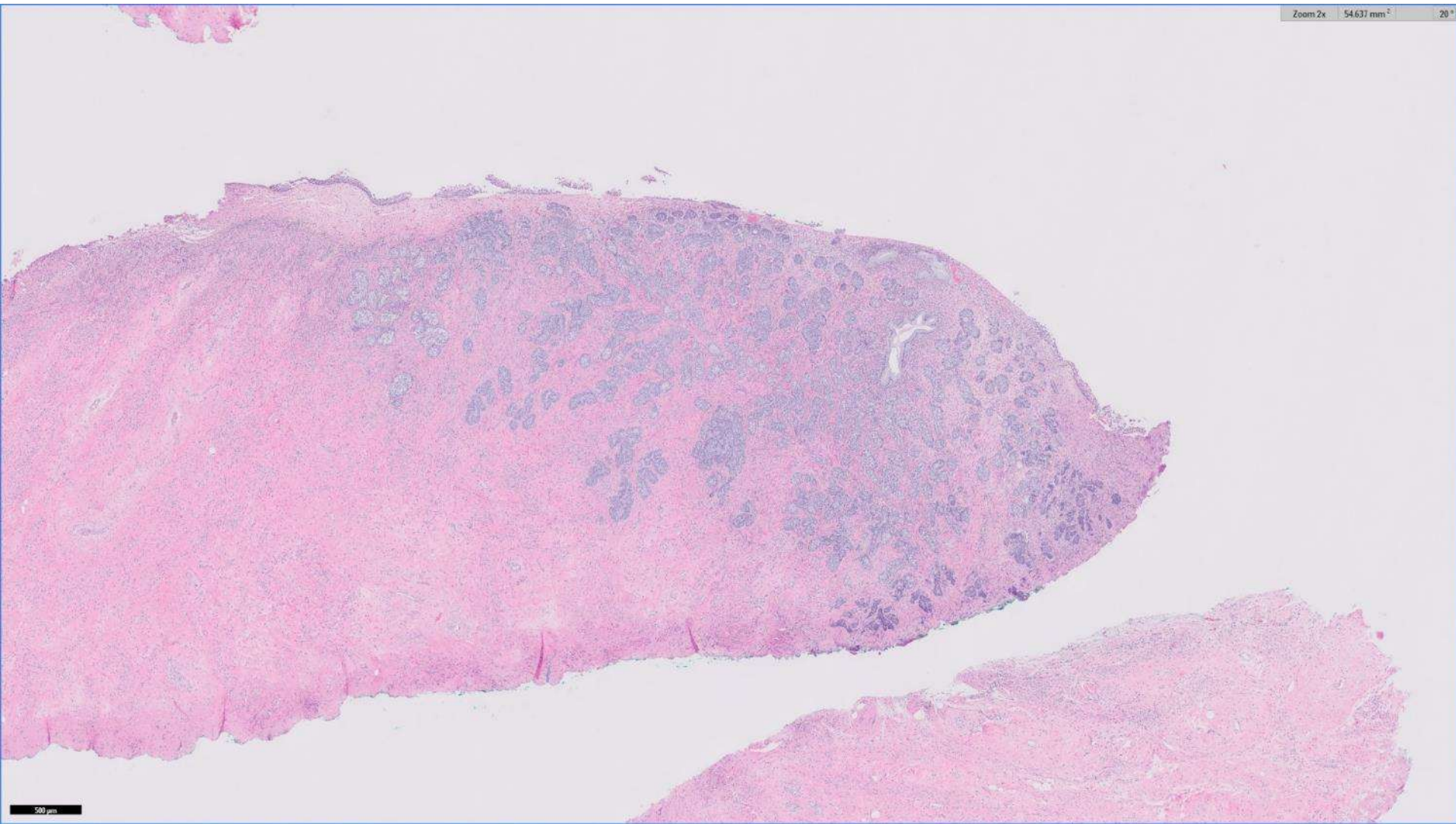
NELL1

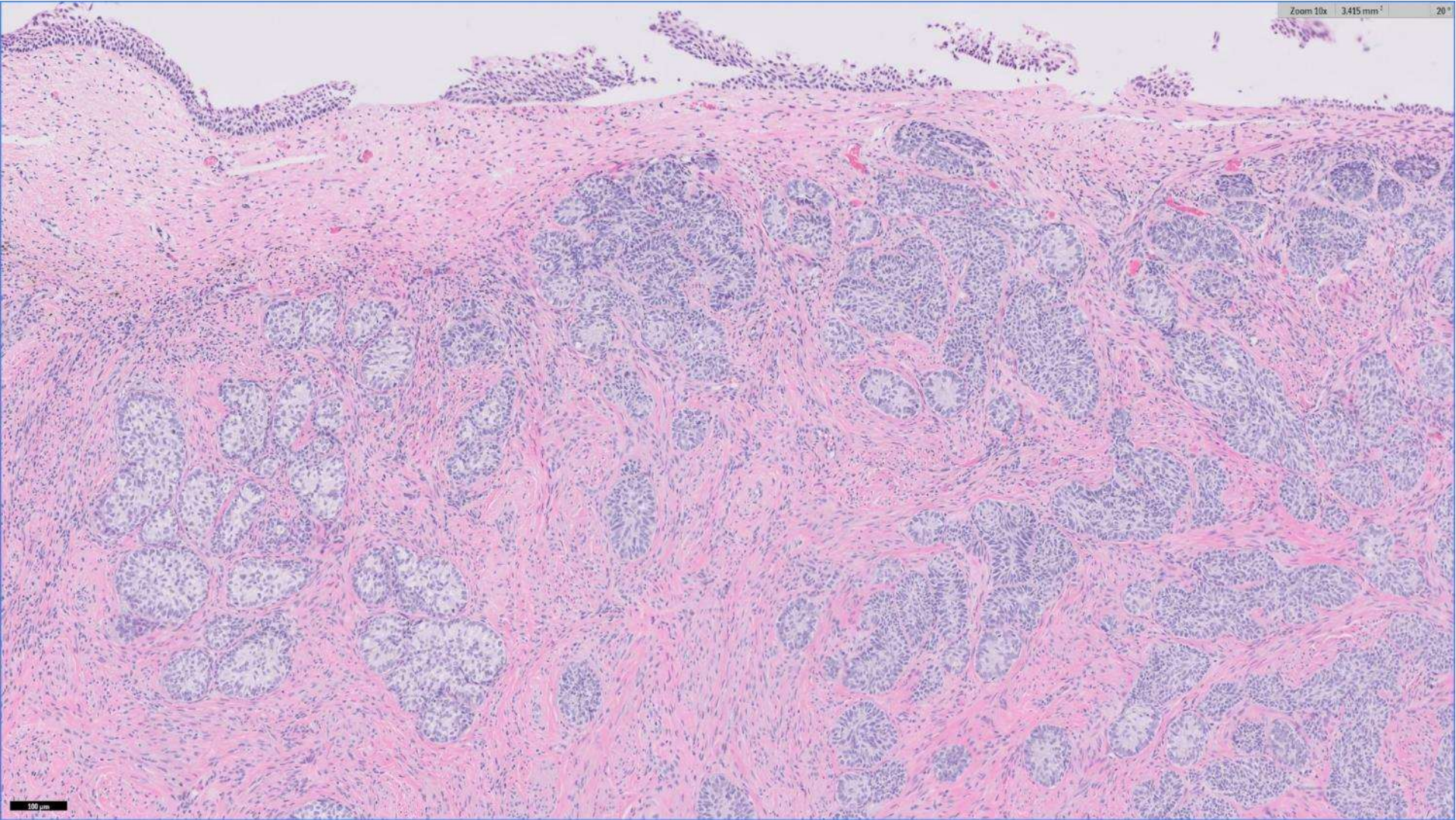


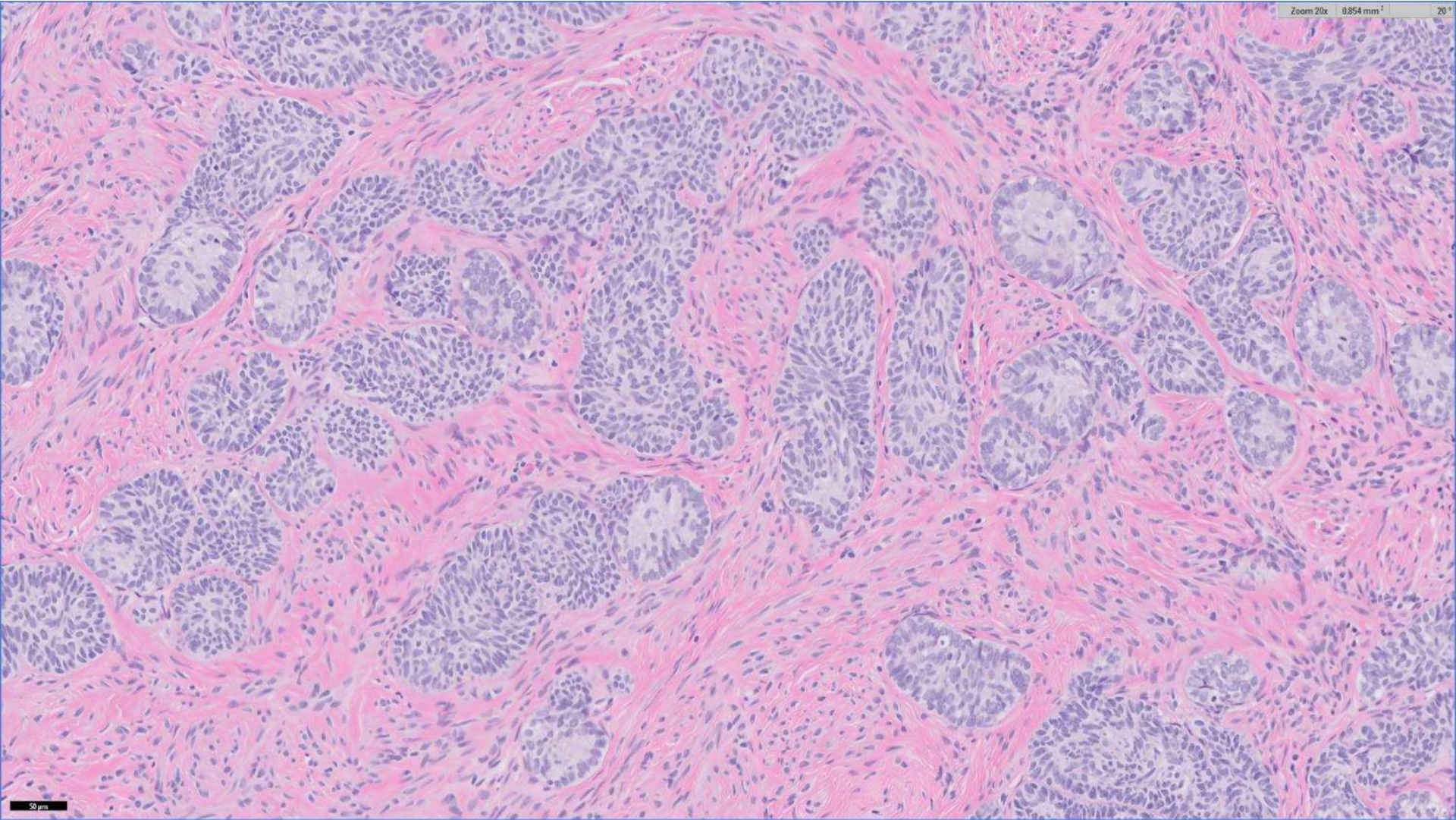
22-0402

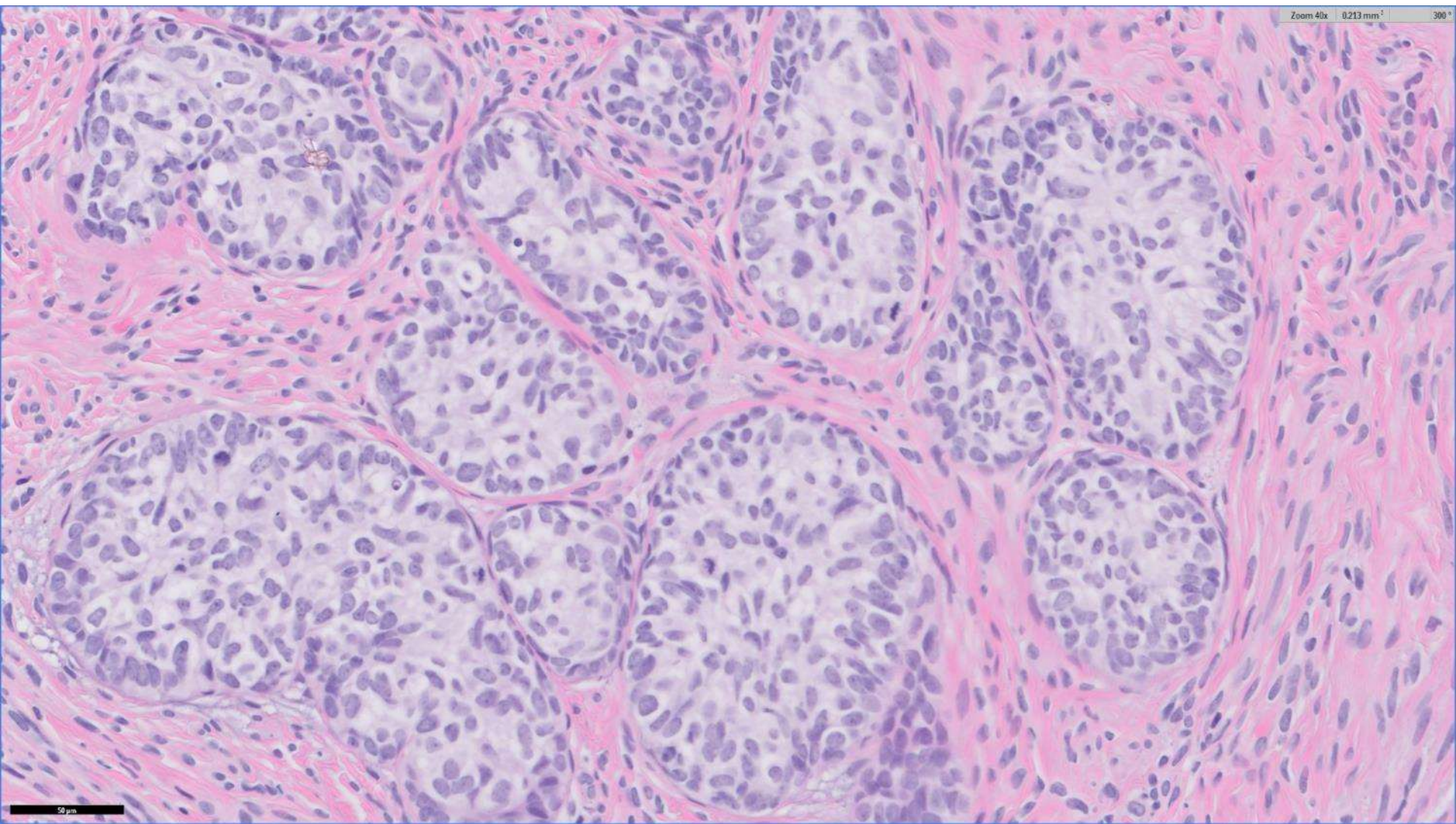
Amanda Borgen/Nicholas Ladwig; UCSF

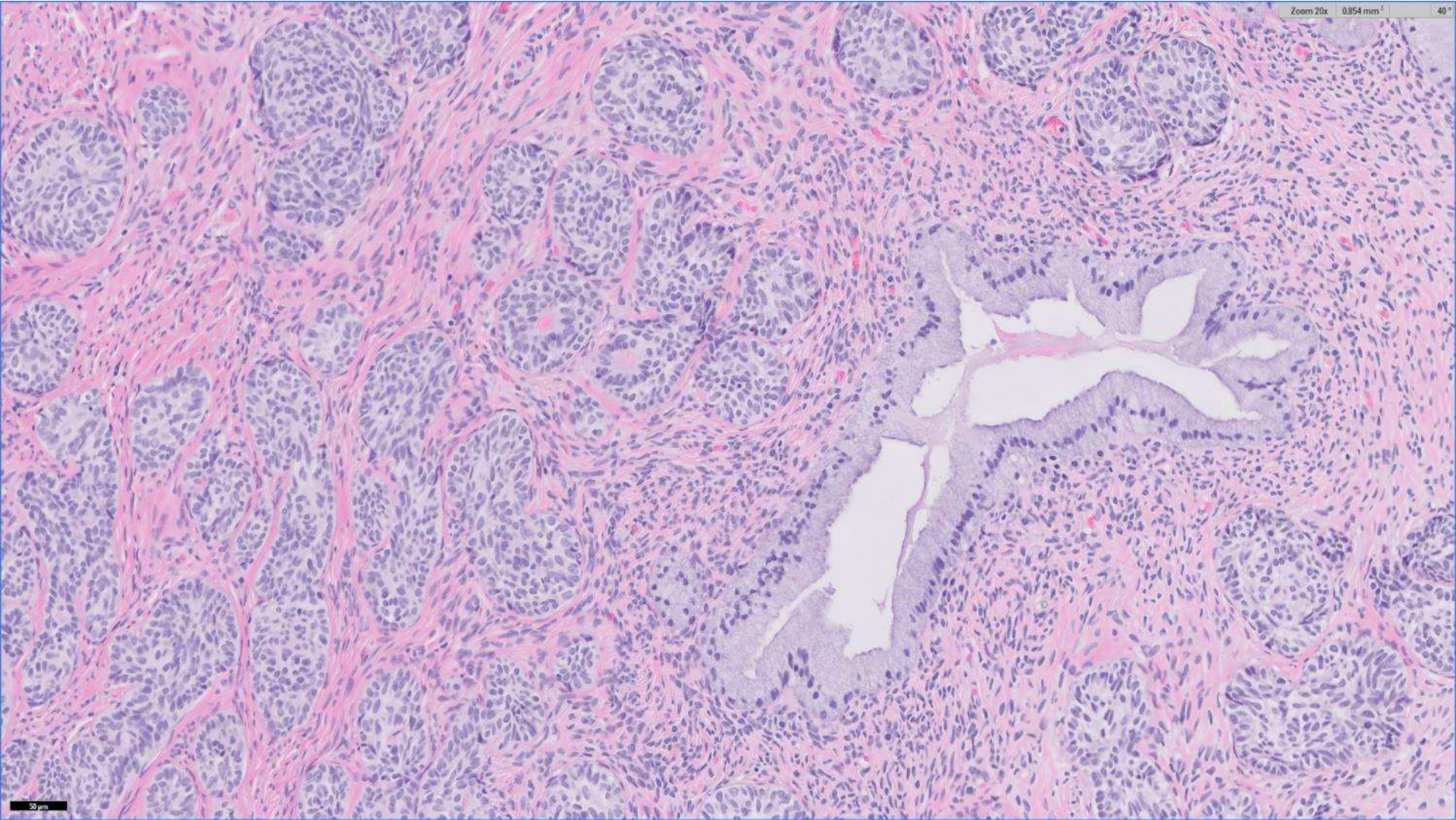
70ish F with persistent HPV+ ASCH cervical cytology and unsatisfactory colposcopy who underwent LEEP.

