

Consultation Report

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1102782

TONG, WENSHENG

DOB: 9/3/1963

Sex: M

Physician: Dan Feng

Received: 01/15/2015 11:04

Accession: **S-15-003656**

Case type: Outside Referral

Mail to: The Surgical Hospital
5 Guantrong St.
Heping District 4th Floor
Shenyang Liaoning
China

MATERIALS RECEIVED

| <u>Accession #</u> | <u>Collected</u> | <u>Received</u> | <u>Slides</u> | <u>Blocks</u> | <u>UnstSlides</u> |
|--------------------|------------------|-----------------|---------------|---------------|-------------------|
| 271152 | 12/15/2014 | 01/15/2015 | 0 | 1 | 0 |

DIAGNOSIS

Left groin, mass, excision (271152, 12/15/2014):

DIFFUSE LARGE B-CELL LYMPHOMA, GERMINAL CENTER B-CELL IMMUNOPHENOTYPE (GCB).

Entire report and diagnosis completed by Joseph D Khoury MD 12715

COMMENT

Sections demonstrate a predominantly diffuse growth of large cells with irregular nuclear contours, vesicular chromatin, and moderate amounts of cytoplasm. A very focal nodular pattern is noted, representing less than 5% of sampled tissue.

By immunohistochemistry, the neoplastic cells are positive for CD10, CD20, BCL6, MUM1 (subset), and PAX5. CD30 and MYC are expressed by around 5% of cells. The neoplastic cells are negative for CD3, CD5, ALK, cyclin D1, and SOX11. Notably, follicular dendritic cell meshworks are virtually absent, including in areas with nodular pattern, on CD21 and CD35 immunostains. Quantitative assessment by digital image analysis demonstrates an average Ki-67 proliferation index of 33.2% (5626 total nuclei). In situ hybridization is negative for EBV-encoded RNA (EBER).

ASR DISCLAIMER

"Some tests reported here may have been developed and performance characteristics determined by UT MD Anderson Pathology and Laboratory Medicine. These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

Entire report and diagnosis completed by: Joseph D. Khoury MD 12715 Jan 23, 2015