

South Bay Pathology Society

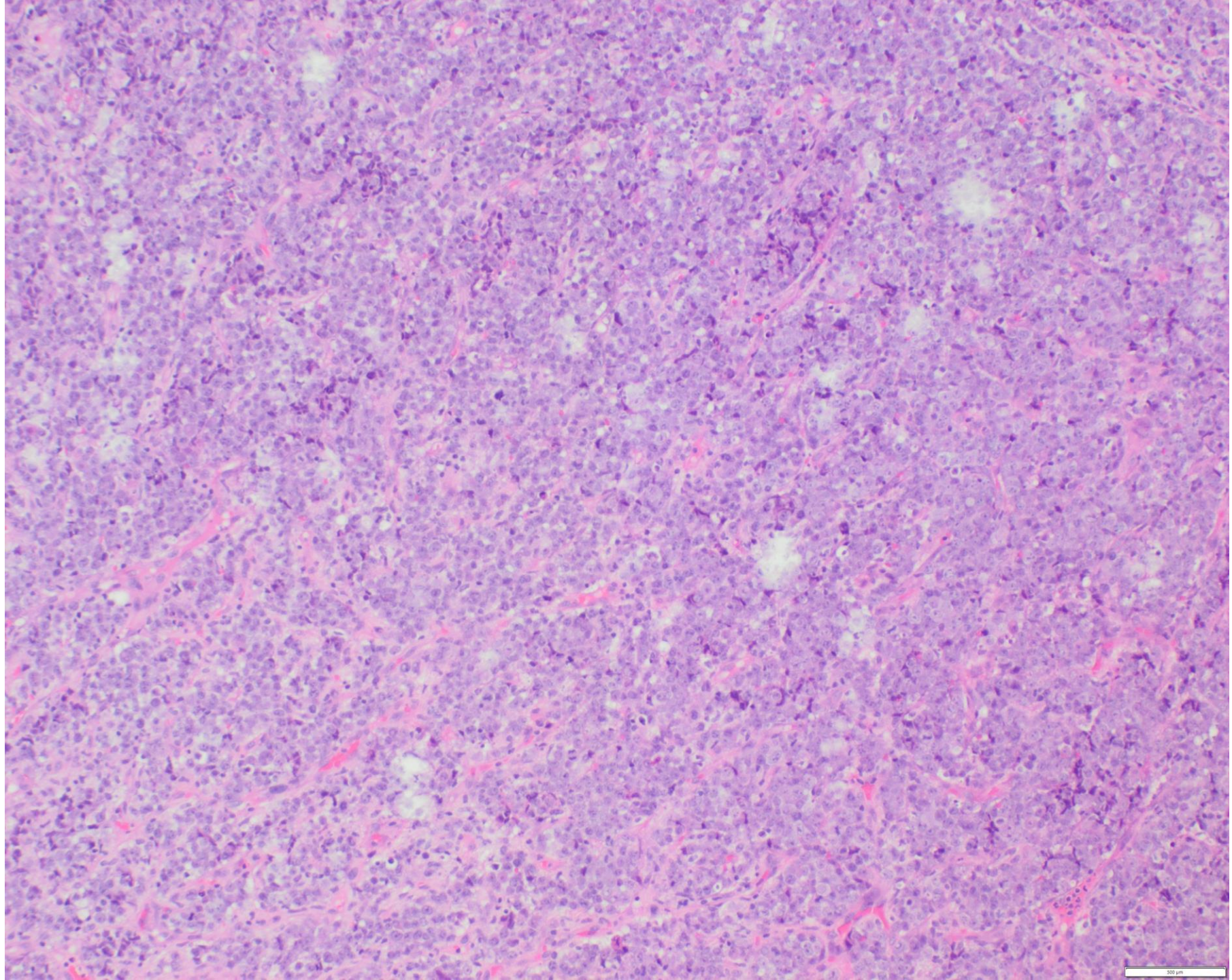
August 2025 Web cases

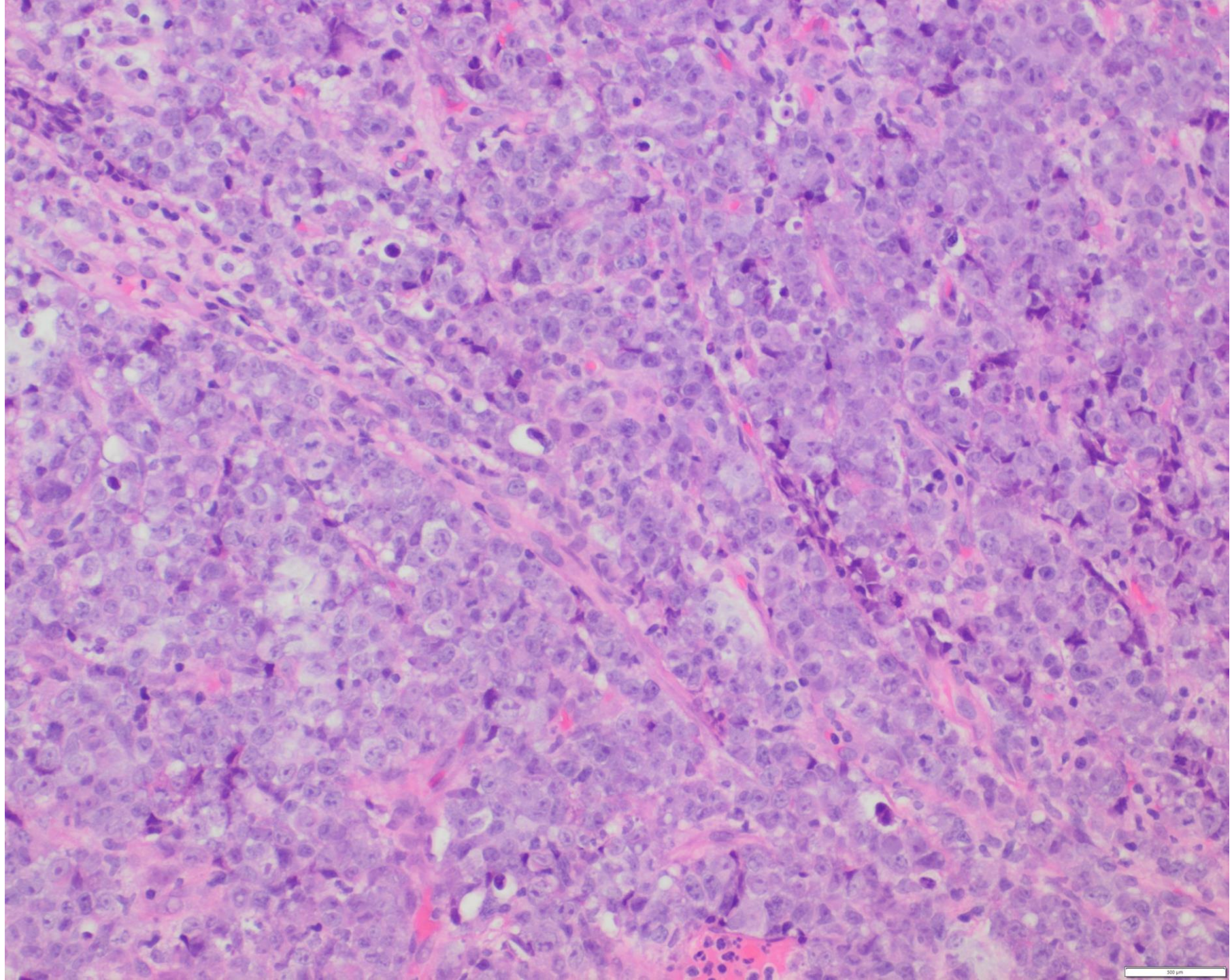
25-0801

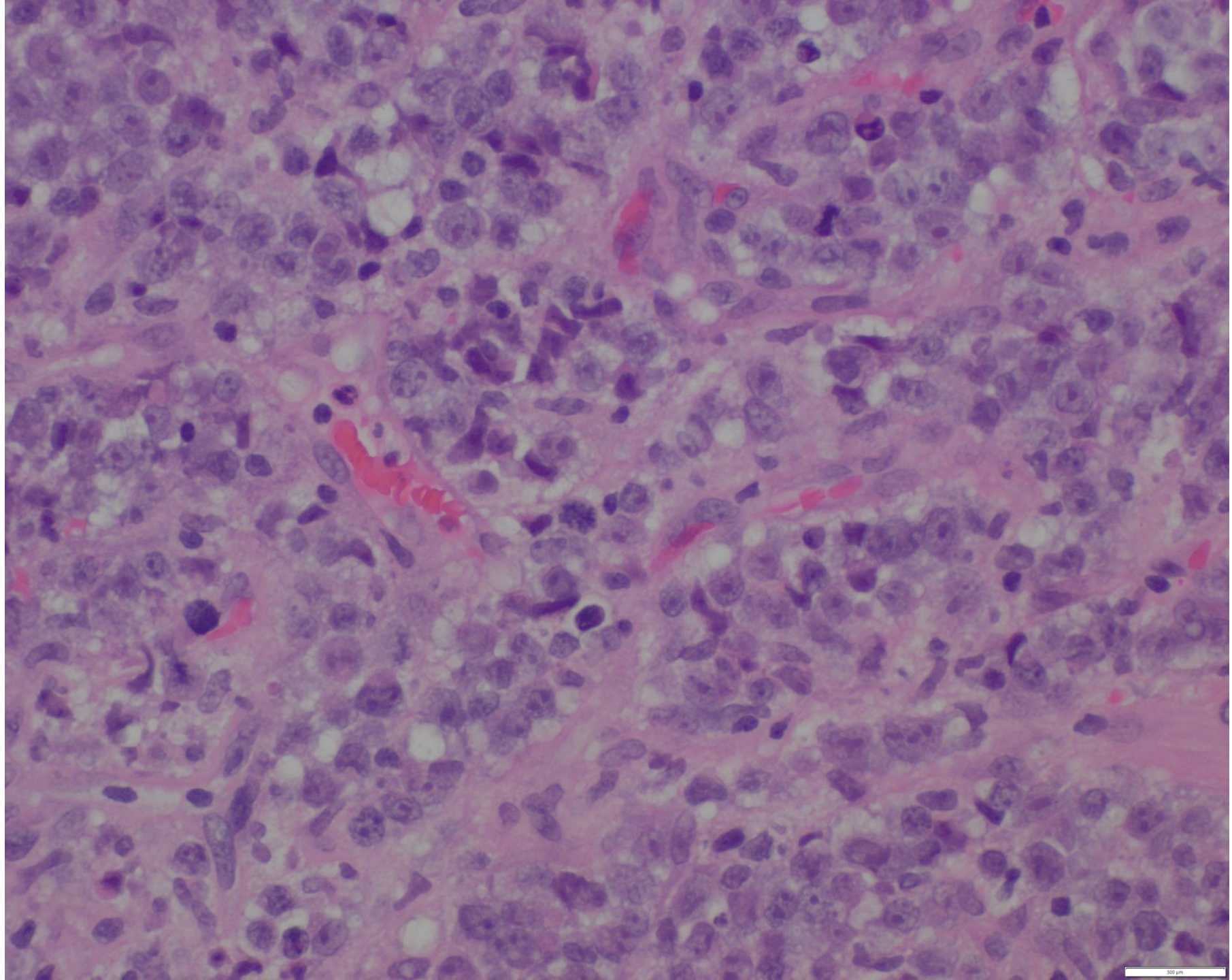
Andrew Xiao and Steven Long, UCSF/Stanford

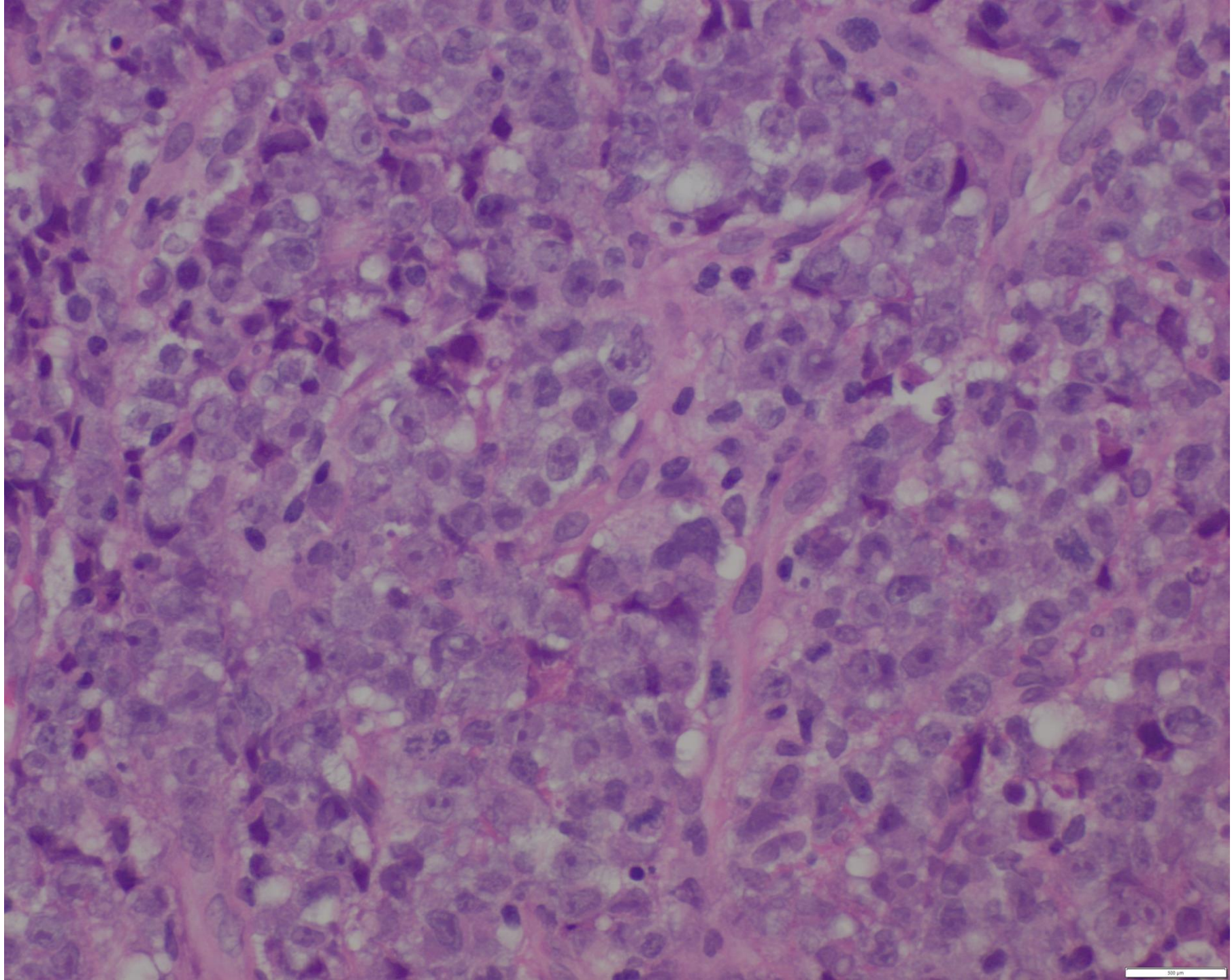
40-ish male with poorly controlled HIV presents with right mandibular gingival lesion. He undergoes incisional biopsy.

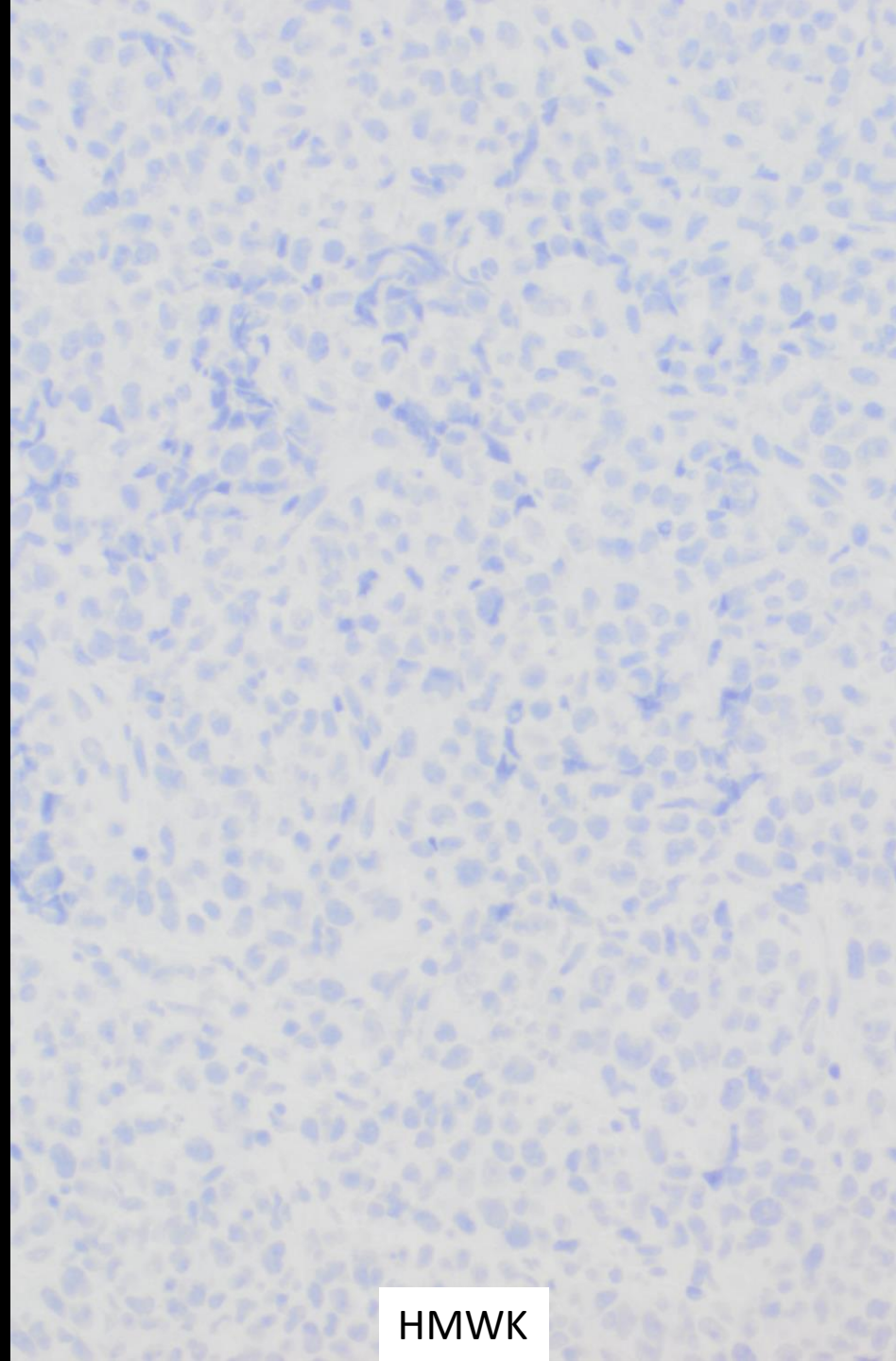




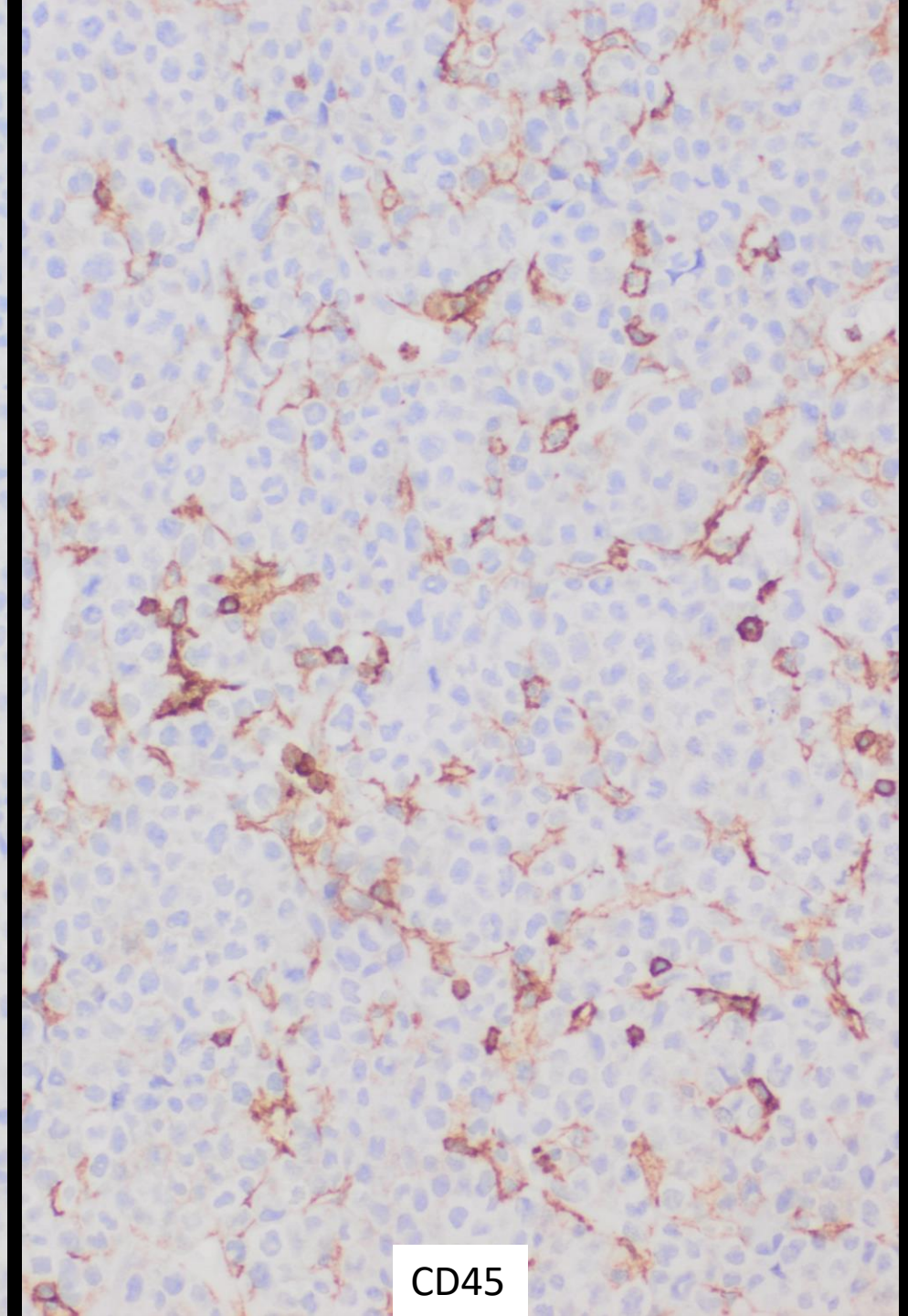




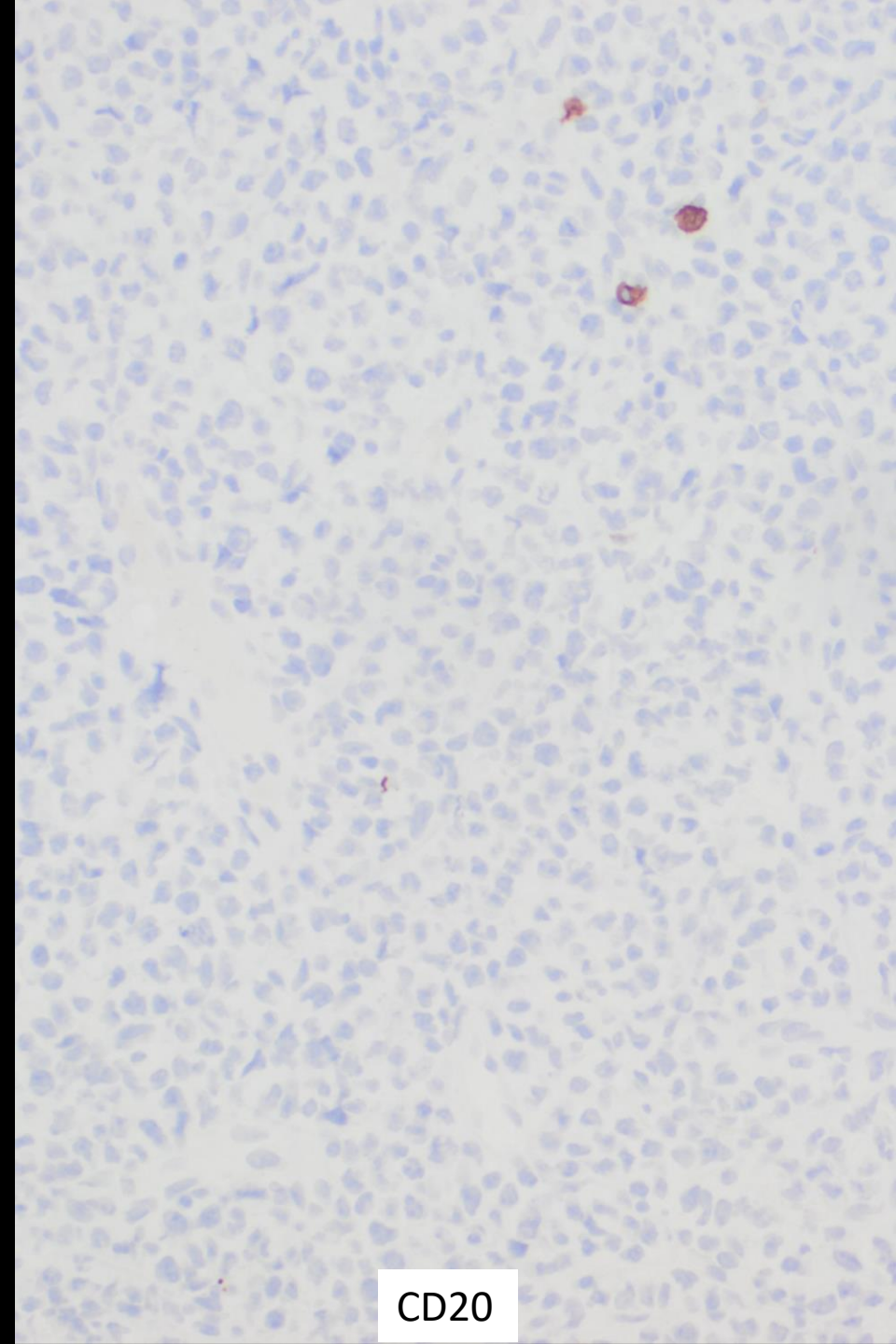
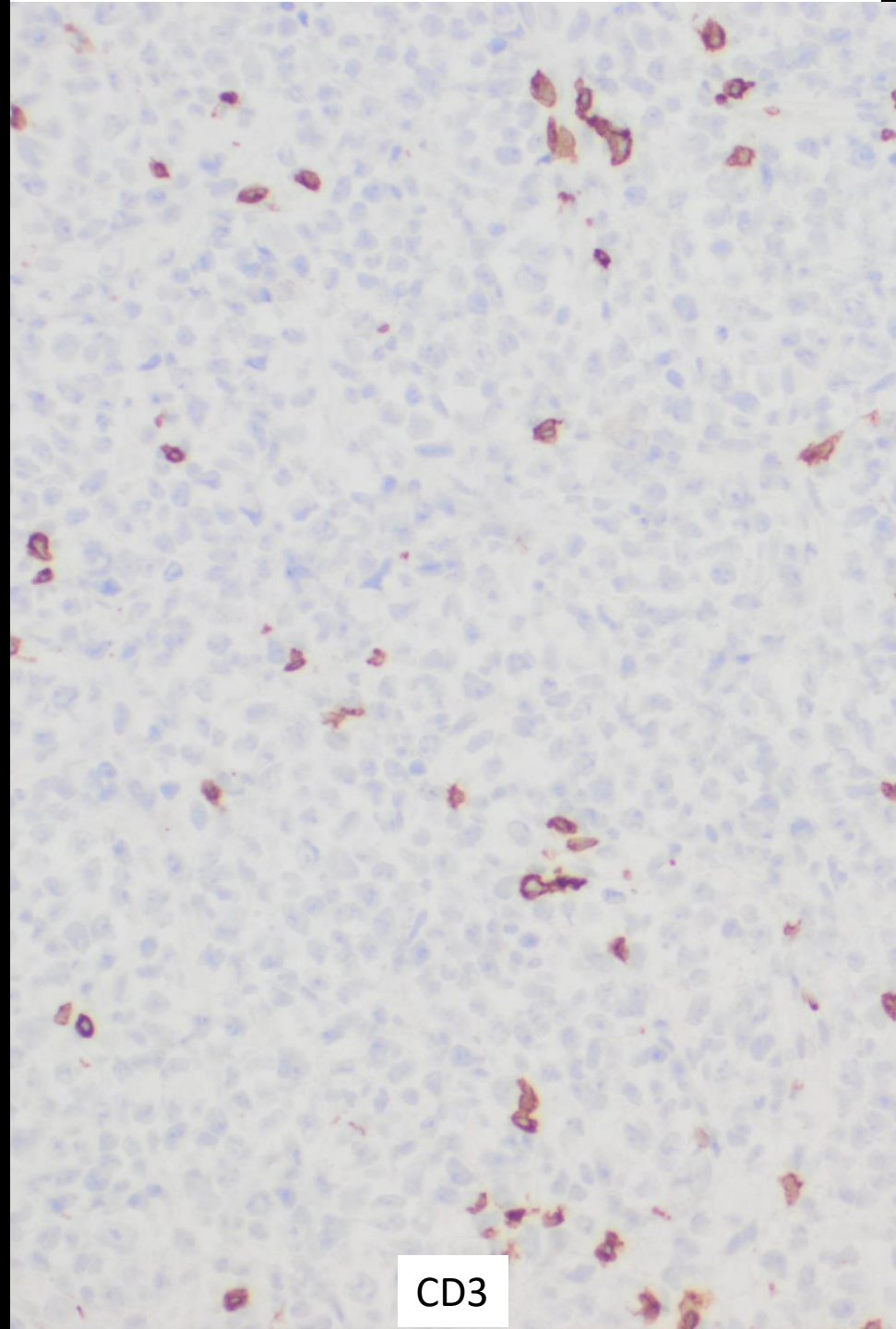




HMWK



CD45



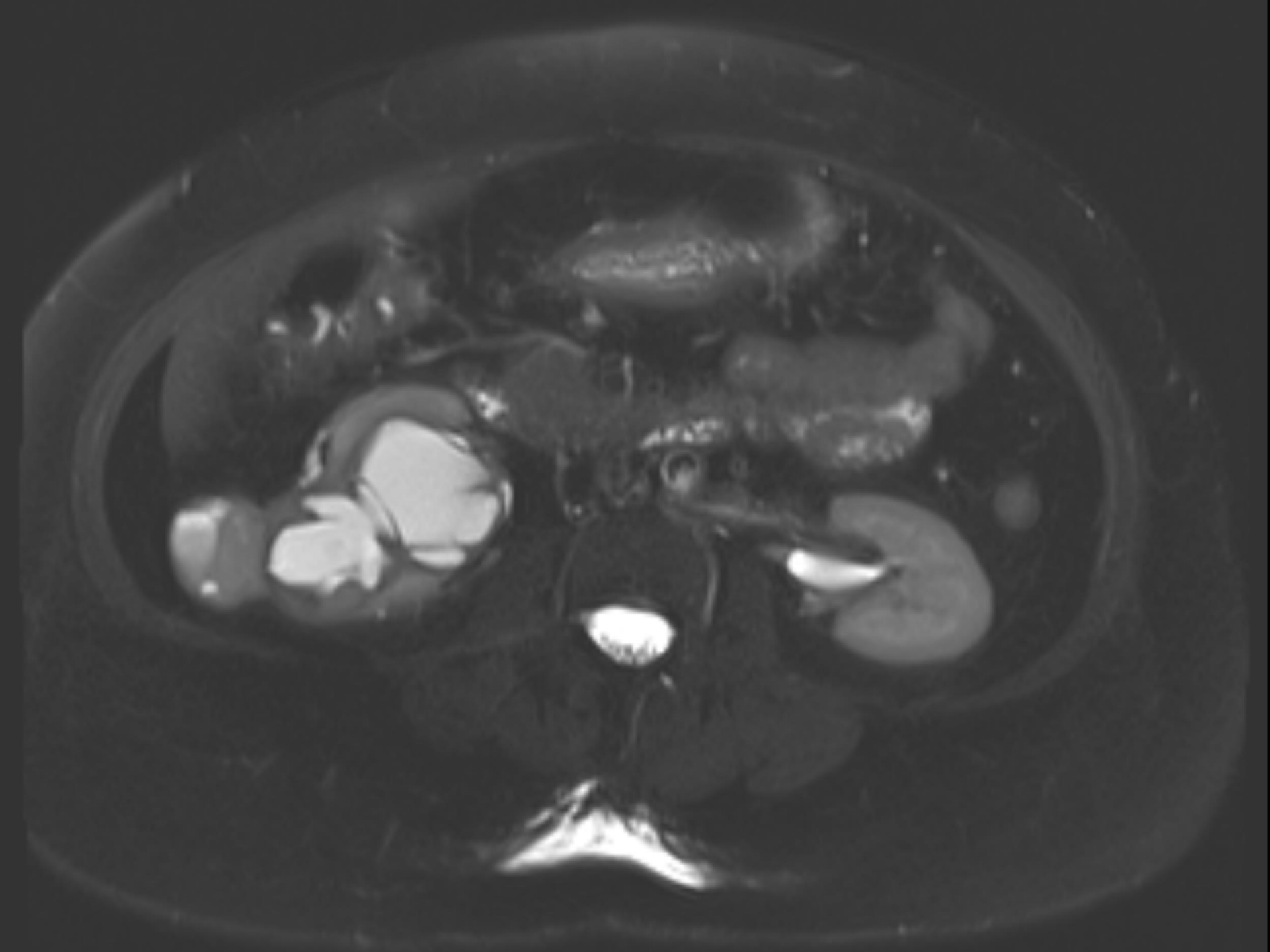
DIAGNOSIS?