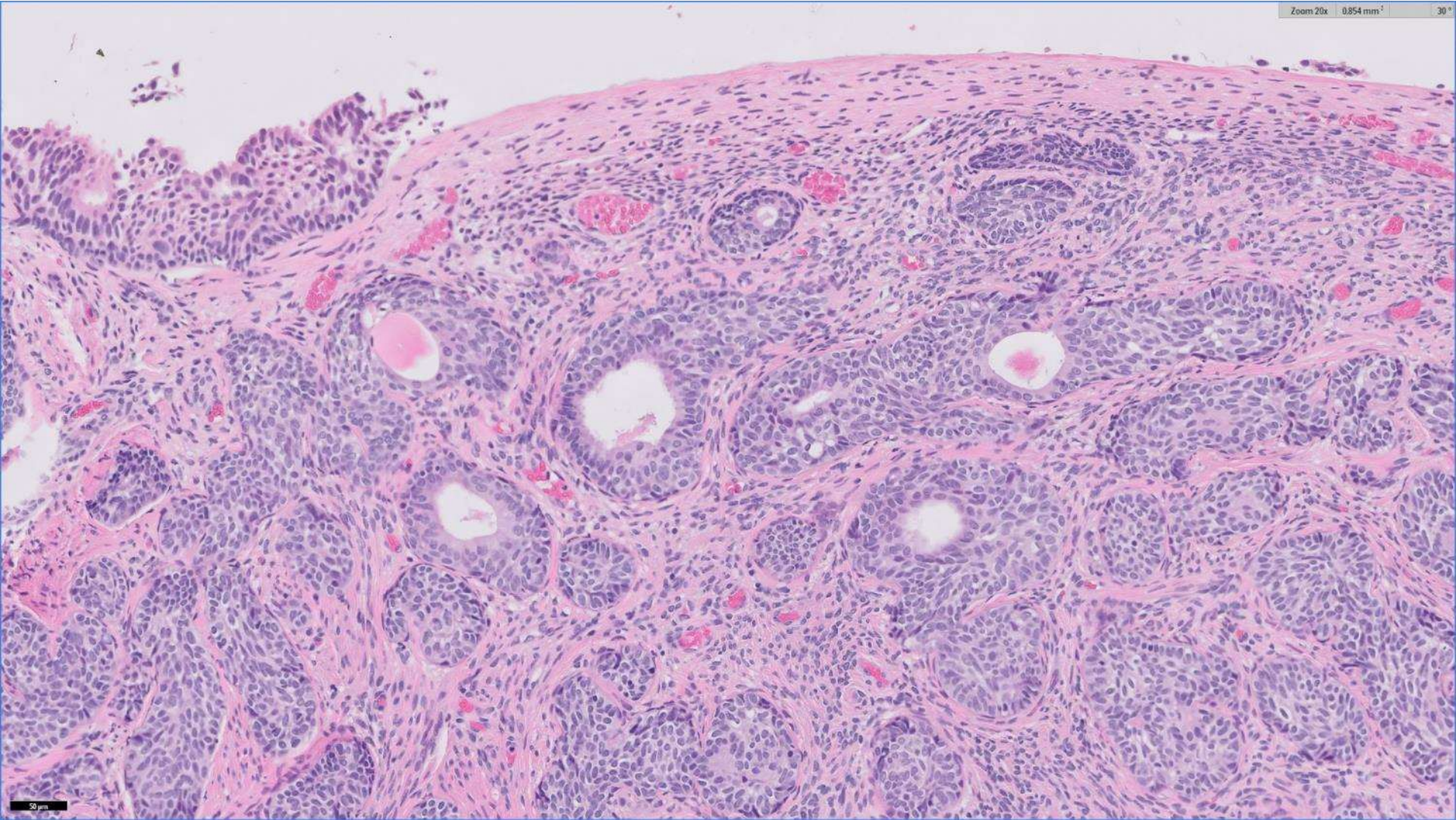










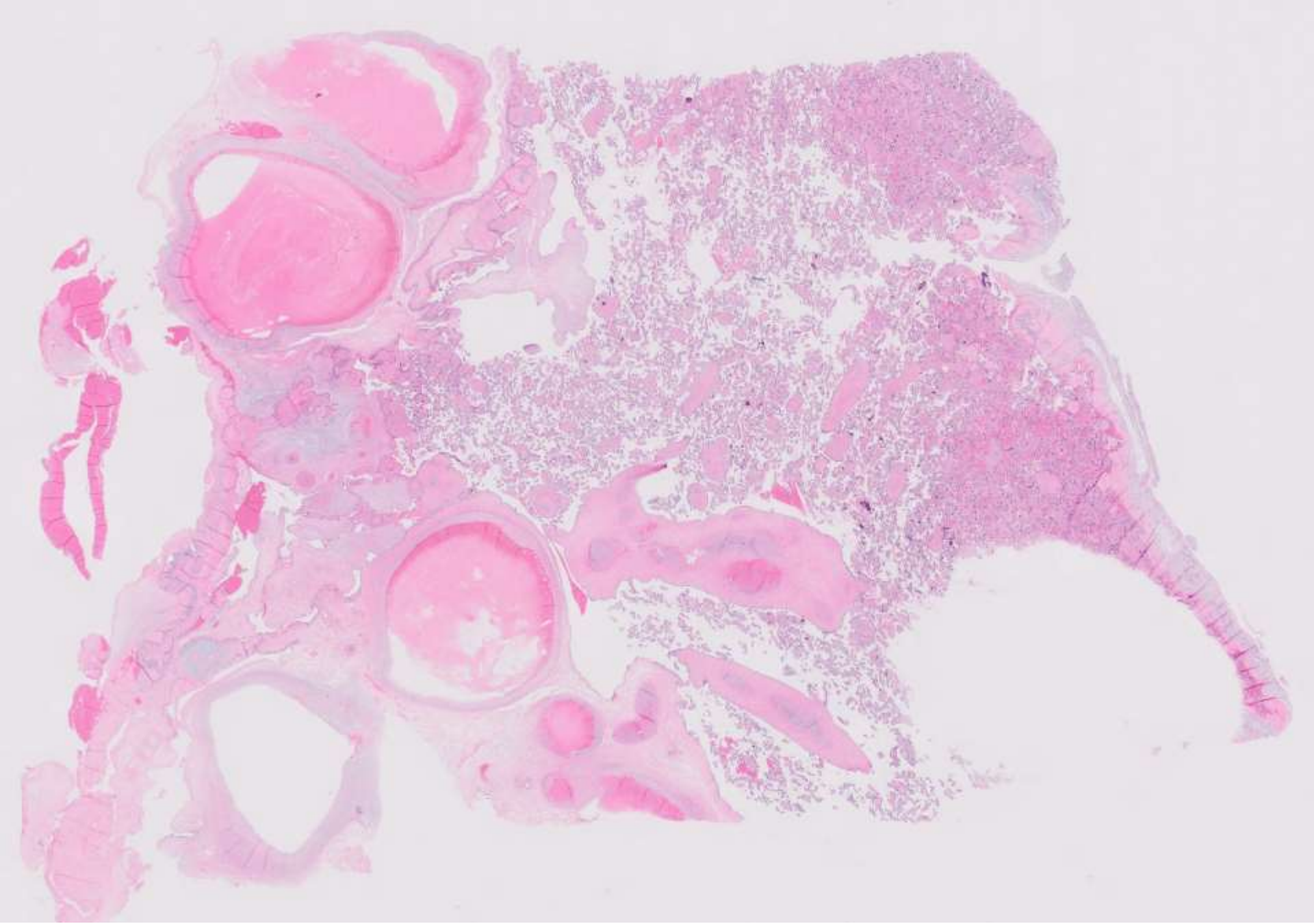


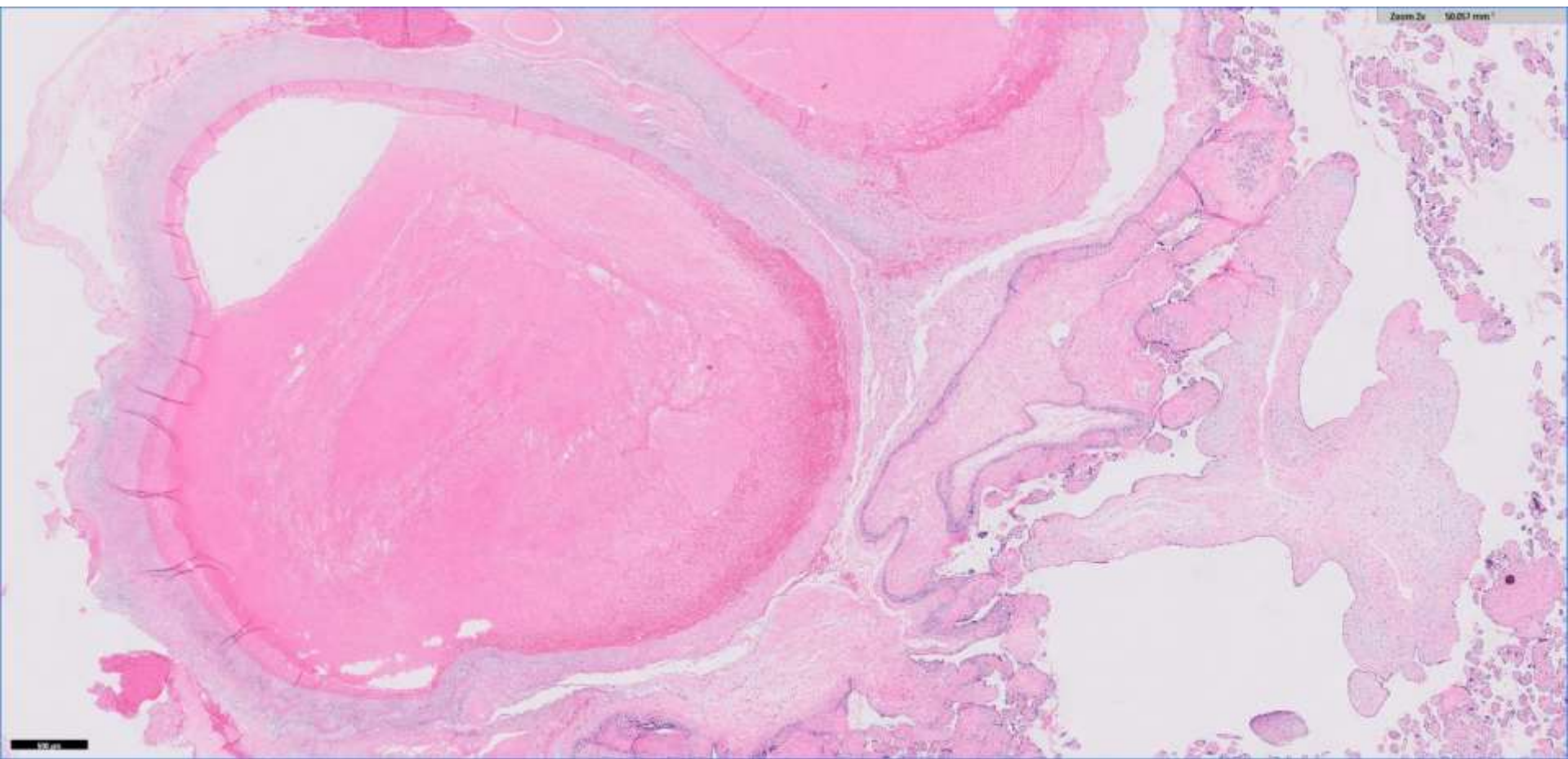


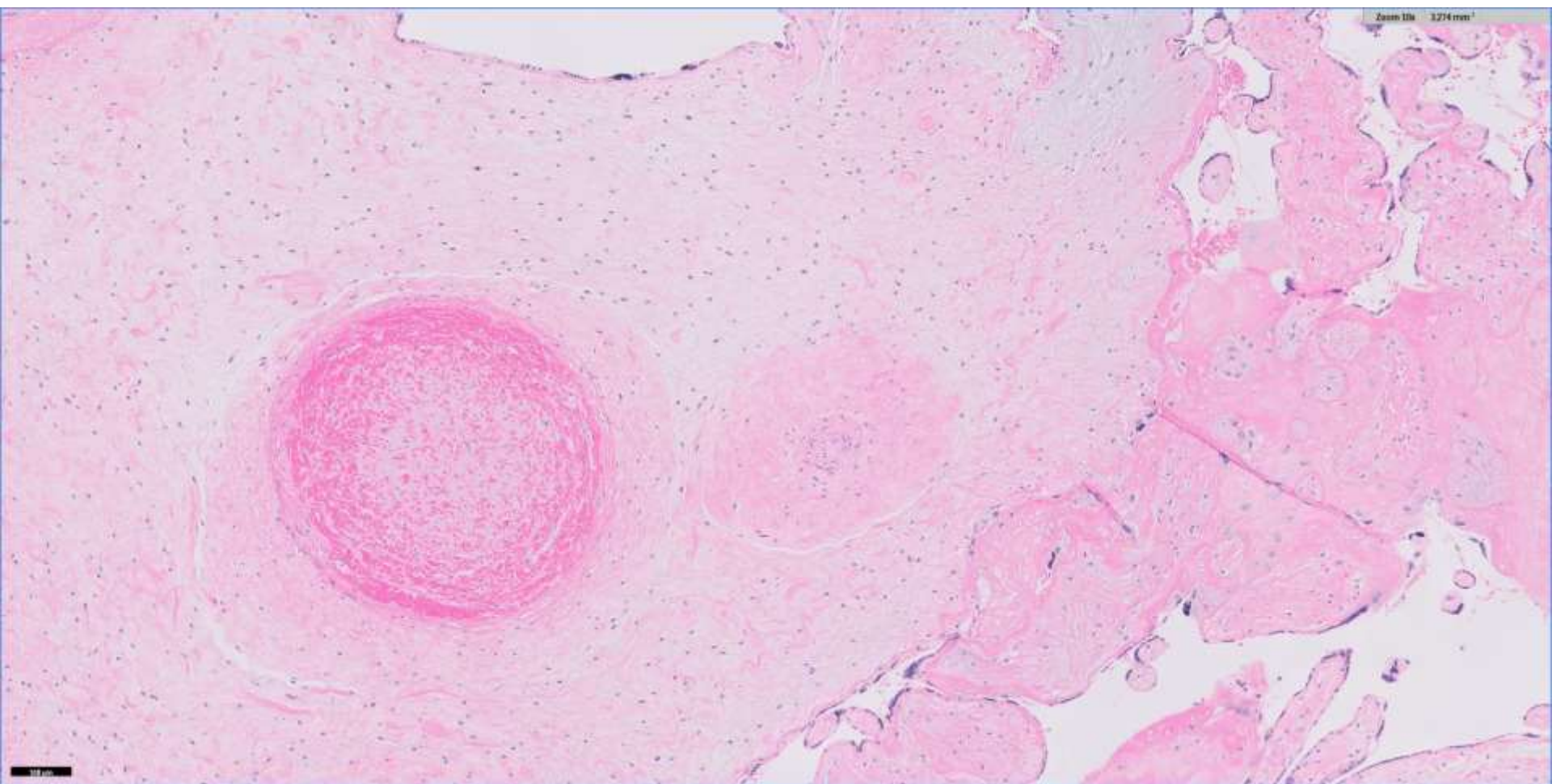
22-0403

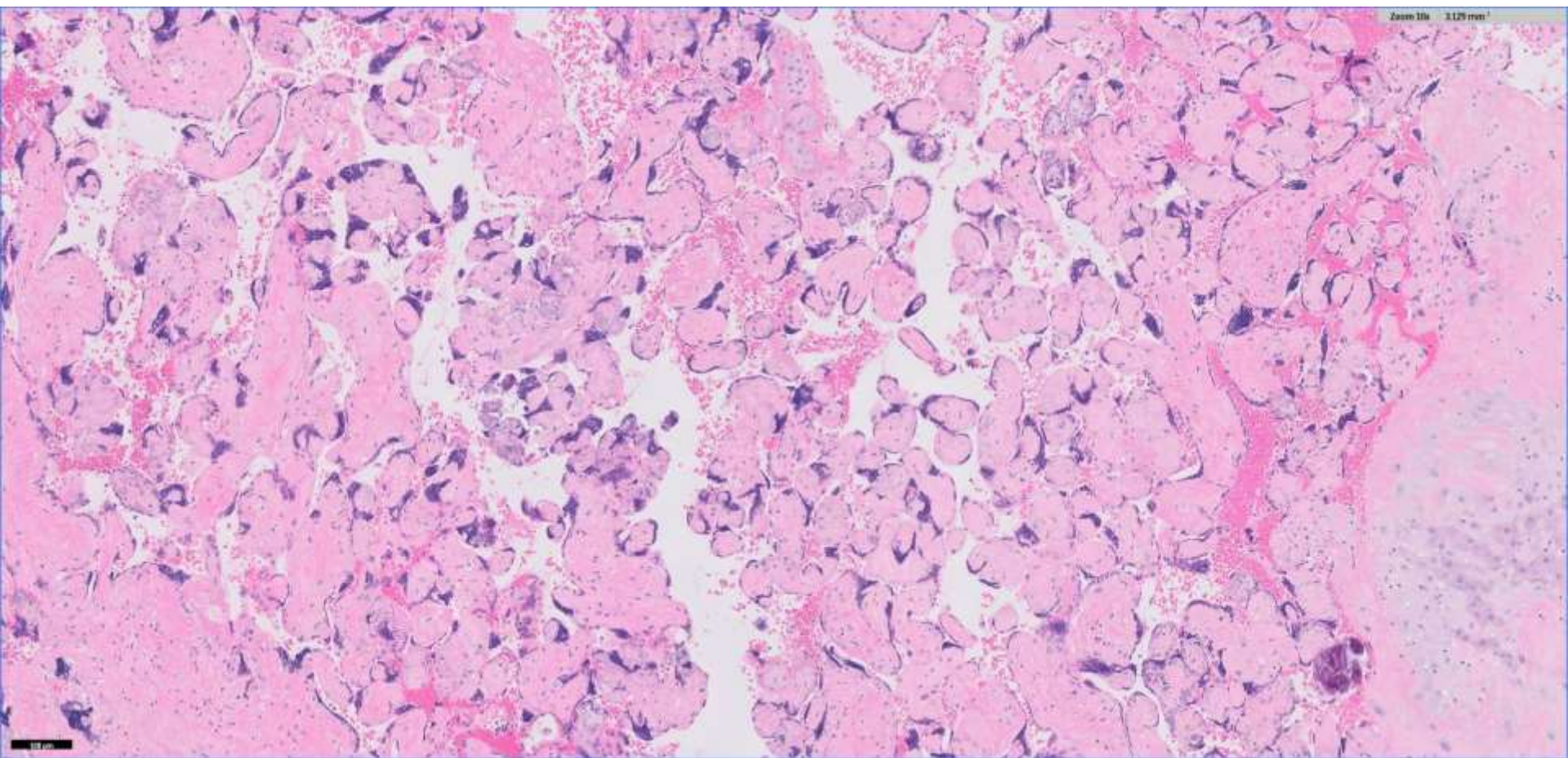
Kara Tanaka/Nicholas Ladwig; UCSF

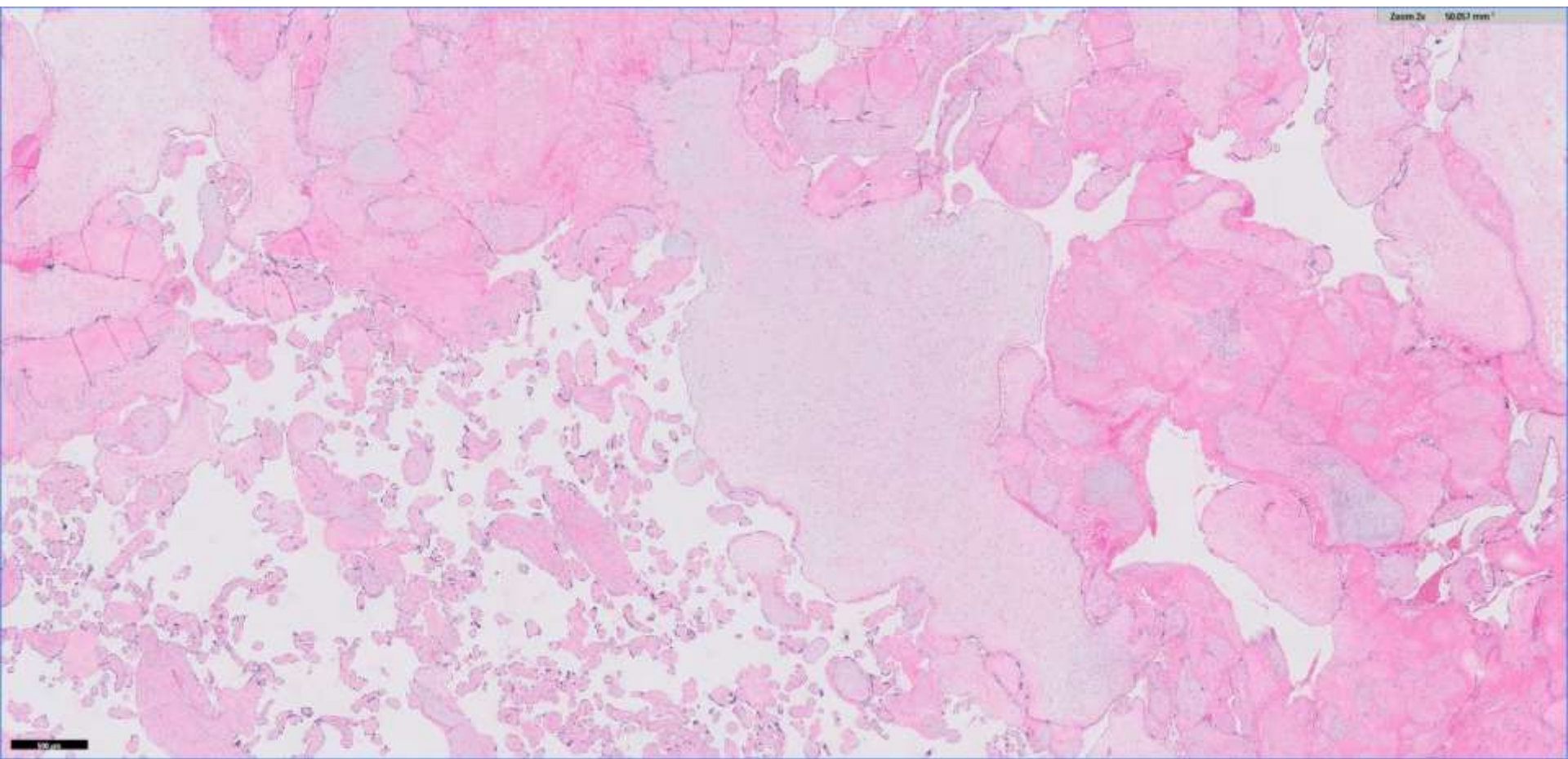
Reproductive age F with enlarged multicystic placenta.











Zoom 2x 10.017 mm²

100 μm



22-0404

Kyra Berg/John Higgins; Stanford

