

REDACTED

CLINICAL RECORD

TISSUE EXAMINATION

SPECIMEN SUBMITTED BY

DATE OBTAINED

SPECIMEN

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)

Part of Louisville Mortality Study.

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS

SIGNATURE AND TITLE

PATHOLOGICAL REPORT

NAME OF LABORATORY

Surgical Pathology Section

ACCESSION NO(S).

S74-2380

(Gross description, histologic examination and diagnoses)

Gross:

The specimen consists of 11 submitted slides each bearing label of SS. Mary & Elizabeth Hosp. (Louisville, Ky.) and the accession number S-1968-811 (See attached records of Surgical Pathology report.. Also clinical records show patient died on 3/23/68).

Microscopic:

Lung: Sections show a carcinoma which involves large bronchi and replaces bronchial mucosa. The junction between normal respiratory type mucous membrane and the carcinoma is abrupt. In areas the large, polyhedral tumor cells form nests separated by fibrous bands infiltrated by lymphocytes. In other areas, the tumor cells are very anaplastic with many bizarre multinucleated cells with vacuolated cytoplasm and in a few foci strands of smaller, elongated tumor cells appear to lie in inter-cellular mucus.

OVER

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST

Carolyn H. Lingeman, M. D.

DATE

10/8/74

AGE

52

SEX

M

RACE

W

IDENTIFICATION NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

00-00-00

WARD NO.

TISSUE EXAMINATION
Standard Form 515
515-105

BFG67237

Lymph nodes: The tracheobronchial lymph nodes are large and contain moderate amounts of anthracotic pigment. There is marked hyperplasia of lymphoid nodules with large reaction centers and also marked hyperplasia of reticuloendothelial cells in the lymph node sinuses.

Diagnoses:

1. Anaplastic, undifferentiated carcinoma, right lung.
2. Follicular hyperplasia and reticuloendothelial cell hyperplasia, tracheobronchial lymph nodes.


Louis B. Thomas, M. D.

BFG67238

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TISSUE EXAMINATION

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DATE OBTAINED

SPECIMEN

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)

Part of Louisville Mortality Study; see attached records

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS

SIGNATURE AND TITLE

PATHOLOGICAL REPORT

NAME OF LABORATORY

ACCESSION NO(S).

Surgical Pathology Section

S74-2375

(Gross description, histologic examination and diagnoses)

Gross:

The specimen consists of two submitted slides bearing label of Methodist Evangelical Hospital (Louisville, Ky.) and the accession number S-63-2160.

Microscopic:

The duplicate sections show fragments of a brain tumor composed of neoplastic-appearing astrocytes. The well preserved tumor cells have plump, elongated nuclei which exhibit moderate variation in size and shape and are separated by fibrillar material. Marked vascular and endothelial cell proliferation are noted together with areas of edema, hemorrhage and necrosis. Mitoses are not seen.

Diagnosis:

Astrocytoma (Grade III), right parieto-temporal lobe.

Louis B. Thomas
Louis B. Thomas, M. D.

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST

Carolyn H. Lingeman
Carolyn H. Lingeman, M. D.

DATE

10/8/74

AGE

44

SEX

M

RACE

W

IDENTIFICATION NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

00-00-00

WARD NO.

TISSUE EXAMINATION
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