A 62-year-old gentleman was referred to our clinic with C.C. of gross hematuria.

Abbas Basiri M.D.
Specimen
Urinary bladder lesion, TUR.T.

Clinical Data:
Not provided.

Gross Examination
Specimen received in formalin consists of multiple irregular pieces of tan brown soft to elastic tissue totally 6x6x6 cm. R.S.S. IN 4 BLOCKS.

Microscopic Examination
Sections show urinary bladder tissue involved by a neoplasm composed of papillary structures lined by multilayer of atypical urothelial cells with pleomorphic nuclei, occasionally nucleoli & eosinophilic cytoplasim.

Diagnosis
Urinary bladder lesion, TUR.T.:
- Low grade papillary urothelial carcinoma
- Stromal invasion is identified.
- Muscularis propria is free of tumor.
- Pathologic staging (pT1) M:8130/2 C:67.9

note
PATHOLOGY REPORT

Specimen
Urinary bladder lesion, TUR.T.

Clinical Data:
Not provided.

Gross Examination
Specimen received in formalin consists of multiple irregular pieces of tan brown soft to elastic tissue totally M:2x1.5x0.8 cm. T.S. IN 1 BLOCK.

Microscopic Examination
Sections show urinary bladder tissue involved by a neoplastic tissue composed of papillary structures & some infiltrative nests of atypical urothelial cells with mildly pleomorphic nuclei, occasionally nucleoli & eosinophilic cytoplasm.

Diagnosis
Urinary bladder lesion, TUR.T :
- Low grade papillary urothelial carcinoma.
- Lamina propria is involved.
- Muscularis propria is tumor free.
- Pathologic stage pT1

M:8130/2 C:67.9

note
Specimen

Urinary bladder, TURT.

Clinical Data:

Not provided.

Gross Examination

Specimen received in formalin consists of multiple fragments of irregular creamy soft to elastic tissue, totally M: 5 x S: 1.5 cm. T.S. IN 4 BLOCKS.

Microscopic Examination

Sections show urinary bladder tissue involved by a neoplasm composed of papillary structures lined by mildly atypical urothelial cells.

Diagnosis

Urinary bladder, TURT:
- Low grade papillary urothelial carcinoma.
- Invasion to lamina propria is present.
- Muscularis propria is not included.
- Lymphovascular invasion is not seen.
- Pathologic stage pT1.

ICD-O M:8130/3 C67.9

note
**Specimen**

Urinary bladder, TUR T.

**Clinical Data:**

Not provided.

**Gross Examination**

Specimen received in formalin consists of multiple fragments of irregular creamy soft to elastic tissue, totally 3.6x3.5 x 0.5 cm. T.S. IN 4 BLOCKS.

**Microscopic Examination**

Sections show urinary bladder tissue involved by a neoplasm composed of papillary structures lined by mildly atypical urothelial cells.

**Diagnosis**

Urinary bladder, TUR T:
- Low grade papillary urothelial carcinoma.
- Invasion to lamina propria is present.
- Muscularis propria is not included.
- Lymphovascular invasion is not seen.
- Pathologic stage pT1

ICD-O: M8130/3 C67.9

**Note**

[Signature]

MD AP-CP

[Signature]

MD AP-CP
Specimen
A) Initial ureter, right side, intraoperative consultation.
B) Initial ureter, left side, intraoperative consultation.

Clinical Data:
Not provided.

Gross Examination
Specimen received in two containers in fresh state for intraoperative consultation (A,B):
A) An tan soft luminal shaped tissue 0.8x0.5x0.3 cm. TS IN 1 BLOCK.
B) An tan soft luminal shaped tissue 0.7x0.4x0.3 cm. TS IN 1 BLOCK.

FSDc:
A) Free of tumor.
B) Free of tumor.

Microscopic Examination
Support below diagnosis.