80ish F with gallbladder tumor on imaging.

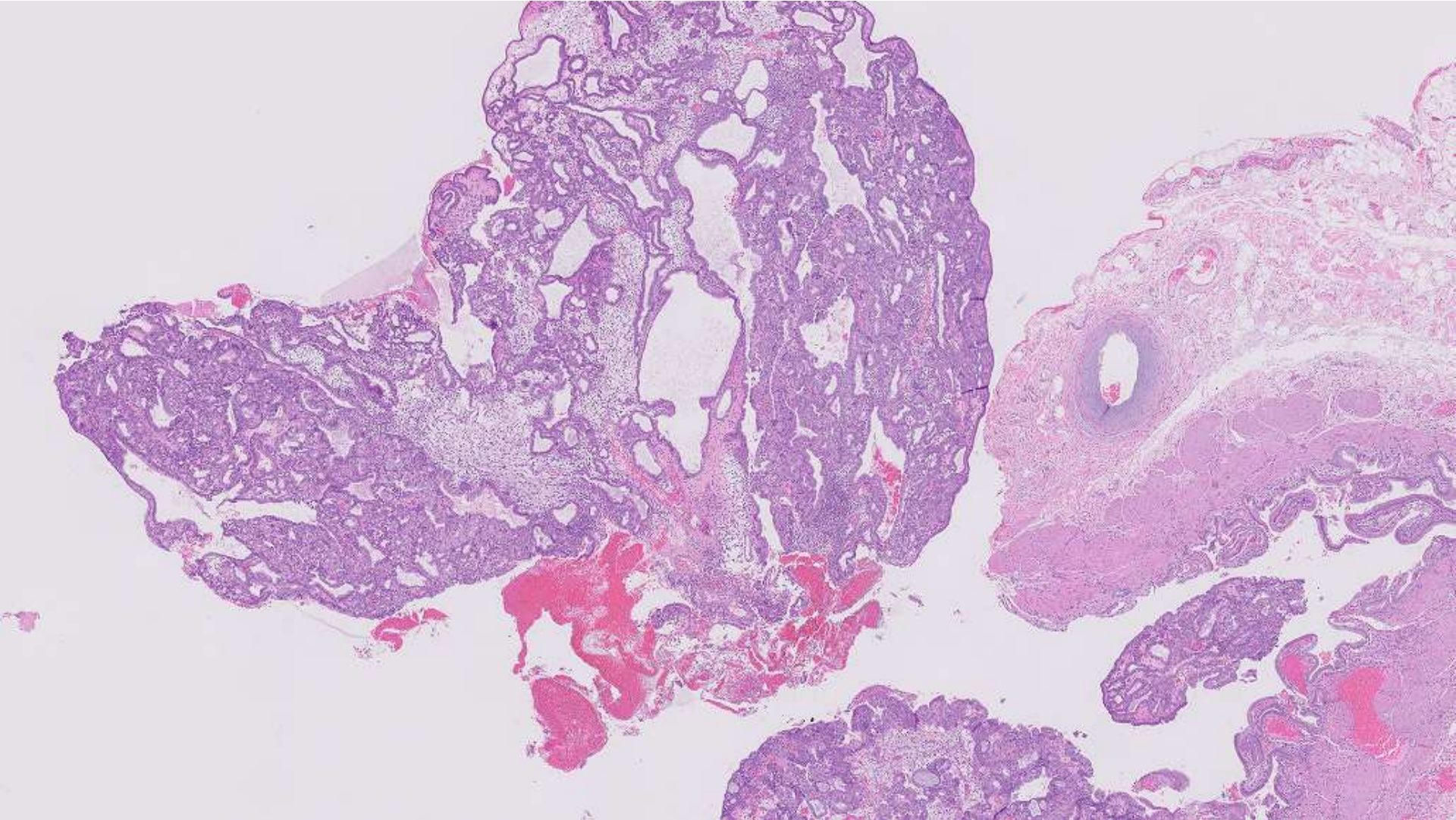
Case History

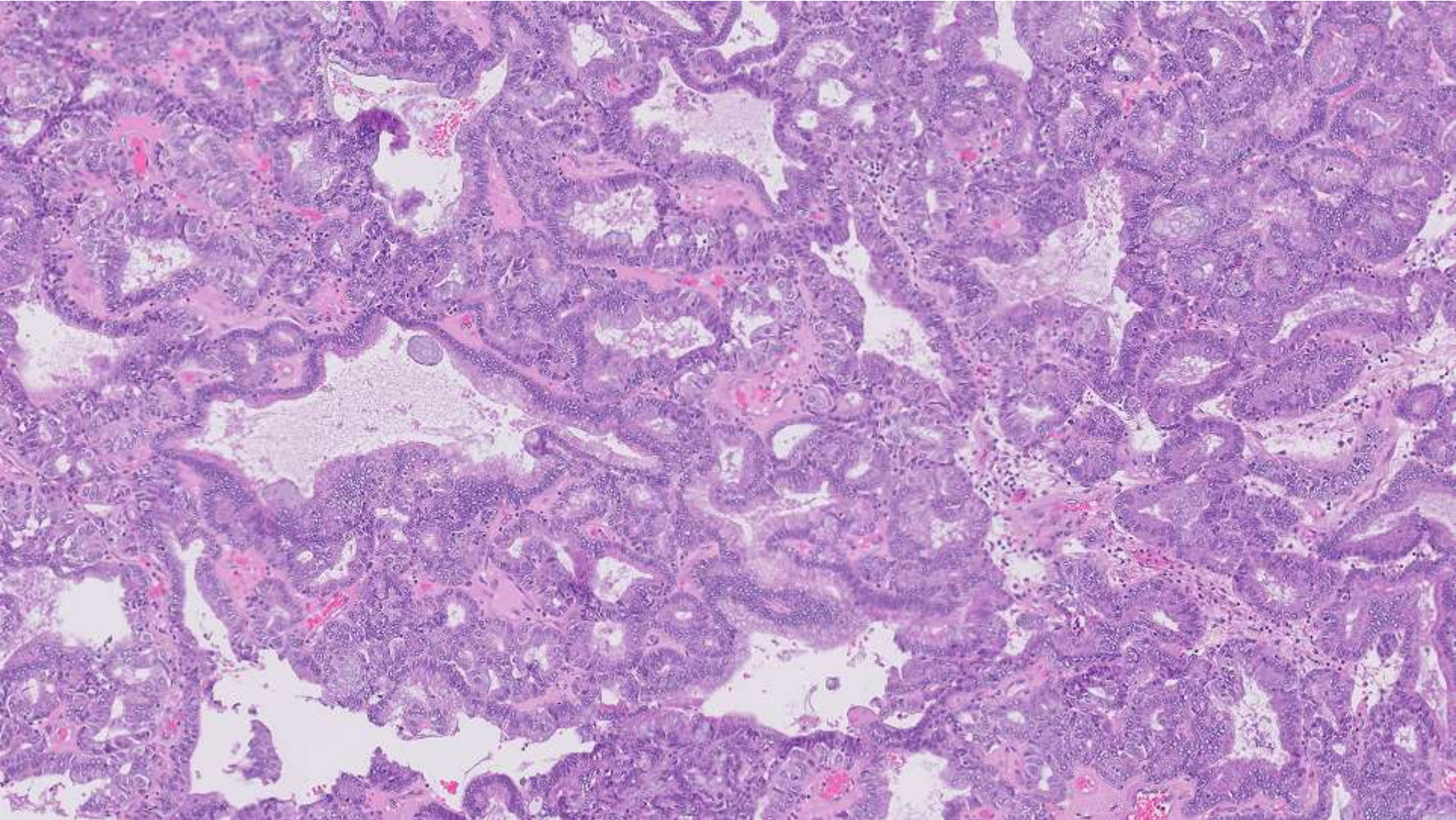
- 82-year-old female who presented with epigastric pain and was admitted
- Past medical history includes congestive heart failure
- Her in-patient work-up included a MRI that showed a gallbladder mass, 2.7 cm, enhancing that was concerning for malignancy
- Underwent a cholecystectomy with porta hepatic and celiac lymphadenectomy

