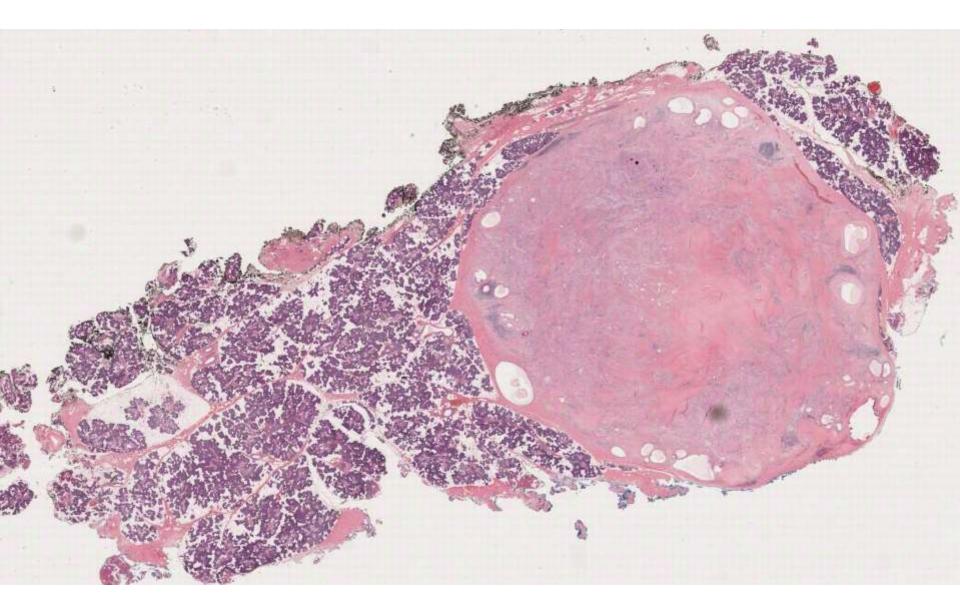
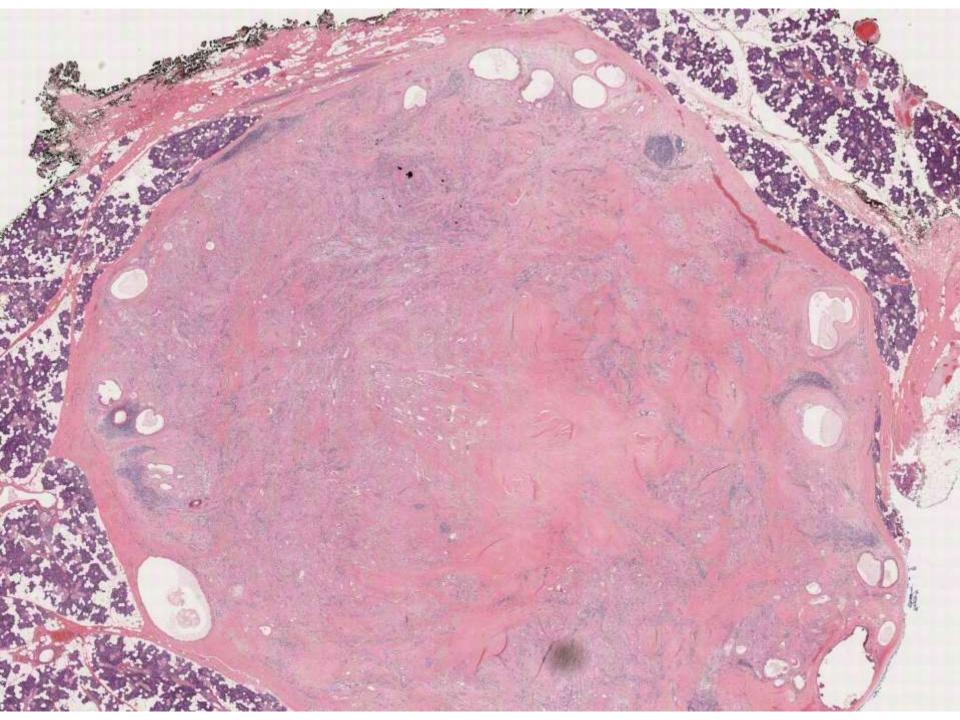
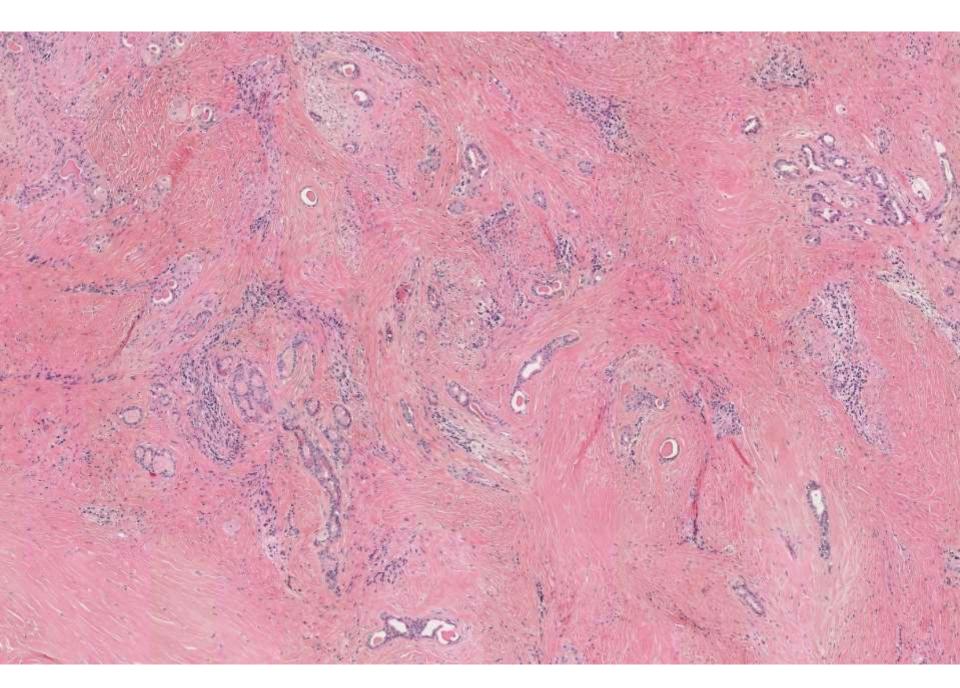