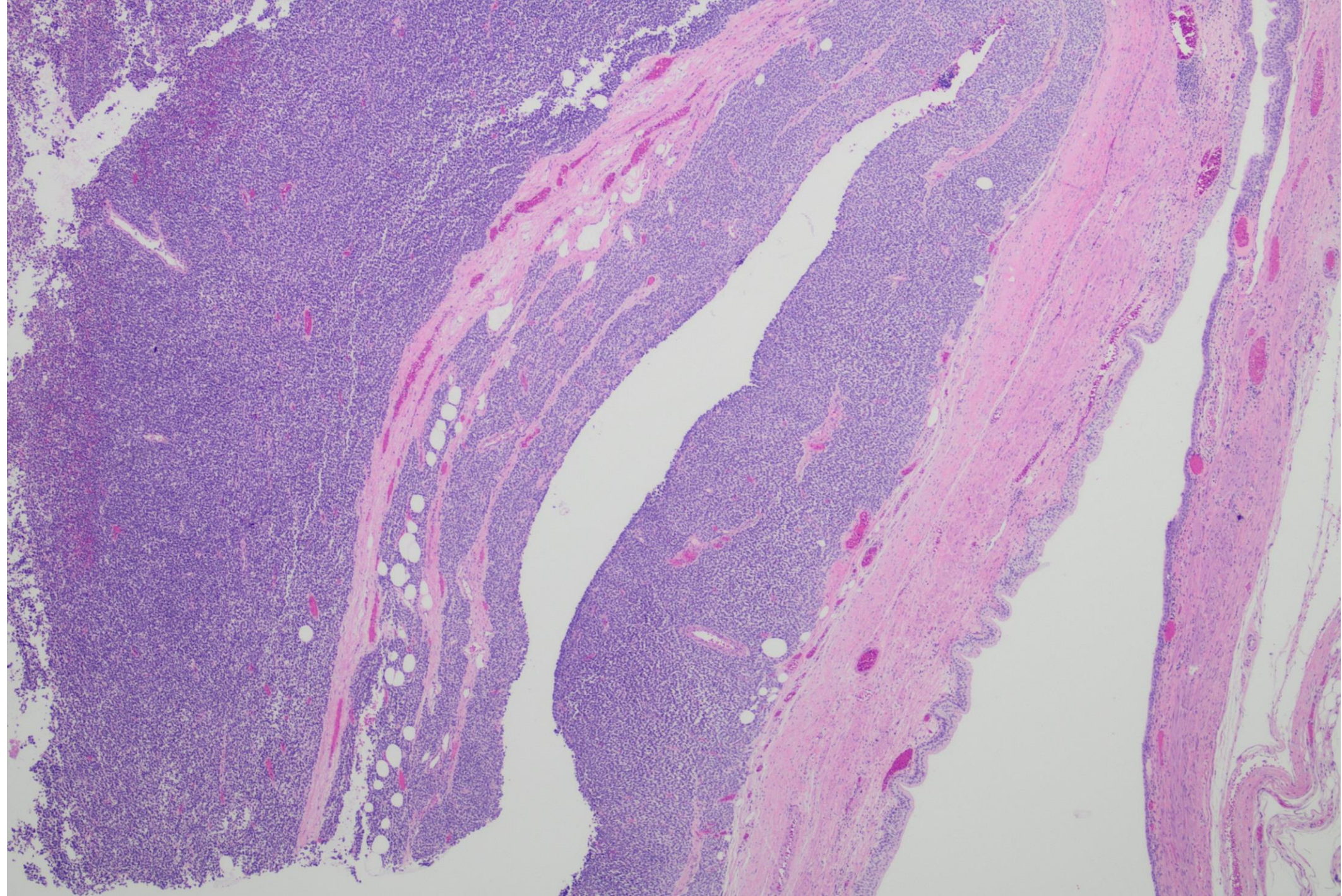


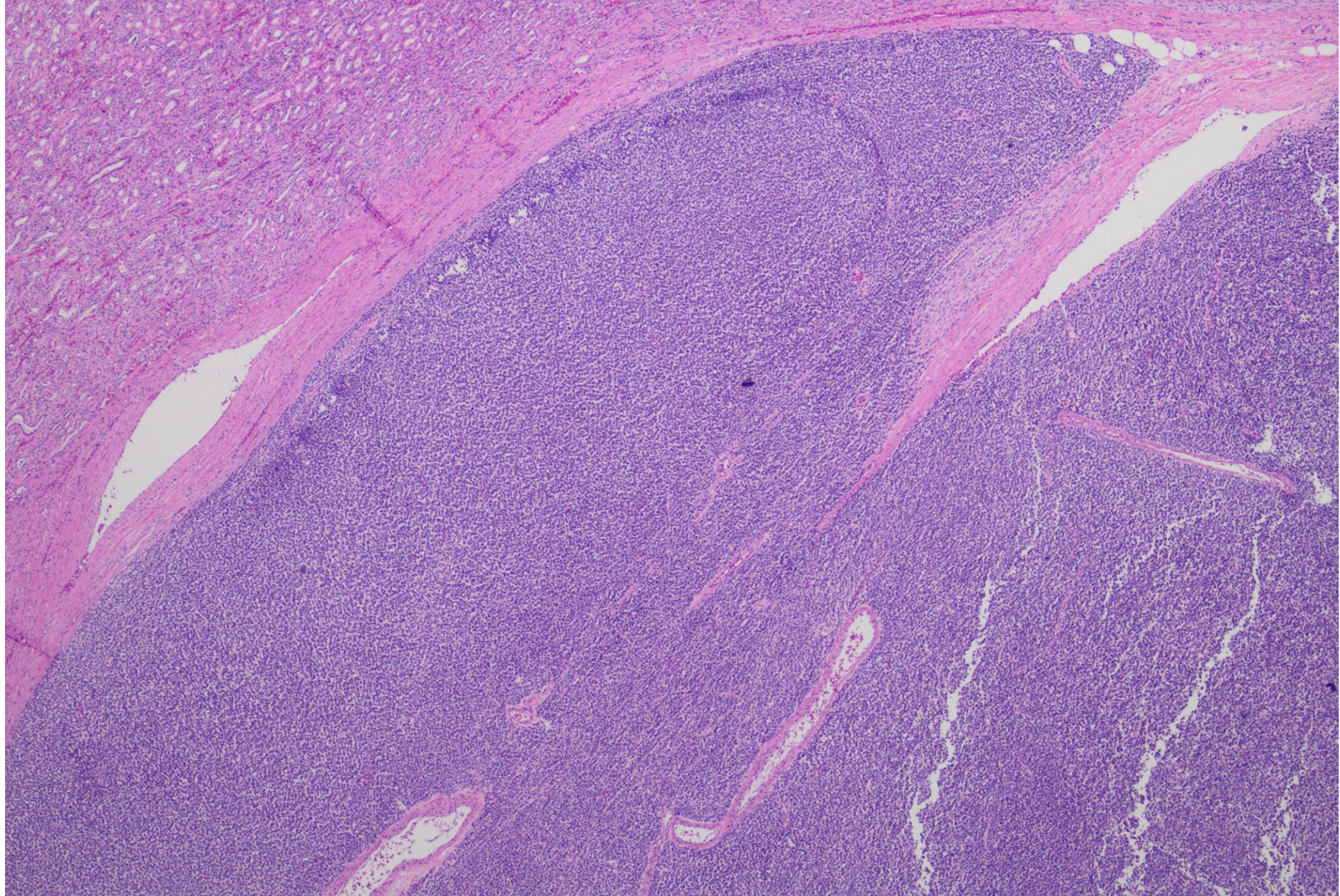
25-0802

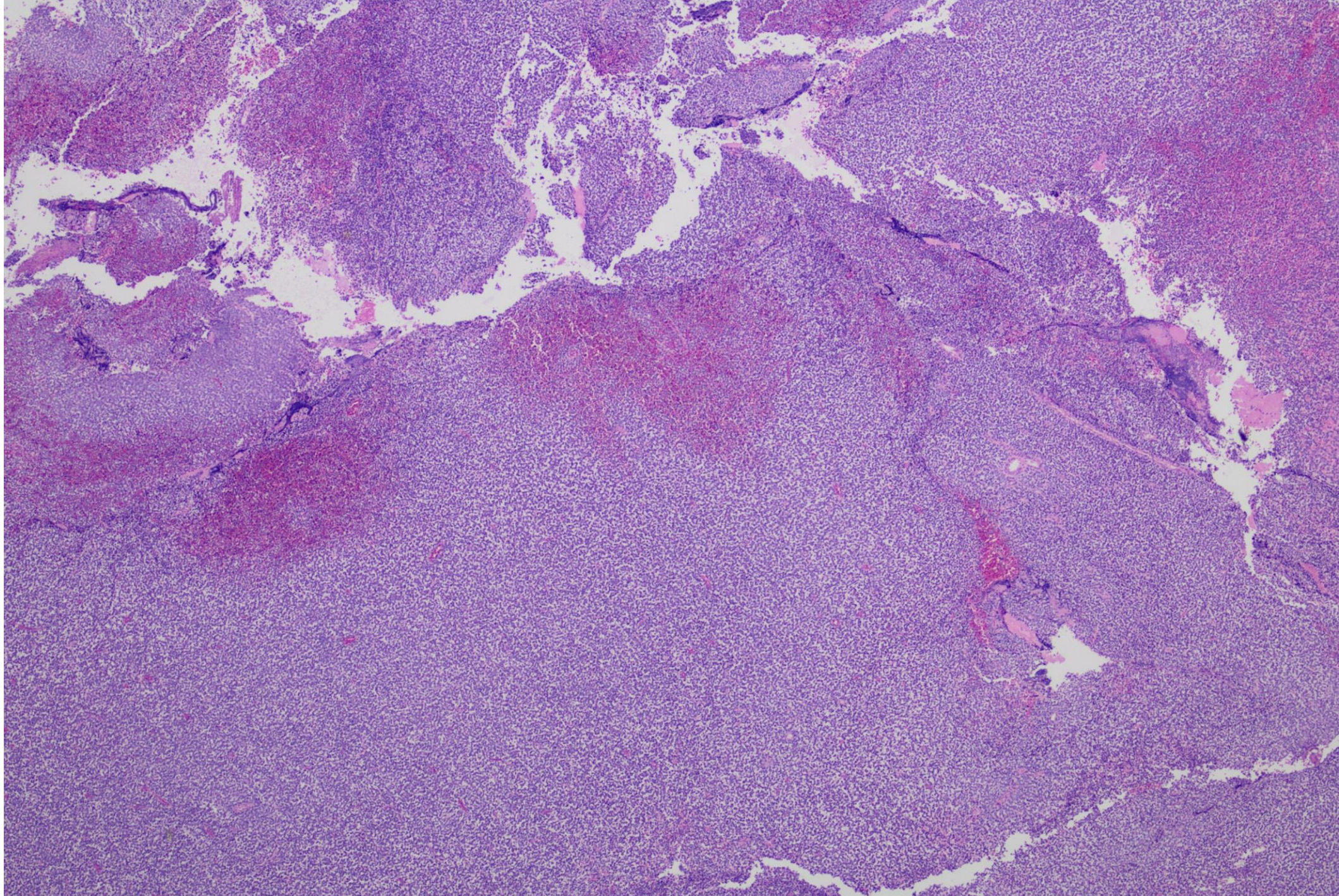
Armen Khararjian; Kaiser Permanente Walnut Creek

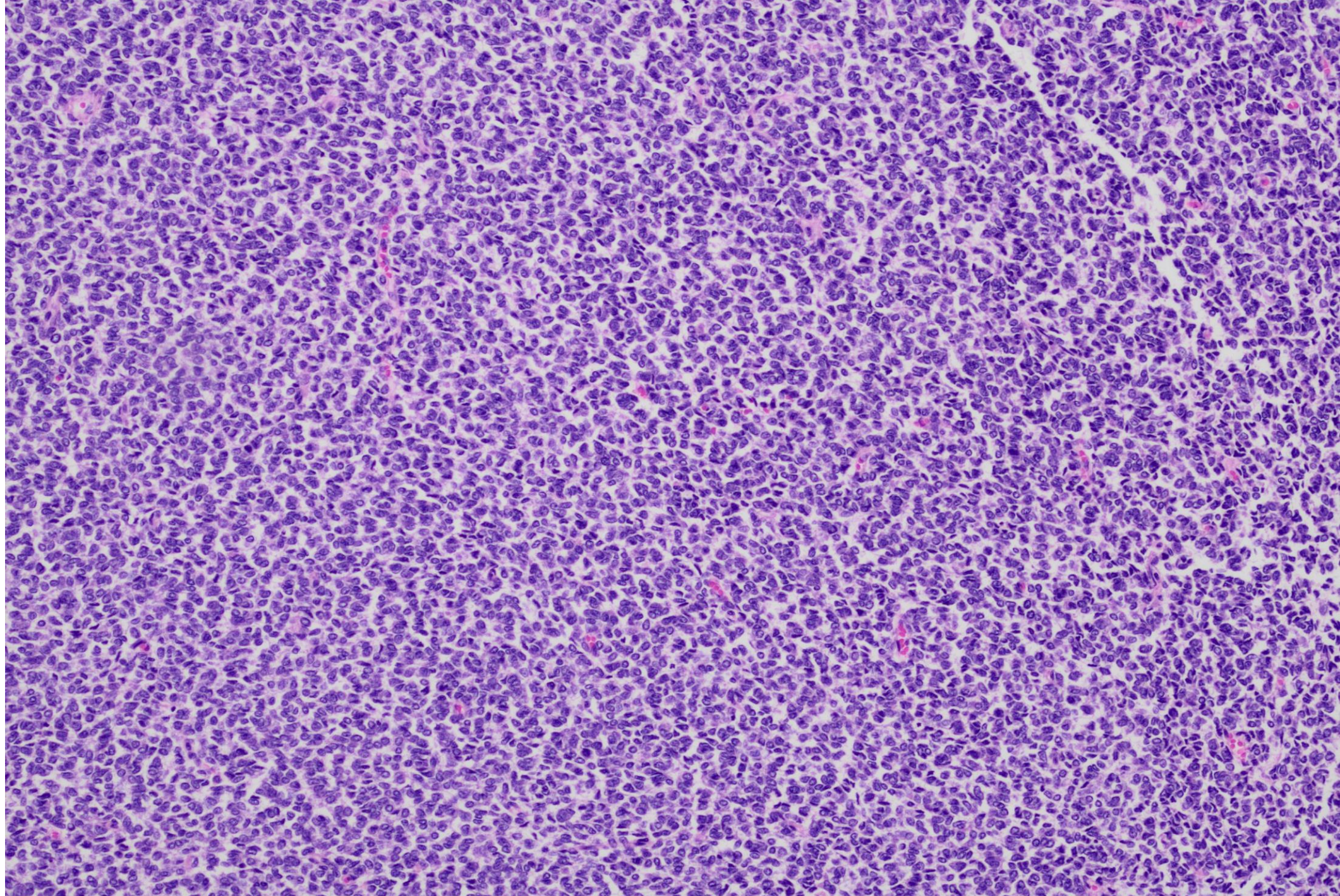
Elderly female with a history of a hysterectomy presents with a 10 cm kidney mass

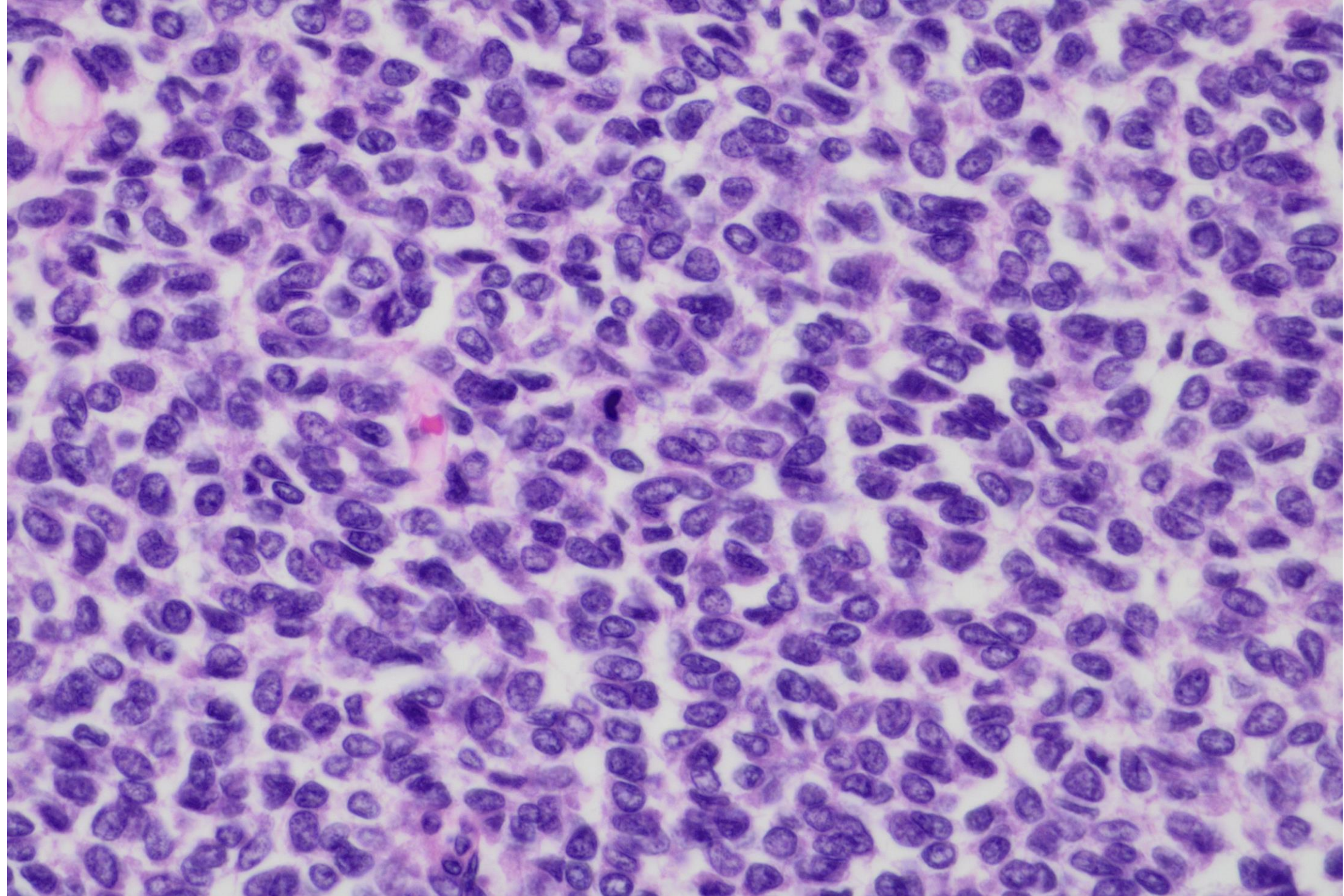


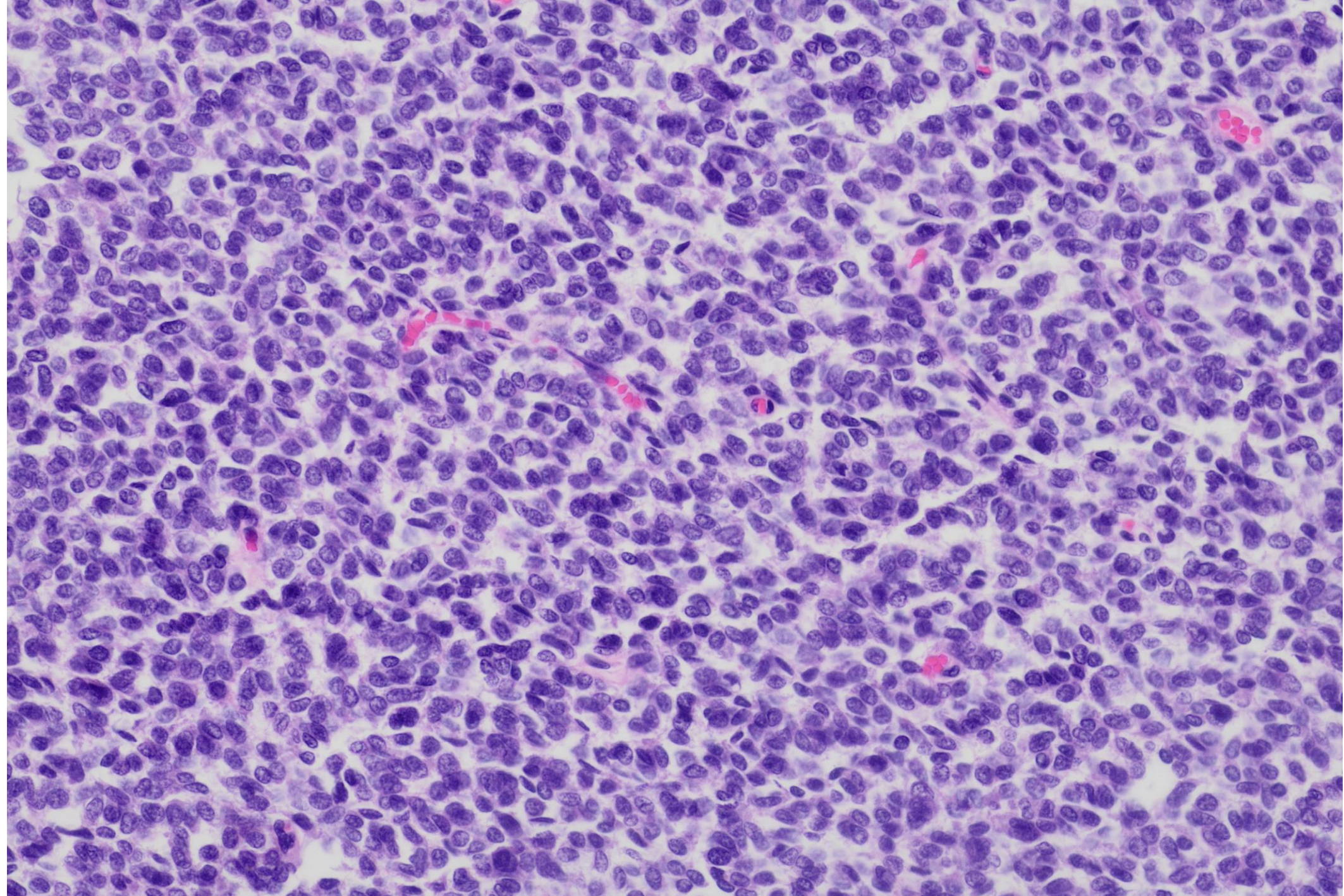


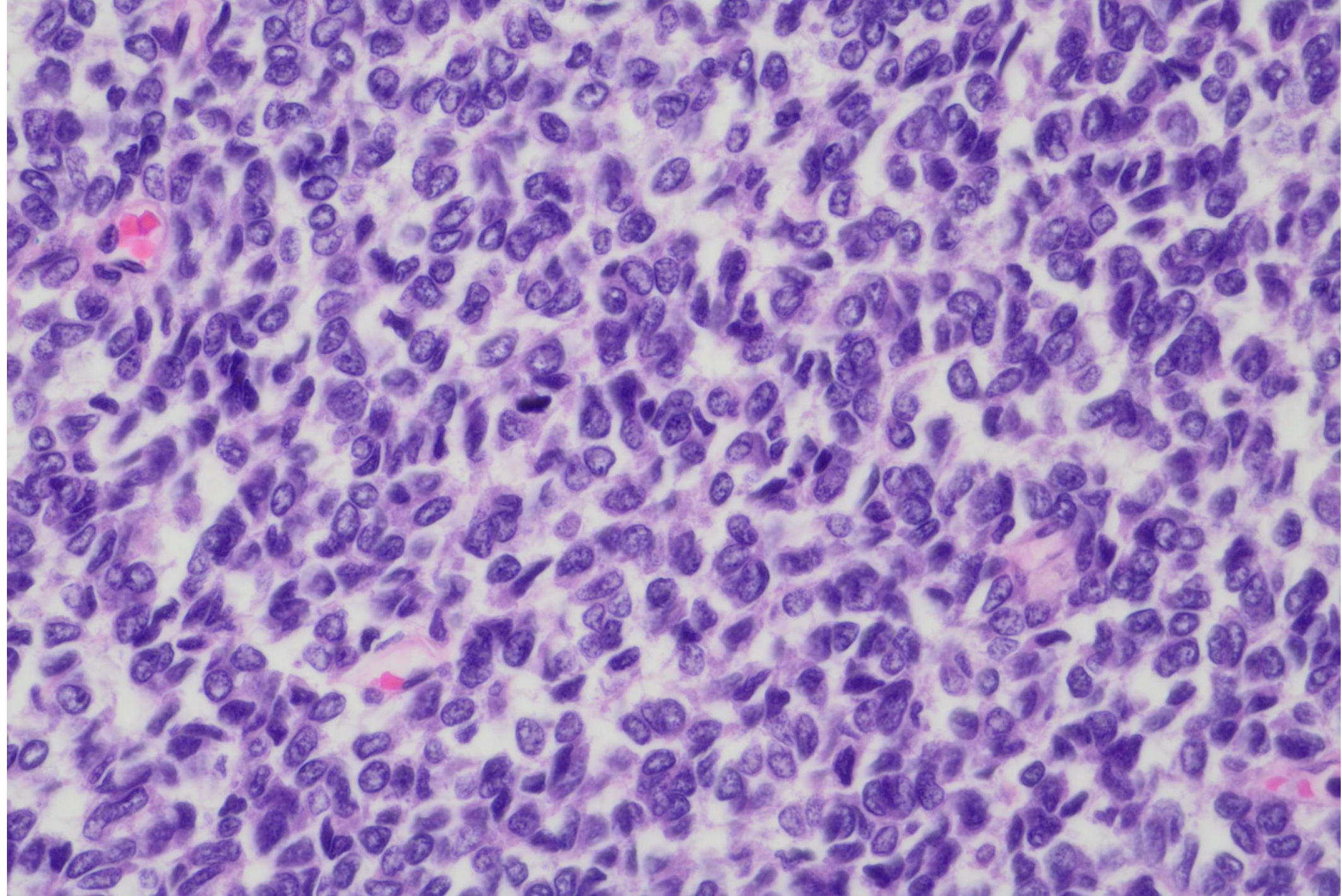












IHC

- Negative stains
 - Pancytokeratin
 - S100
 - PAX8
 - GATA3
 - WT1
 - Desmin
 - ER
 - CD10
 - Synaptophysin
 - Inhibin

DIAGNOSIS?



25-0803

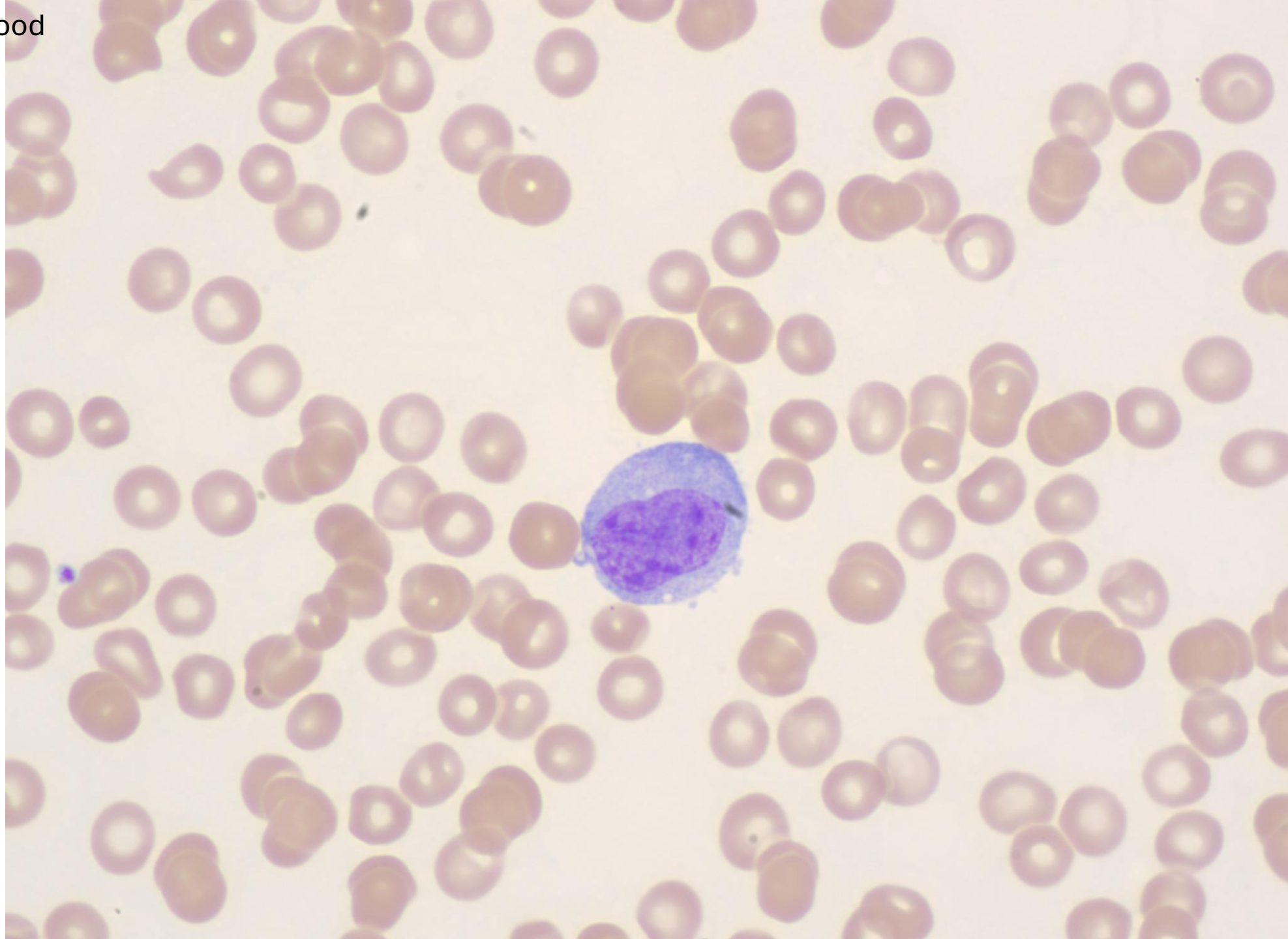
Courtney Sparger and Sebastian Fernandez-Pol; Stanford

13-year-old with fever and pancytopenia

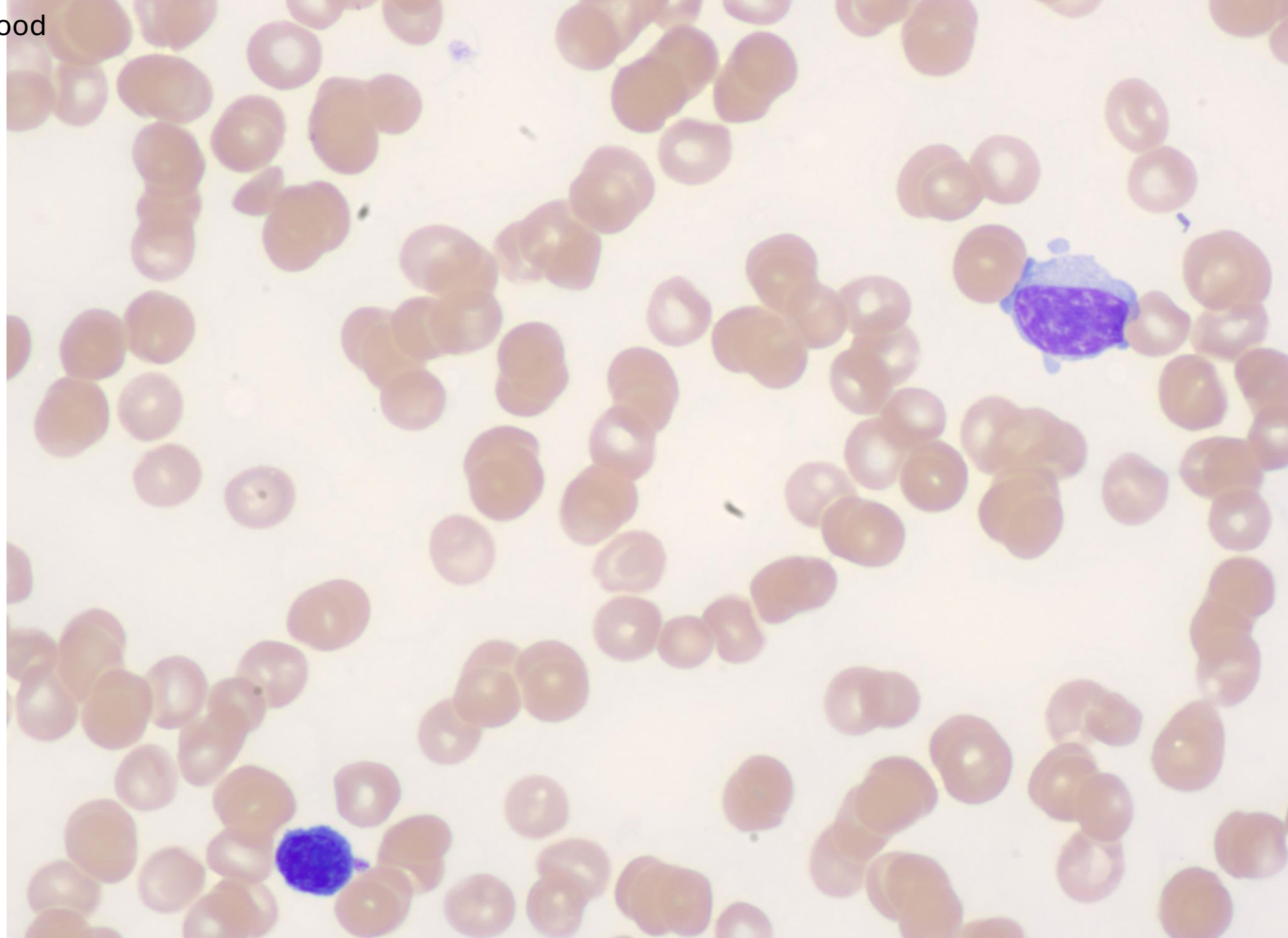
Labs

- WBC: 1 K/uL
- RBC: 2.4 MIL/uL
- HGB: 6.9 g/dL
- HCT: 20.3%
- MCV: 84.6 fL
- RDW: 12.6%
- PLT: 57 K/uL
- ABS NEU: 0 K/uL
- ABS LYM: 1 K/uL
- ABS MONO: 0.01 K/uL
- DIFF:
 - NEUTS 0%
 - LYMPHS 99.1%
 - MONOS 0.9%
 - BANDS 0%