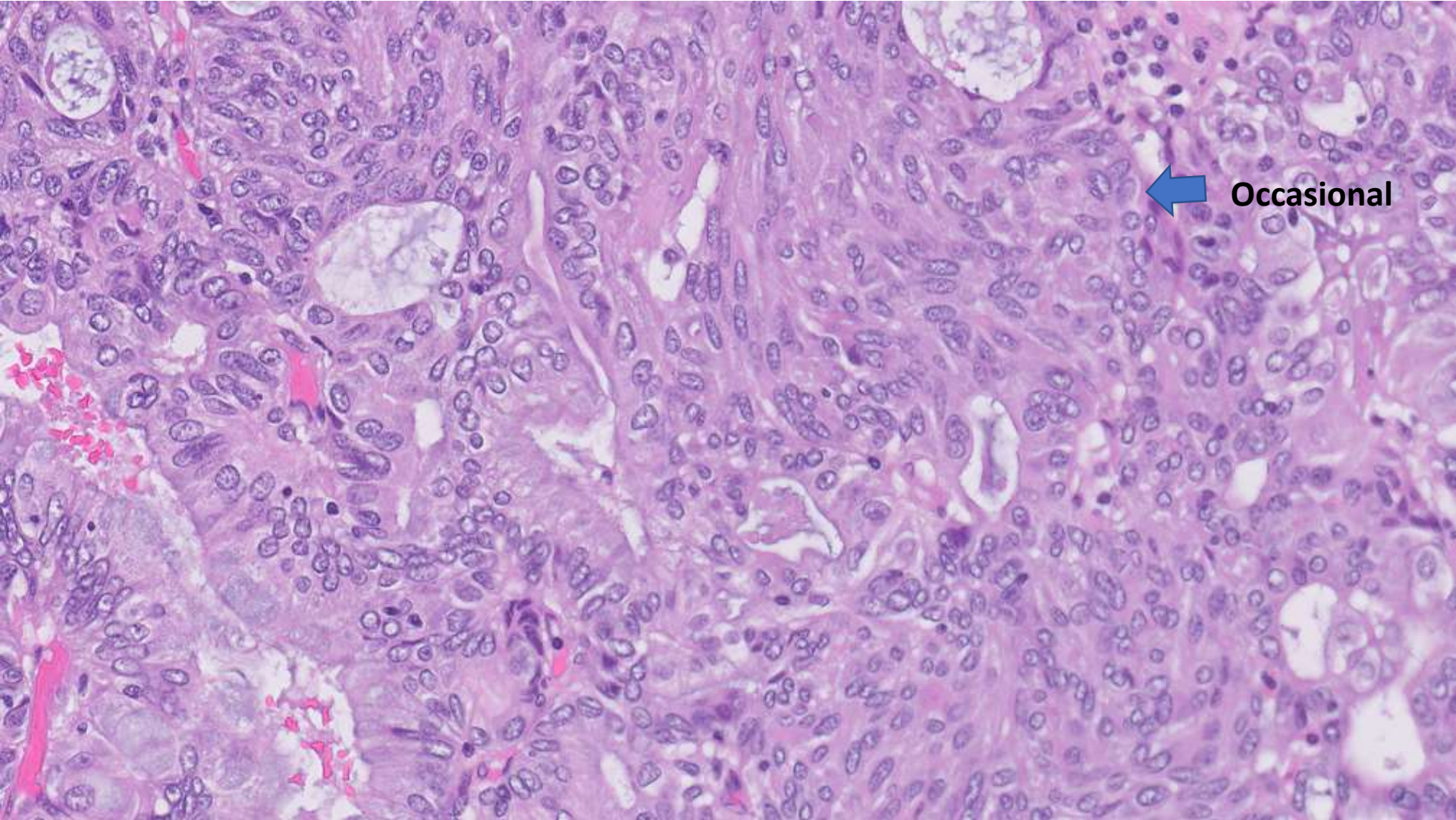
Gross

- Showed a gallbladder polyp at the fundus (0.9 x 0.7 x 0.2 cm) with a thin stalk
- Also detached polypoid fragments aggregating to 2.9 cm