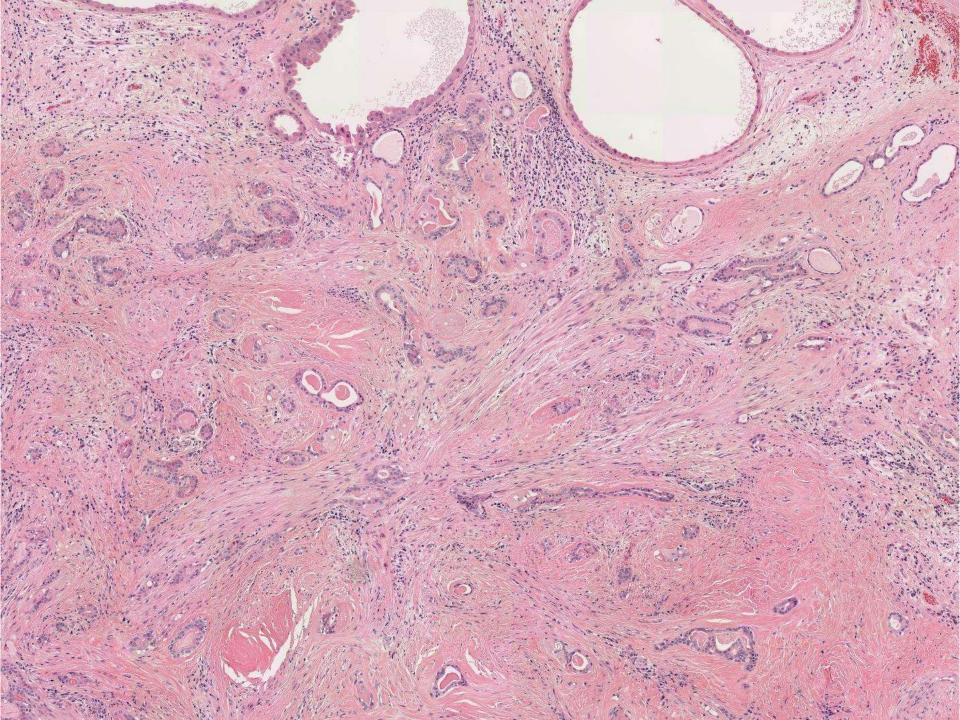
SB 6331 (scanned slide available)