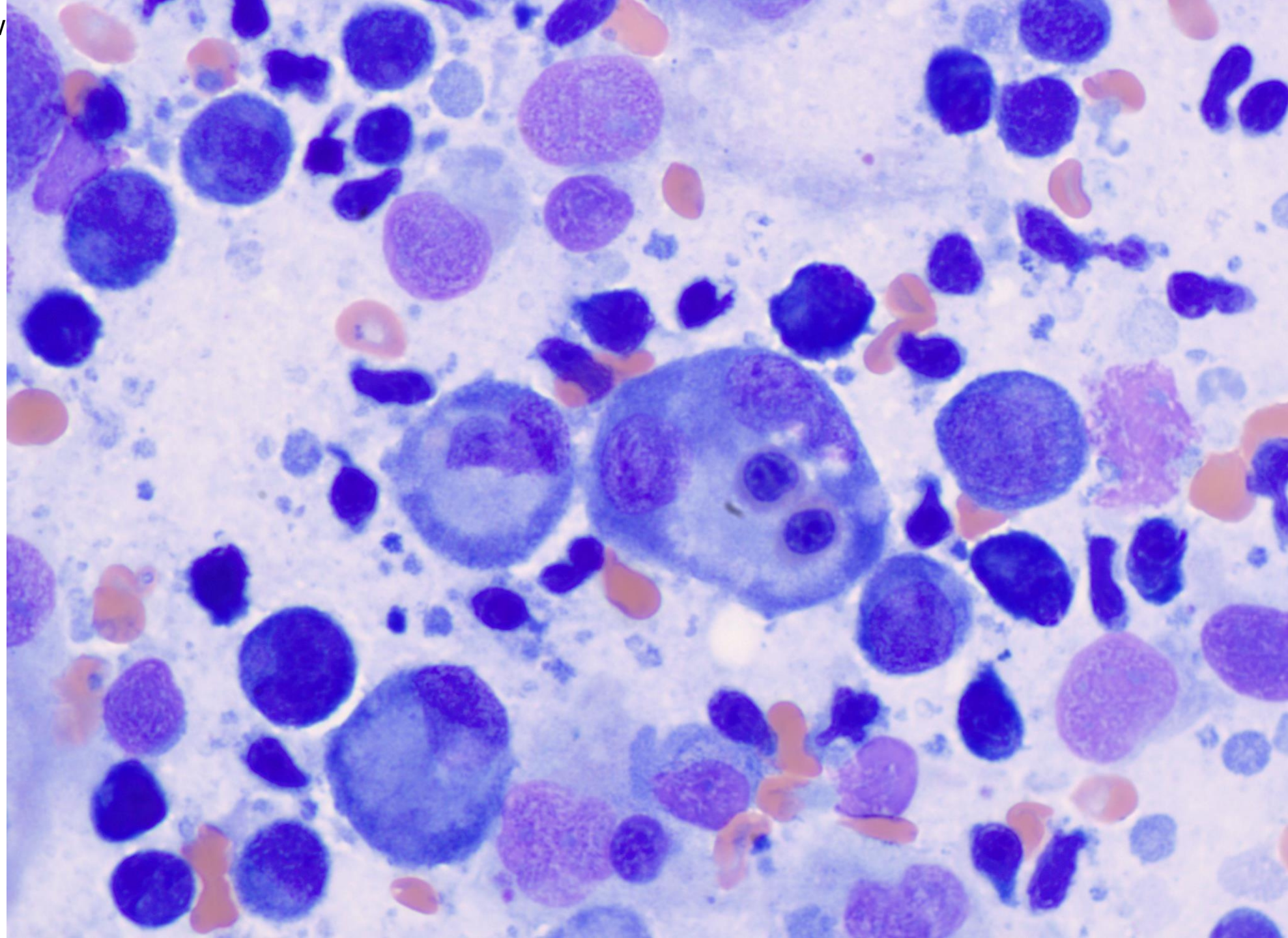
Peripheral blood



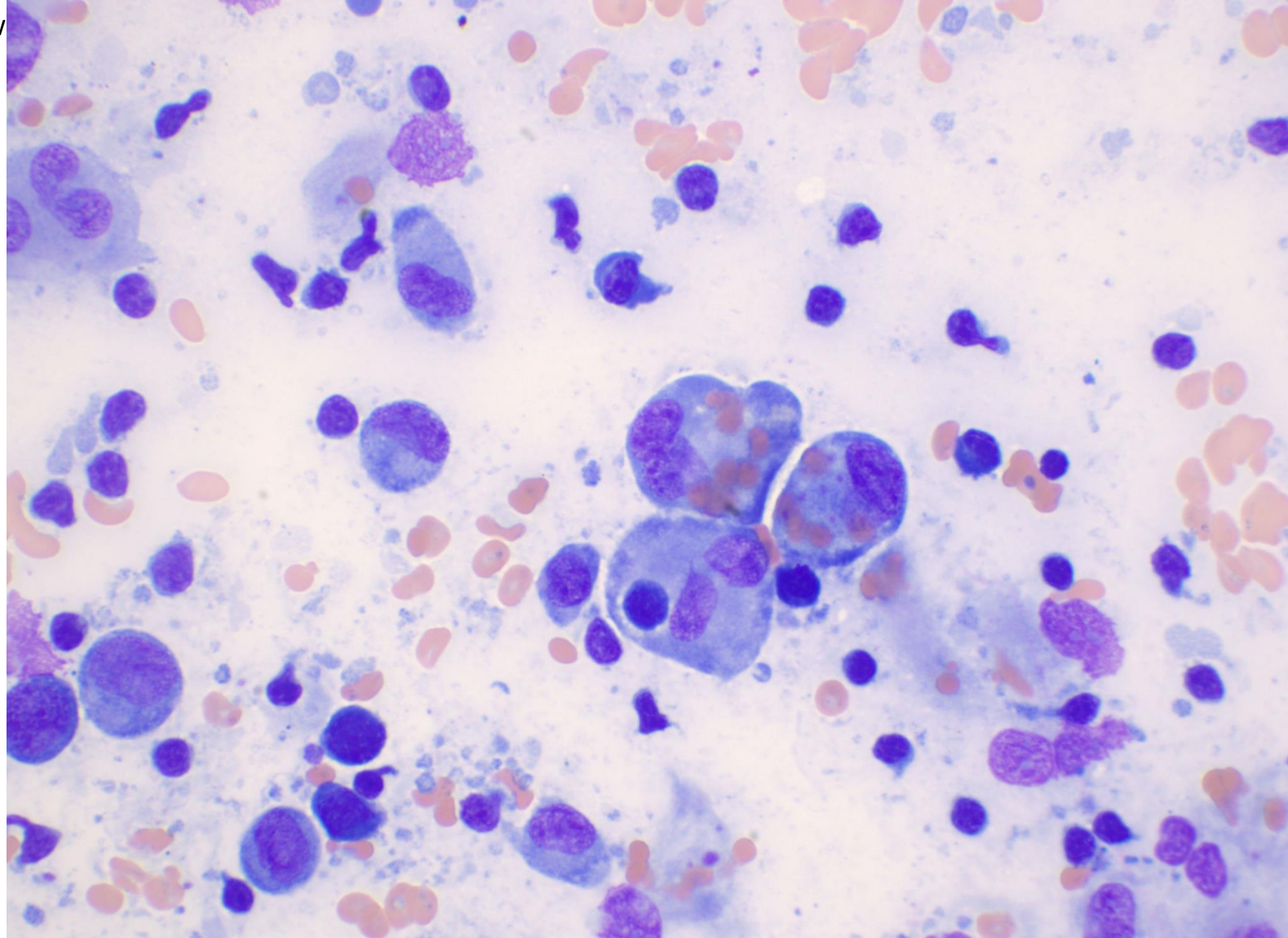
Peripheral blood



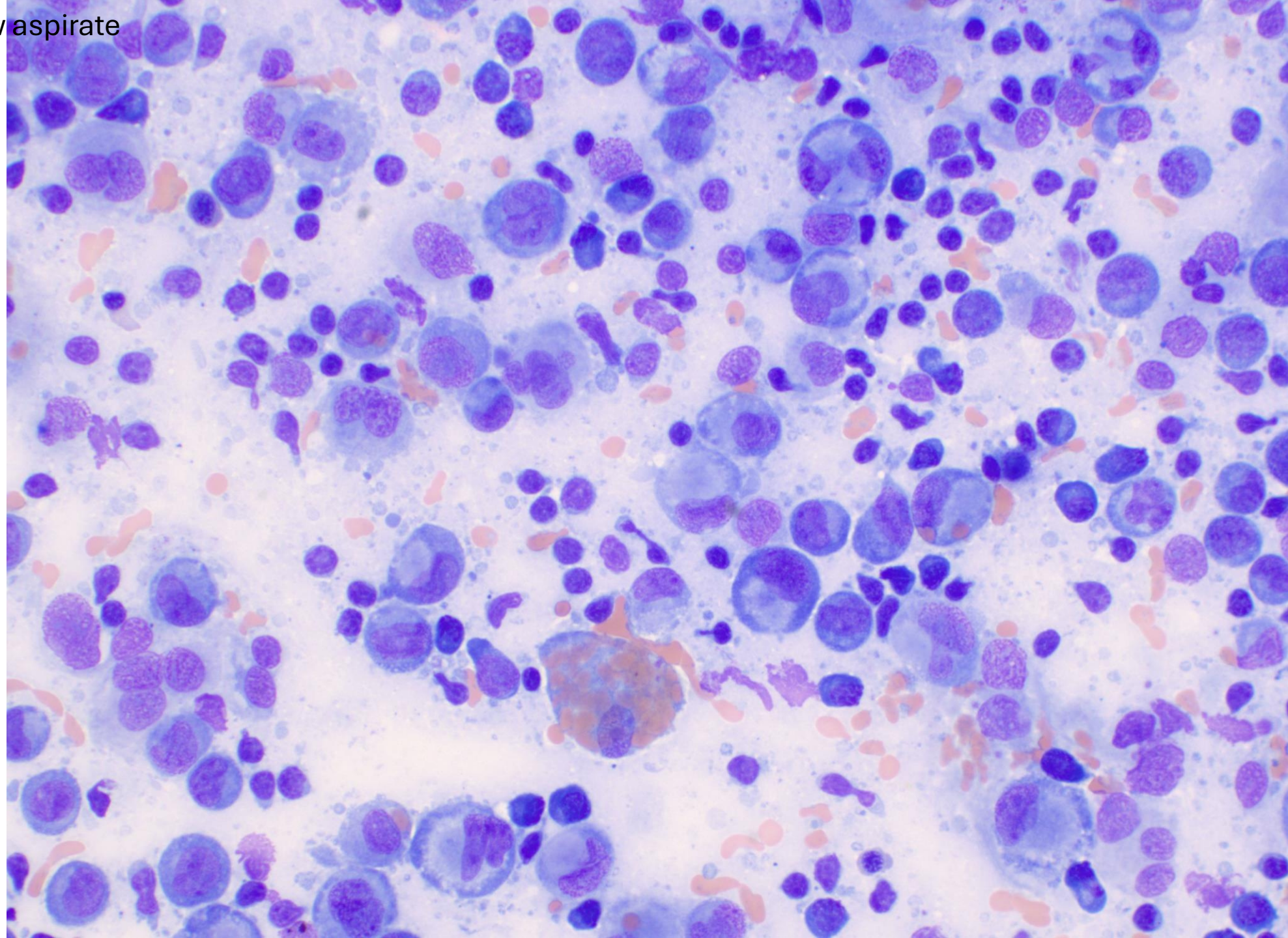
Bone marrow



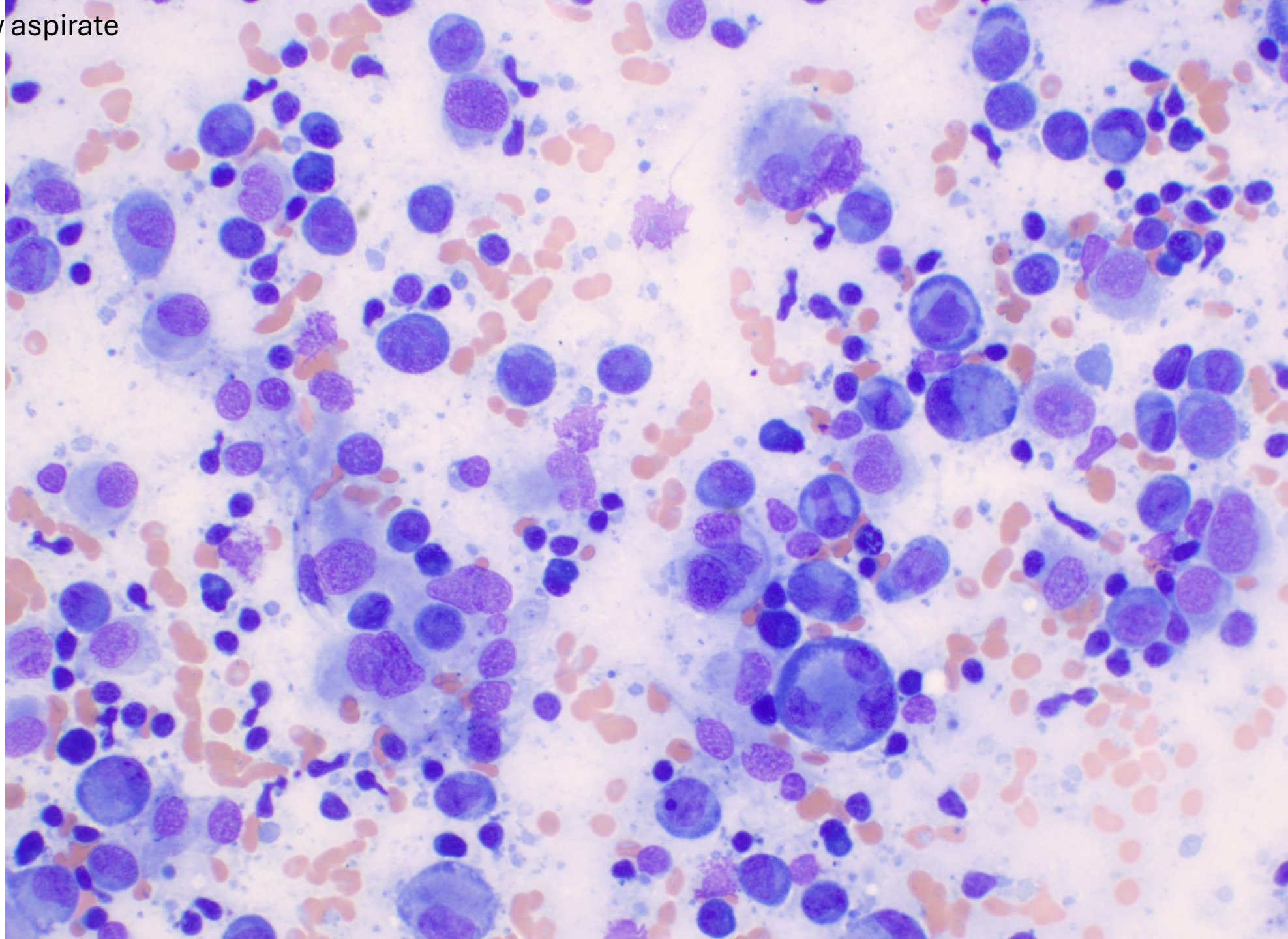
Bone marrow



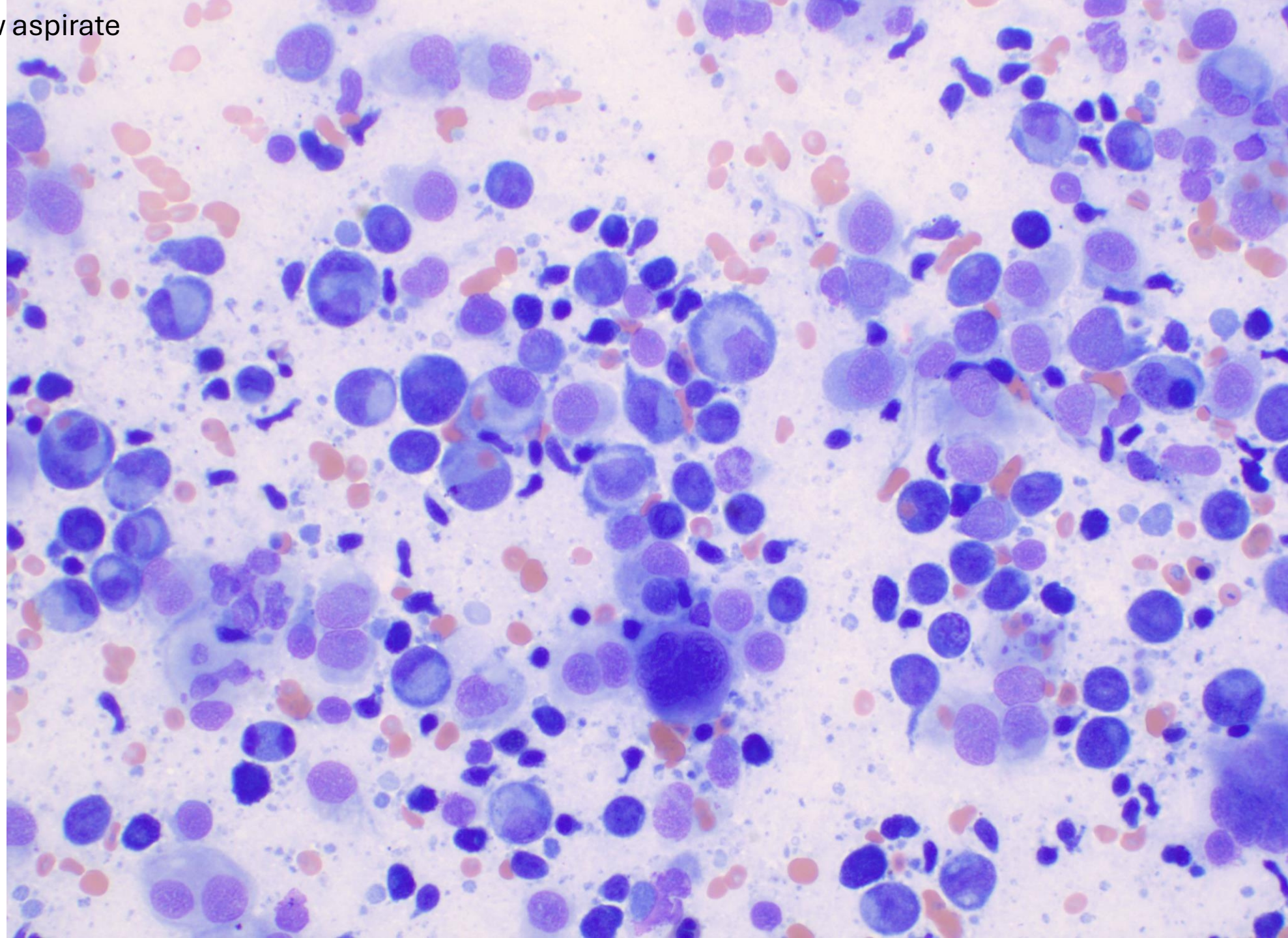
Bone marrow aspirate



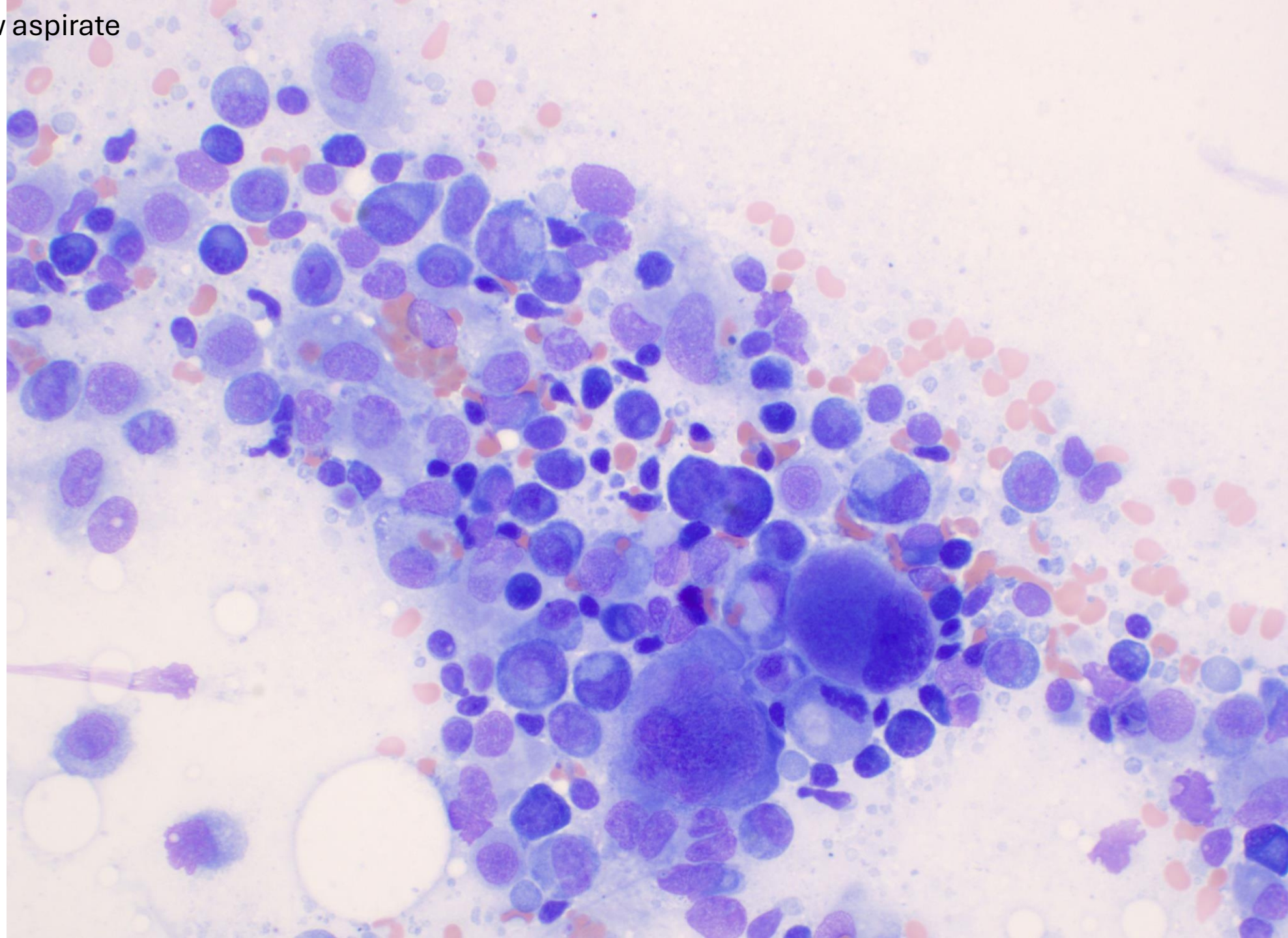
Bone marrow aspirate



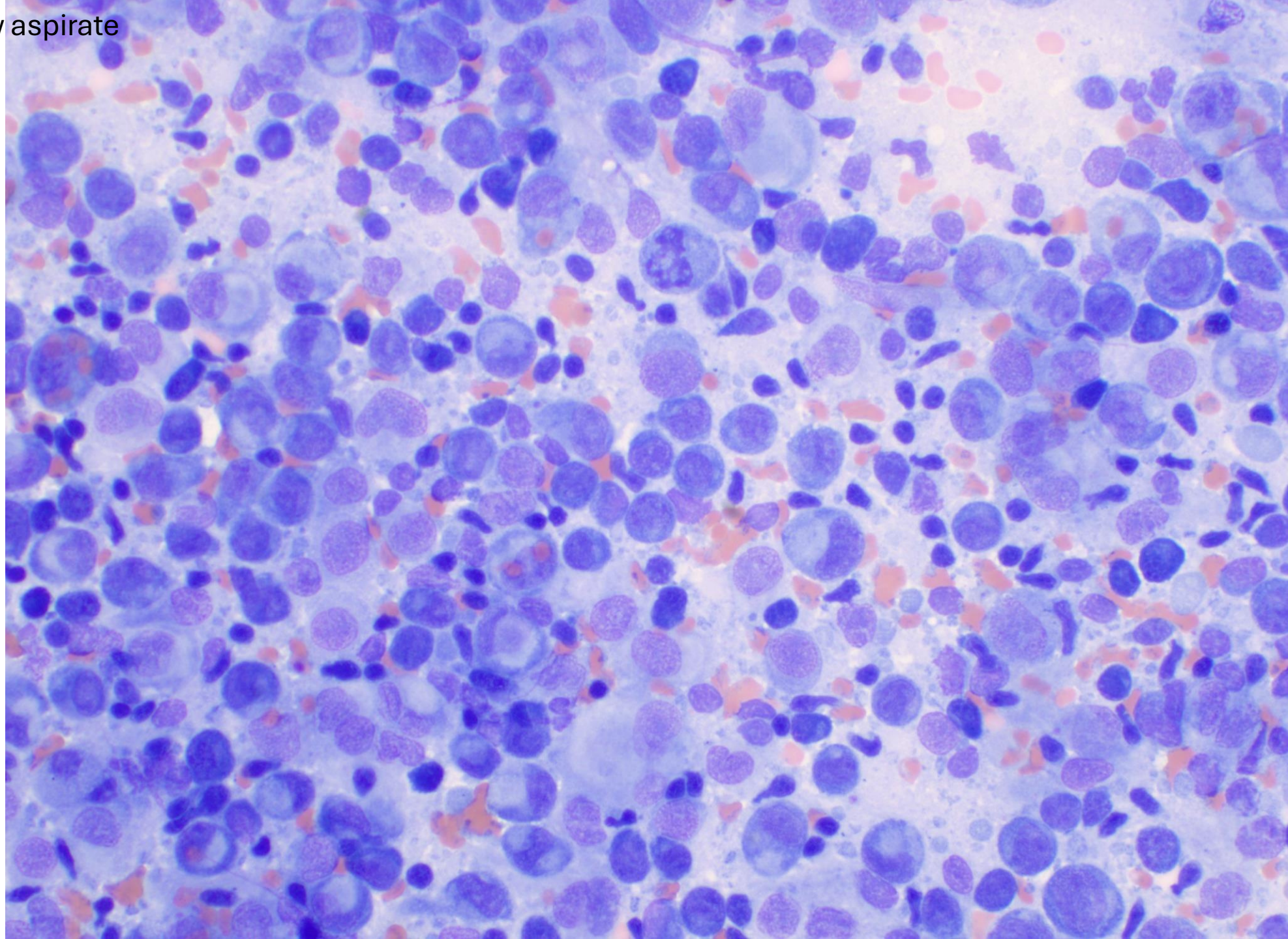
Bone marrow aspirate



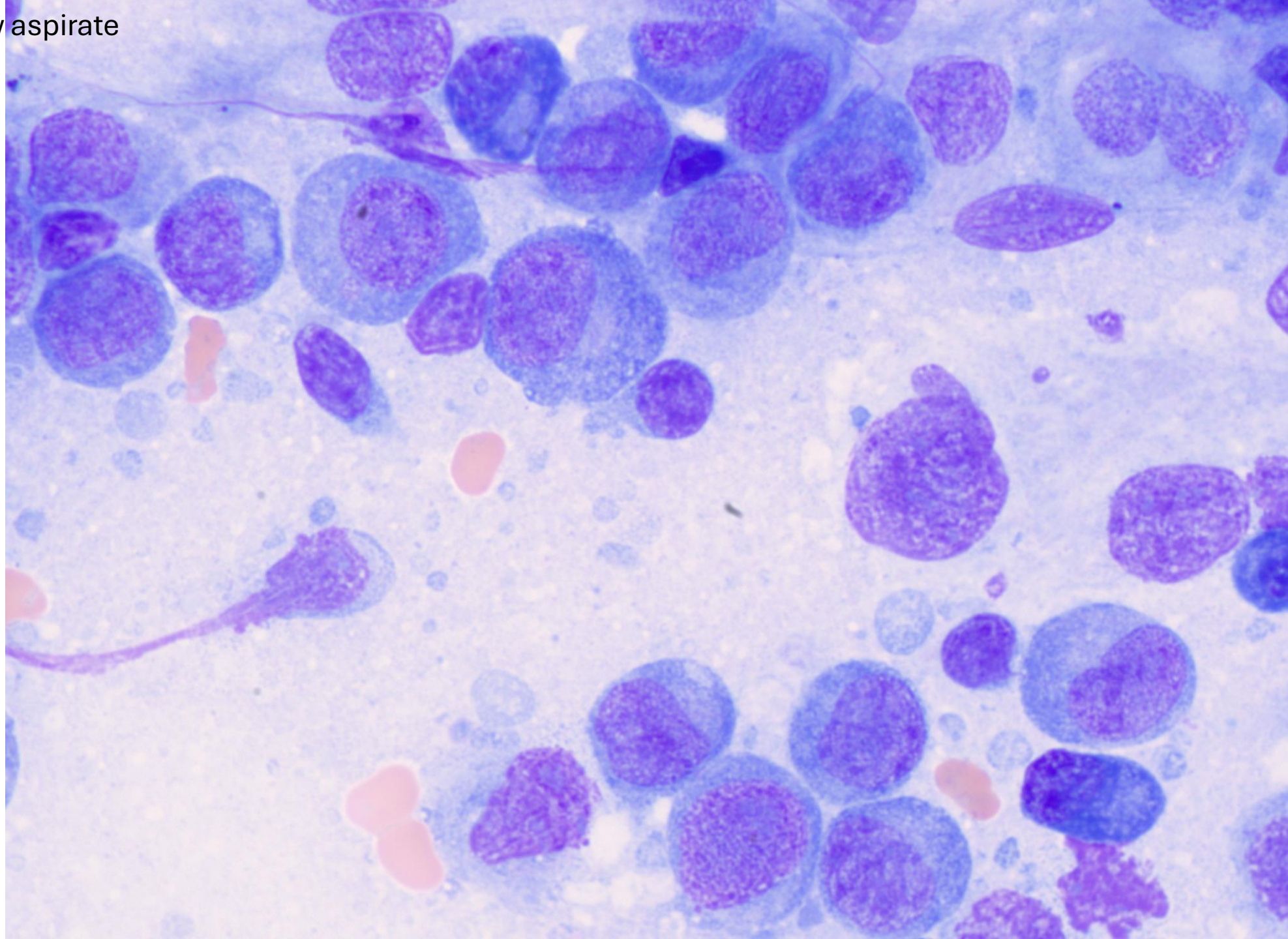
Bone marrow aspirate



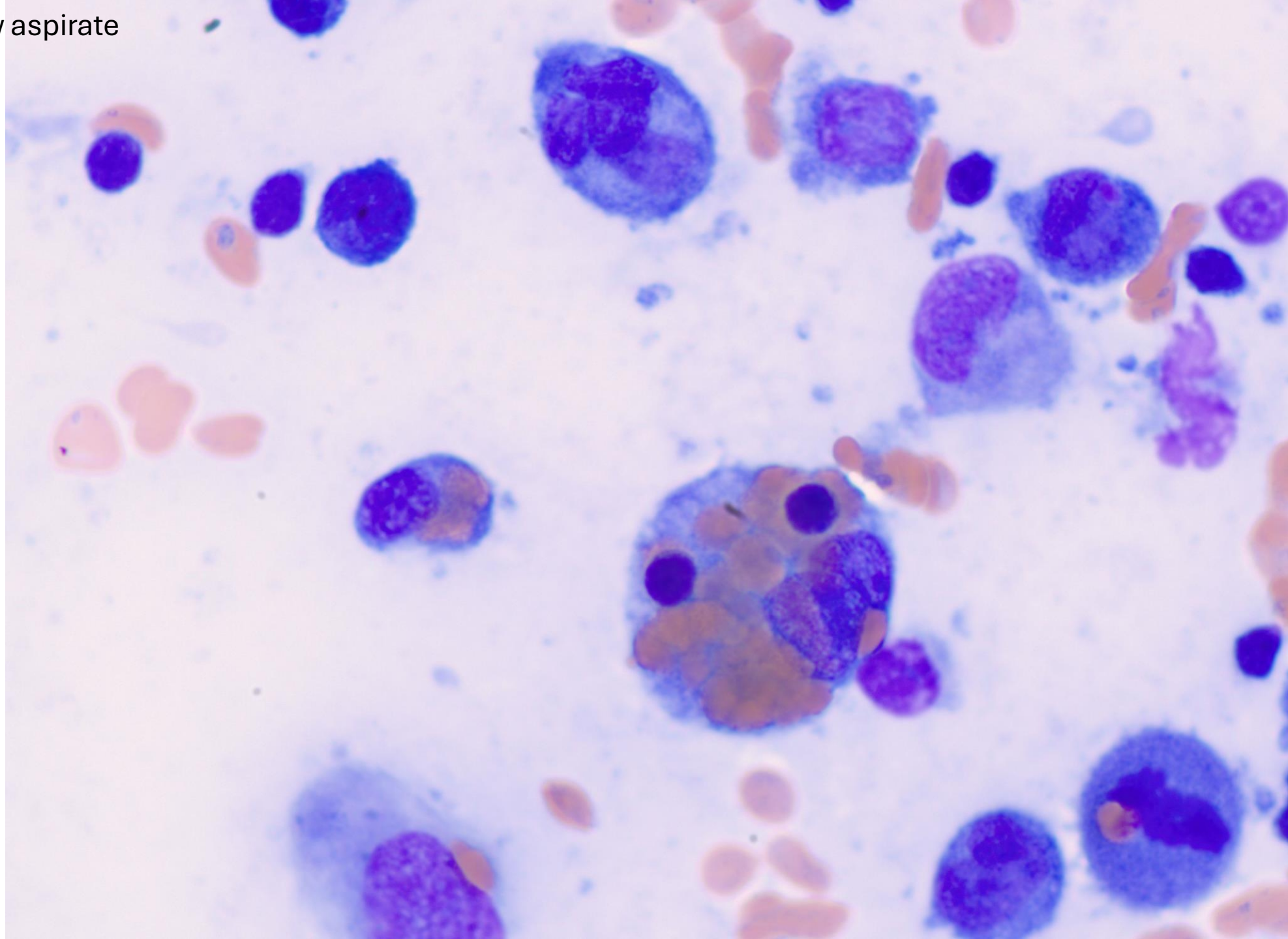
Bone marrow aspirate



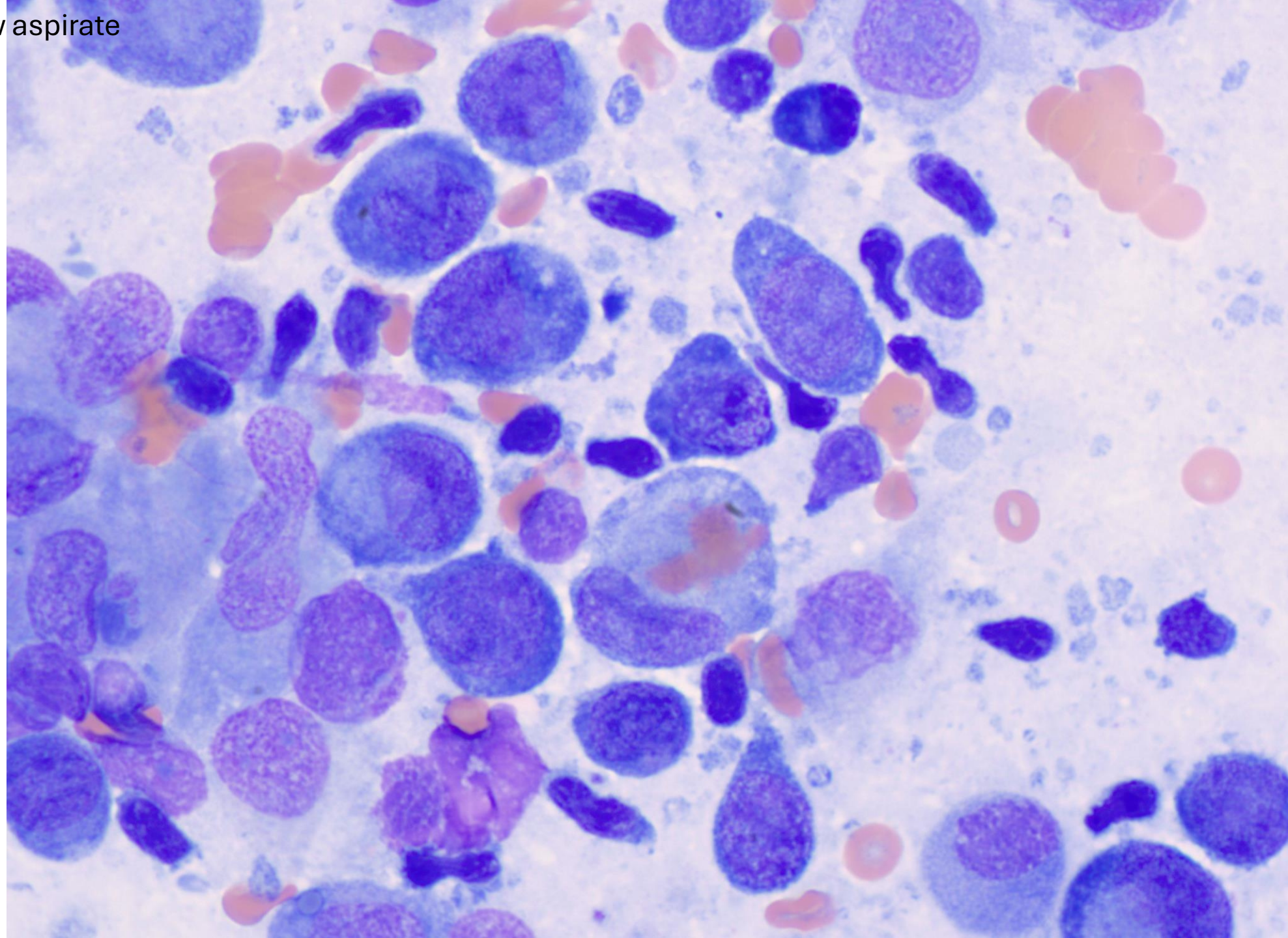
Bone marrow aspirate