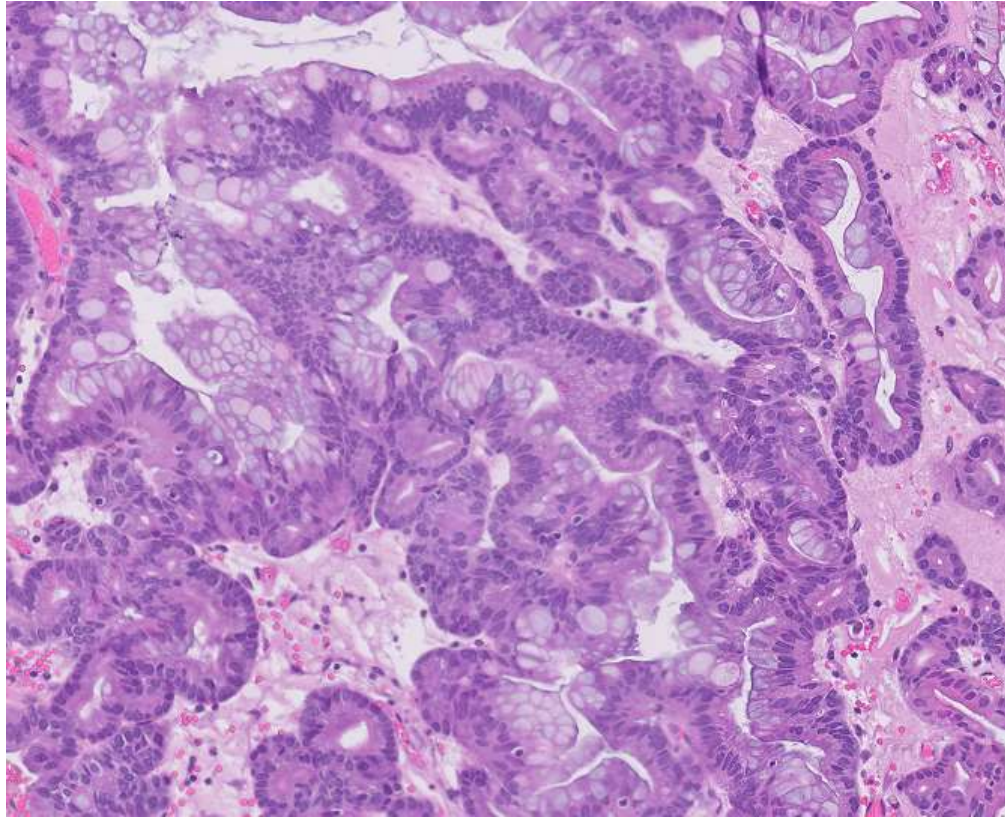






Occasional

Very Focal

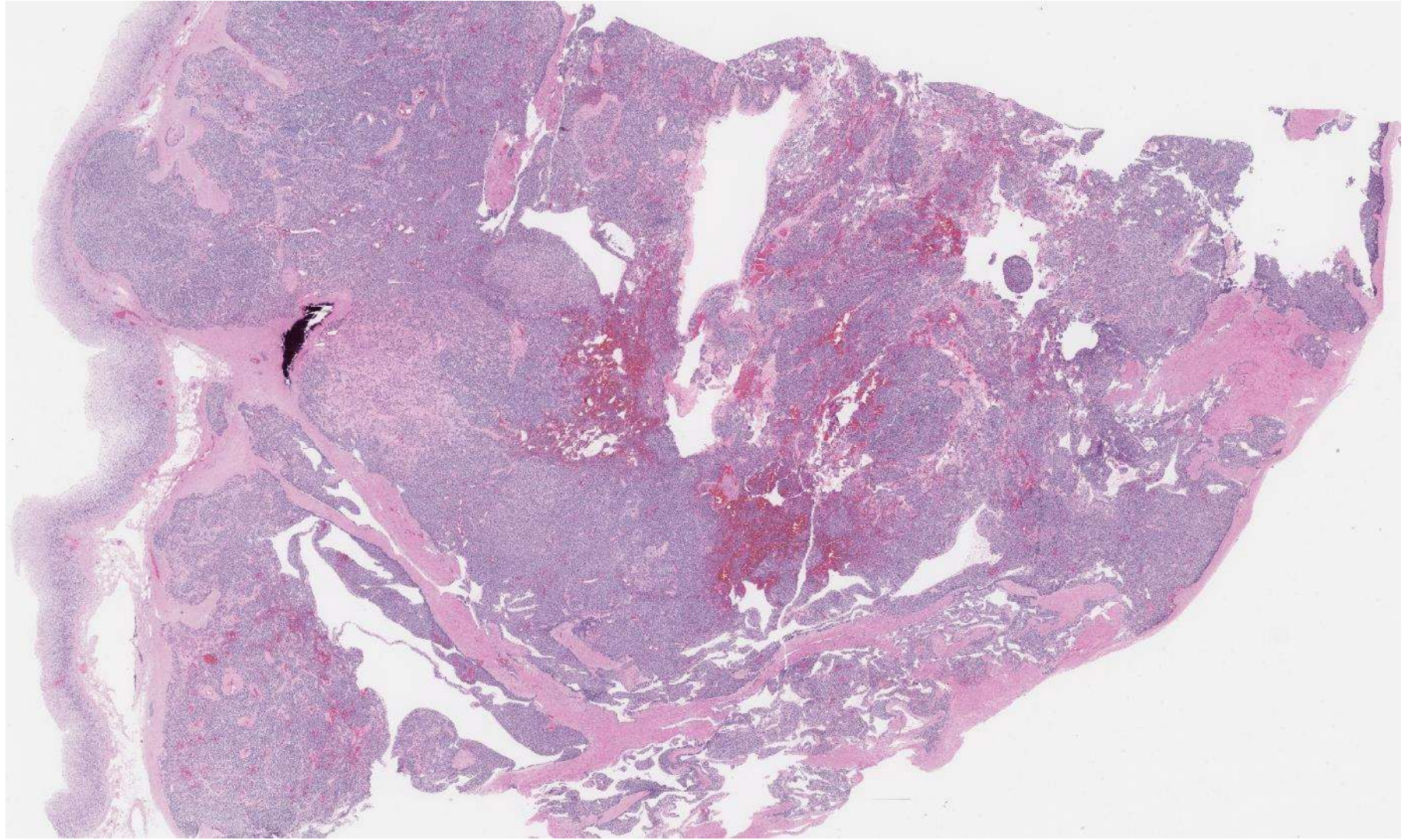


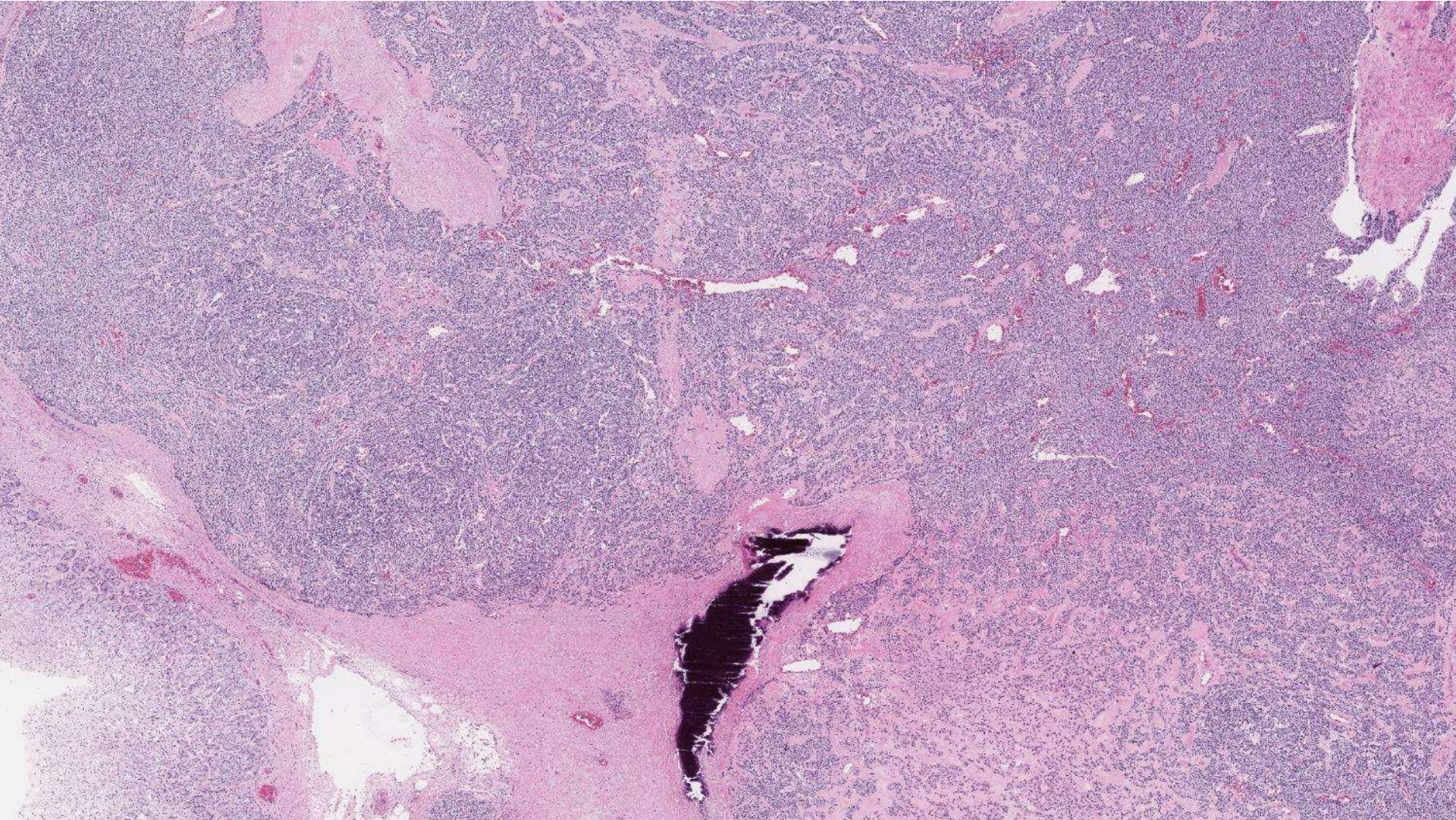


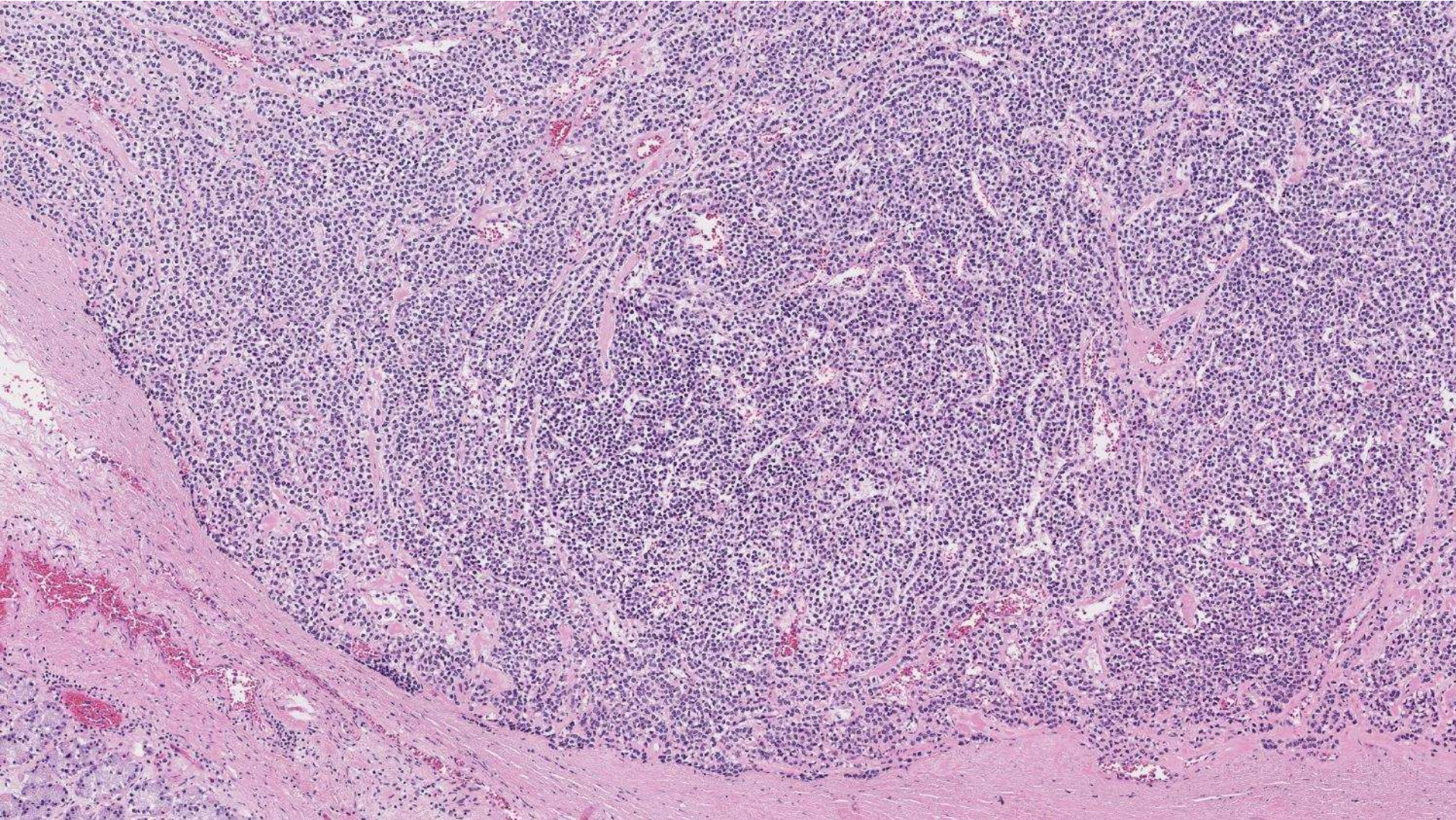
22-0405

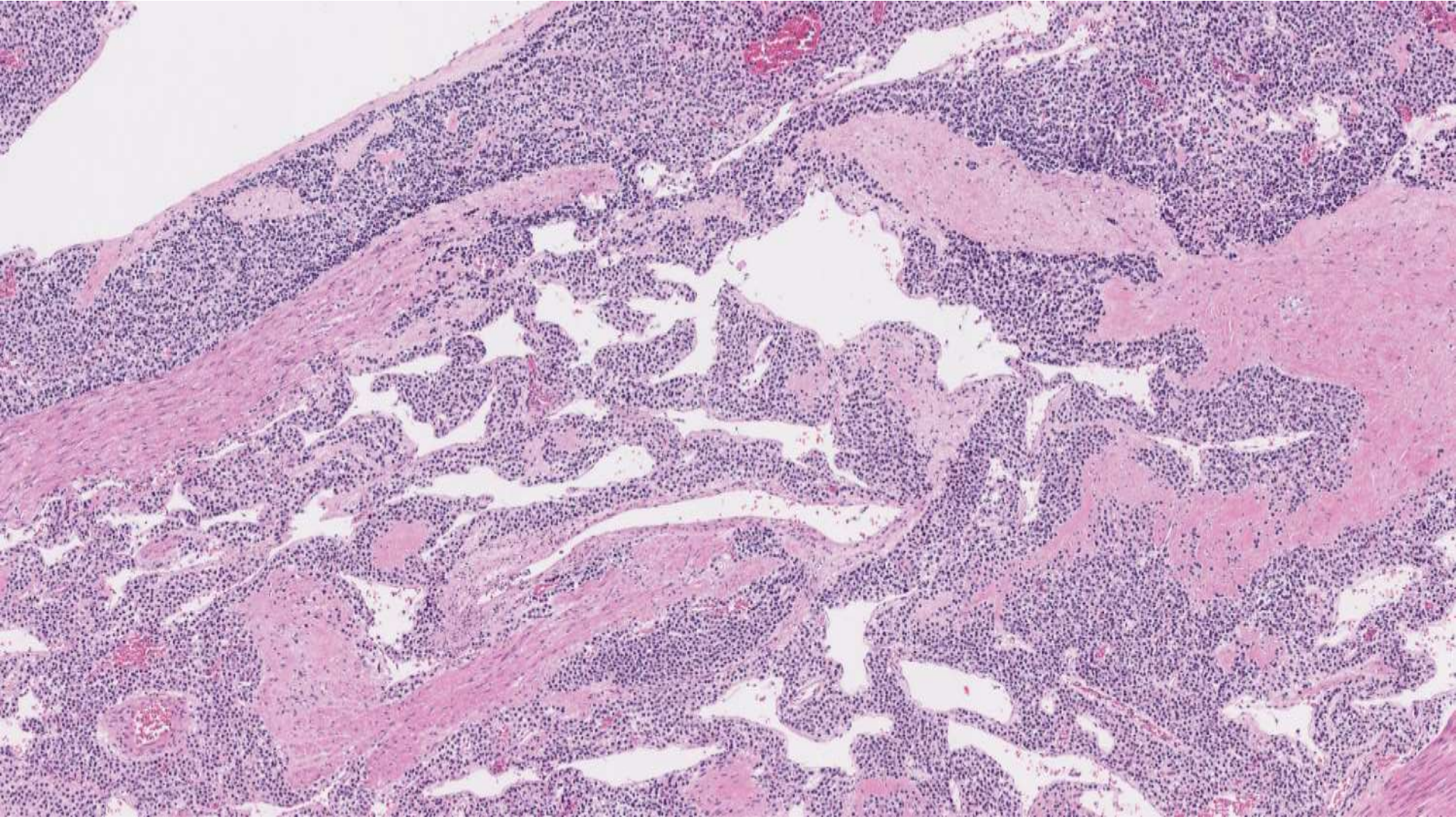