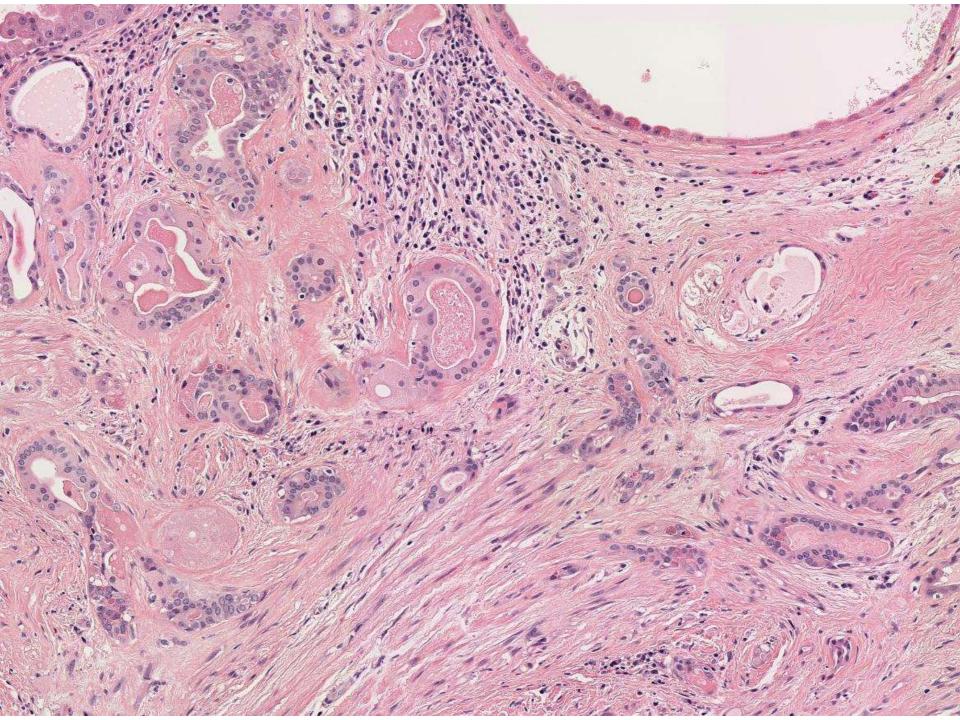
Keith Duncan; Mills-Peninsula Hospital 52-year-old male with painful right parotid mass.