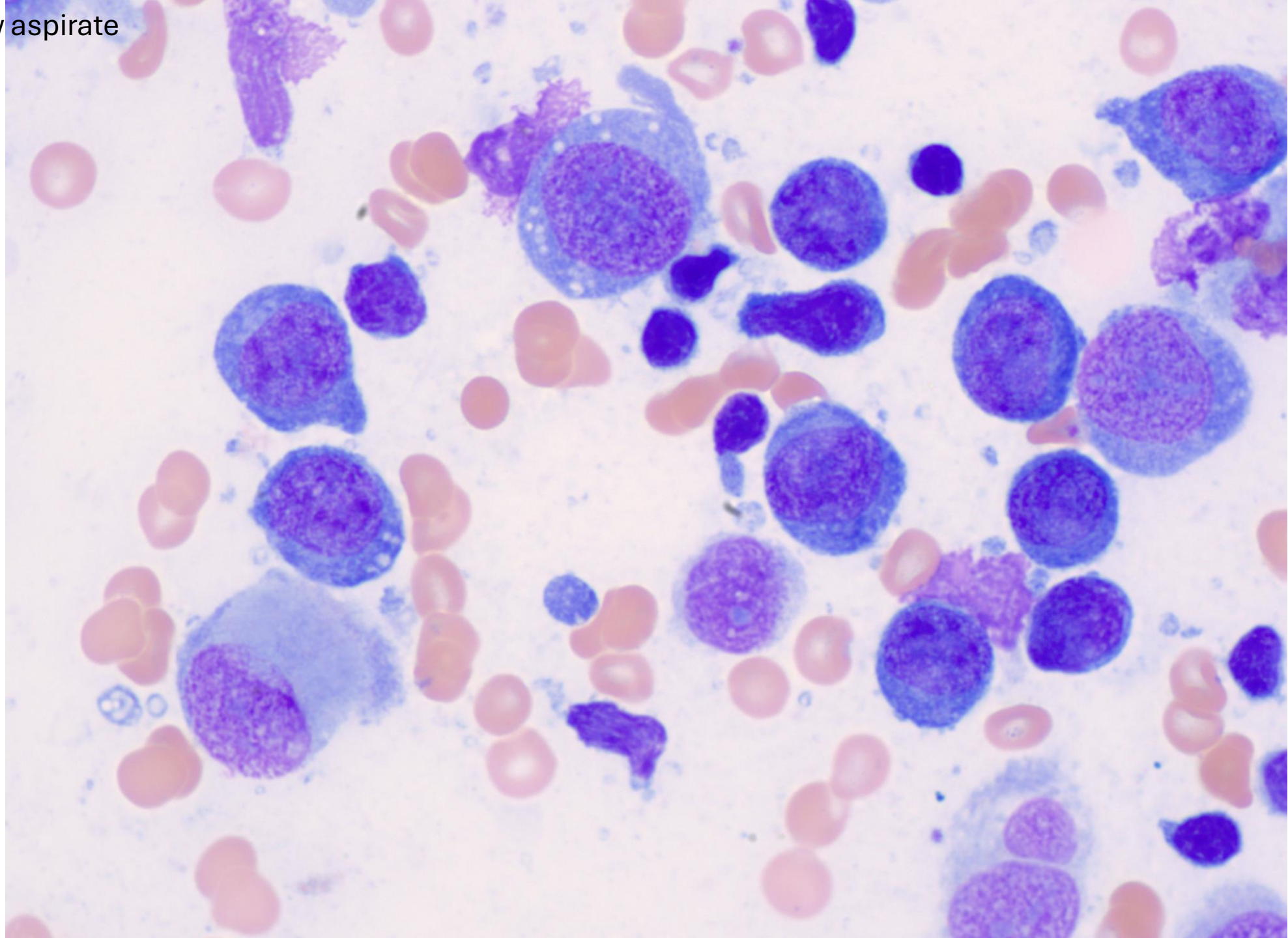
Bone marrow aspirate



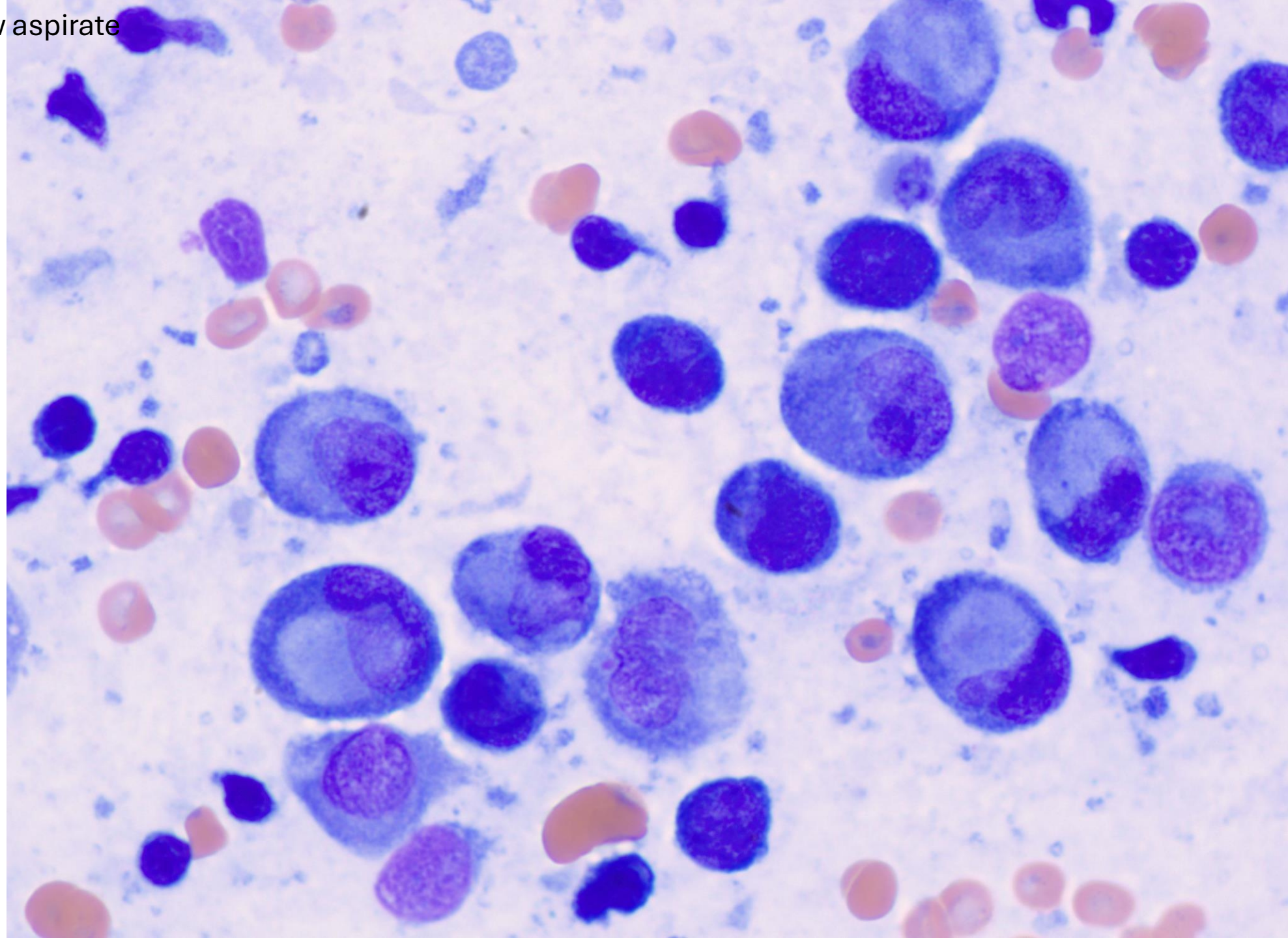
Bone marrow aspirate

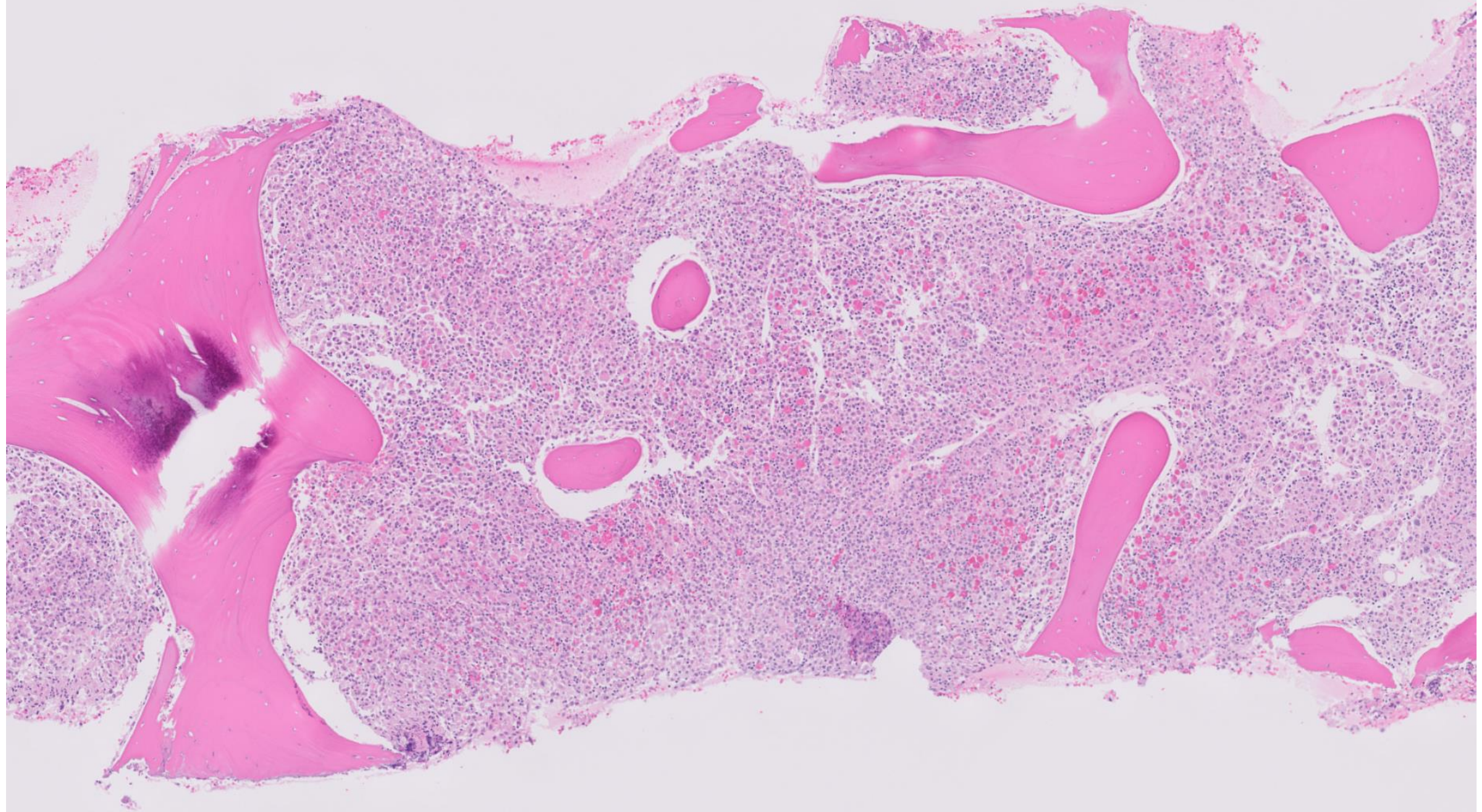


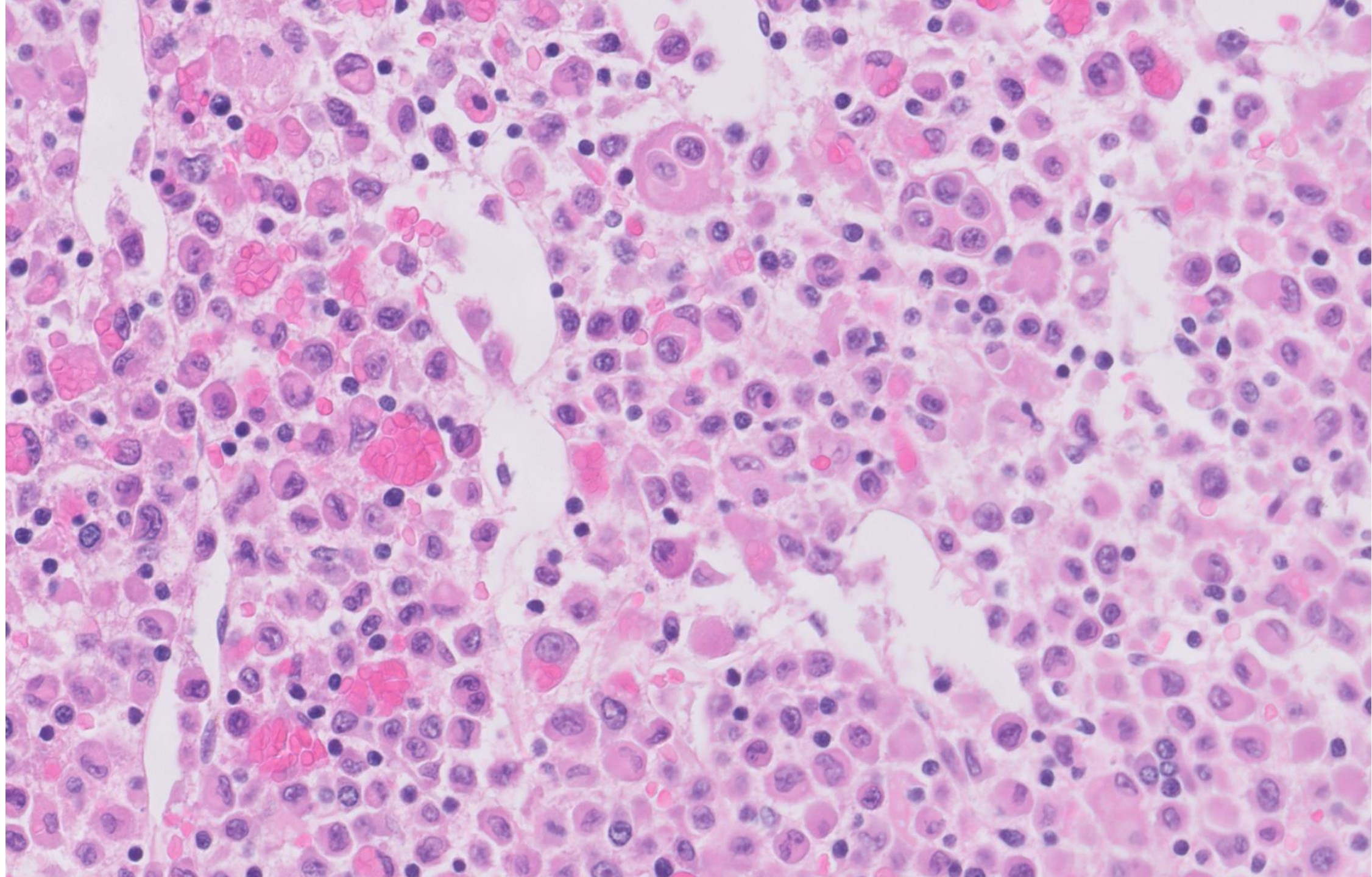
Bone marrow aspirate

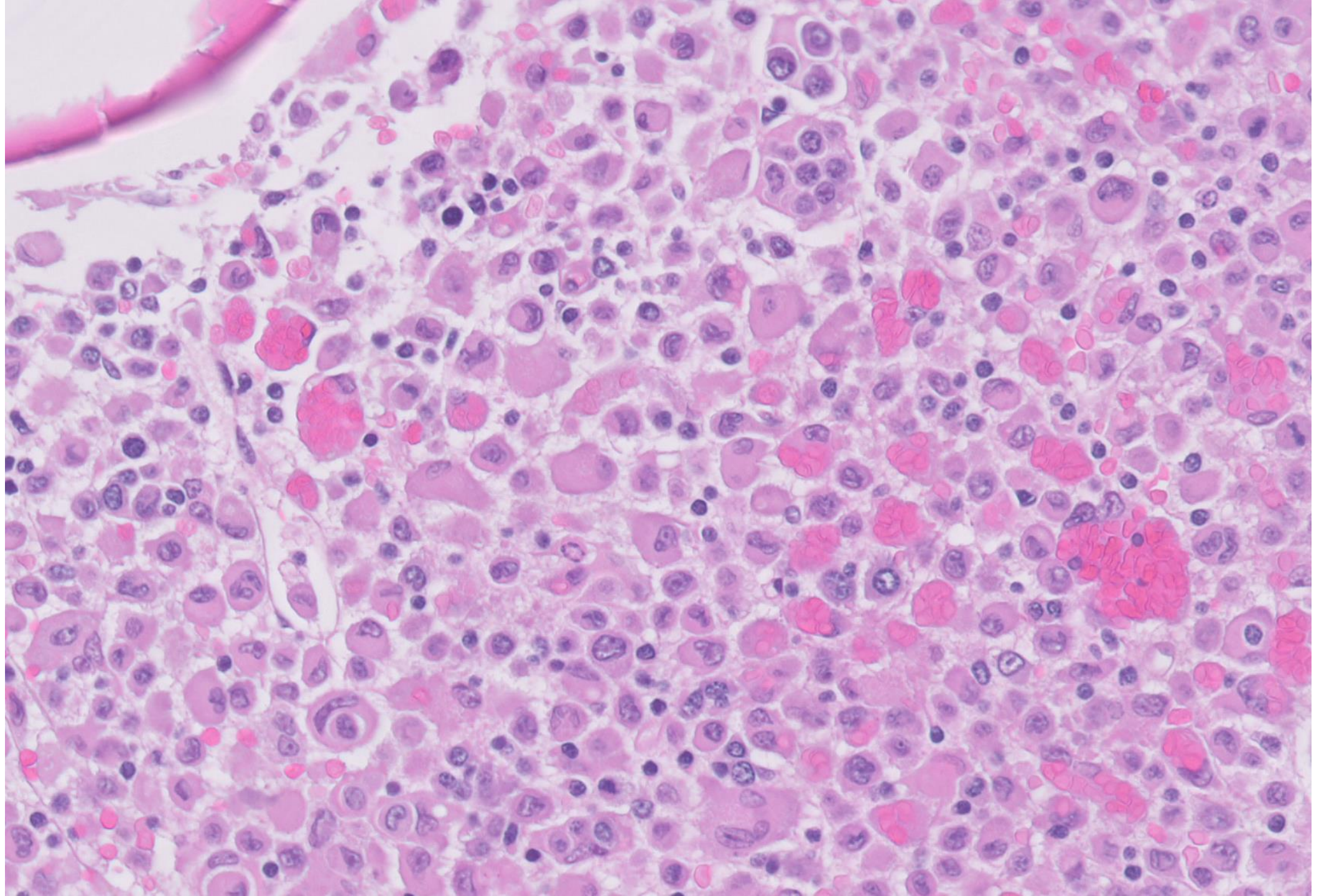


Bone marrow aspirate

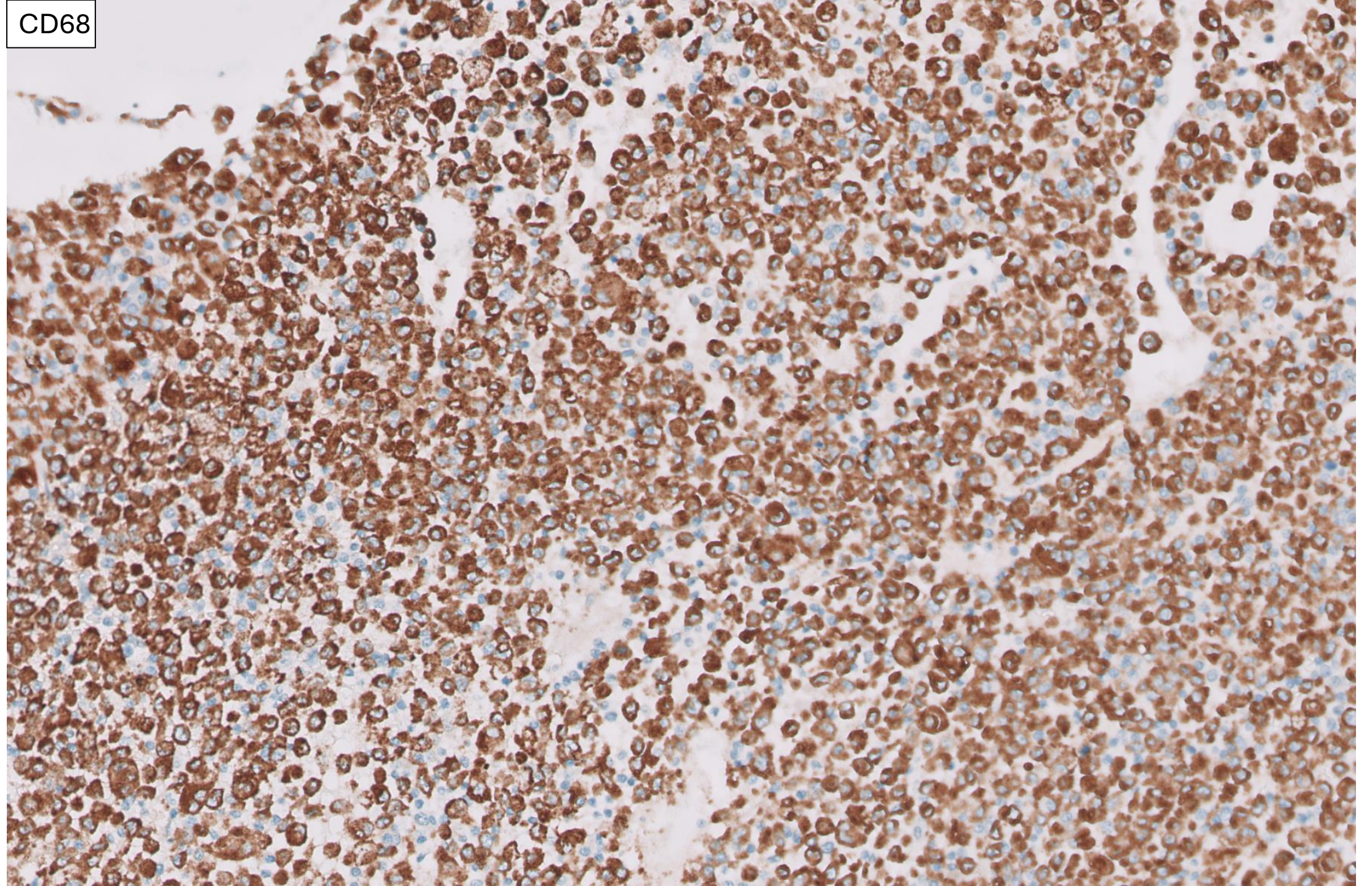




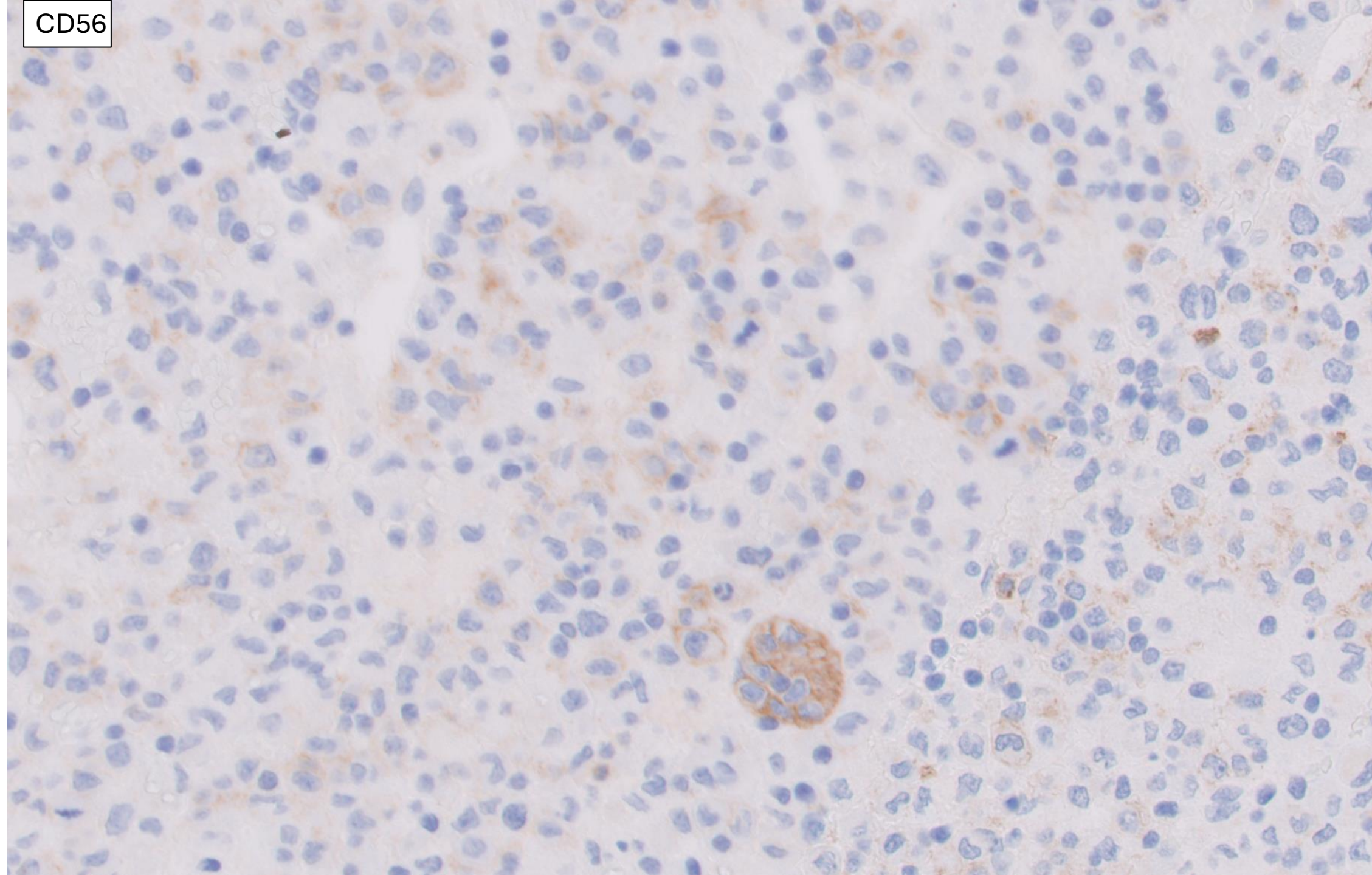




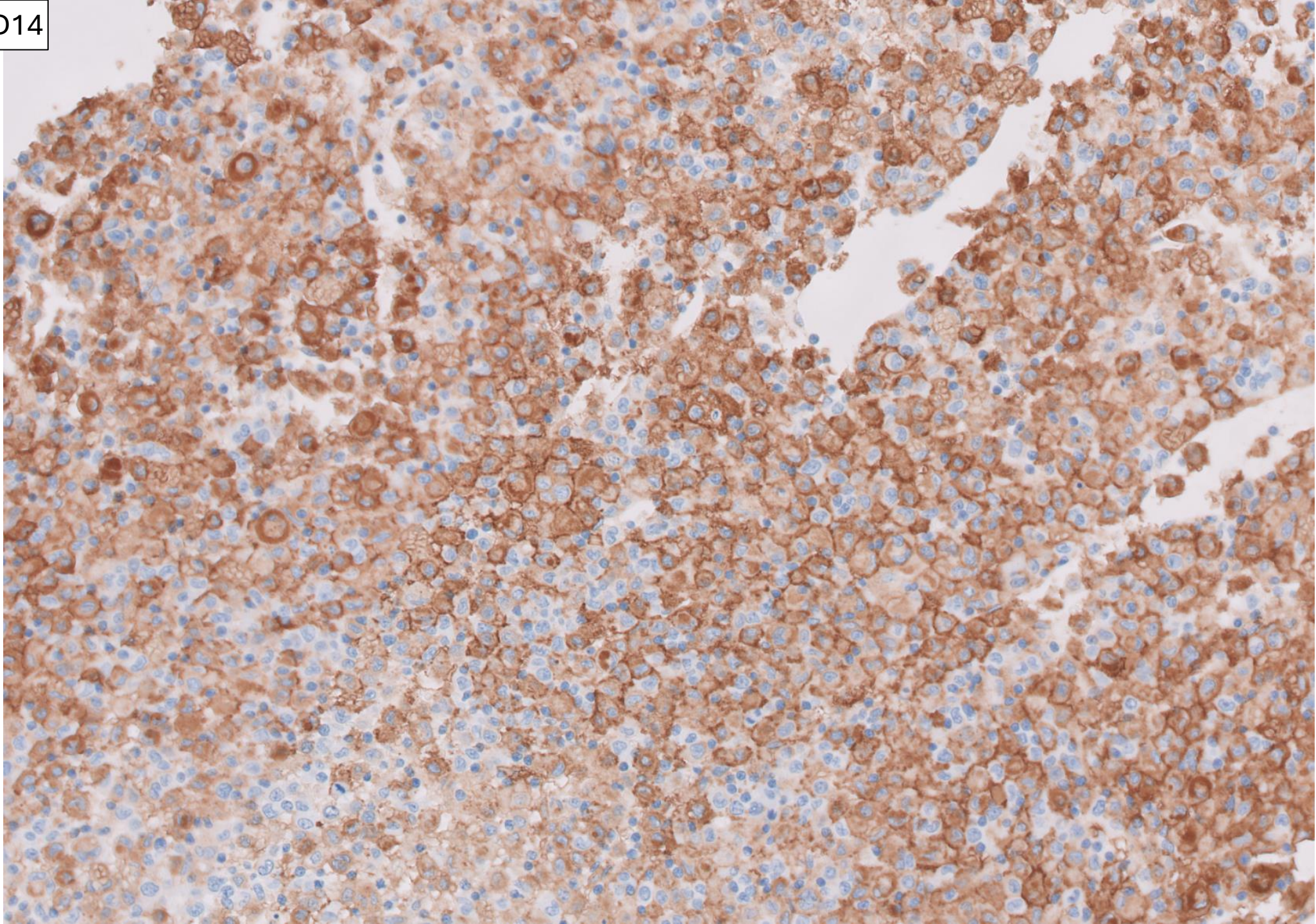
CD68



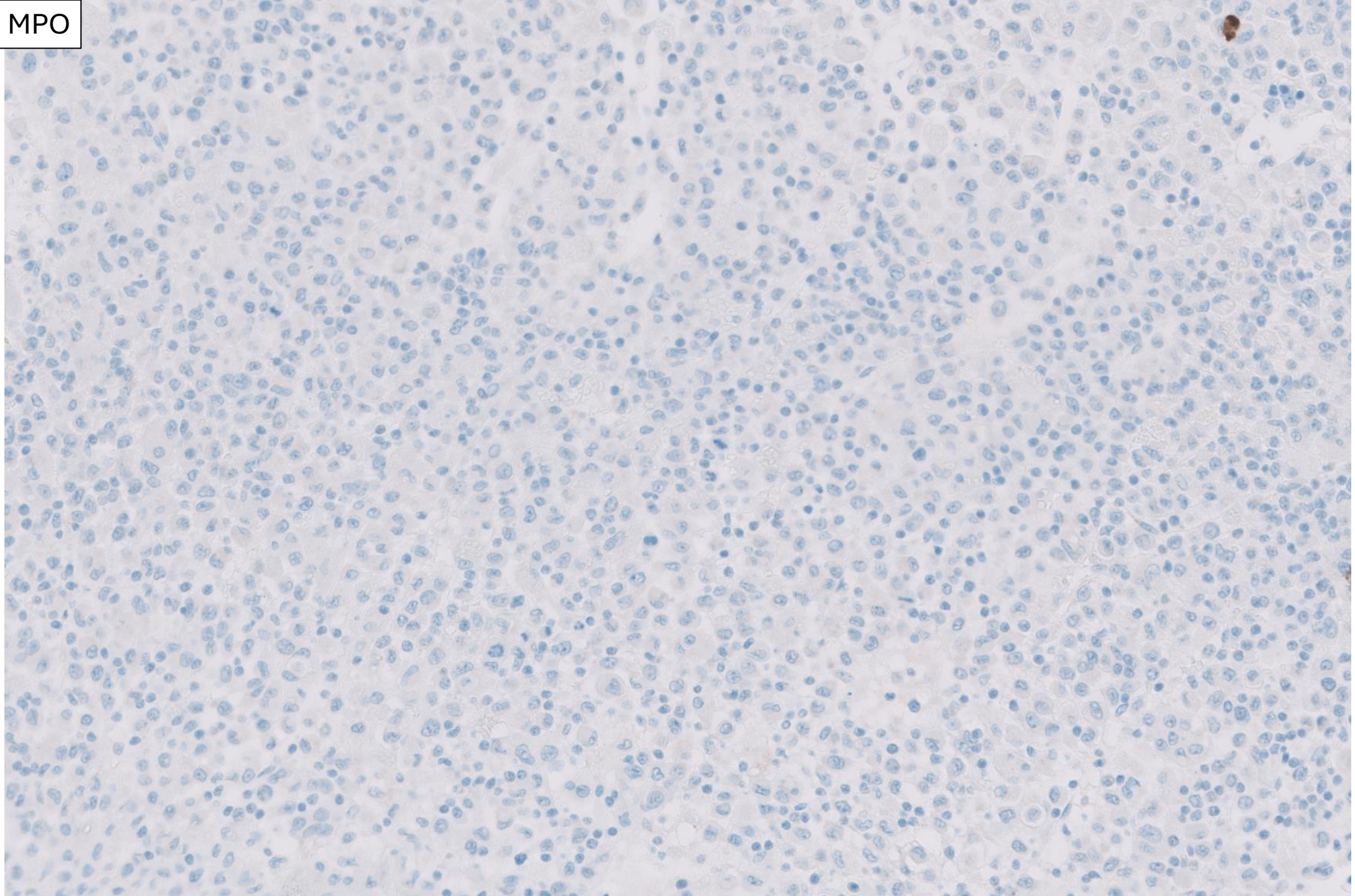
CD56

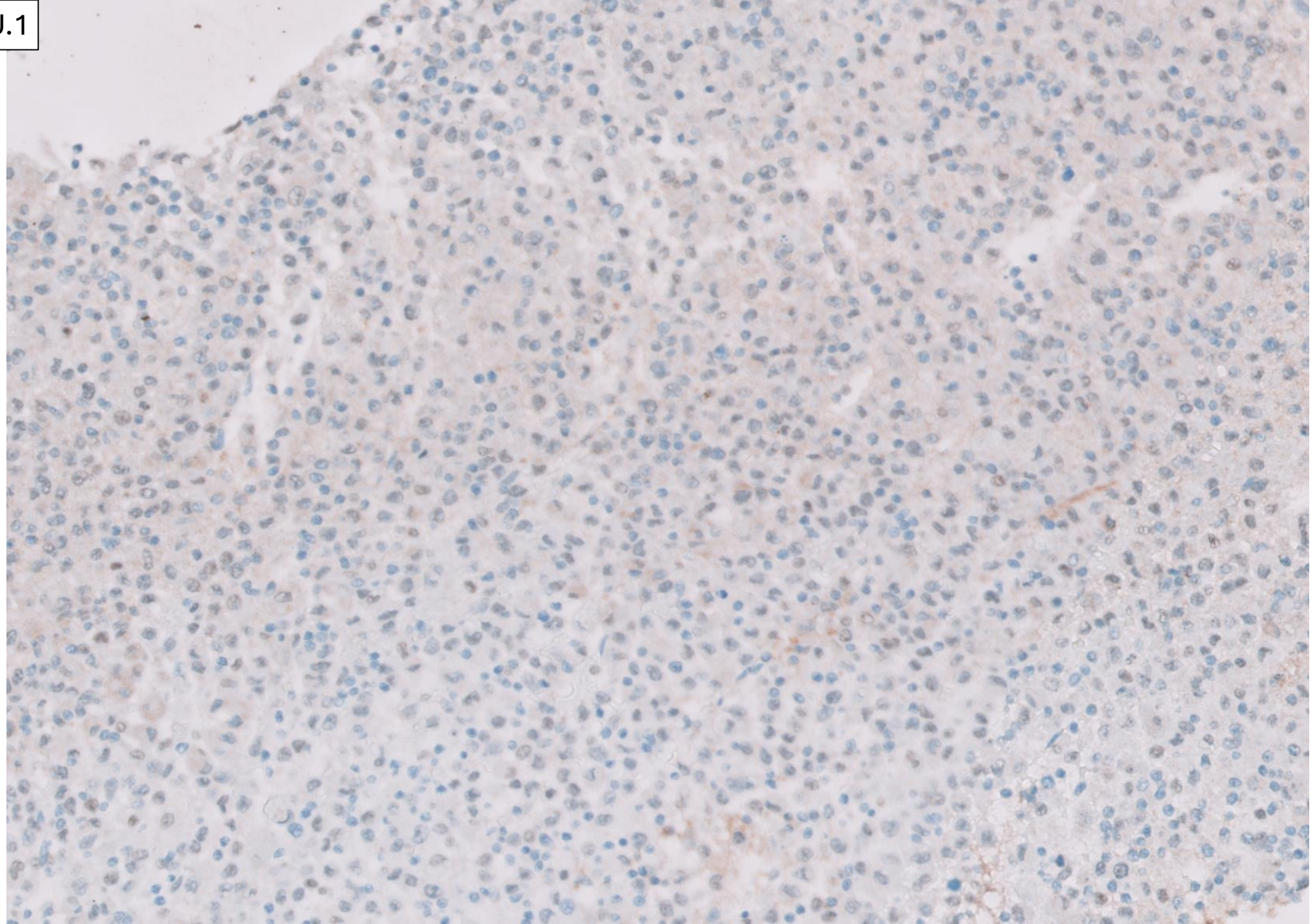


CD14

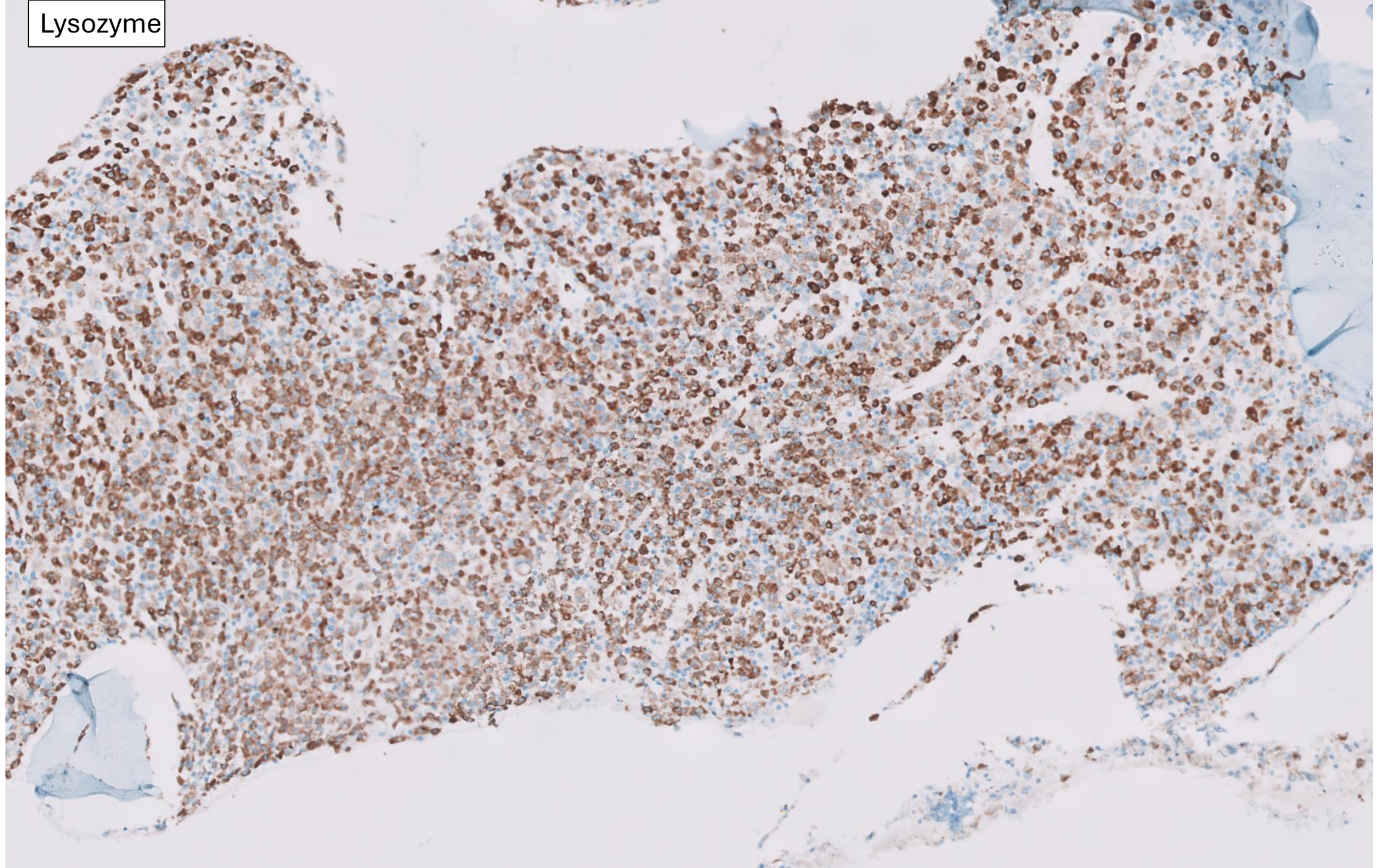


MPO





Lysozyme



DIAGNOSIS?

