

PATHOLOGY LABORATORIES

SURGICAL TISSUE-CYTOLOGY REPORT

Id. No. [REDACTED] Sex [REDACTED] Age [REDACTED] Room No. [REDACTED] Patient [REDACTED]
 Doctor [REDACTED] Date Submitted [REDACTED] 79 Date Reported [REDACTED] 79 Lab No. [REDACTED]

INDICATED SOURCE OF SPECIMEN:

- | | |
|-------------------------------|---------------------------|
| #1. Periaortic lymph node | #3. Periaortic lymph node |
| #2. Periaortic lymphatic node | #4. Periaortic node |
| GROSS DESCRIPTION: | #5. Periaortic lymph node |

**PLAINTIFF'S
EXHIBIT**

EXX-216

- #1. The specimen consists of a small oval mass representing a periaortic lymph node. It has a rather tan appearing surface and maximum diameter of 0.9 cm.

Frozen section diagnosis by [REDACTED]: "No definitive evidence of tumor".

The balance of the tissue is submitted labeled [REDACTED]

- #2. Received in formalin are fragments of a periaortic lymph node used for frozen section. The fragments measure 7.0 and 1.0 cm. in diameter. The tissue is soft and tan.

Frozen section diagnosis by [REDACTED]: "Fibrosis and lymphoid hyperplasia. No definitive evidence of tumor".

The tissue is submitted for histologic evaluation labeled [REDACTED]

- #3. Submitted is a periaortic lymph node. It is an irregular fragment of somewhat shiny white and tan tissue which has a maximum dimension of 1.2 cm. and a cross section diameter of approximately 0.5 cm.

Frozen section diagnosis by [REDACTED]: "Atypical lymphocytic infiltrate suggestive of lymphoma, diagnosis to be determined on permanent section".

This tissue is submitted labeled [REDACTED]

- #4. Submitted as periaortic lymph node is a portion of tan and white tissue measuring in maximum length 1.7 cm. and in maximum width 0.7 cm. It is shiny with a band of tissue resembling fibrosis at one edge.

Frozen section diagnosis by [REDACTED]: "Atypical infiltration suggestive of lymphoma, diagnosis to be determined by frozen section".

The tissue is submitted labeled [REDACTED]

- #5. Received is a soft, yellow lobulated portion of tissue submitted as periaortic lymph node.

Frozen section diagnosis by [REDACTED]: "Fibroadiopose tissue, no visible tumor".

The tissue is submitted labeled [REDACTED]

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INDICATED SOURCE OF SPECIMEN:

See Page -1-

GROSS DESCRIPTION:

See Page -1-

FINAL DIAGNOSIS:

- #1. Biopsy periaortic lymph node: Reticuloendothelial hyperplasia.
- #2. Biopsy periaortic node: Reticuloendothelial hyperplasia.
Peripheral focal, paraganglioma, soft tissue.
- #3. Biopsy periaortic lymph node: Sclerosing malignant lymphoma, diffuse and nodular,
lympho-histiocytic type.
- #4. Periaortic soft tissue: Malignant lymphoma, sclerosing, lympho-histiocytic type.
- #5. Soft tissue: Fibroadipose tissue and vascular elements.

Note: Material sent to [REDACTED] in consultation and a copy of his
report is attached.

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 Doctor [REDACTED] Date Submitted [REDACTED]-79 Date Reported [REDACTED]-79 Lab No. [REDACTED]

INDICATED SOURCE OF SPECIMEN:

- #1. Periaortic nodes . #2. Appendix

GROSS DESCRIPTION: The specimen is received in two parts.

- #1. Three distinct tan oval masses are received in formalin and range from 1.7 cm to 1.2 cm in maximum diameter. The largest when sectioned along its long axis appears to have a distinct fibrous component. The other two have soft to moderately firm tan surfaces. Each mass is bisected and resulting fragments submitted for histologic evaluation labeled [REDACTED]
- #2. The specimen consists of a vermiform appendix with periappendiceal adipose tissue. The appendix measures 6 x 0.3 cm. The serosal aspect of the appendix is smooth. The lumen appears somewhat narrowed particularly near the distal end where it also appears to be infiltrated by adipose tissue. Representative sections are labeled [REDACTED]

FINAL DIAGNOSIS:

- #1. Periaortic lymph node: Hyperplasia, reticuloendothelial cell.
 Sclerosing lymphohistiocytic lymphoma in adjacent soft tissue.
- #2. Vermiform appendix: Fibrous obliteration.

Note: Tissue containing lymph node was sent to [REDACTED] in consultation.
 A copy of his report is attached.