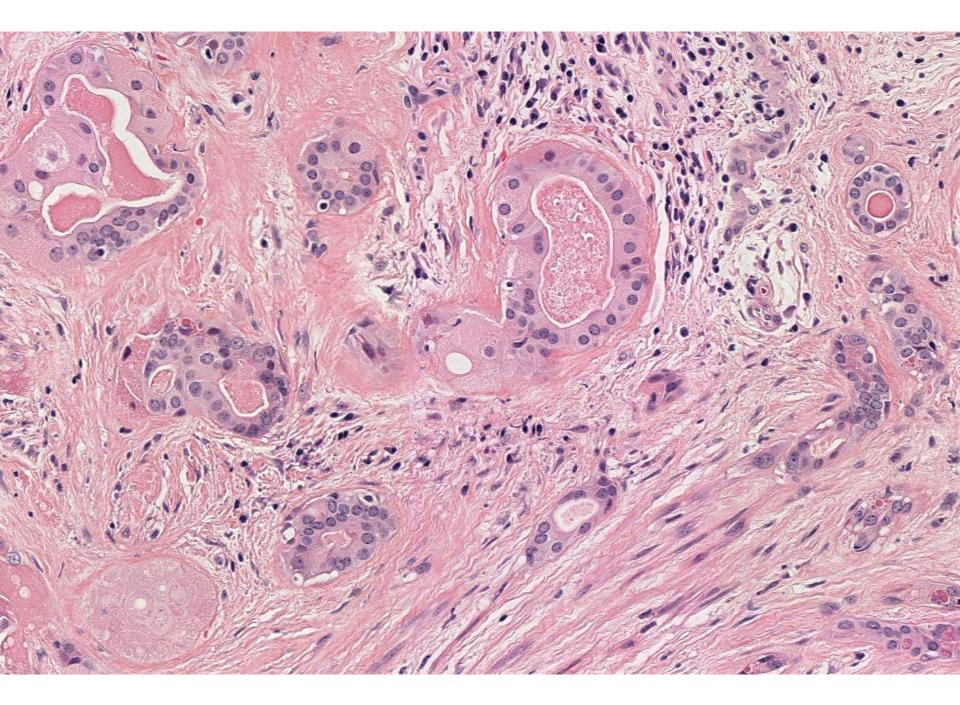


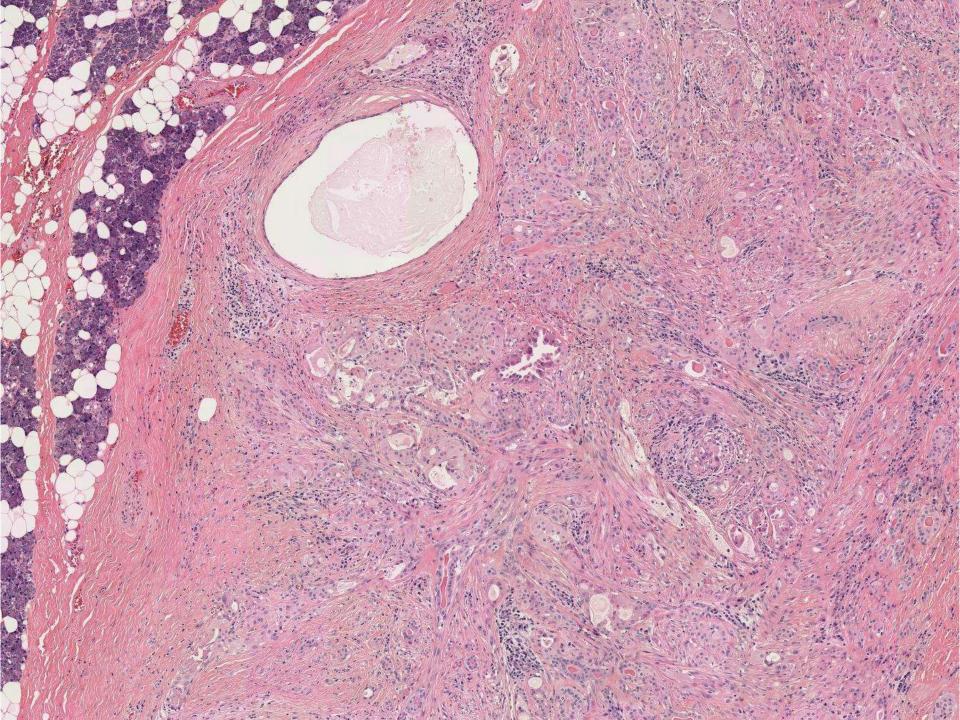


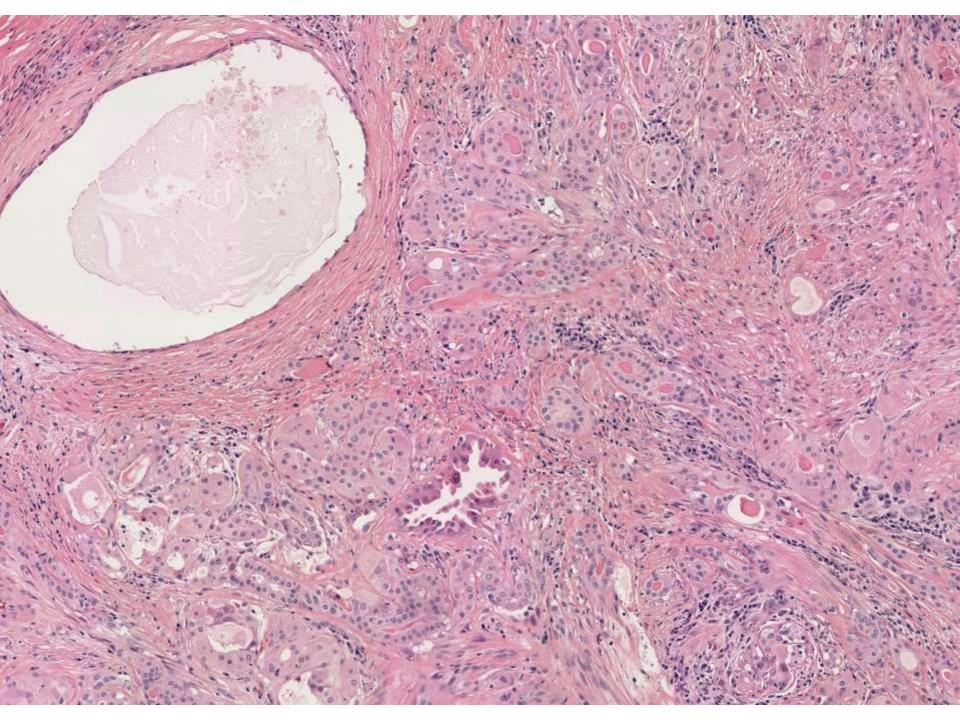


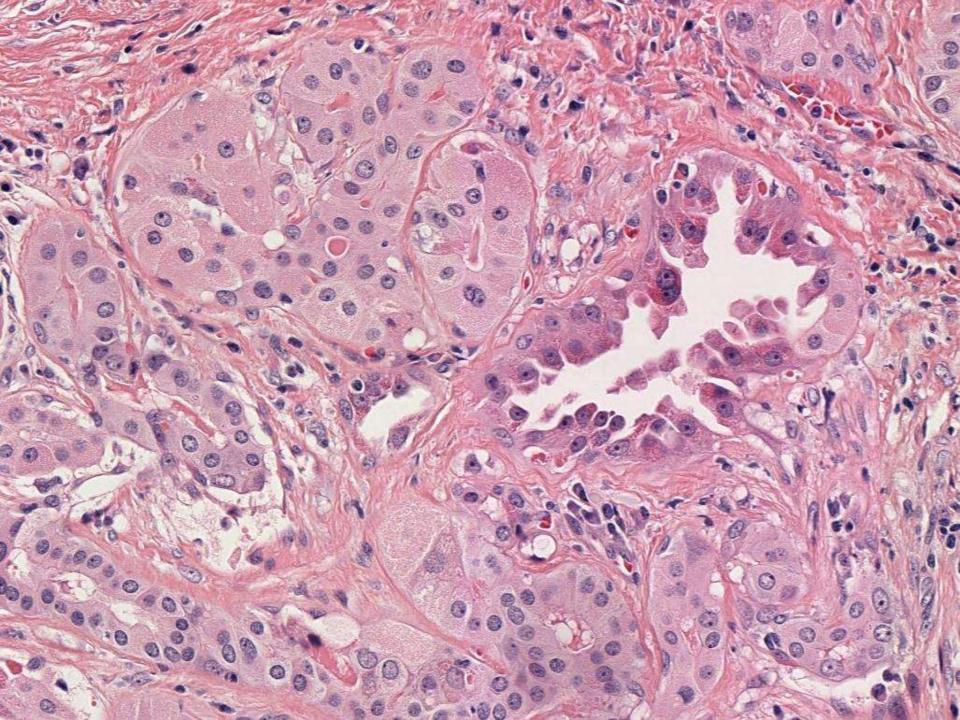