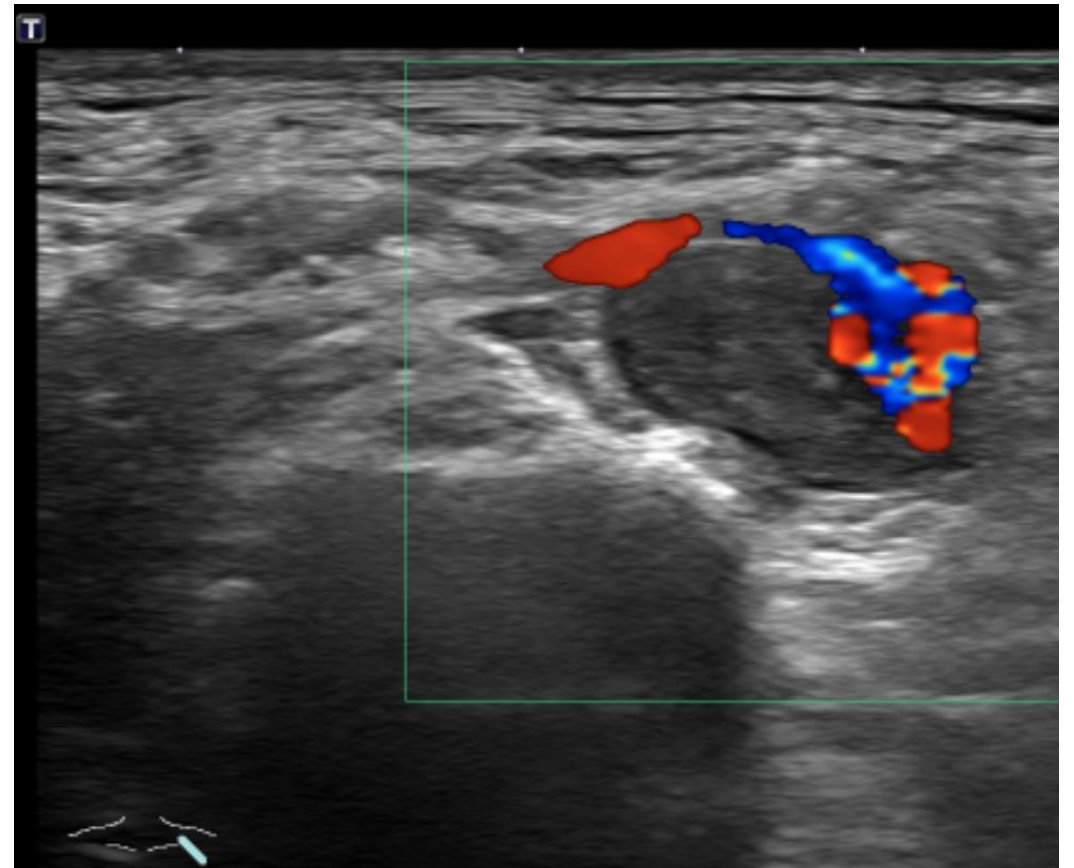
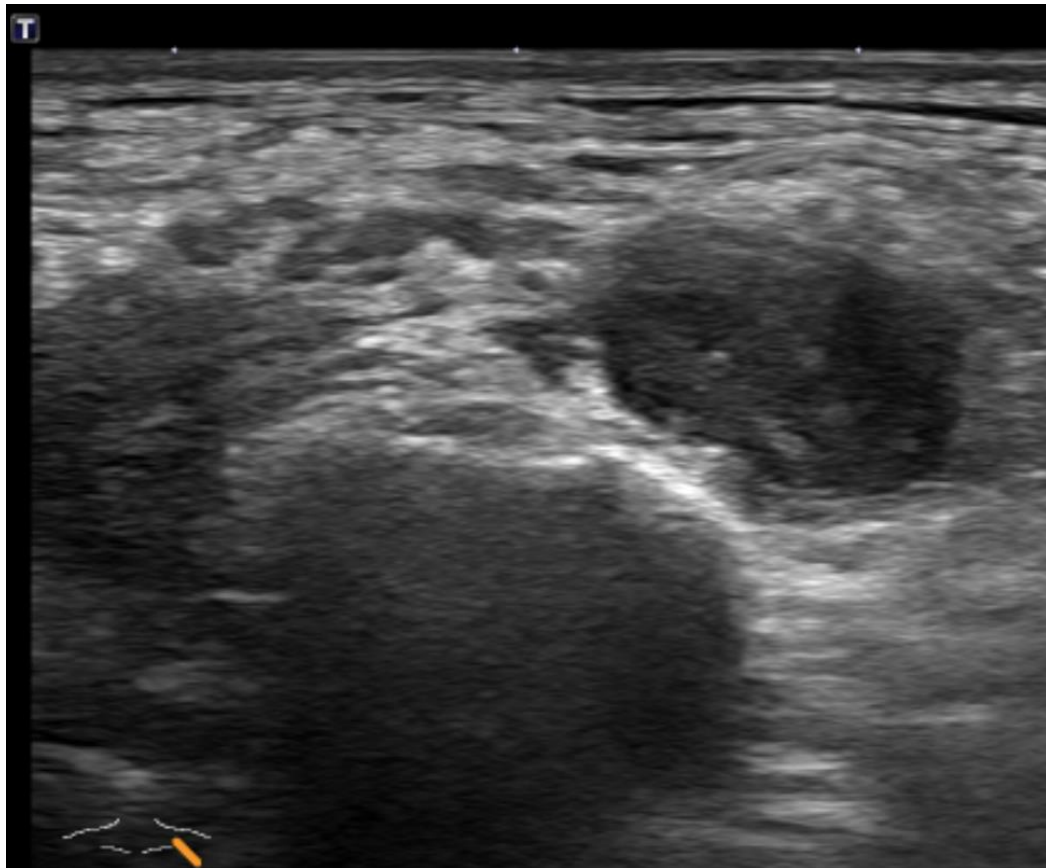


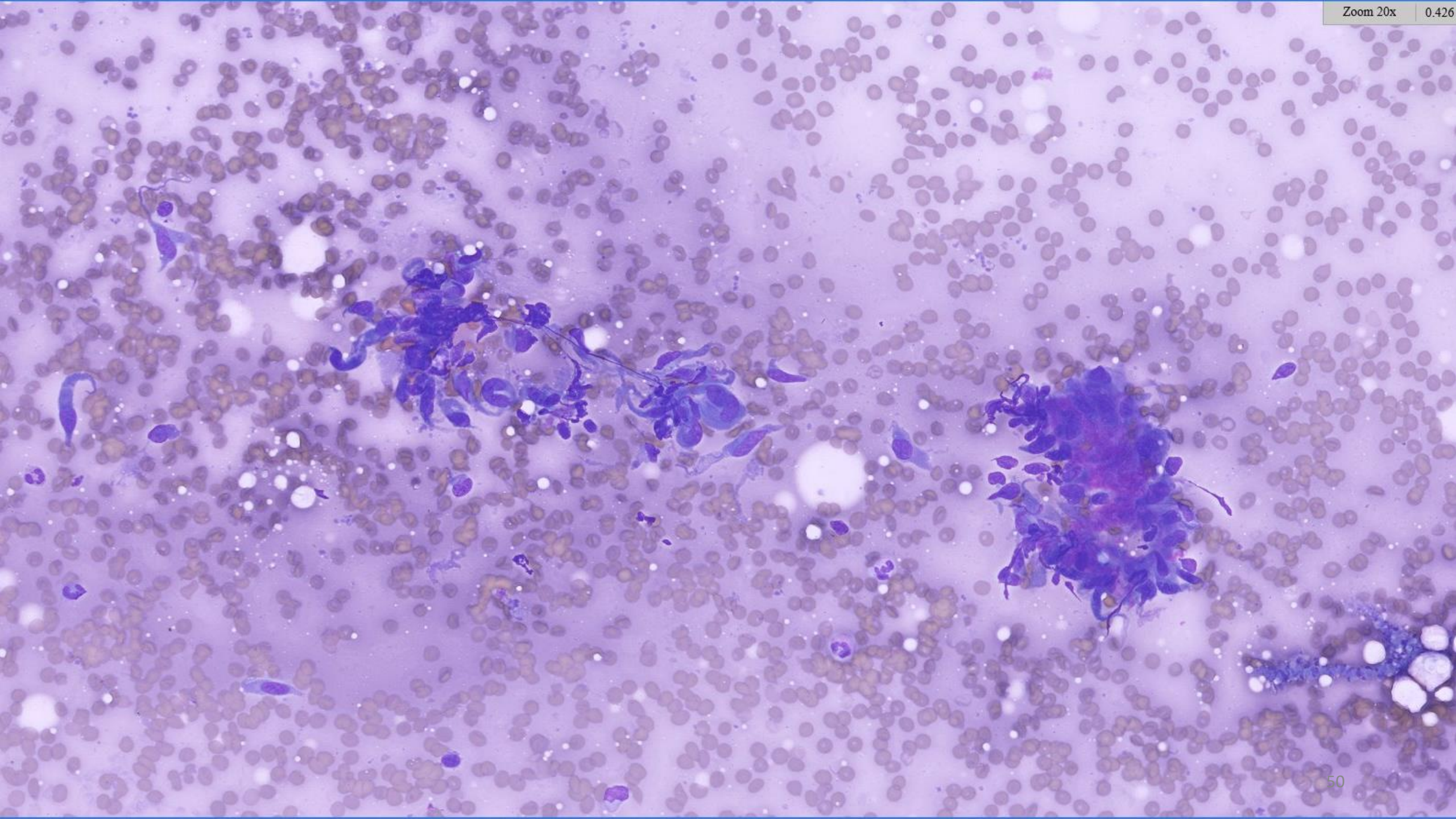
25-0804

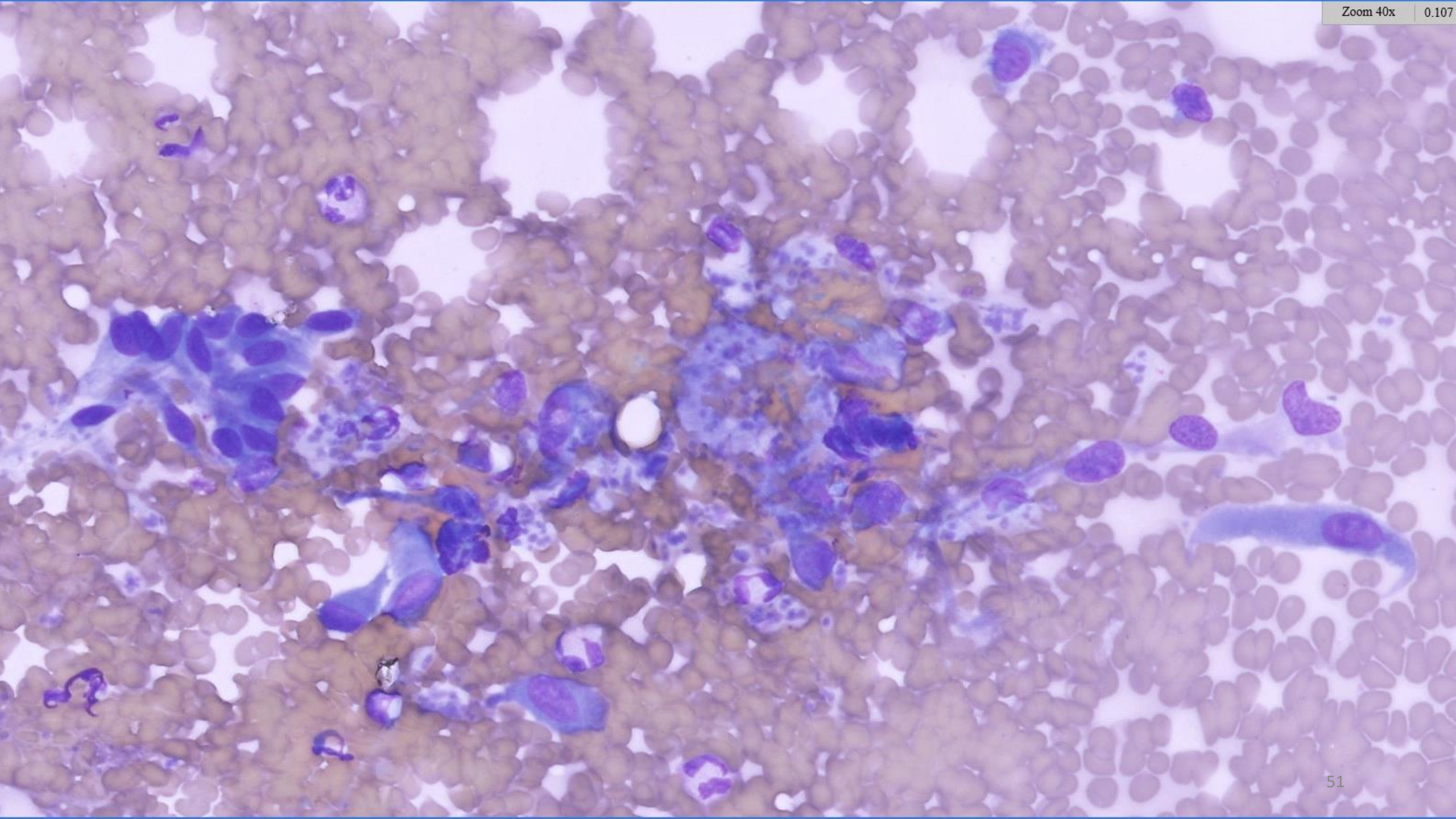
Diane Libert/Hubert Lau; Stanford

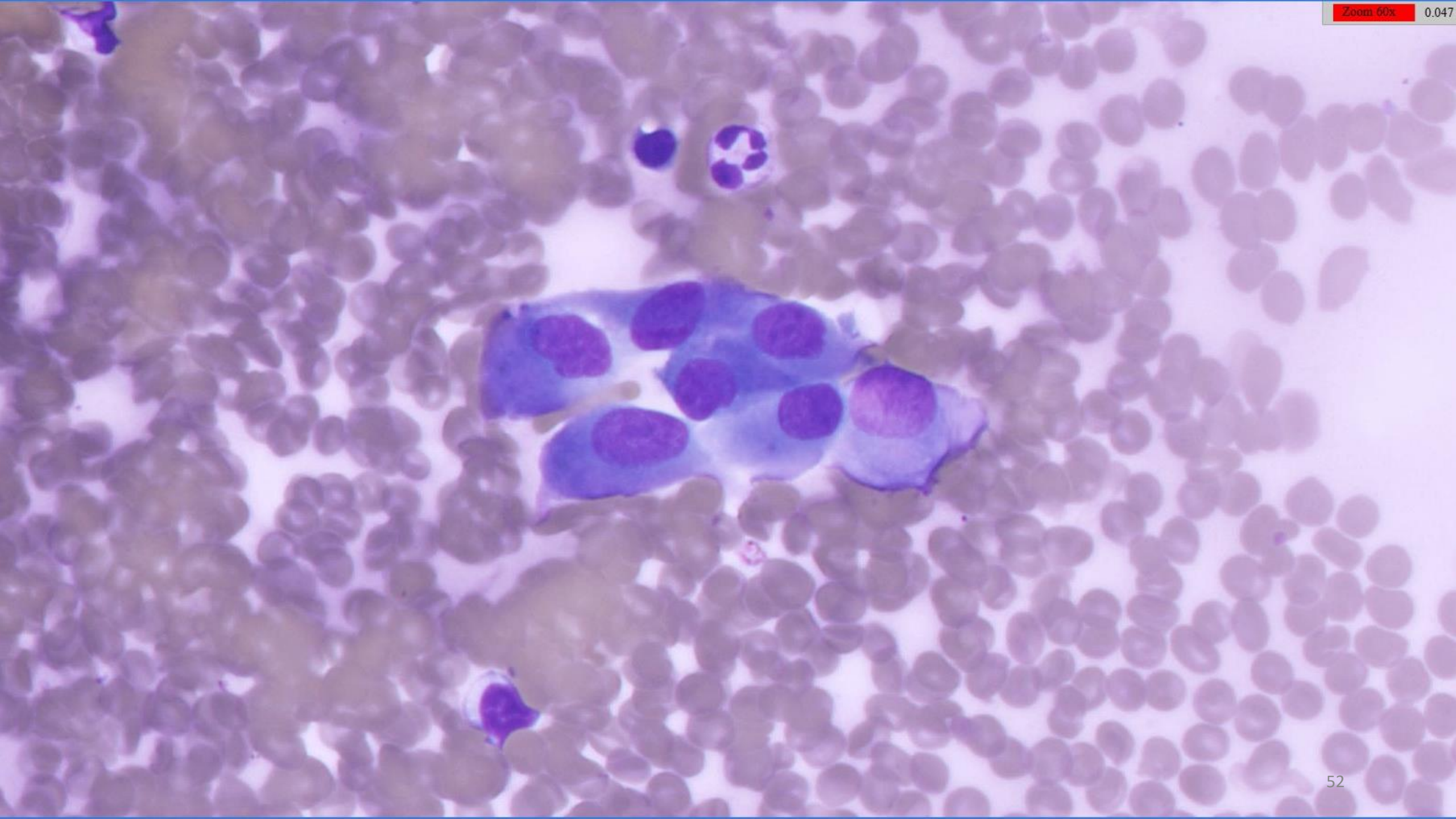
50ish-year-old female with history of multifocal invasive ductal carcinoma of the breast and axillary micrometastasis status-post surgery and radiation >10 years ago, presenting for FNA of enlarged supraclavicular lymph node

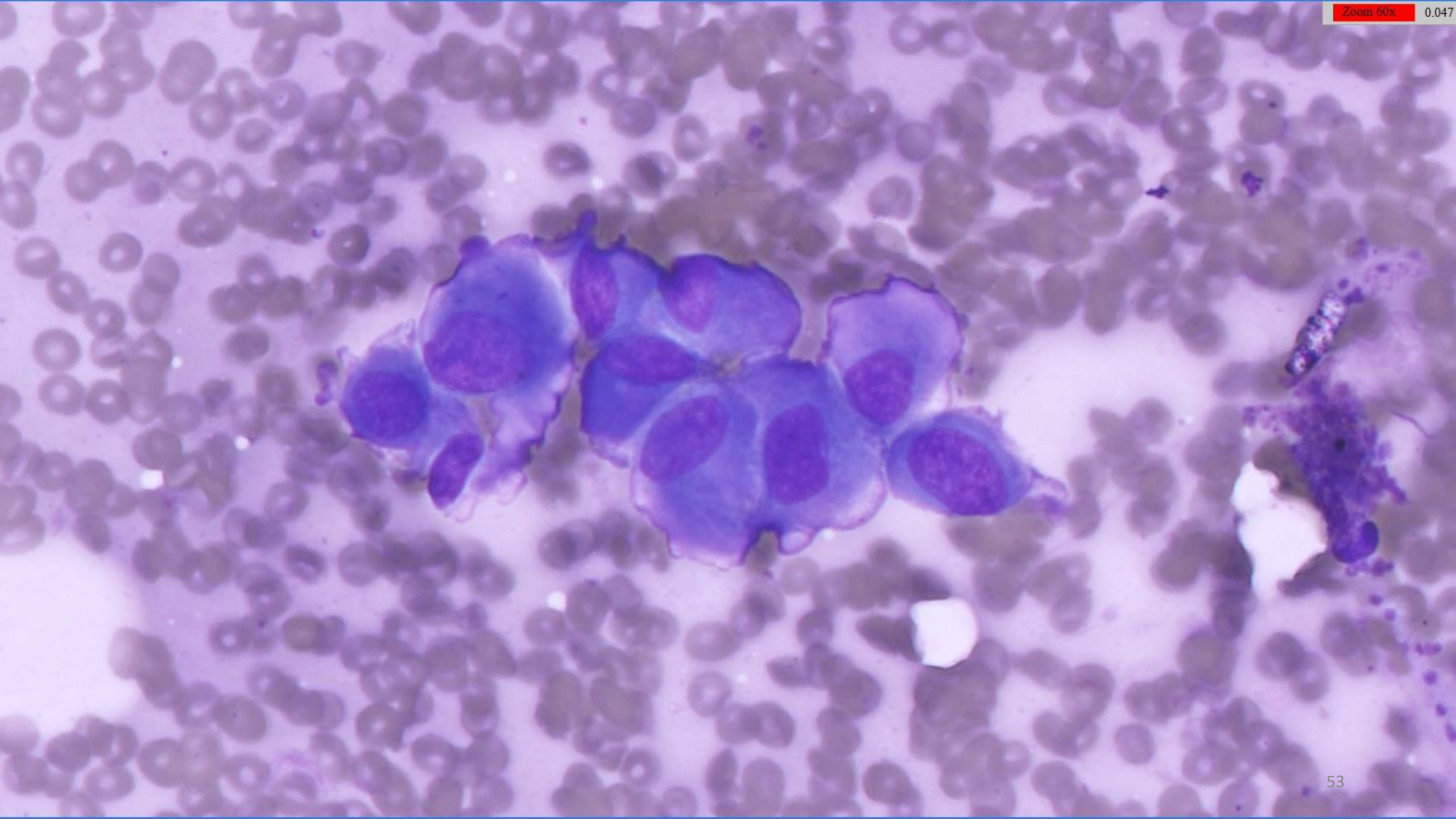
Ultrasound: “1.3 cm abnormal rounded hypervascular lymph node in the left supraclavicular station”

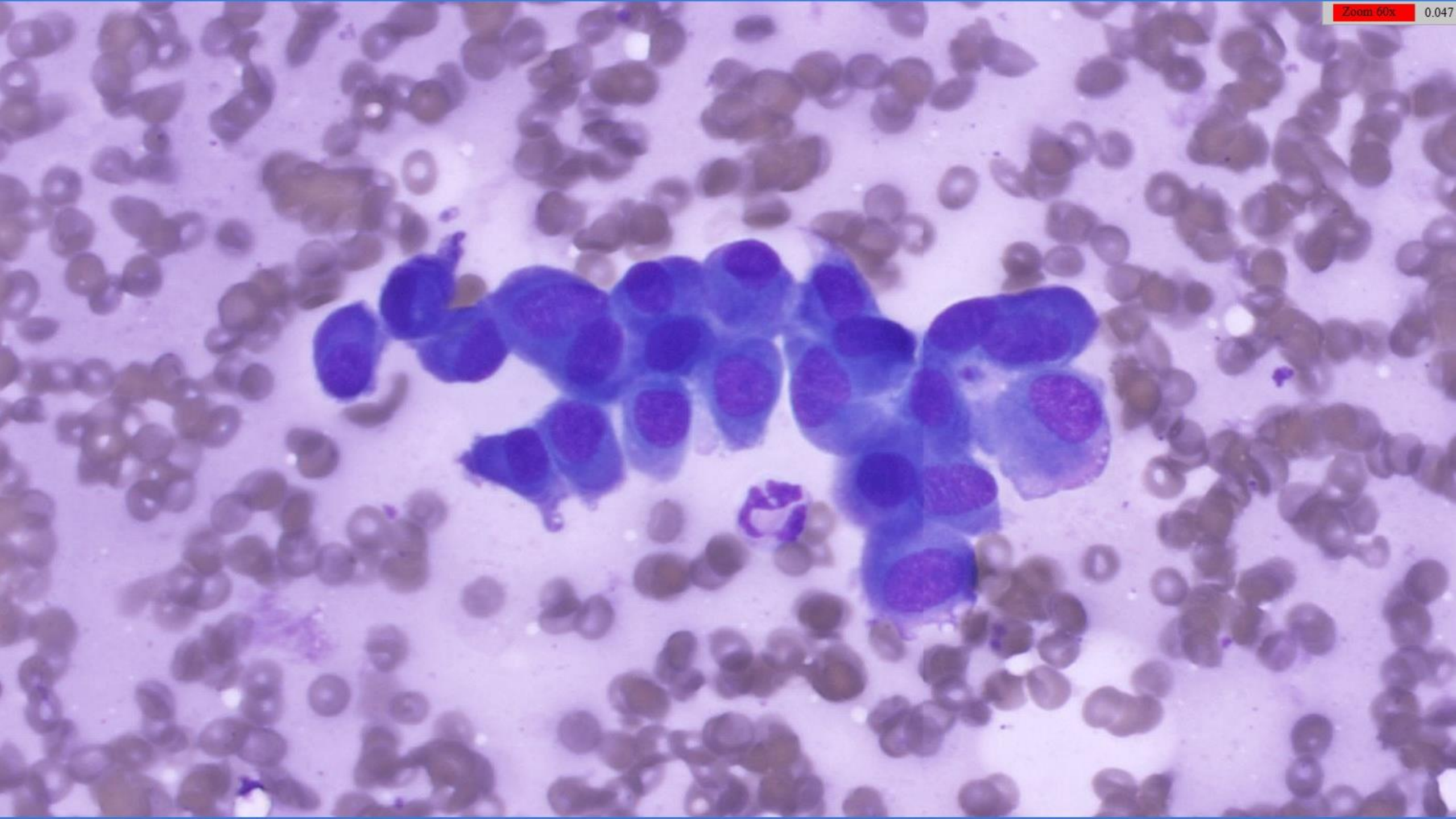


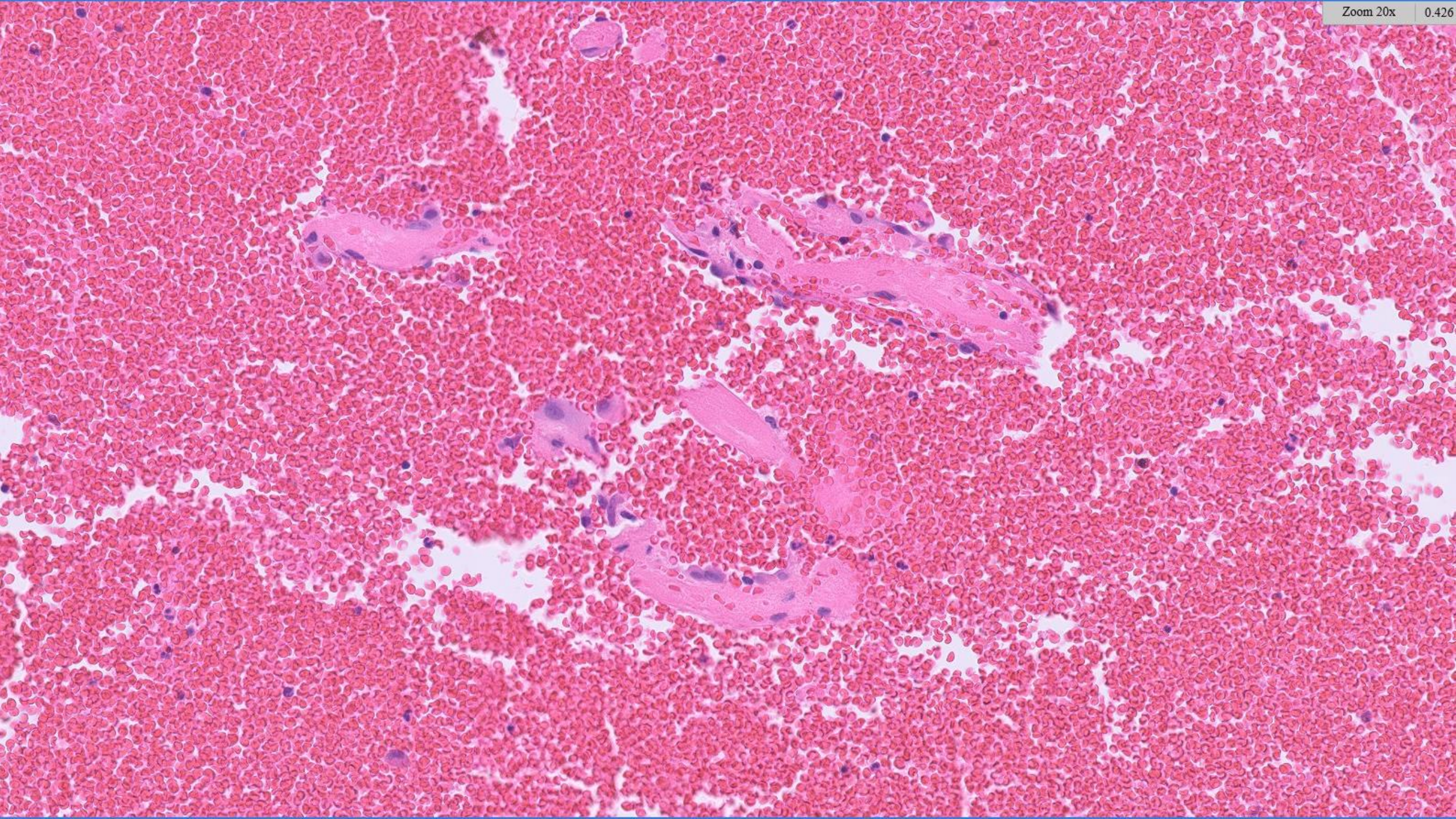


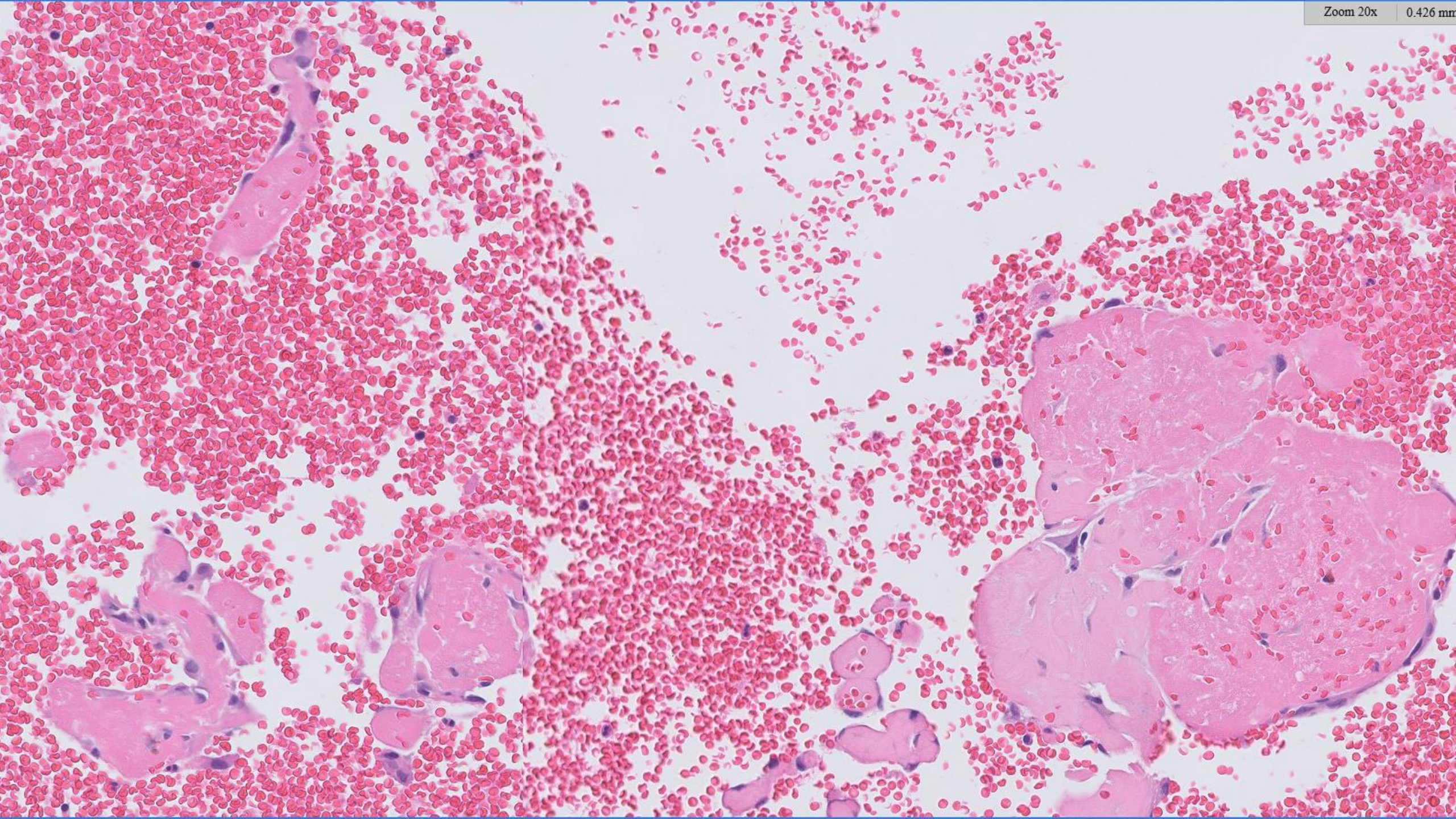












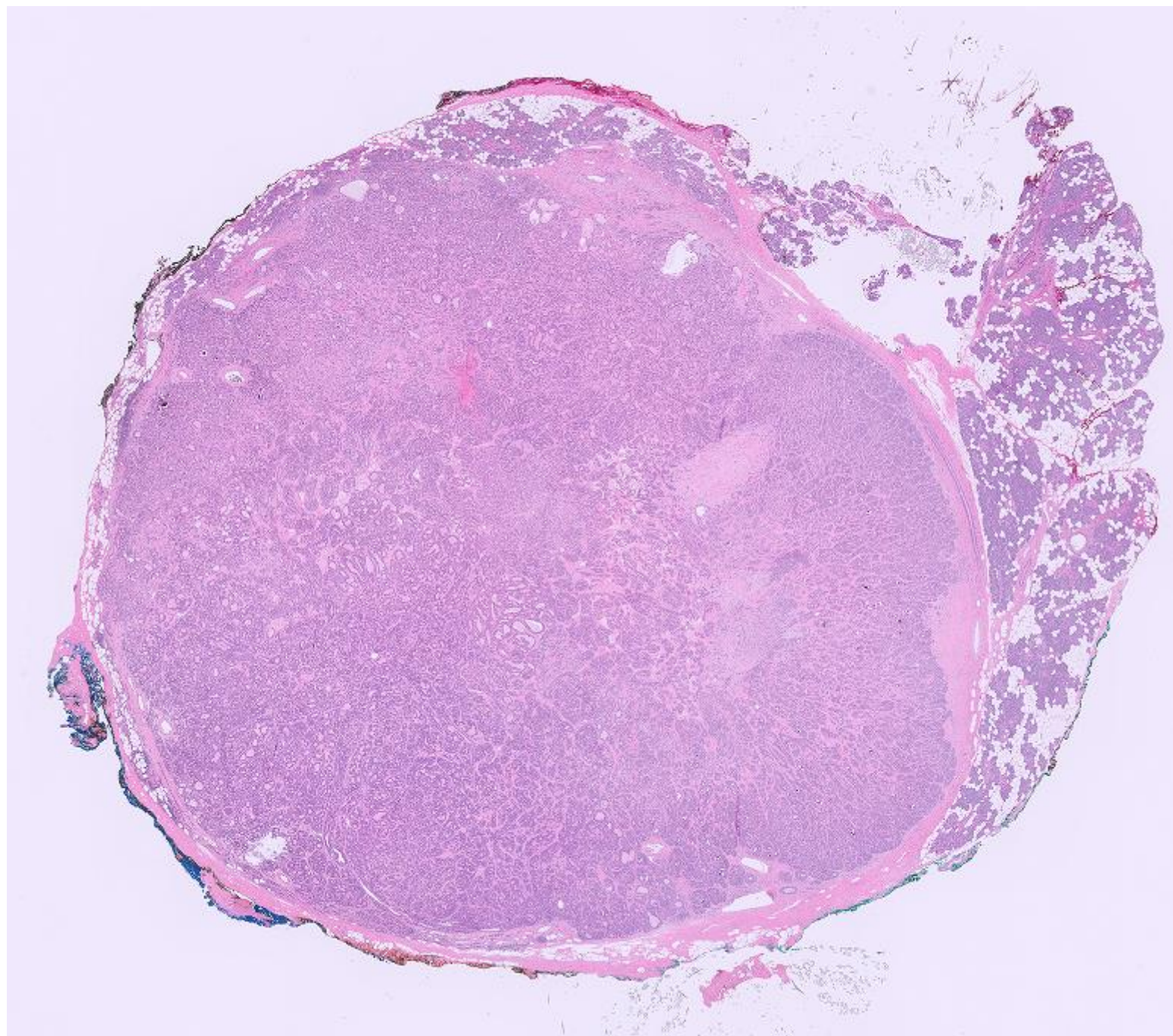
DIAGNOSIS?