Diagnosis
Frozen sections and final diagnosis:
- Bilateral distal ureters are free of tumor.

note...
Pathology Report

Specimen
A) Urinary bladder, prostate.
B) Bilateral seminal vesicles and vasa deferentia.
C) Right obturator lymph node, lymphadenectomy.
D) Left obturator lymph node, lymphadenectomy.
E) Right iliac lymph node, lymphadenectomy.

Clinical Data:
Not provided.

Gross Examination
Specimen received in formalin in 5 separate containers and consists of:
A) A radical cystoprostatectomy M:13x10x2 cm including urinary bladder M:10x7x6 cm, prostate M:5x4x3.5 cm, after opening there is tan polypoid mass M:7x7x4 cm located at posterior, right lateral and left lateral wall of bladder with filled the urinary bladder cavity and protruded from prostate urethra. RSS IN 12 BLOCKS as follows:
1. Posterior urethral margin.
2. Anterior urethral margin.
3. Prostate, right mid posterior.
4. Prostate, left mid posterior.
5. Prostate, right mid anterior.
6. Prostate left mid anterior.
7. 1.1 Tumor.
8. Lymph node.
B) Right and left seminal vesicles M:3x1.5x0.5 cm, right and left vasa deferentia, M:4 cm in length and 0.3 cm in diameter. RSS IN 2 BLOCKS.
PATHOLOGY REPORT

PL: 9801027904

Microscopic Examination

Sections show urinary bladder wall invaded by a malignant neoplasm composed of atypical urothelial cells that have enlarged, hyperchromatic pleomorphic nuclei, prominent nucleoli and eosinophilic cytoplasm, invading lamina propria and muscularis propria layer.

Diagnosis

1) Primary bladder, cystoprostatectomy:
   - Low-grade papillary urothelial carcinoma.
   - Tumor site: right and left lateral wall and posterior bladder wall.
   - Tumor size: 7x0.4 cm (the tumor has filled the bladder cavity).
   - Tumor configuration: solid and papillary.
   - Microscopic tumor extension: tumor invades the subepithelial connective tissue (stroma) but no evidence of muscle invasion.
   - Margins:
     - The tumor is protruded from the urethral orifice but soft tissue margin and urethral margin are free of tumor.
     - Urethral margin cannot be assessed.
     - Lymphovascular invasion is not seen.
PATHOLOGY REPORT

Path. No: 5992192P

- Two reactive lymph nodes.
- Occasional prostatic hyperplasia.
- Bilateral seminal vesicles and vasa deferentia.
- Unremarkable seminal vesicles and vasa deferentia.

C/O Right obturator lymph node, lymphadenectomy:
- Three reactive lymph nodes, 0.2 cm in greatest diameter.
- Four reactive lymph nodes, 0.1 cm in greatest diameter.
- Three reactive lymph nodes, 1.2 cm in greatest diameter.

Pathologic stage: pT1N0Mx.

ICD-O: M8690/3 C61.9
Mohamad Khalegh Verdi 64 y/o
1400-4-28

Whole Body Bone scan by TC99-MDP

3 hours after intravenous administration of 20mCi of the radiotracer bone scintigraphy was performed. In anterior and posterior whole body and static images.

FINDINGS:

Mild abnormal uptake was noted at left ischium and left pubic bones and left costovertebral junctions. No other abnormal collection of activity was noted throughout the skeletal system.

Impression:

1- In view of the patient's history, findings of left ischium and left pubic bones are most likely due to metastases (follow up scan is recommended)
2- Except mentioned areas and mild inflammatory and/or traumatic process at right costovertebral junctions, no other abnormal bone or joint disease was noted throughout the remainder of skeleton

Hooman, A.M.D
MRI study of hip joint.

Technique: multiple images at different sequences were obtained.

- Both femoral head, neck is grossly normal.
- Signal change at left acetabular femur and left ischiopubic is seen (R/O acetabular
  labrum)
- There is inflammatory process at adjacent soft tissue is seen.

Sincerely yours:

Radiologist: Sh, Ghanbari MD
Ct movie
متن غیر قابل خواندن و با کیفیت مغstacle می‌باشد.

متن از این صفحه شرحی نمی‌تواند بررسی گردد.