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Id. No. [REDACTED] Sex [REDACTED] Age [REDACTED] Room No. [REDACTED] Patient [REDACTED]
 Doctor [REDACTED] Date Submitted [REDACTED]-79 Date Reported [REDACTED]-79 Lab No. [REDACTED]

INDICATED SOURCE OF SPECIMEN:

1. Left iliac crest
2. Right iliac crest
- both from [REDACTED] Bone marrow and

GROSS DESCRIPTION:

1. Two portions of coagulated marrow material measure approximately 1.5 and 1.7 cm in diameter and are disc like. They are submitted in toto labeled [REDACTED]. Also received are portions of dark red material in several small increments averaging 0.6 to 0.4 cm in diameter. They are submitted for decalcification prior to examination labeled [REDACTED].
2. Received in fixative are several small fragments of coagulated marrow material averaging approximately 0.6 to 0.8 cm in diameter. They are submitted labeled [REDACTED]. Also received in fixative are several fragments of rather dark red material which average 0.6 x 0.2 to 0.4 x 0.2 cm. The material is submitted labeled [REDACTED].

FINAL DIAGNOSIS:

- #1. Left iliac crest bone marrow (particle clot and small bone fragment):
Essentially normocellular marrow.
- #2. Right iliac crest bone marrow (particle clot and small bone fragment):
The specimen consists of blood and fibrinous material showing no normal marrow or neoplasm.

1979

SUBMITTING PHYSICIAN:

CLINICAL COMMENTS: The patient had a diagnosis of extradural poorly differentiated lymphocytic lymphoma in 1965. He recently presented with ureteral obstruction and had a biopsy. He now has multiple periaortic lymph nodes which were biopsied.

GROSS EXAMINATION: The specimen consists of 8 slides labeled [redacted] and 2 slides labeled [redacted].

MICROSCOPIC DESCRIPTION: Slide [redacted] shows portions of a lymph node with reticuloendothelial hyperplasia and edema of sinusoids. Plasma cells are present in the lymphoid infiltrates. Lymphoid cells and plasma cells are also present in the dilated sinusoids. In some areas, the lymph cells have extended into the perinodal fat. Section [redacted] also shows portions of a lymph node with reticuloendothelial hyperplasia and edema of sinusoids. There are irregular fibrous bands within the lymph node. In the adjacent fibrofatty tissue, there is a cluster of clear cells arranged in rounded nests. The cells are supported by a plexus of blood vessels. The cells show some variation in nuclear size and staining. I'm not certain as to the exact nature of these cells but I favor the interpretation that this represents a small paraganglioma. There are small nerves associated with the lesion. Slide [redacted] also shows portions of lymph node and fibrofatty tissue. The lymph node shows a pattern of atypical nodular hyperplasia in which there are atypical histiocytes showing variation in nuclear size and staining. In some areas, the aggregates of histiocytes form interconnected cords. The adjacent lymphoid tissue is composed of atypical lymphocytes that have irregular nuclear membranes. Histiocytes are present in the adjacent lymphoid tissue. The nodal architecture is obliterated and the lesion has infiltrated the adjacent fibrofatty tissue and is focally desmoplastic. Section [redacted] also shows portions of fibrofatty tissue and a lymphoid tumor. The tumor has nodular qualities with atypical histiocytes in the ill-defined nodules. The lymphoid infiltrate has infiltrated fibrofatty tissue and is desmoplastic. The infiltrate has involved muscular veins and has produced fibrous obliteration of the involved vessels. Slide [redacted] shows portions of lymph node and fibrofatty tissue. The lymph node shows reticuloendothelial hyperplasia and preservation of architecture. The fibrofatty tissue shows a diffuse infiltrate of atypical lymphocytes and histiocytes with focal areas of desmoplasia. The desmoplastic change has involved blood vessels.

FINAL DIAGNOSIS: Slide [redacted] - Lymph node (biopsy) - Reticuloendothelial hyperplasia.
Slide [redacted] - Lymph node - Reticuloendothelial hyperplasia.
Soft tissue - Paraganglioma.
Slide [redacted] - Lymph node & soft tissue - Sclerosing diffuse and nodular lymphohistiocytic malignant lymphoma.
Slide [redacted] - Soft tissue - Sclerosing lymphohistiocytic malignant lymphoma.
Lymph node - Reticuloendothelial hyperplasia.
Soft tissue - Sclerosing lymphohistiocytic malignant lymphoma.

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INDICATED SOURCE OF SPECIMEN:

Slide [REDACTED] from [REDACTED]

GROSS DESCRIPTION:

Received is a slide [REDACTED] from [REDACTED] on [REDACTED]
 [REDACTED] labeled [REDACTED] The slide is presented
 for review following an apparent retroperitoneal recurrence in [REDACTED] 1979.

FINAL DIAGNOSIS:

Malignant lymphoma, poorly differentiated lymphocytic type, nodular.