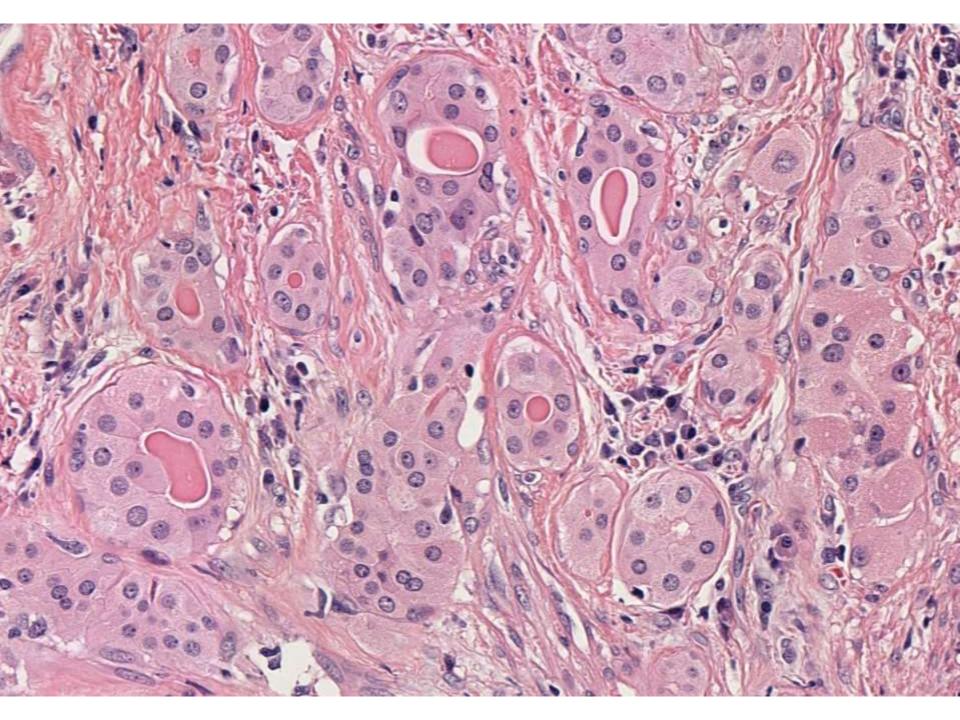










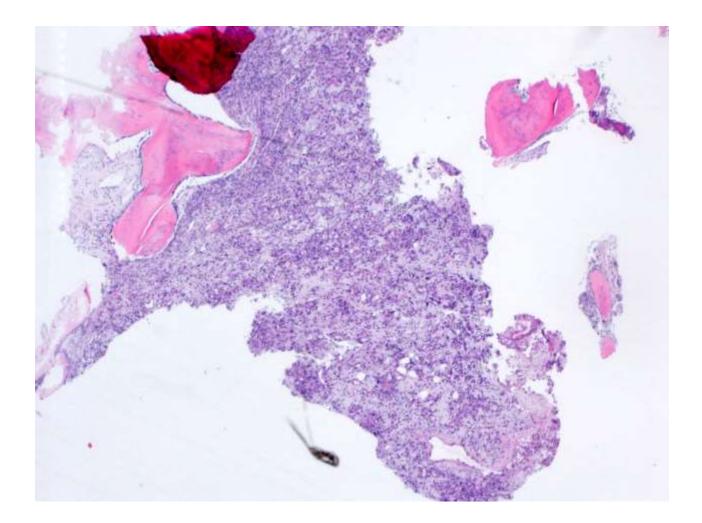


SB 6332

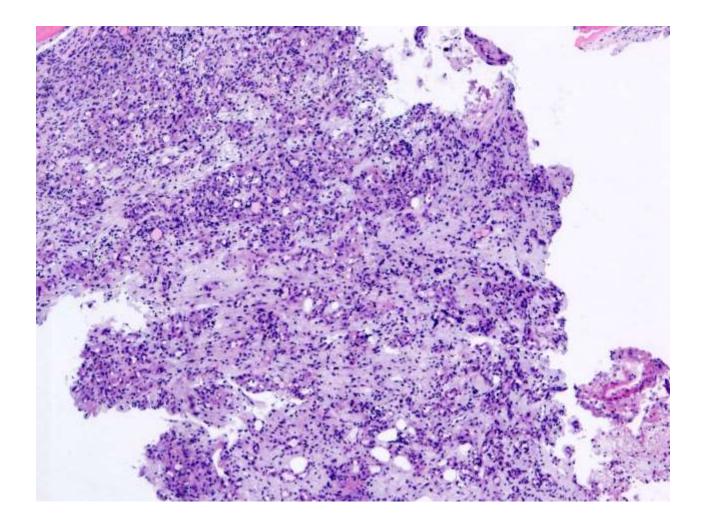