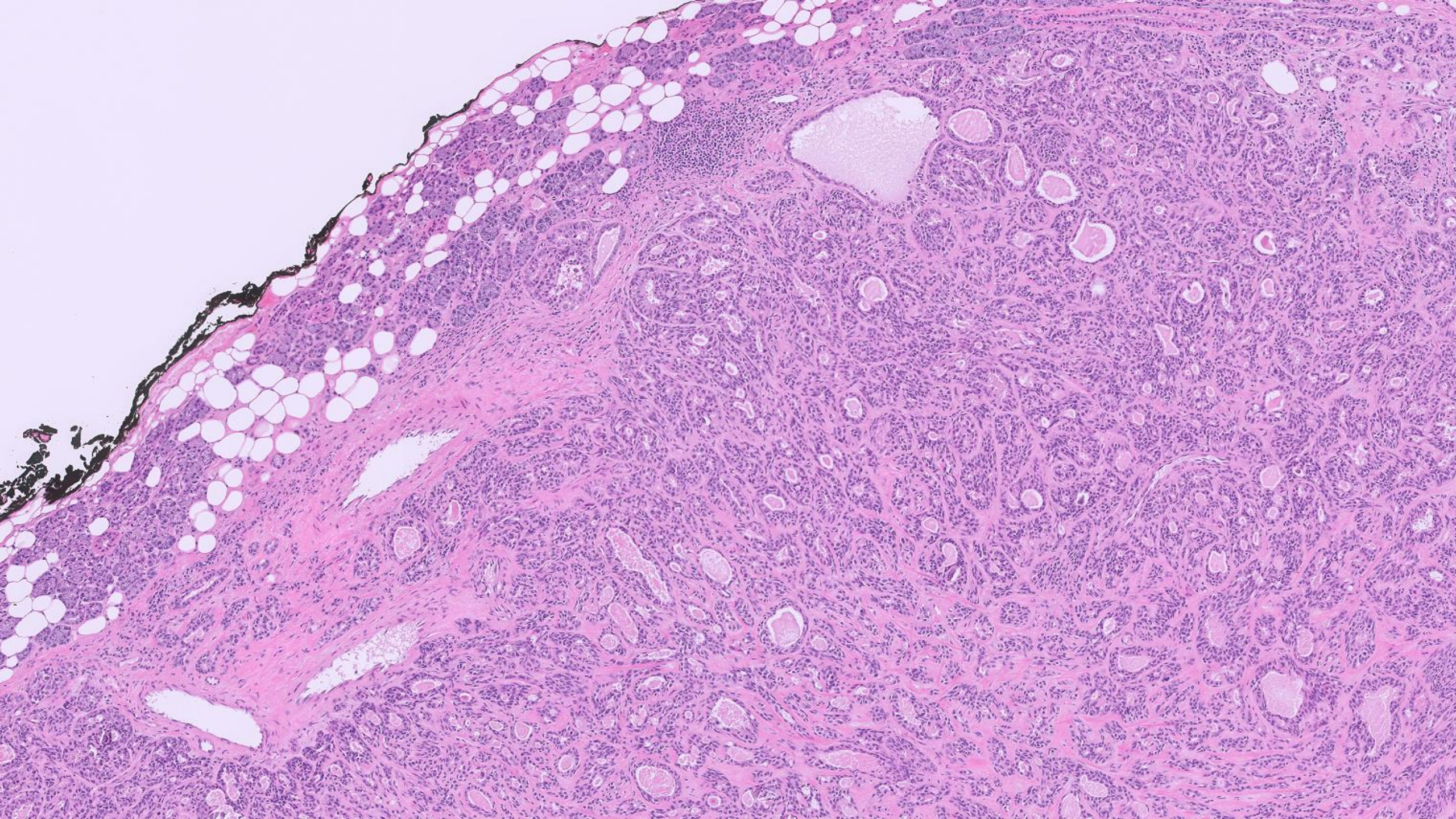


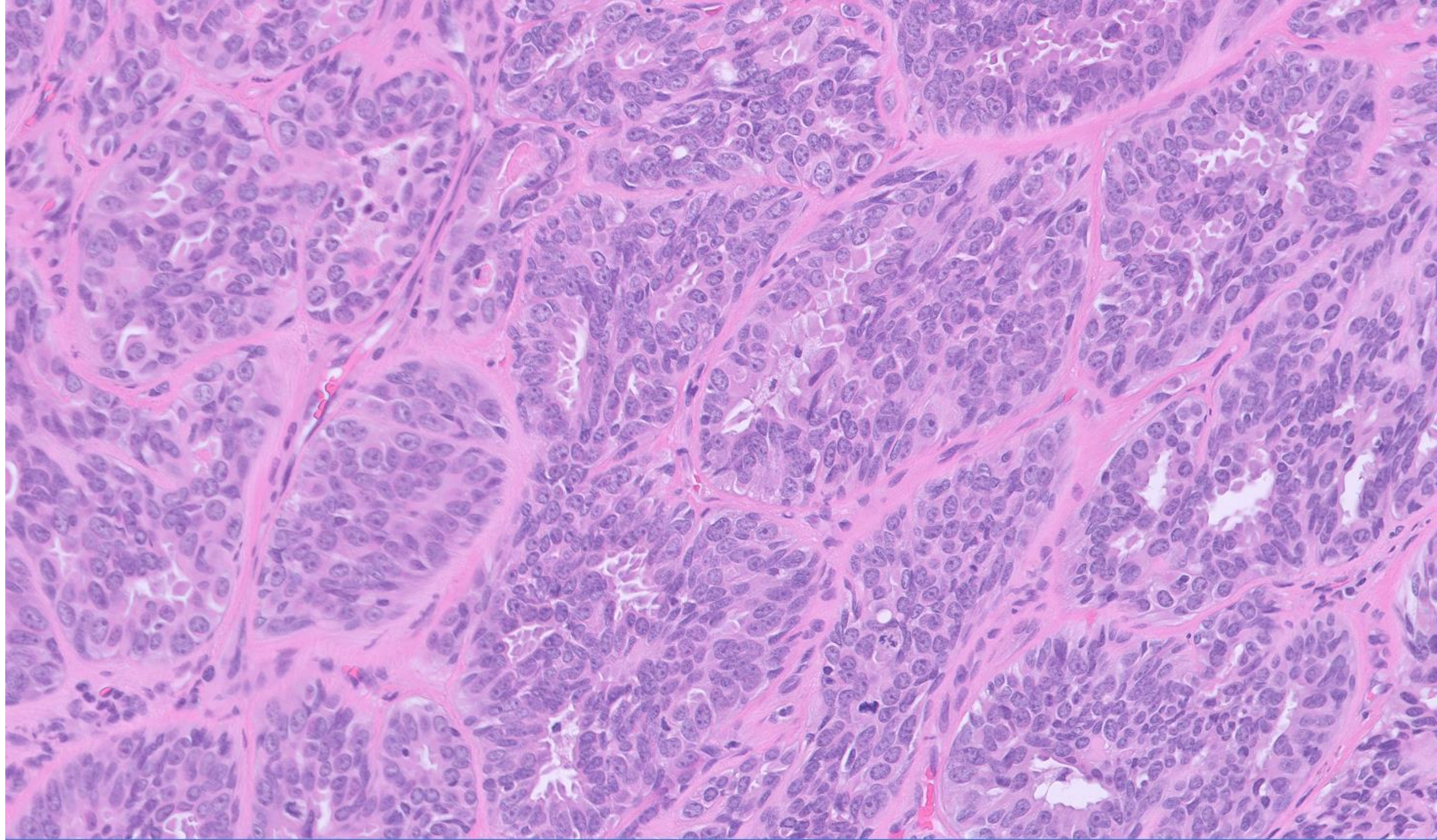
25-0805

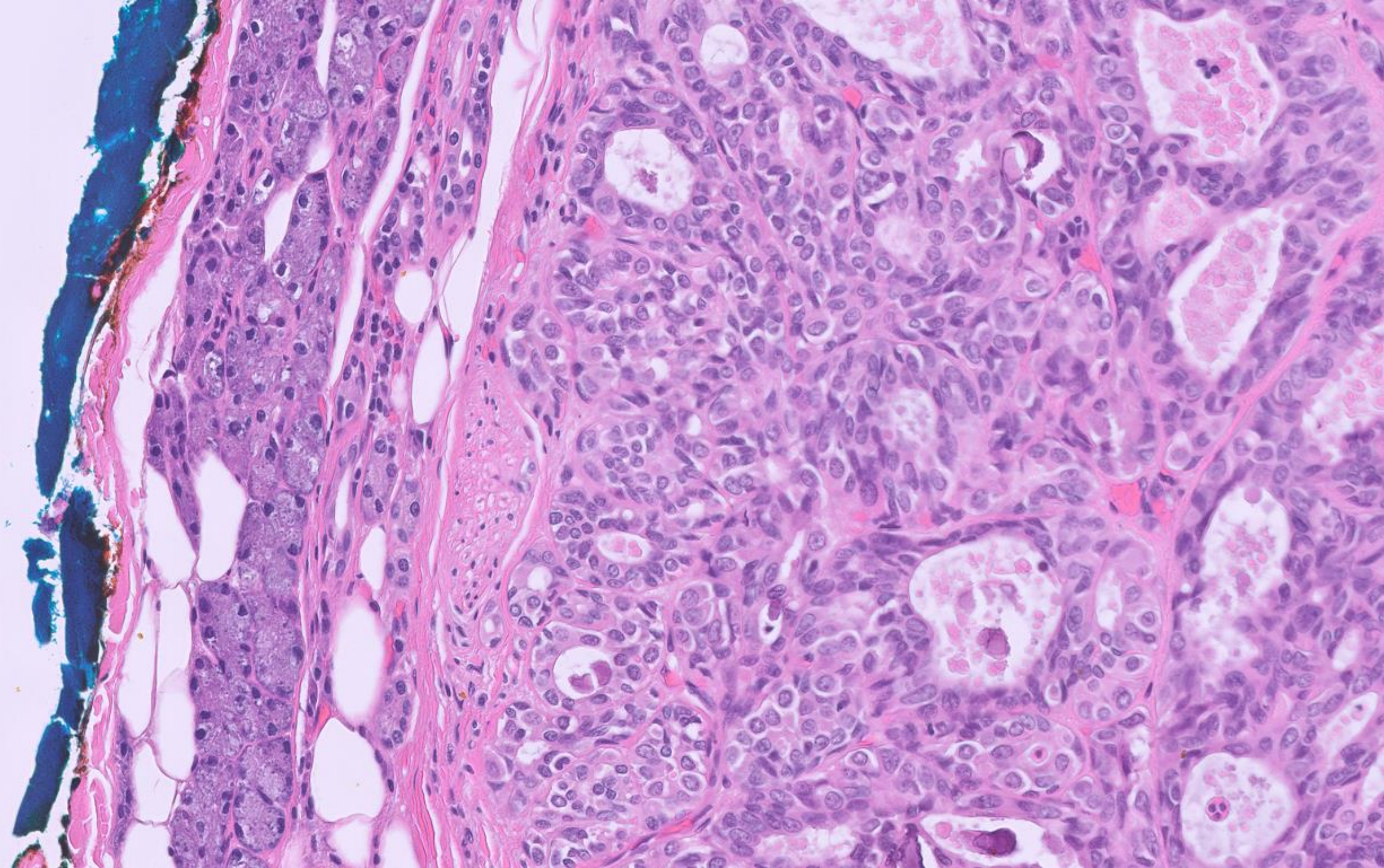
Eric Ollila; Stanford University

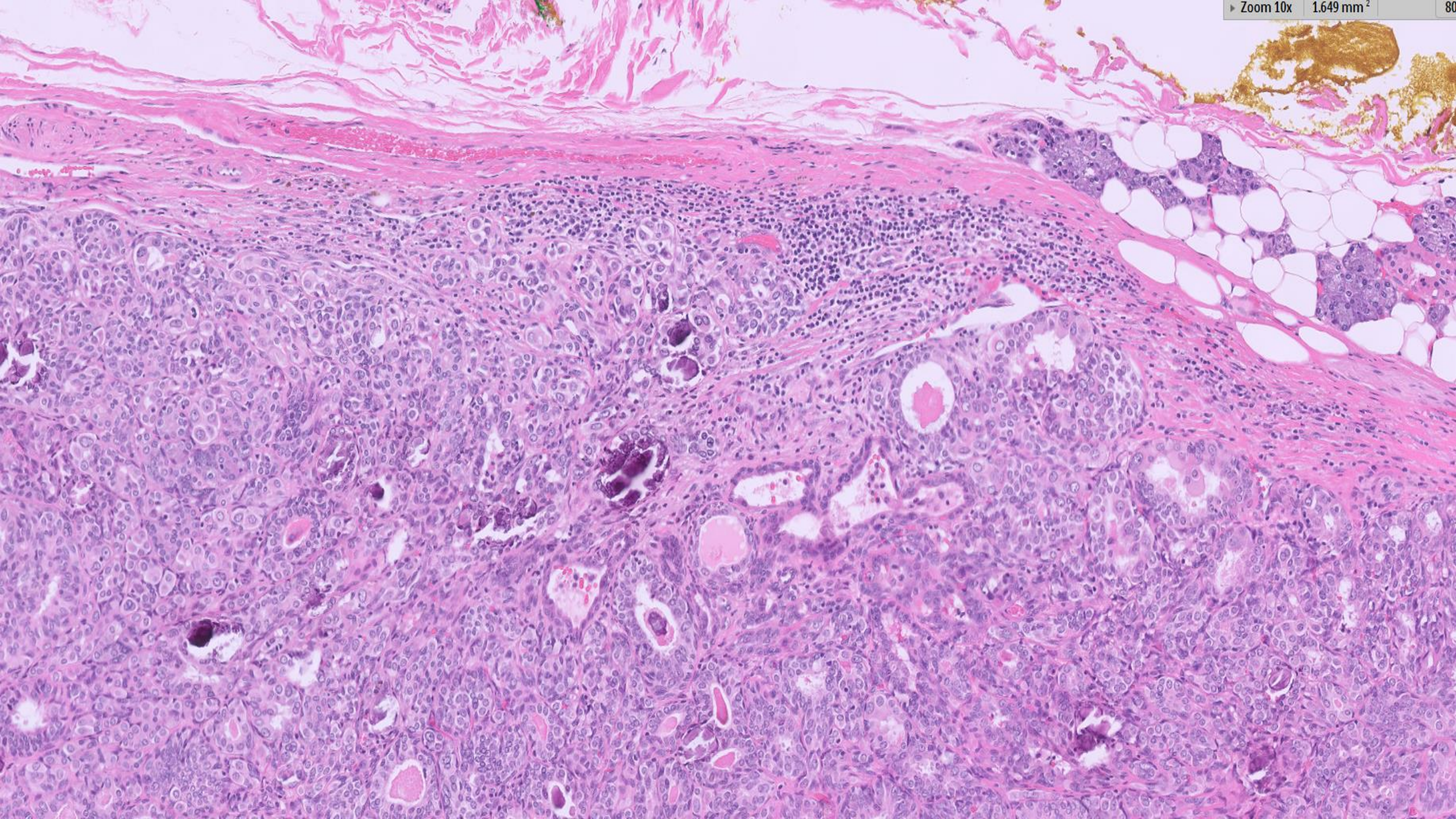
75 yo male with a well-circumscribed left parotid mass

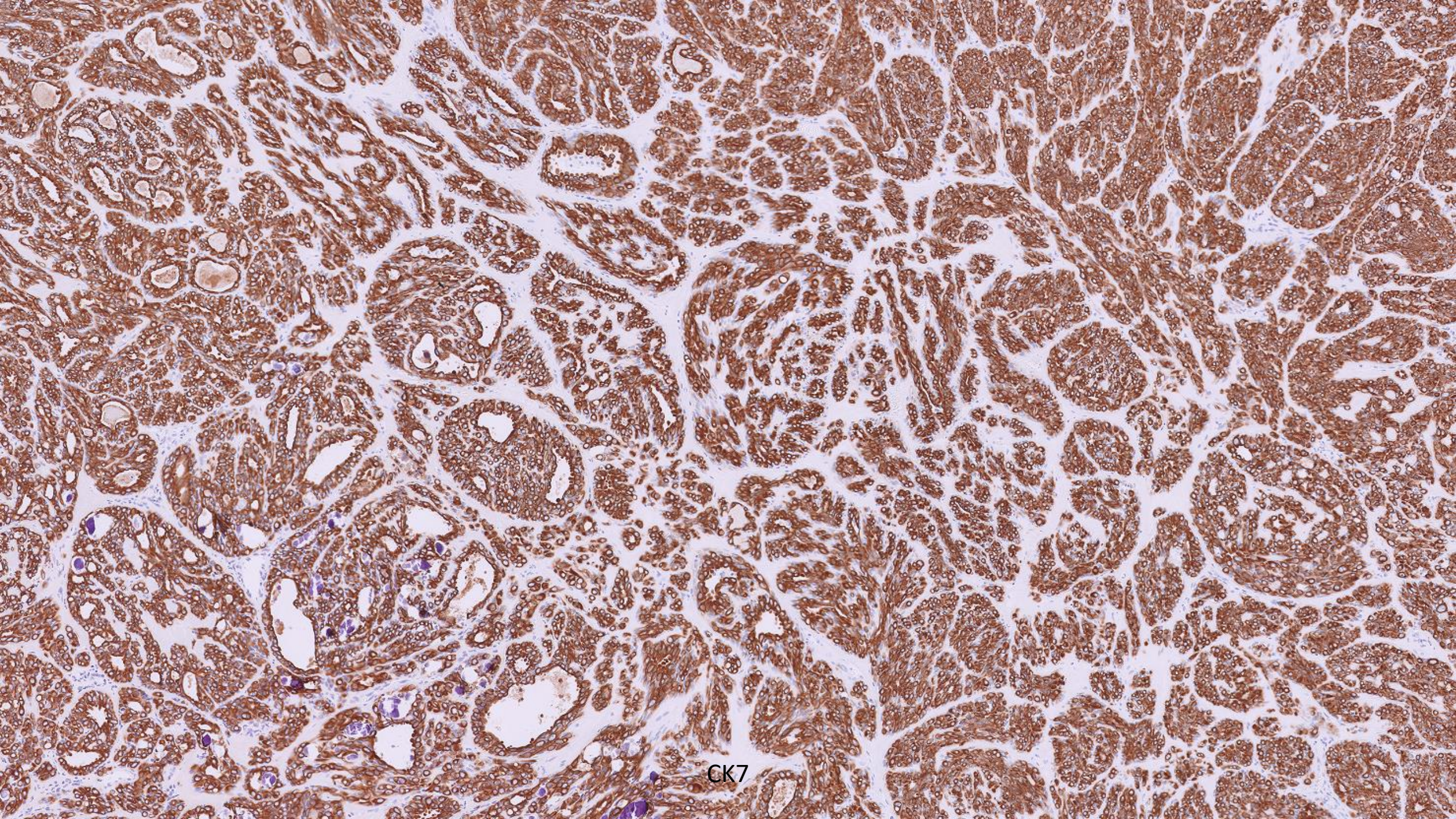




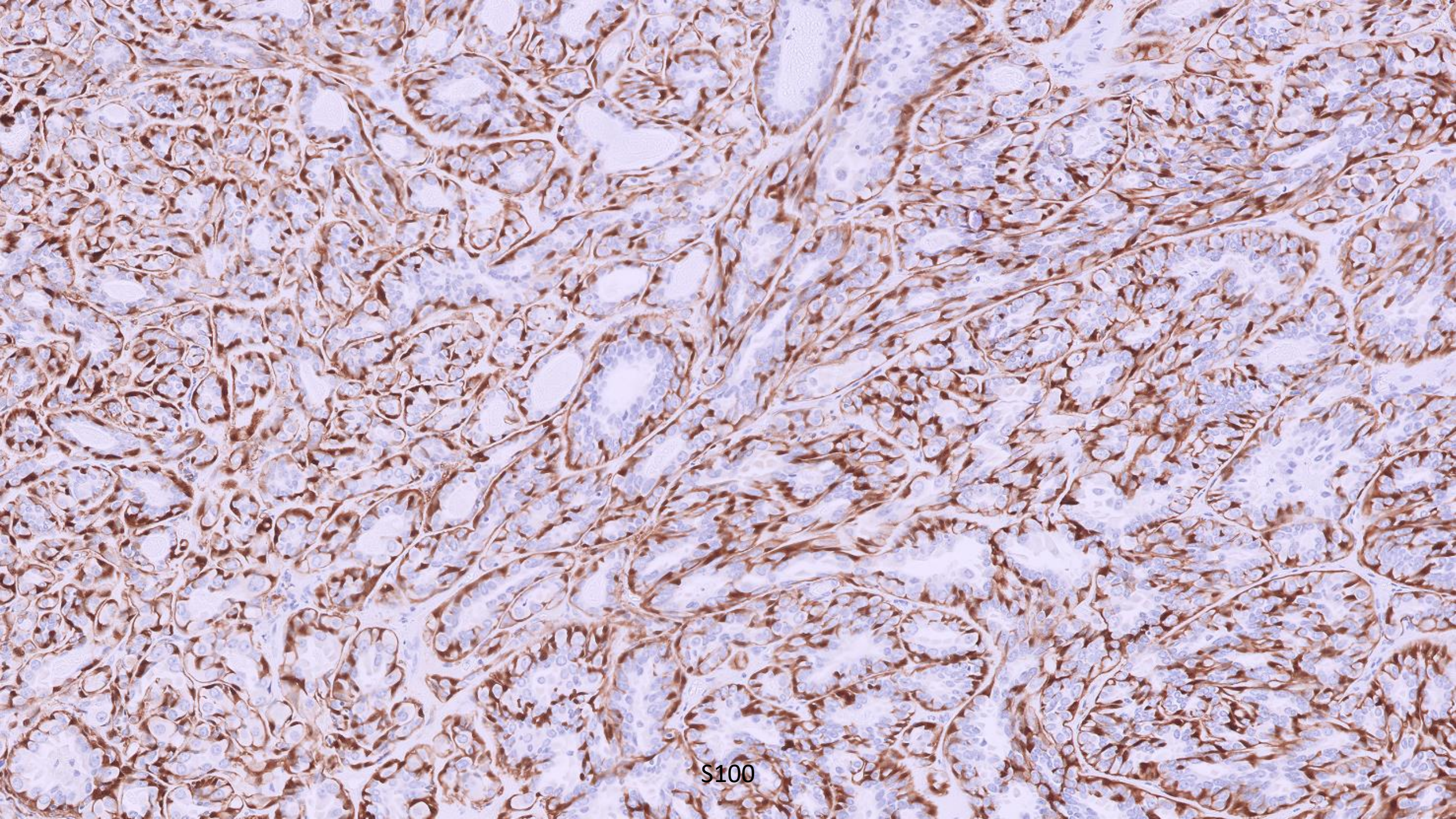




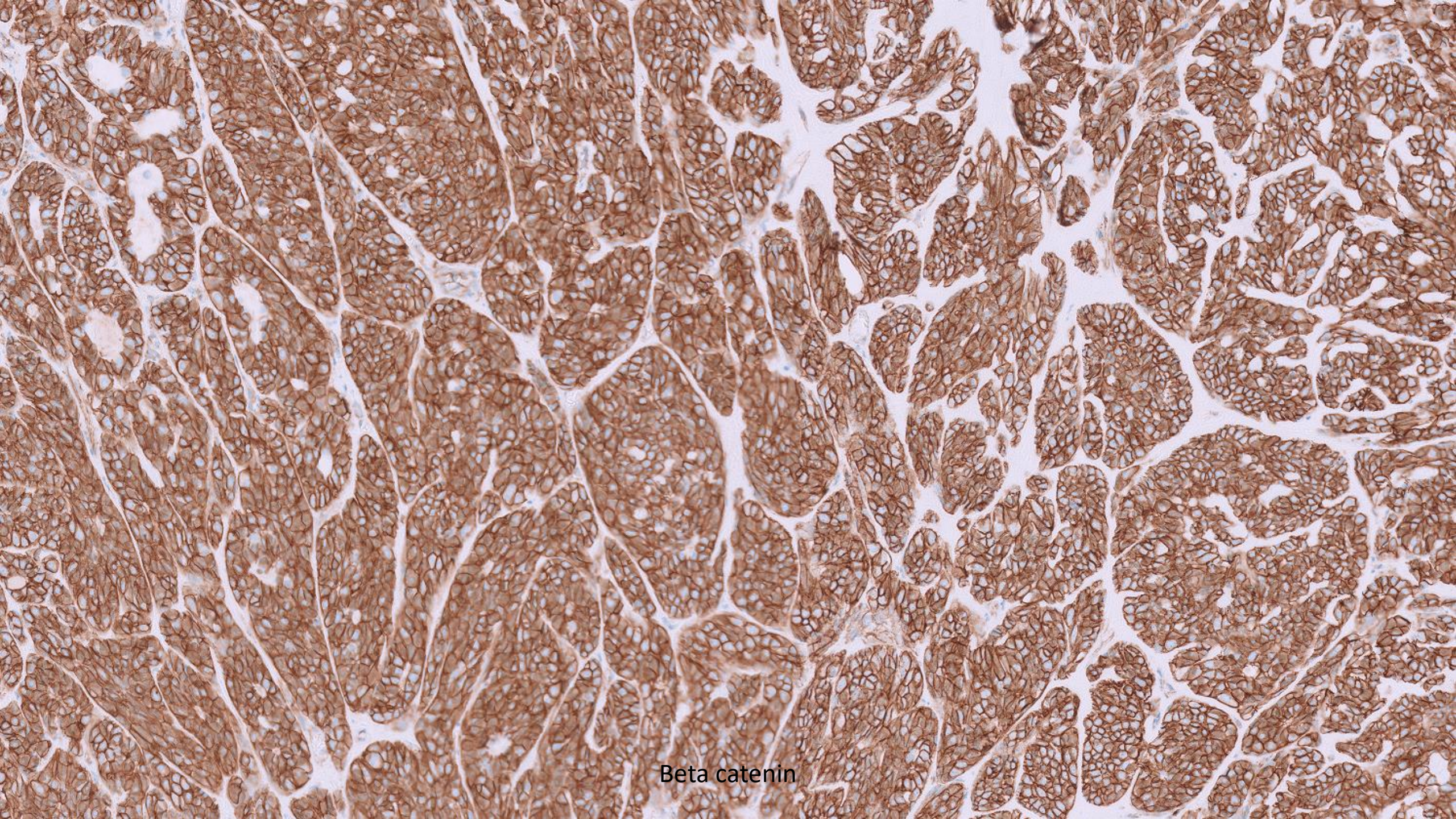




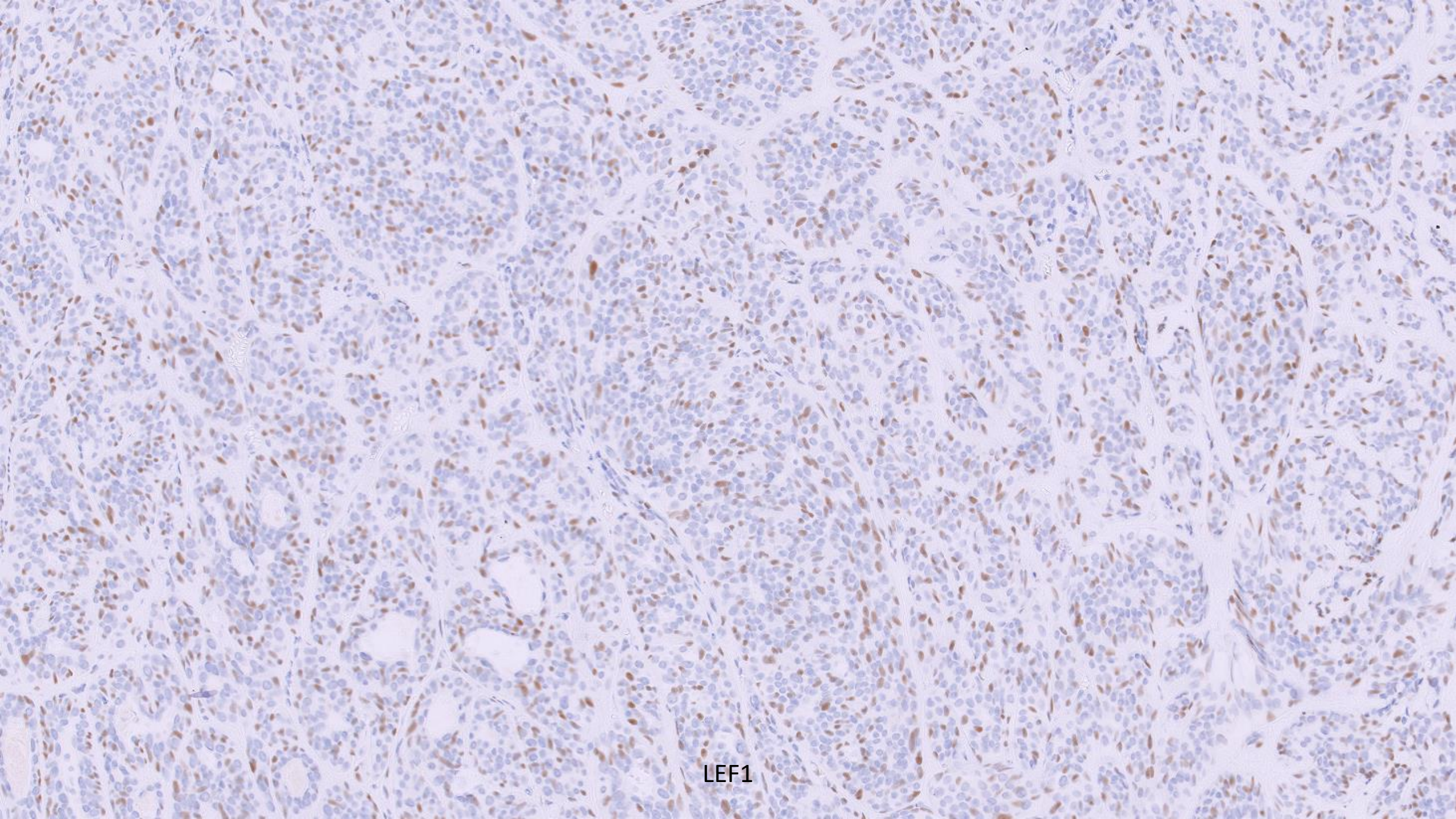
CK7



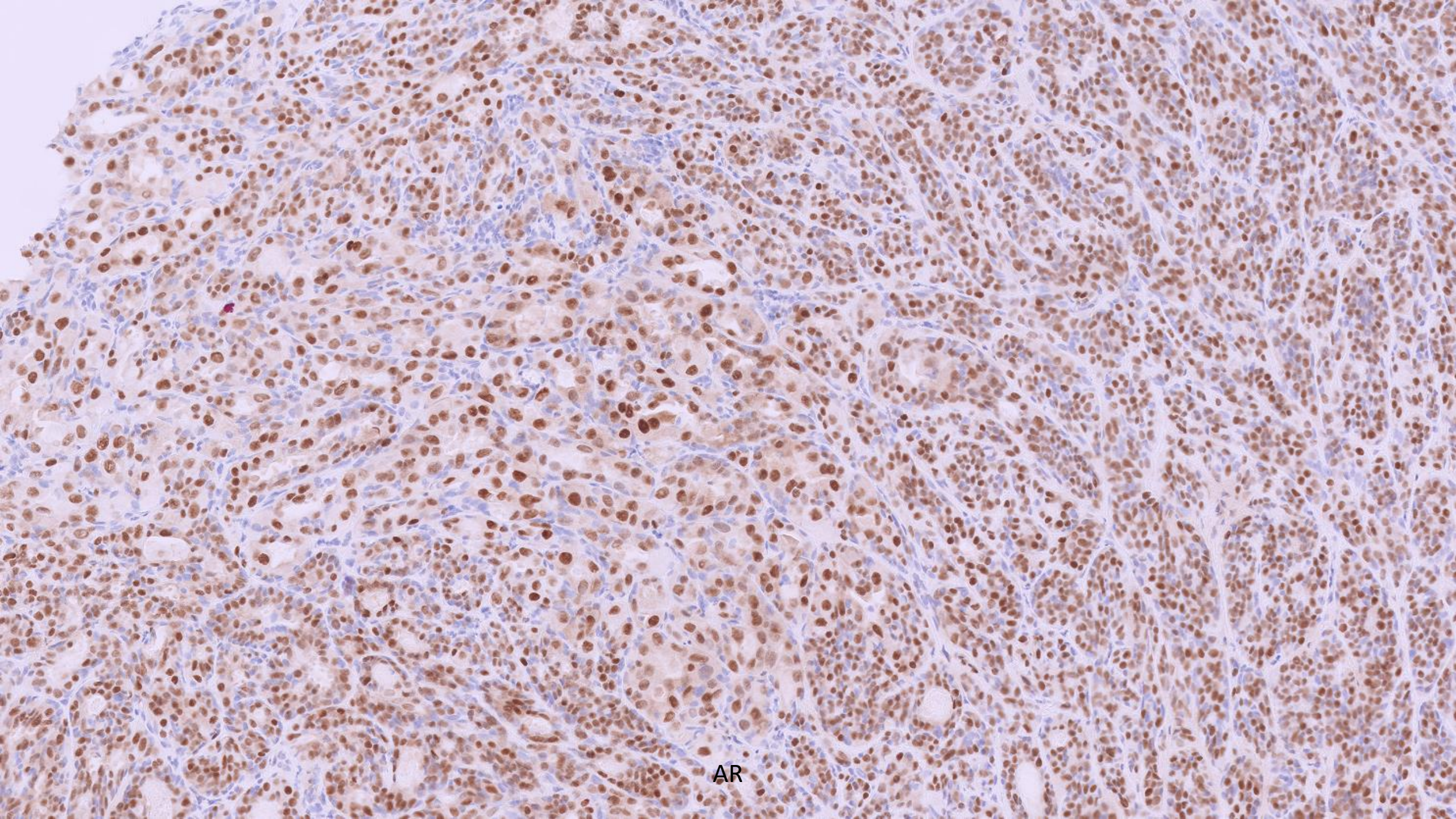
\$100



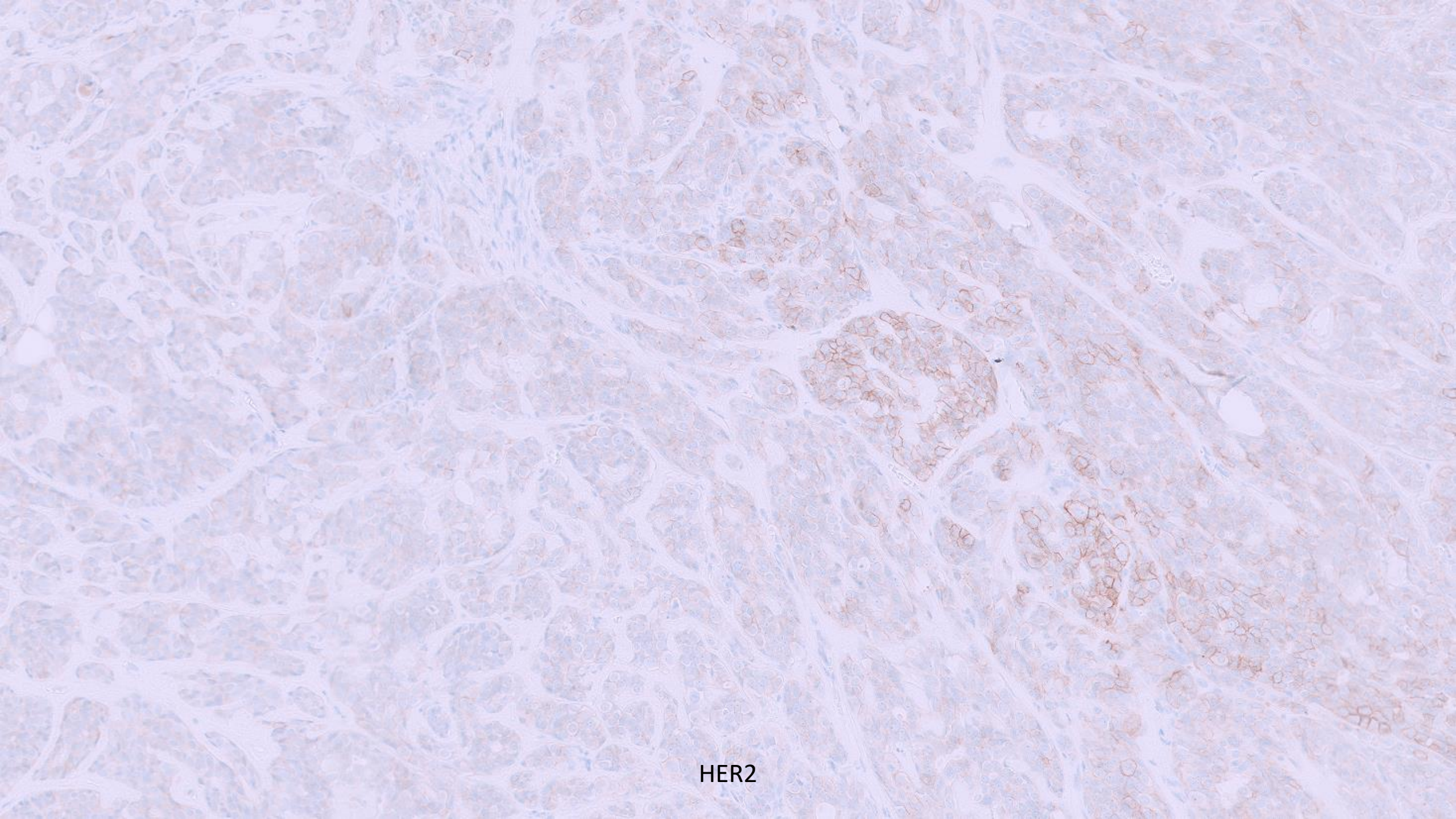
Beta catenin



LEF1



AR



HER2

DIAGNOSIS?