Andrew Xiao/Sarah Umetsu; UCSF

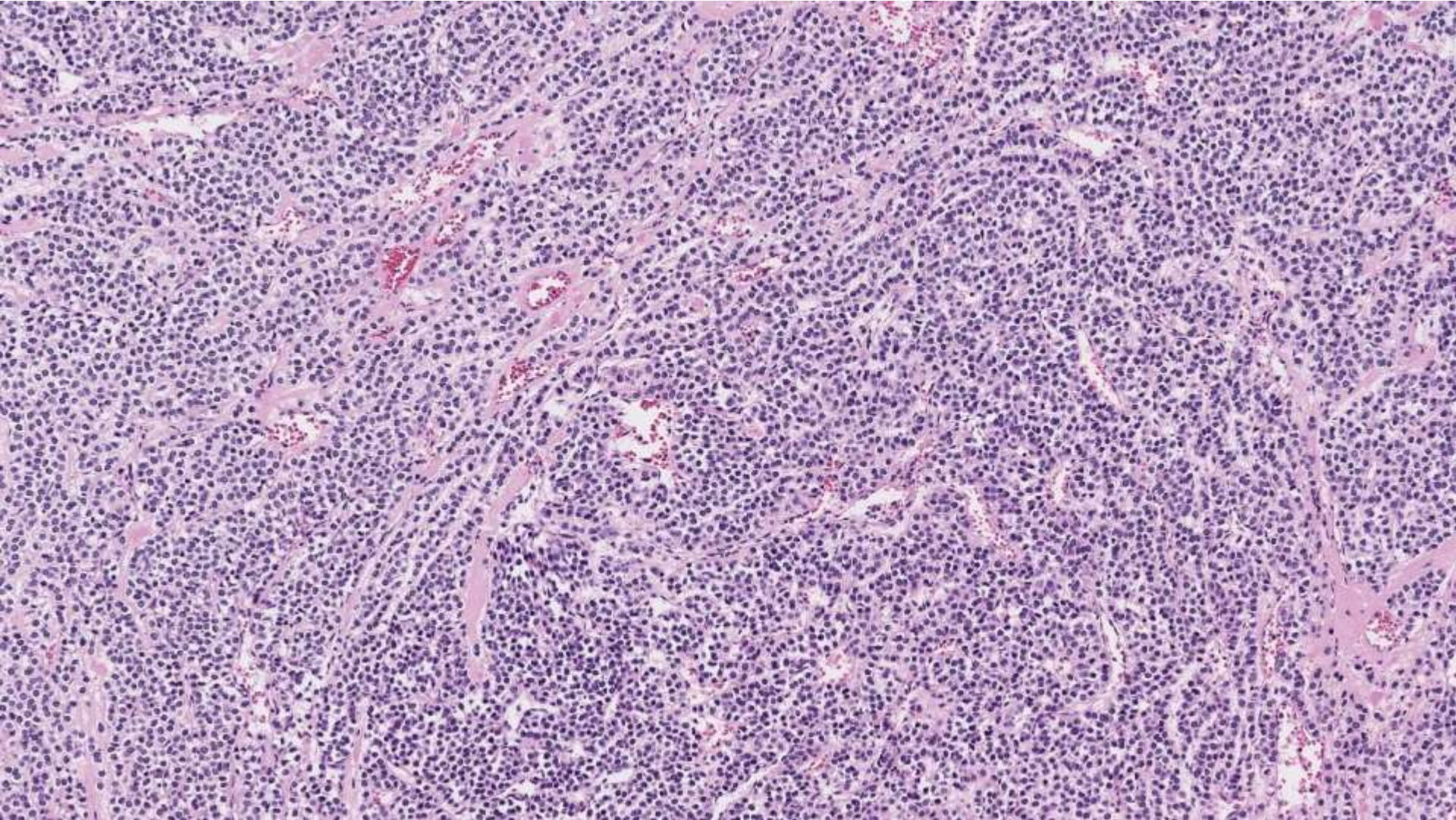
60ish M underwent radical prostatectomy for prostatic adenocarcinoma and expired from cardiac arrest during procedure. At autopsy, 2.5cm mass was identified in gastric body.