25-0806

Harris Goodman; Alameda Health System

40 year old woman with iron deficiency anemia, elevated liver enzymes and cholelithiasis

Laboratory Studies:

AST: 87 U/L

ALT: 103 U/L

Total Bilirubin: 0.6 mg/dL

Ferritin: 11.7 ng/mL

Ceruloplasmin: 39 mg/dL

Hepatitis A antibody, total: reactive

Hepatitis B surface antigen: non-reactive

Hepatitis B surface antibody: non-reactive

Hepatitis B core antibody, total: non-reactive

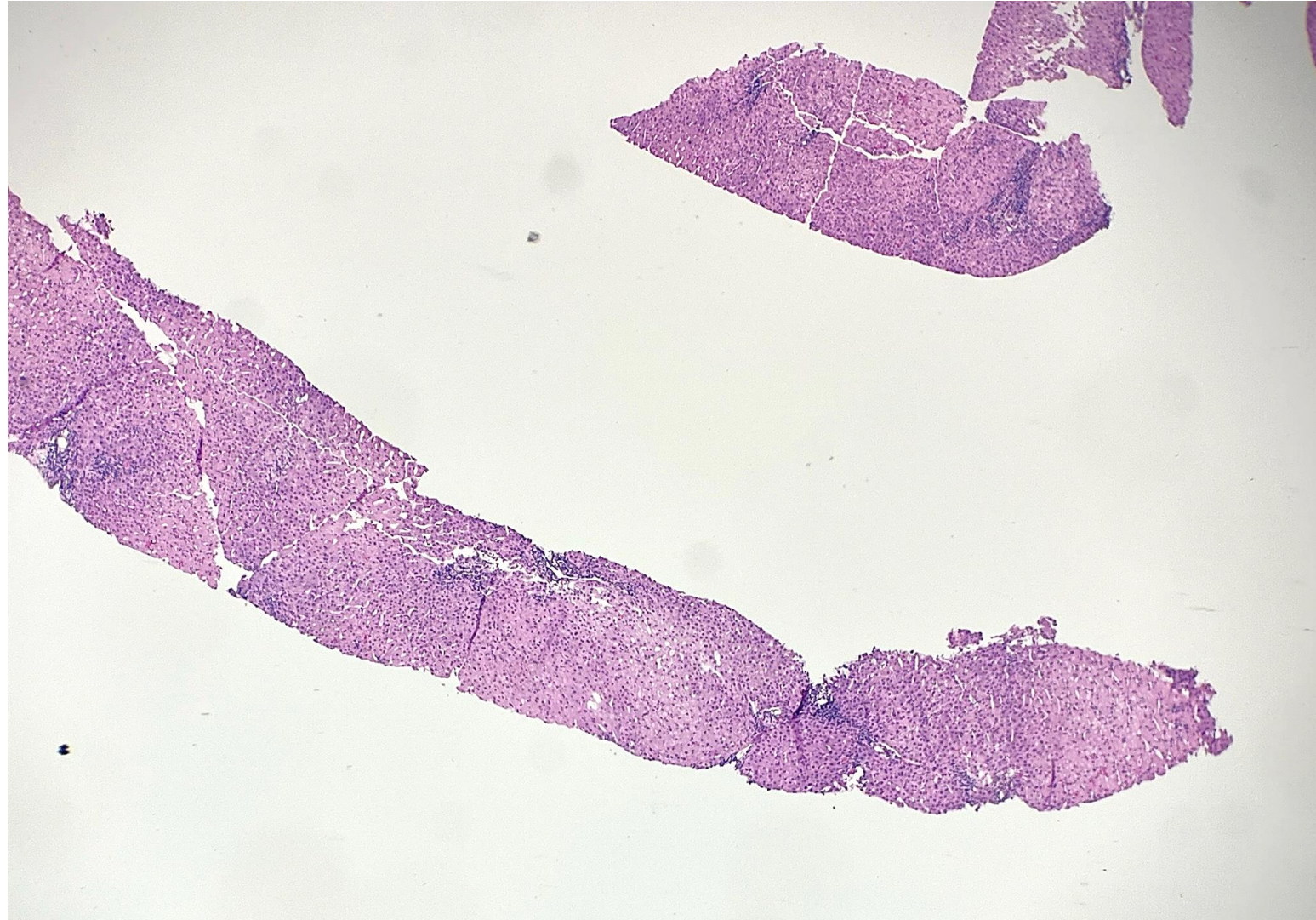
Hepatitis C antibody: non-reactive

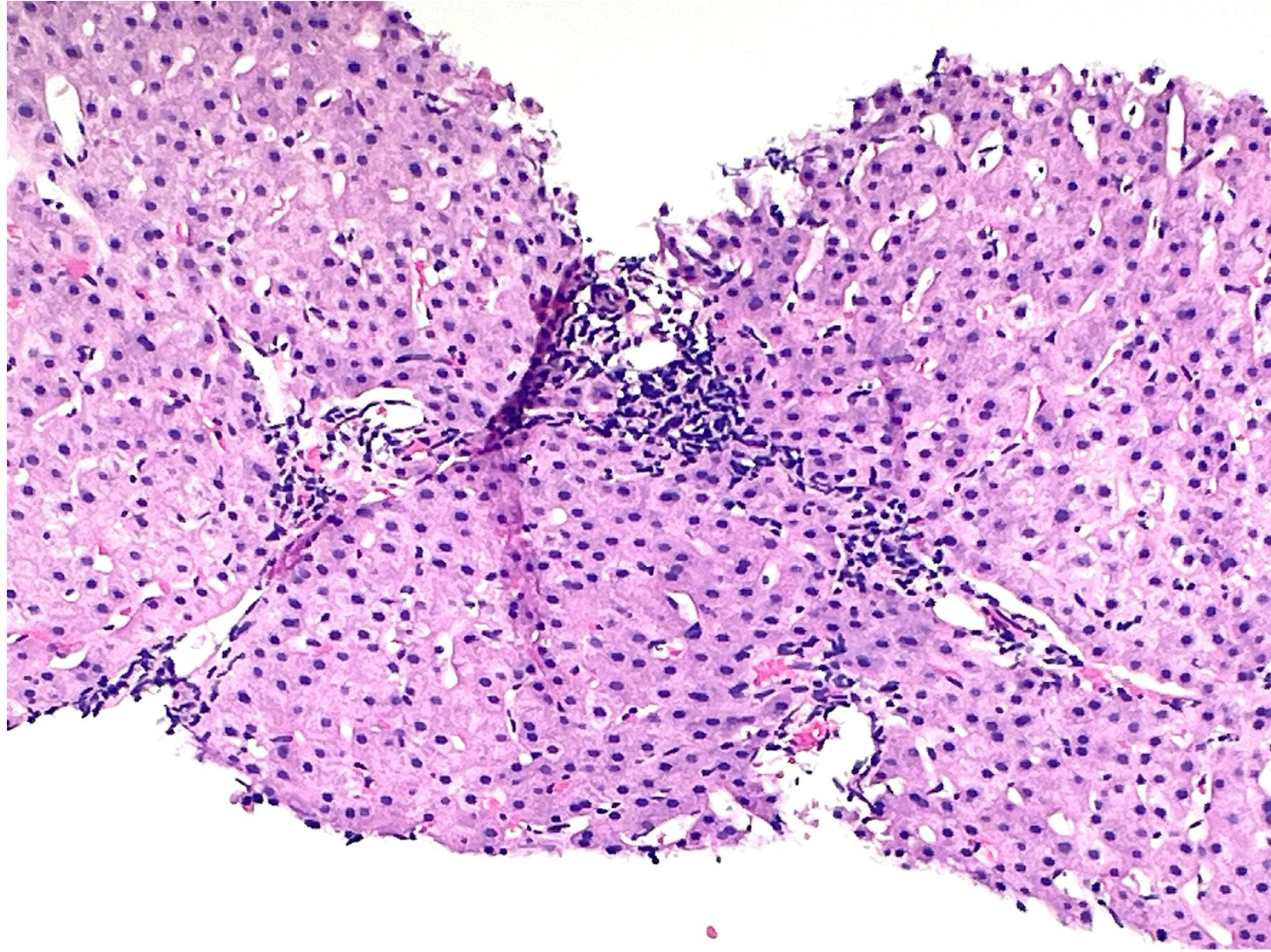
Alpha-1-antitrypsin, Quantitative: 168 mg/dL

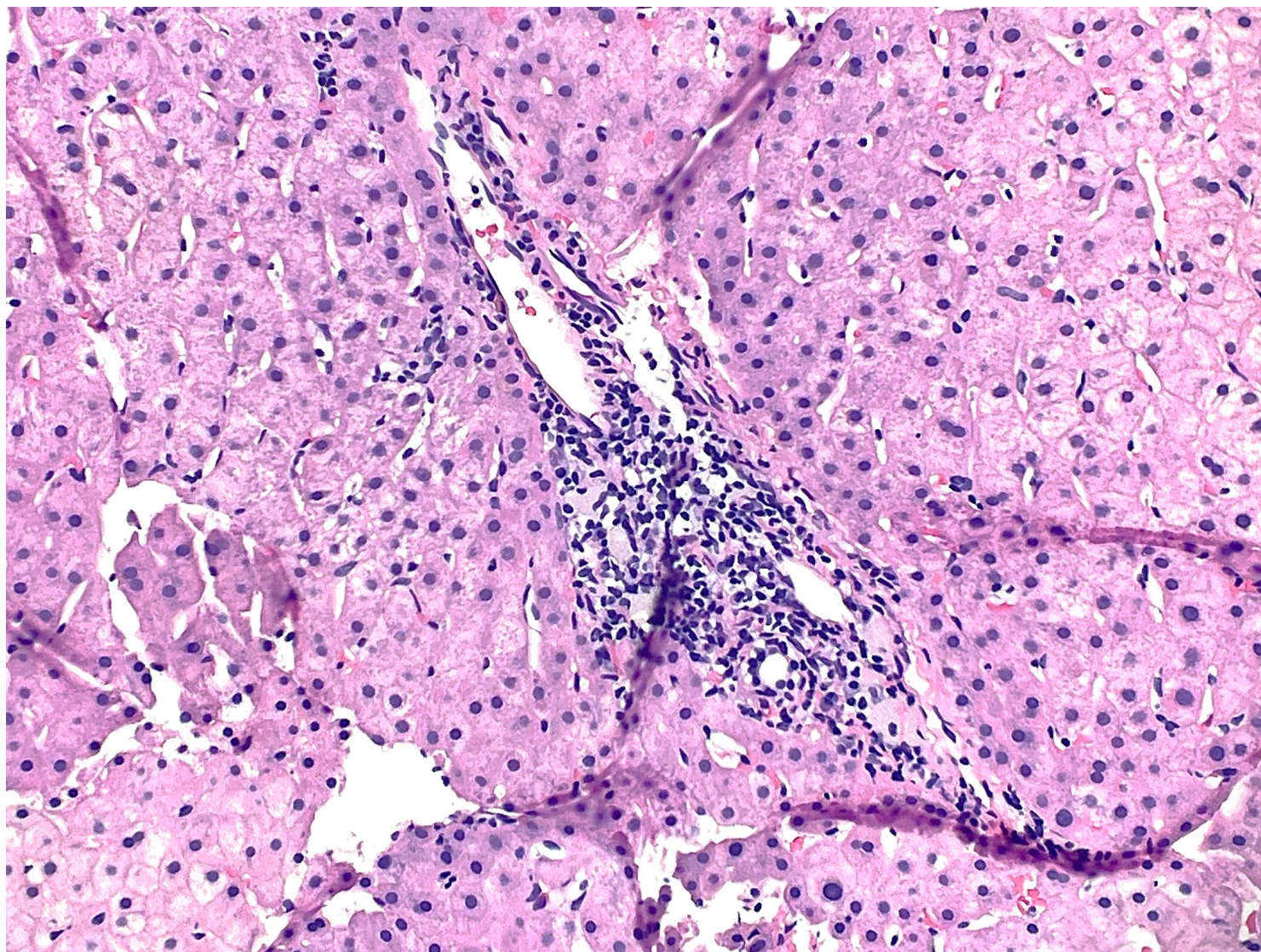
Radiologic Studies:

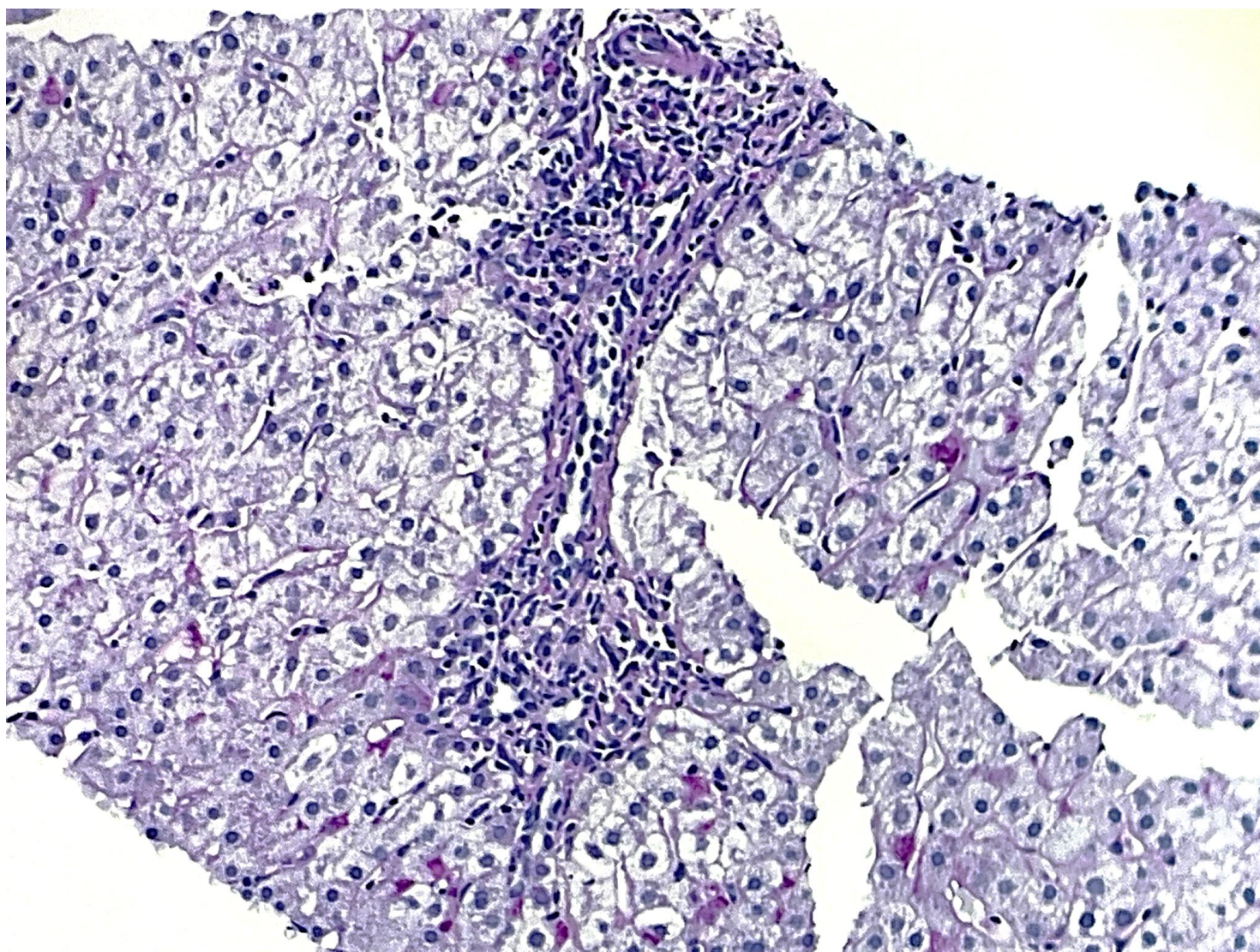
- Abdominal Ultrasound:

1. Cirrhotic appearing liver with hepatic steatosis.
No suspicious focal liver lesions identified.
2. Cholelithiasis. No sonographic evidence of acute cholecystitis. No biliary ductal dilatation.

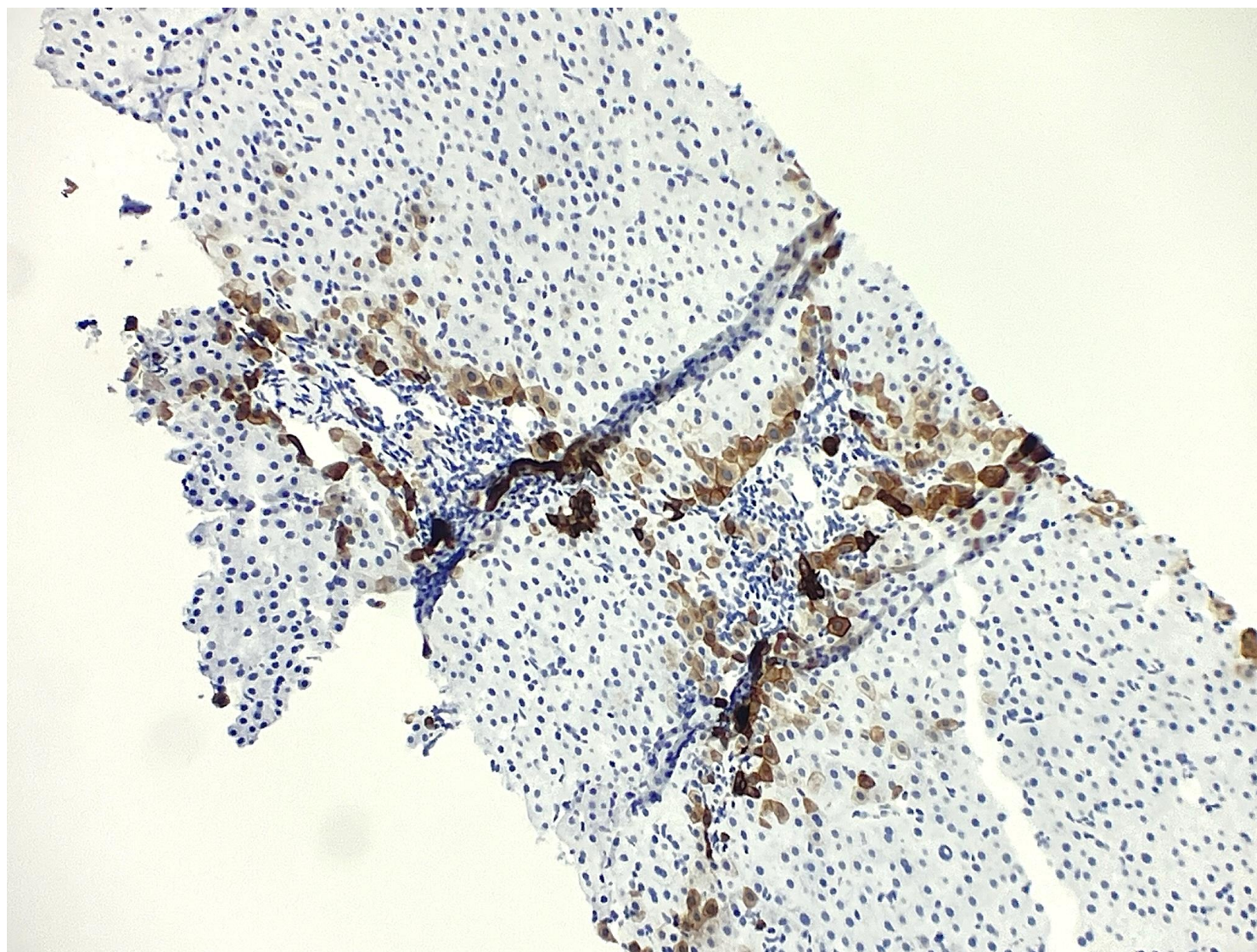




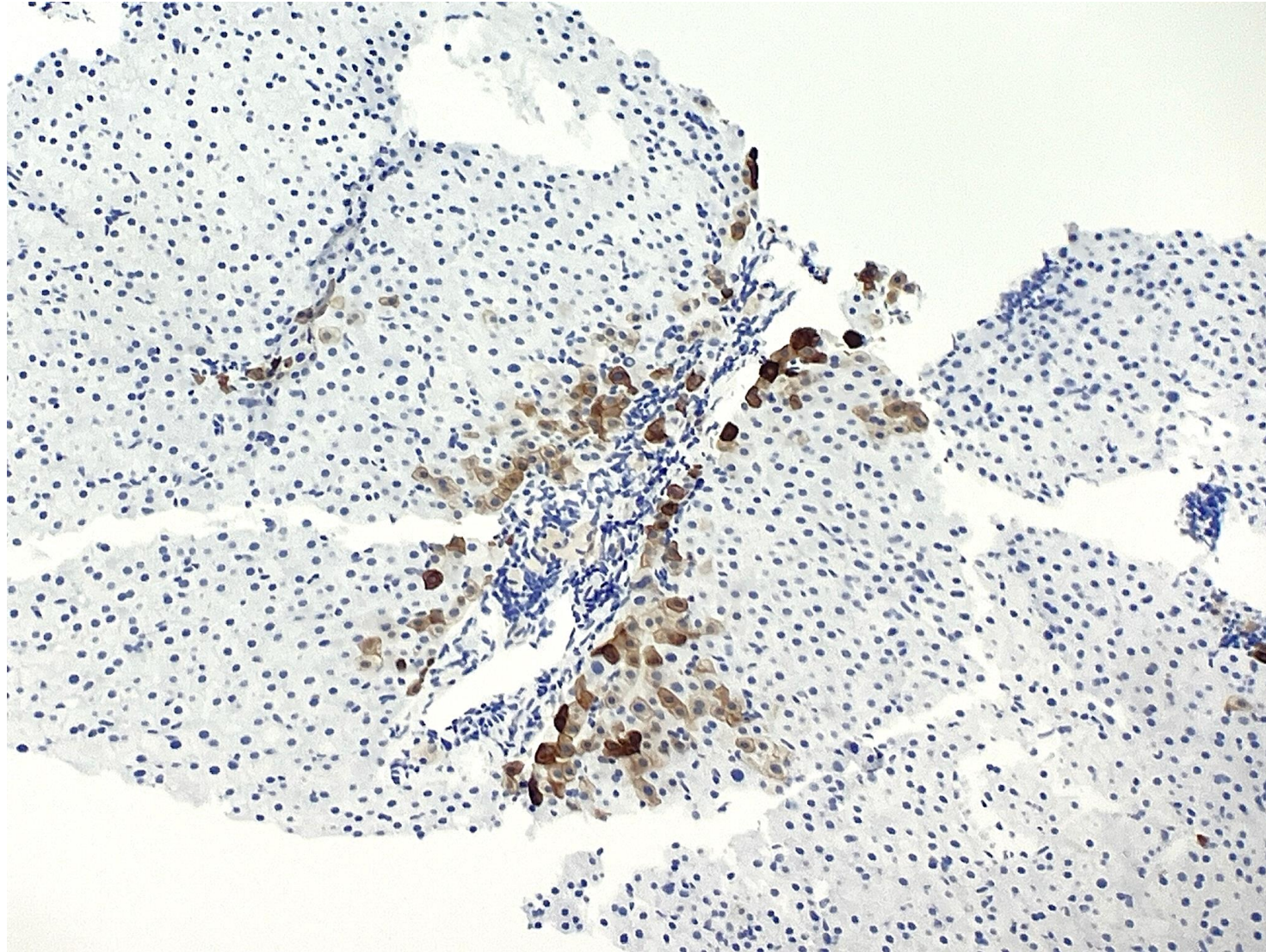




CK7



CK7



DIAGNOSIS?



25-0807

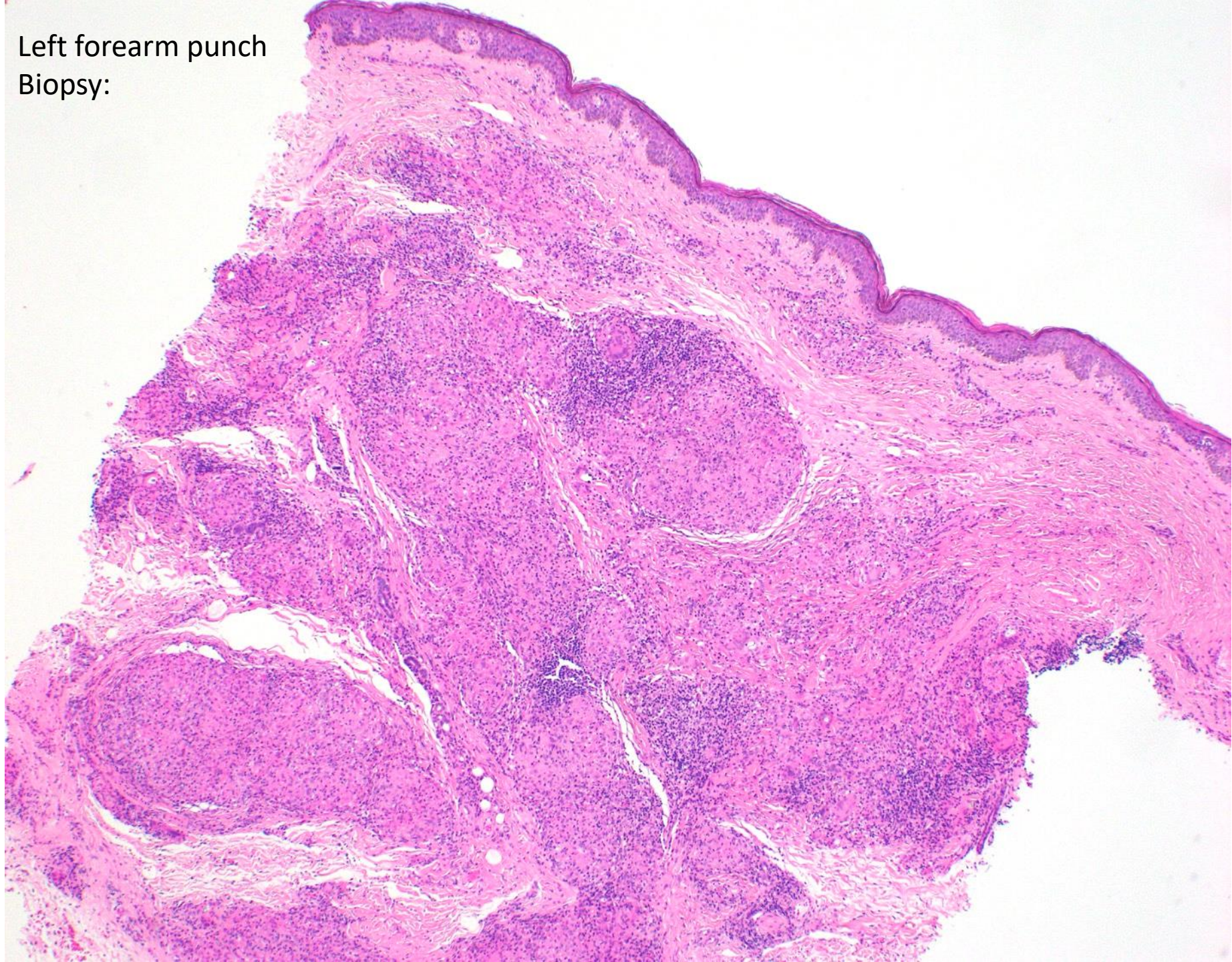
Megan Troxell & Yue Peng; Stanford & SCVMC

- 60+ year-old female with progressively worsening neck pain, rash, sore throat and non-productive cough
- ROS: weight loss, night sweats, shortness of breath, hoarse voice
- Exam: diffuse, bilateral cervical lymphadenopathy
 - CT scan also shows mediastinal, pulmonary hilar, axillary, diffuse retrocaval, retroperitoneal and retrocrural lymphadenopathy.
 - Mediastinal & hilar with calcifications
- Diagnosed with TB, abroad, 4 months prior to presentation, on therapy (Rifampin, Isoniazid, Pyrazinamide, Ethambutol)

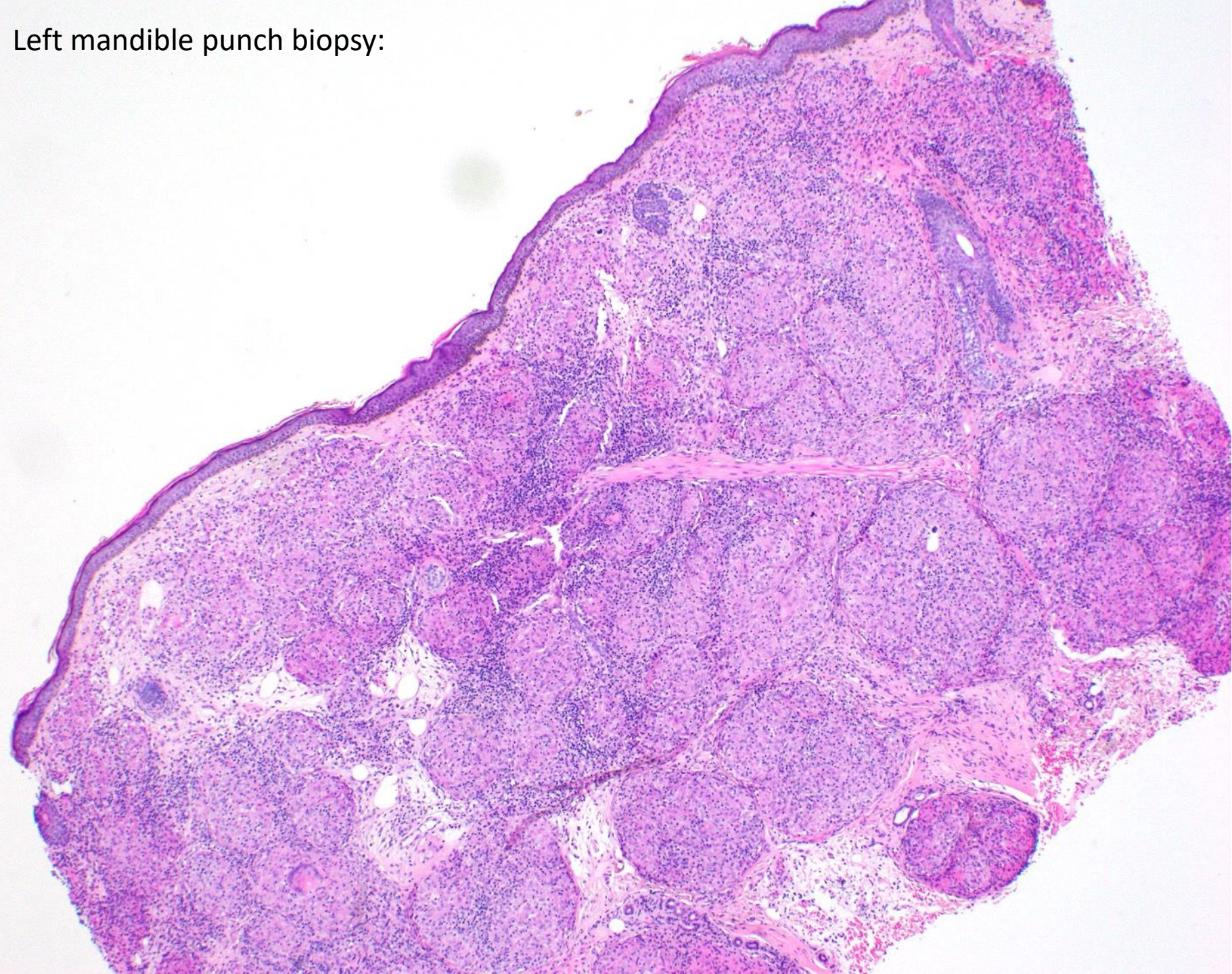
Right upper back punch biopsy:

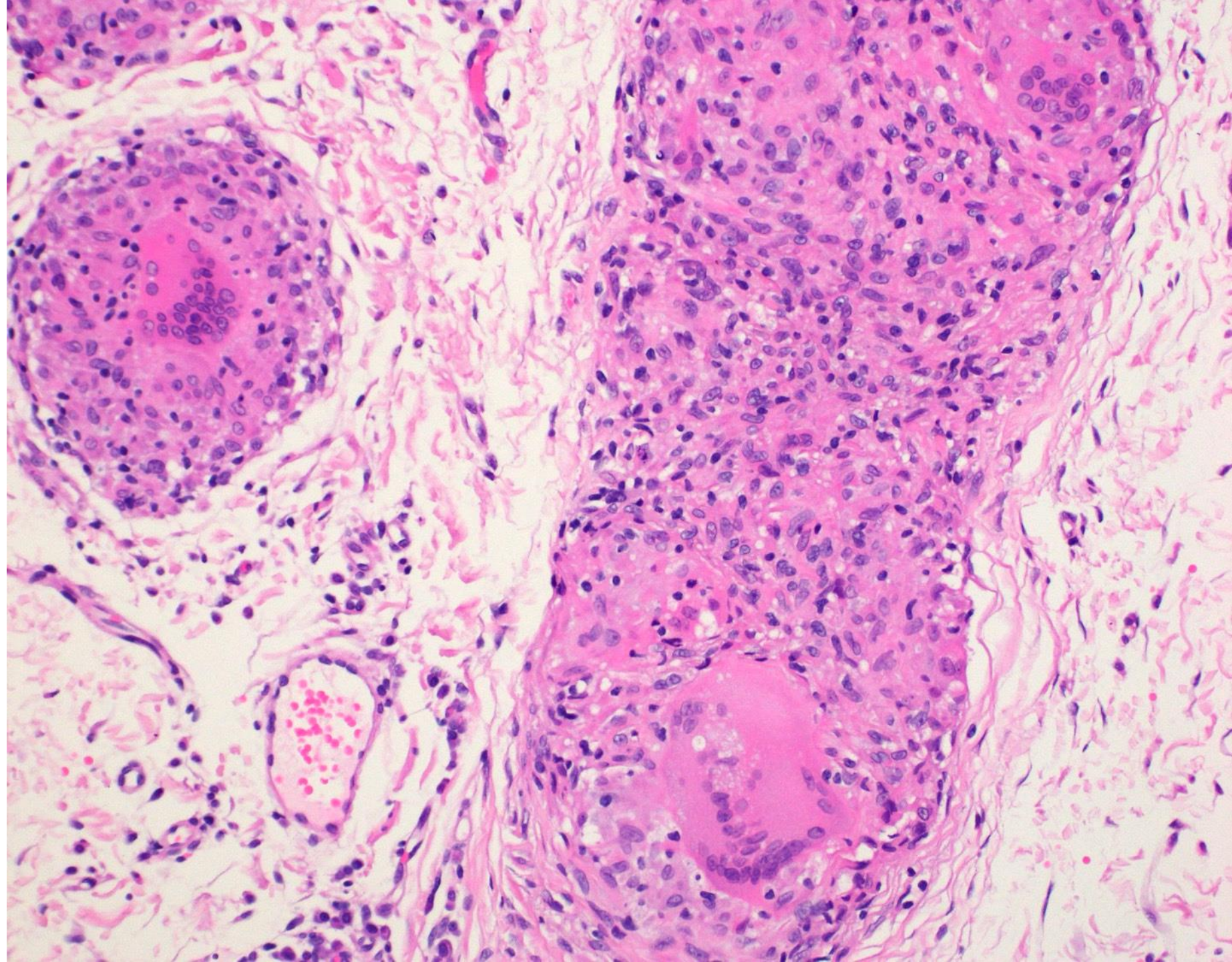


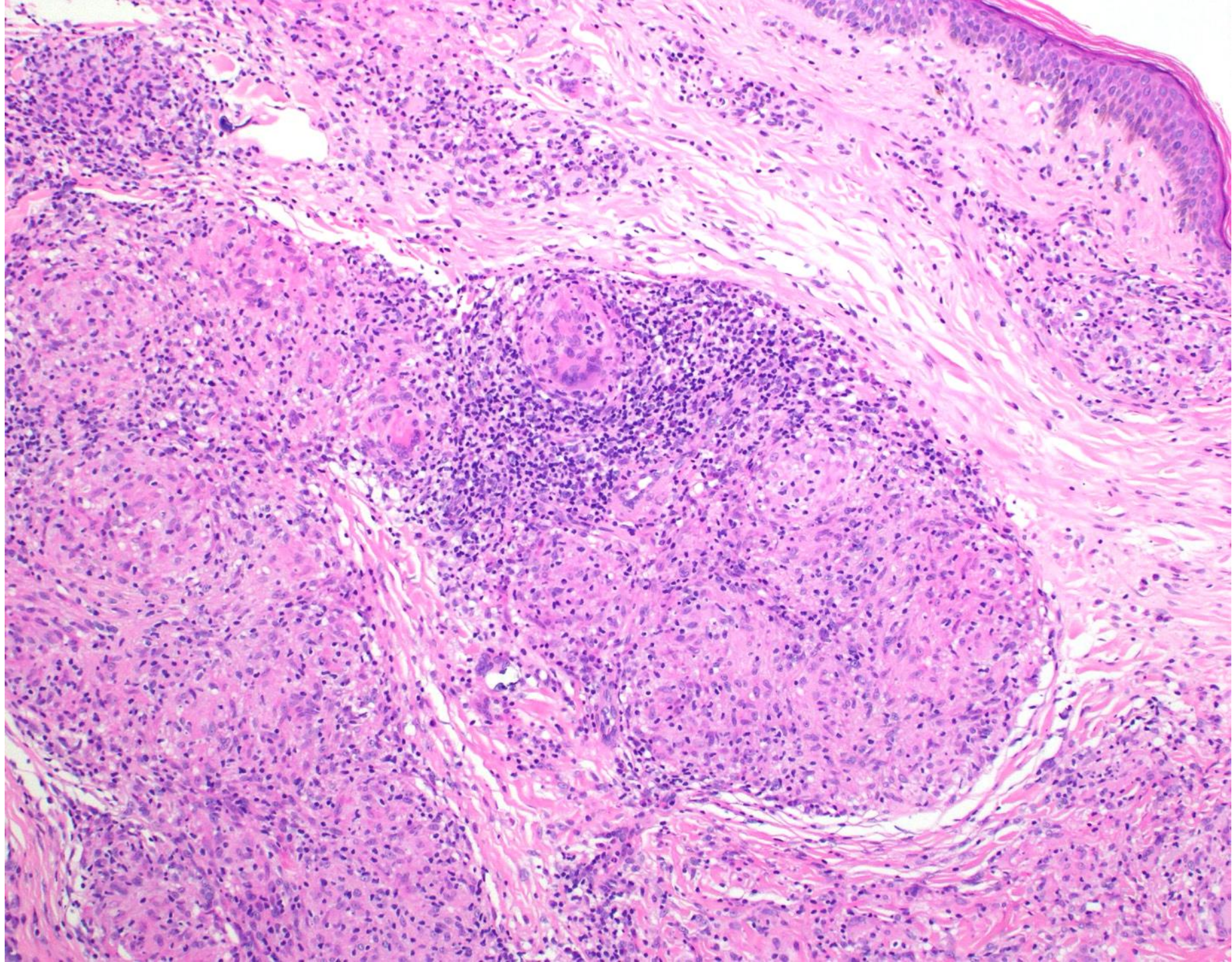
Left forearm punch
Biopsy:

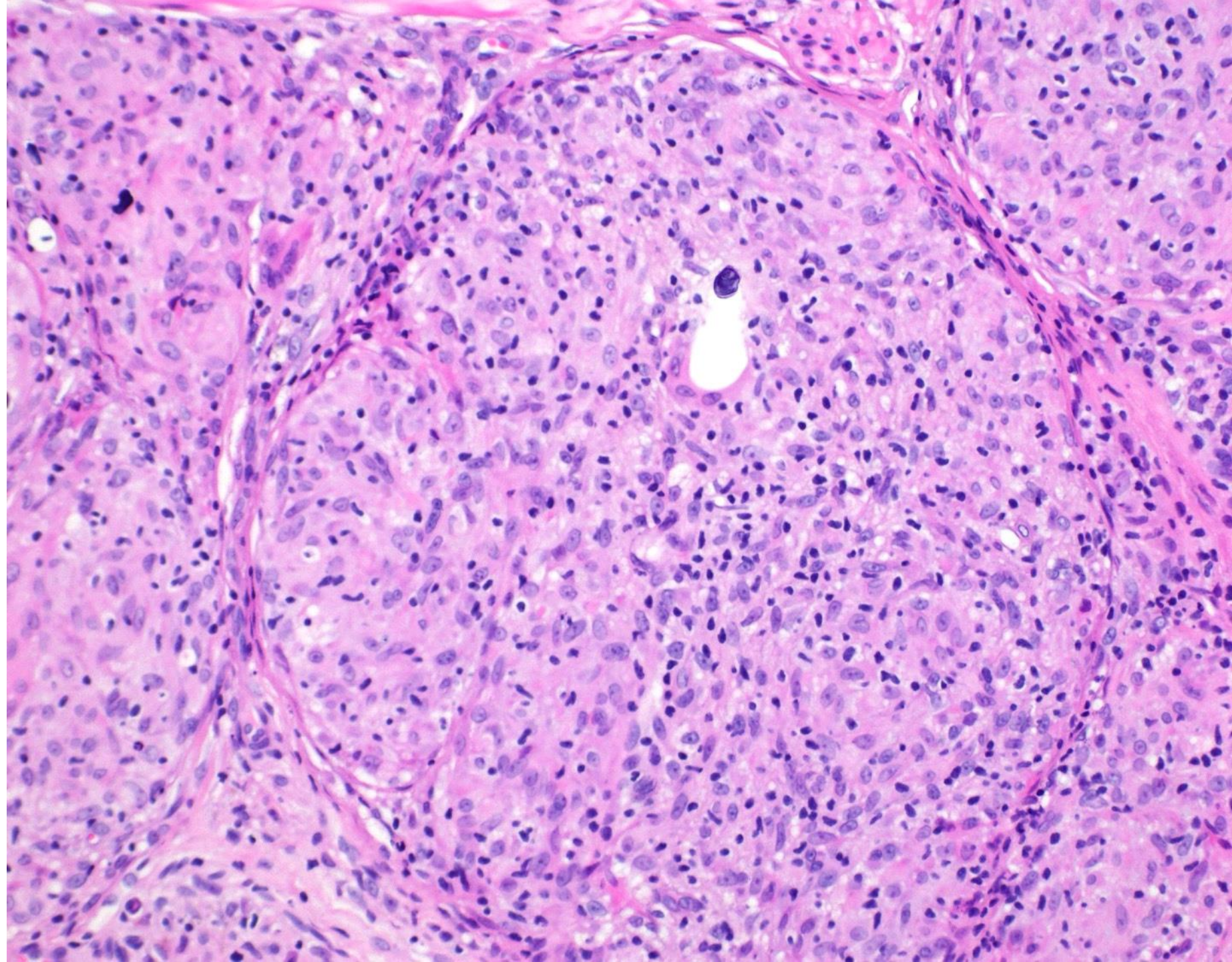


Left mandible punch biopsy:









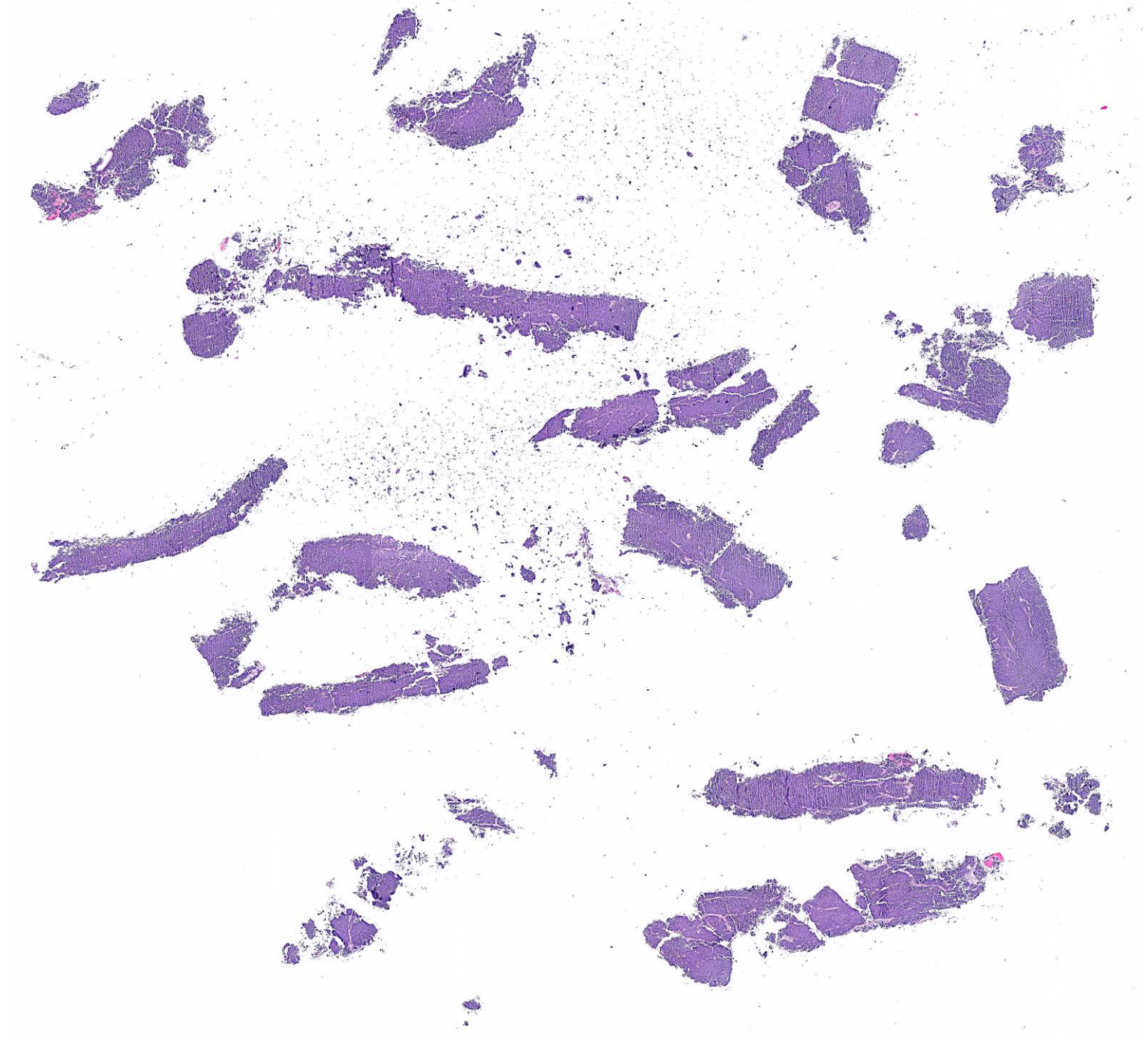
DIAGNOSIS?

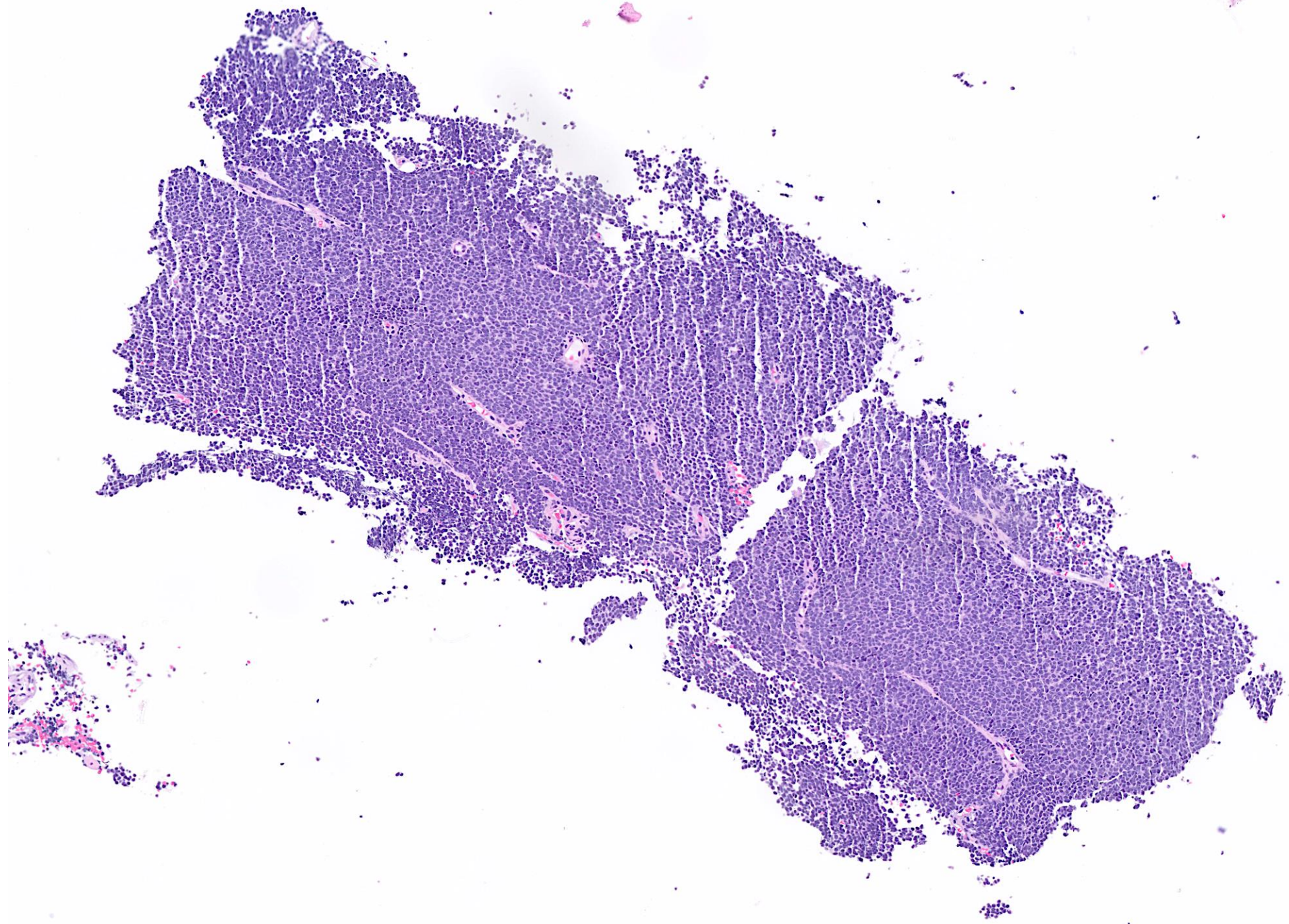


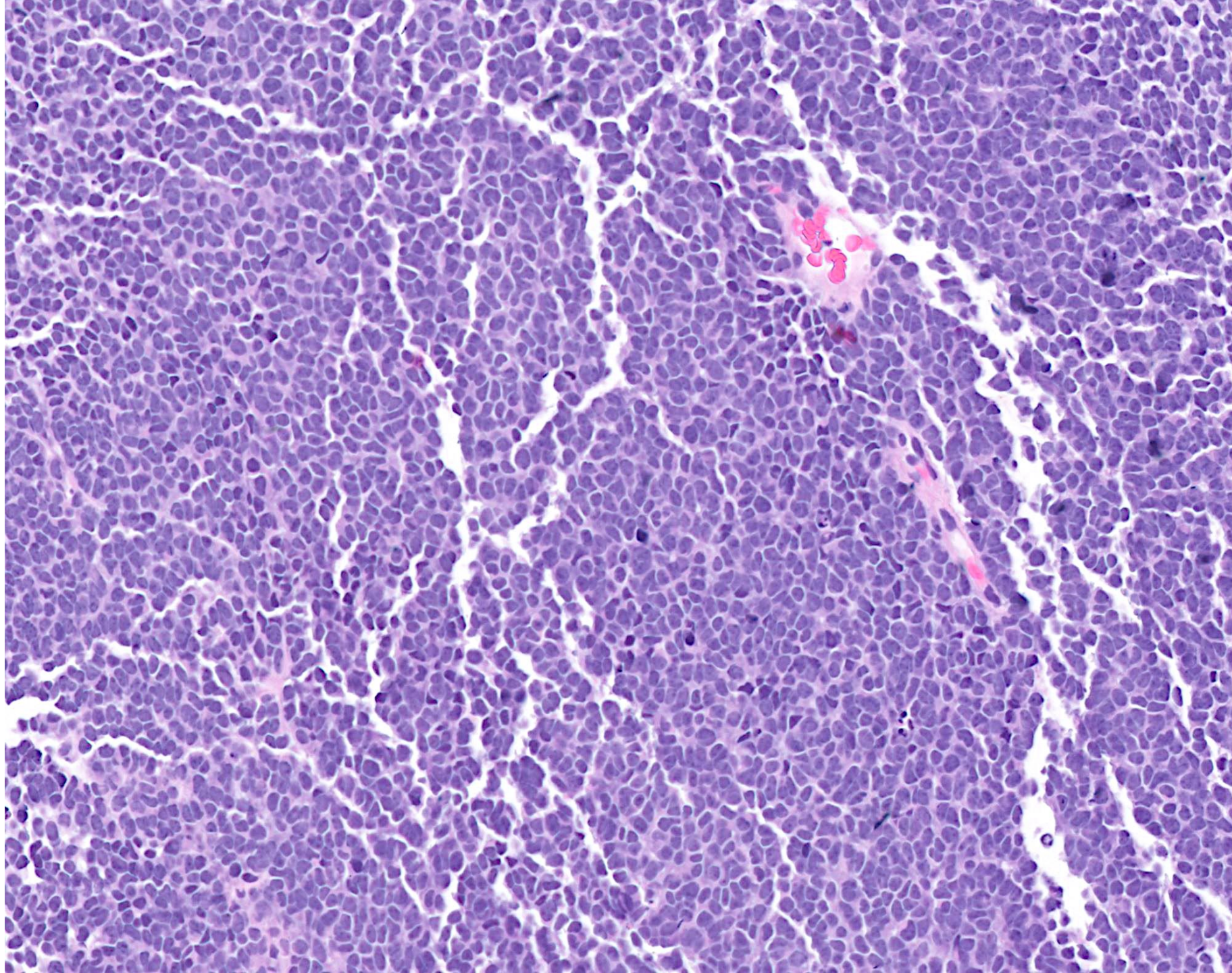
25-0808

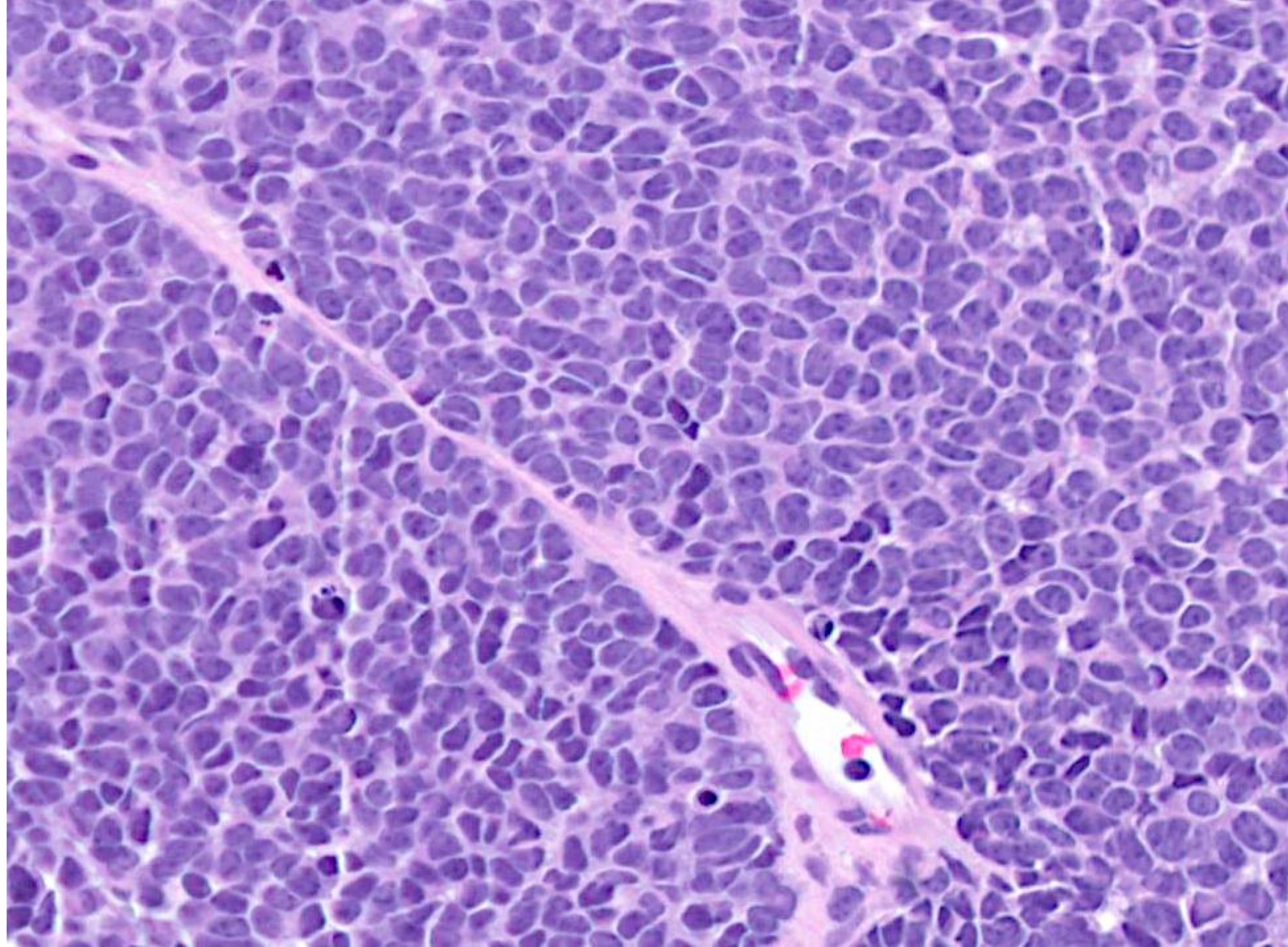
Greg Charville; Stanford

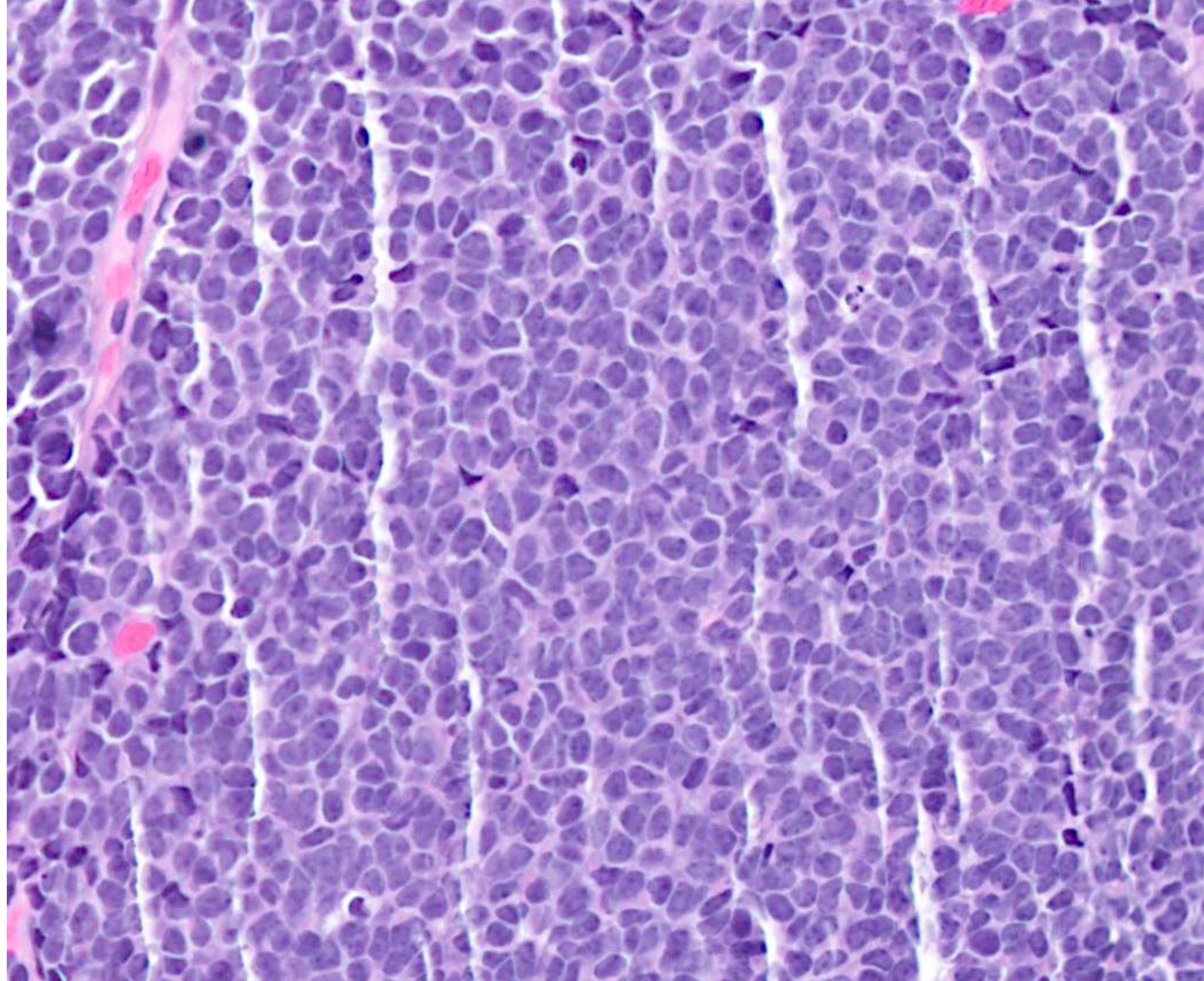
60-year-old female with an 8-cm pancreatic mass



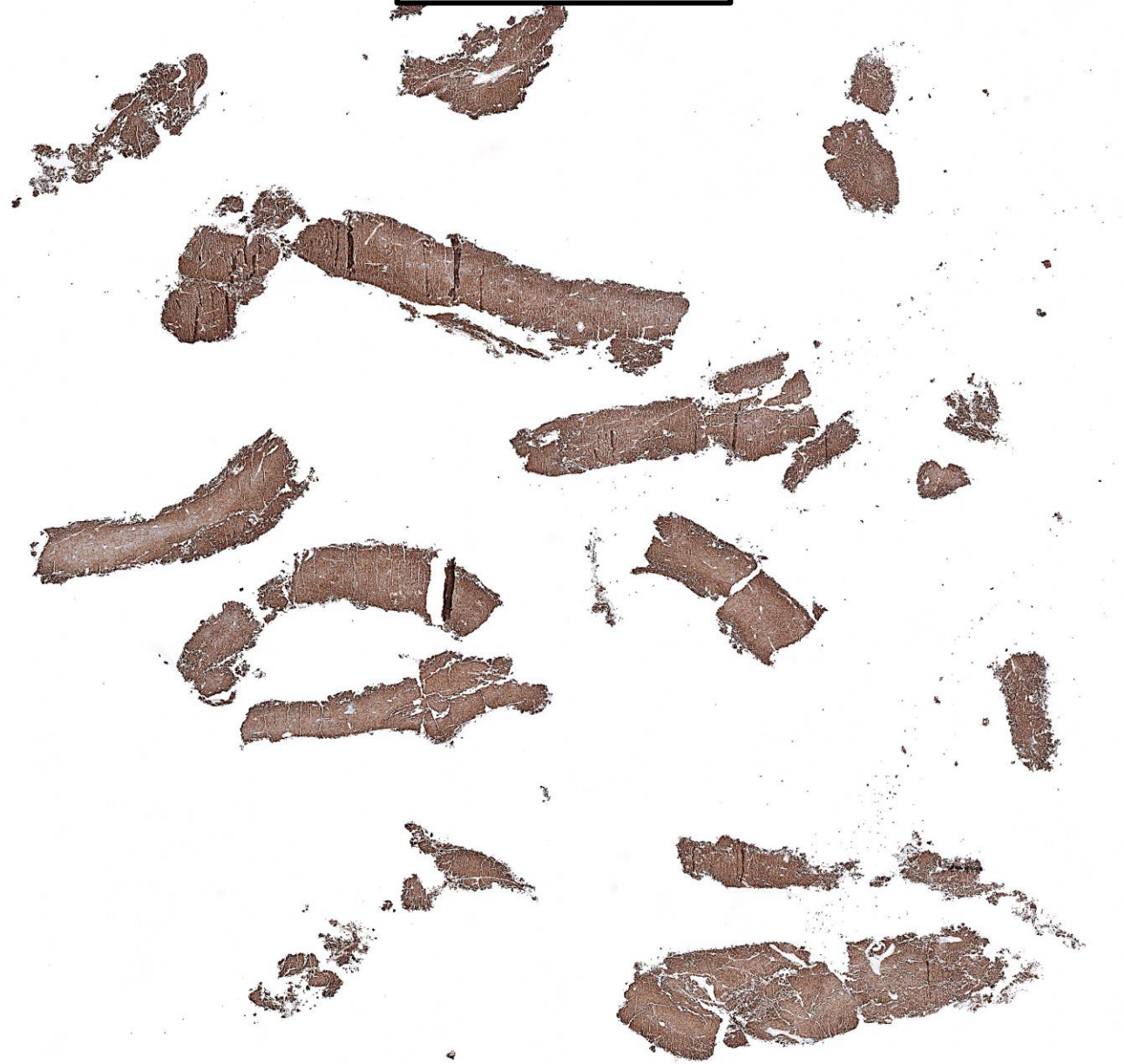




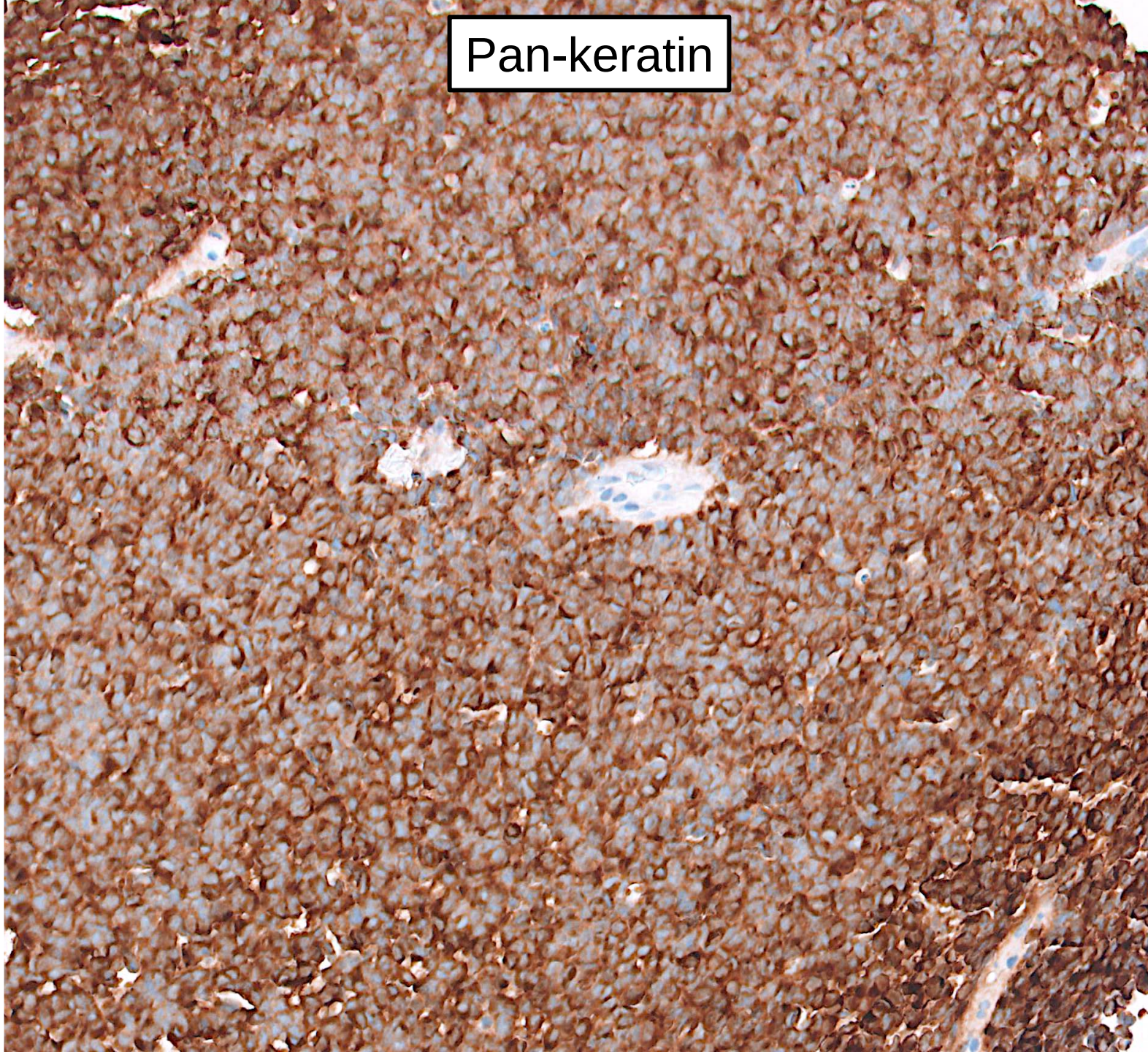




Pan-keratin



Pan-keratin



DIAGNOSIS?