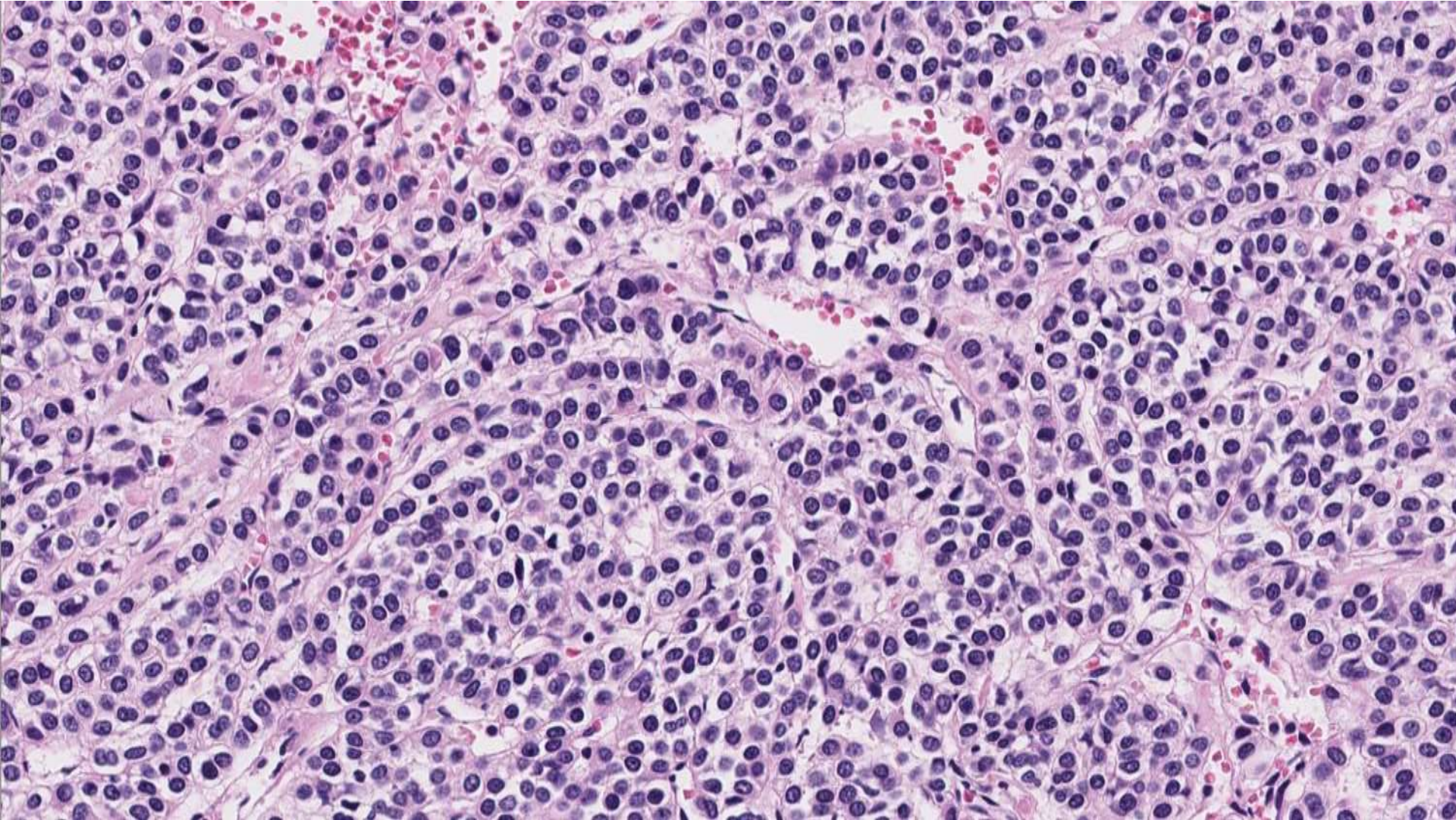














22-0706

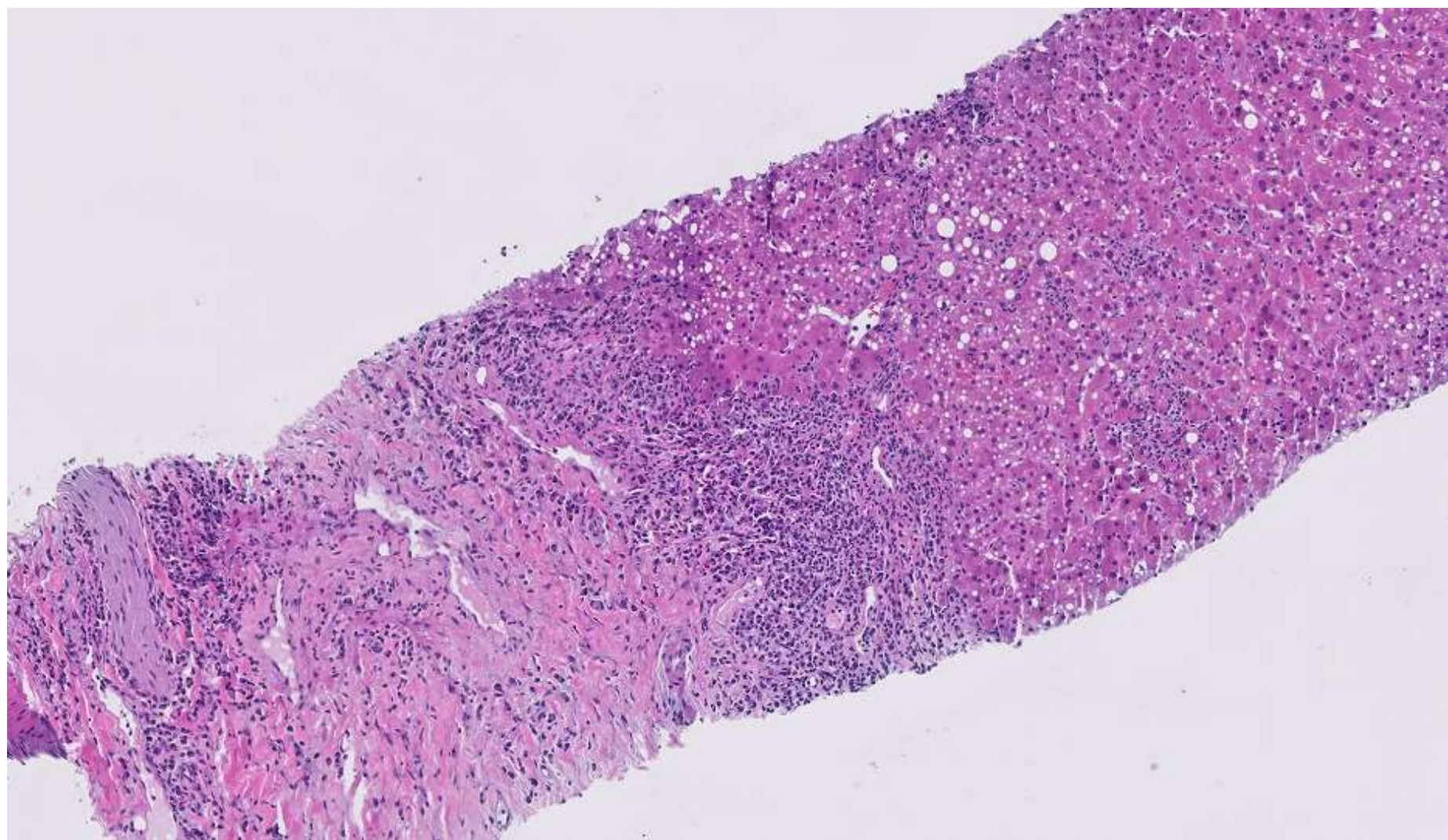
Nikka Khorsandi/Bob Ohgami; UCSF

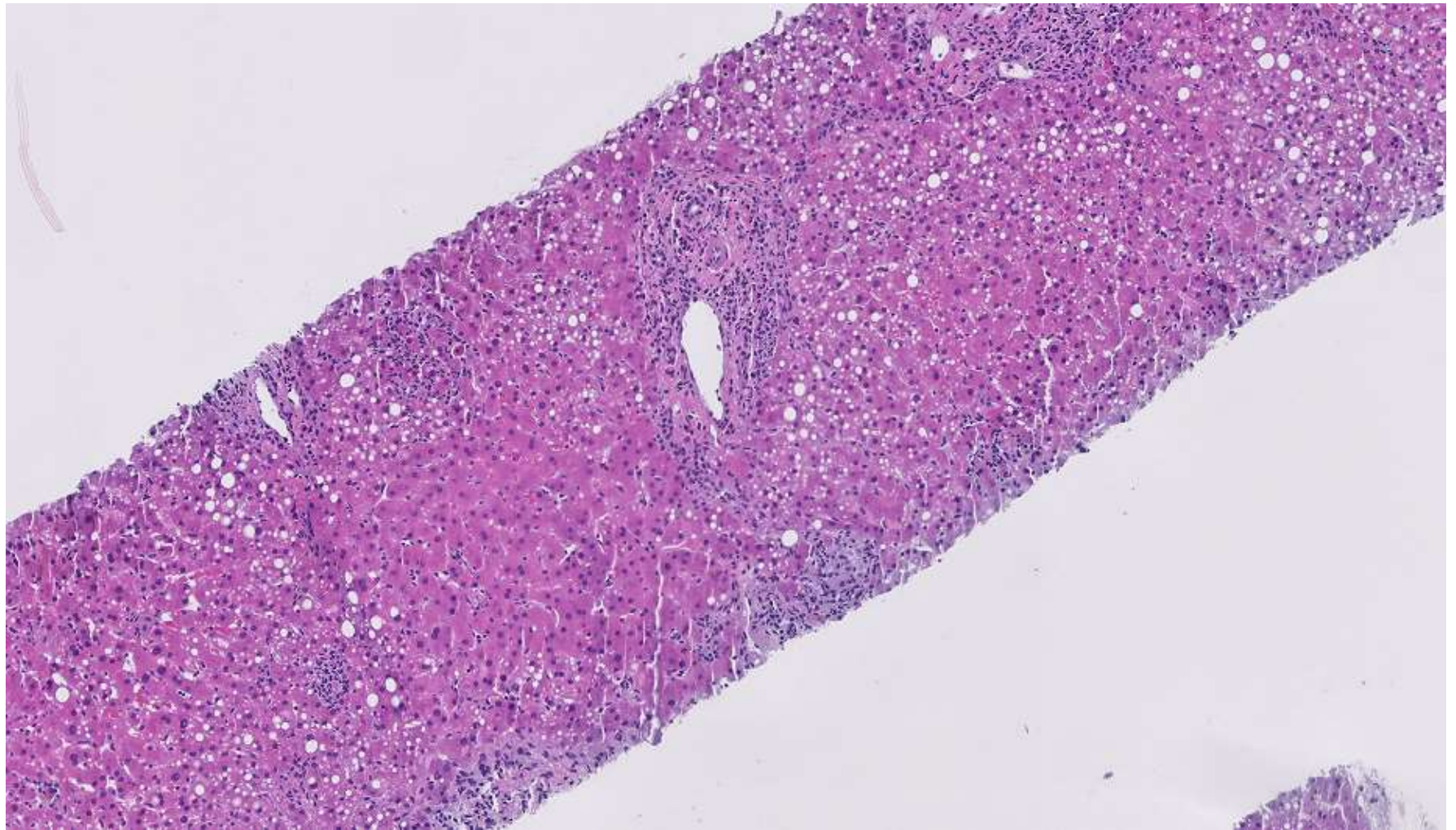
Middle-aged M with 1 year h/o night sweats, weight loss, lymphadenopathy, and bone/liver lesions. Liver bx.

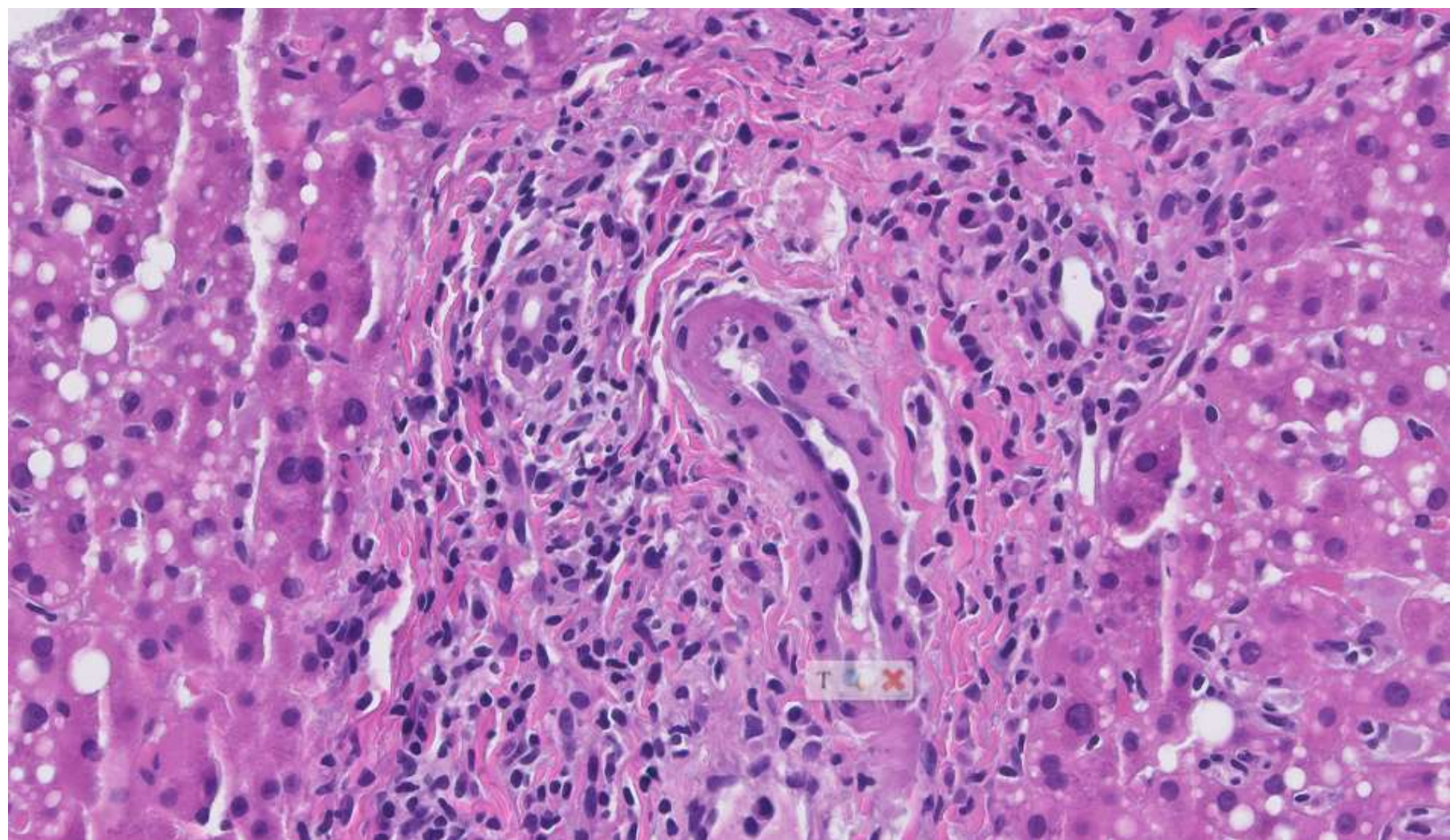
Clinical History

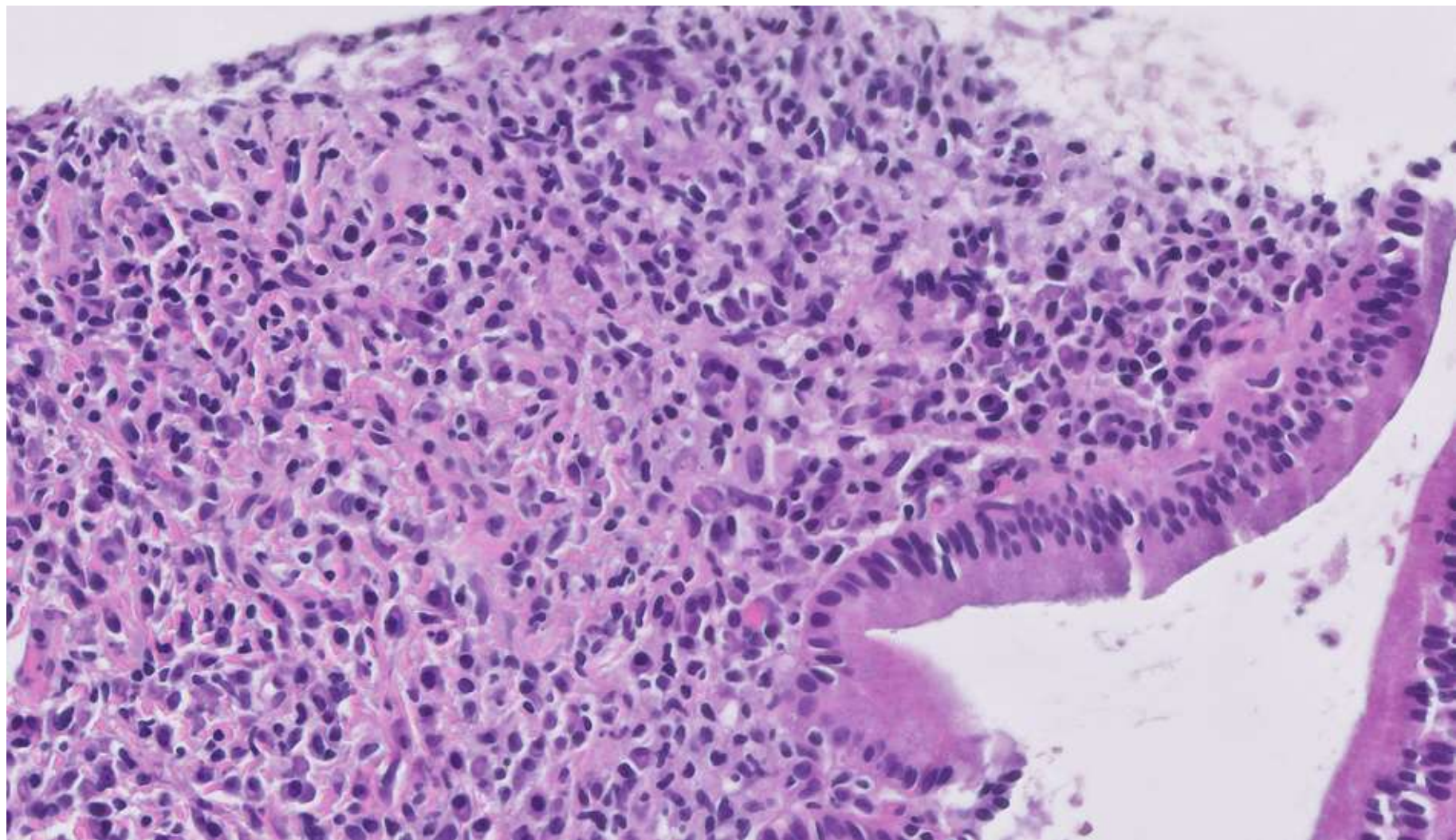
- 38 year old man
- 1 year of night sweats and weight loss, cervical lymphadenopathy (normal by ultrasound); stated weeks after a mild COVID infection.
- Small sclerotic bone lesions (sternum, ribs, spine)
- Multiple, small hypoechoic liver lesions (largest two were 1.1 cm, each)
- Lymph nodes, liver lesions, and bone lesions all PET avid.
- Labs:
 - AlkP 130 (H), AST 77 (H), ALT 45 (H), Tbili 1 (N).
 - Hepatitis panel consistent with previous vaccination.
 - CRP 22 (H).
 - Normal BMP
 - CBC showed HGB 12.9 (L), PLT 442 (H).











IHC Stains

- CD30: Negative
- CD15: Negative
- PAX5: Highlights B cells
- CD45: Positive in lymphocytes, histiocytes, and plasma cells
- CD20: Highlights B cells
- CD3: Highlights T cells
- CD8: Highlights T cells
- CD4: Highlights histiocytes and T cells
- CD138: Highlights plasma cells
- CD56: Negative
- EBV: Negative
- Kappa: Lambda: ~2:1
- BCL6: Negative
- Gram stain: No organisms identified
- Fite stain: No organisms identified
- PAS-F: No organisms identified
- Cam5.2 and AE1/3: Negative
- CD1a: Negative
- PD1: Negative
- IgG4 and IgG: Rare positive subset among IgG positive cells.



22-0407

Direct links to scanned slides:

<https://pathpresenter.net/#/public/display?token=e64f766c>

Ankur Sangoi; El Camino Hospital

60ish M with renal mass, partial nephrectomy.