Shyam Raghavan/Don Born; Stanford 77-year-old male with right occipital bone mass.

- 77 year old male with a right occipital bone mass.
- The mass is heterogeneous in appearance with cystic changes and some enhancement measuring 2.9 x 1.8 x 2.7 cm

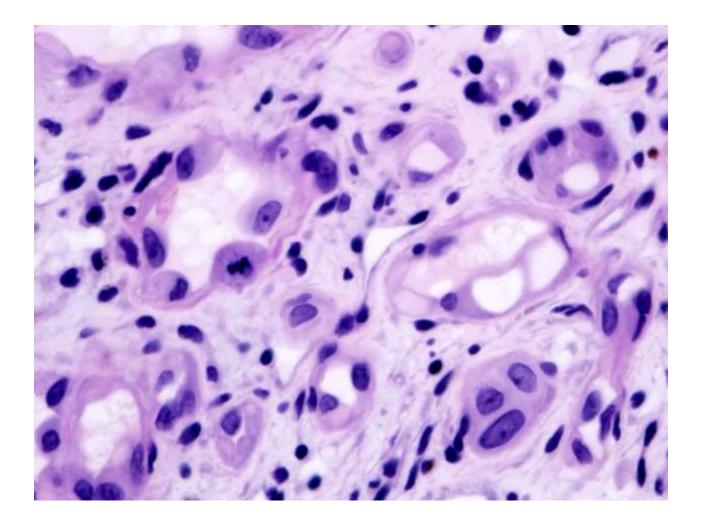
Low power



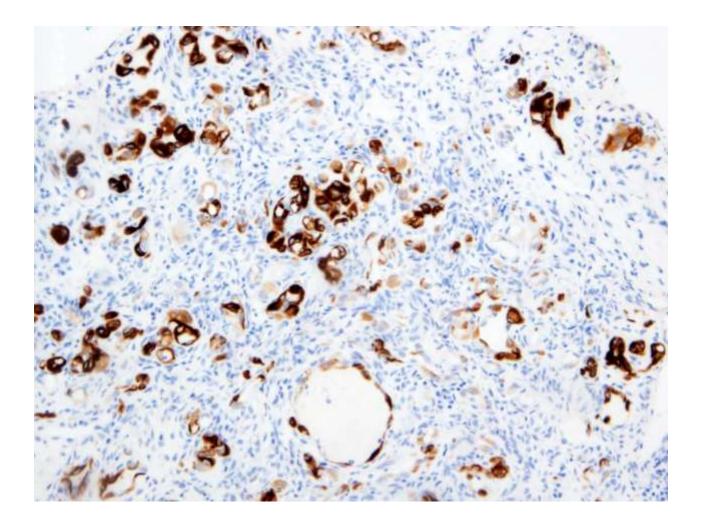
Medium power



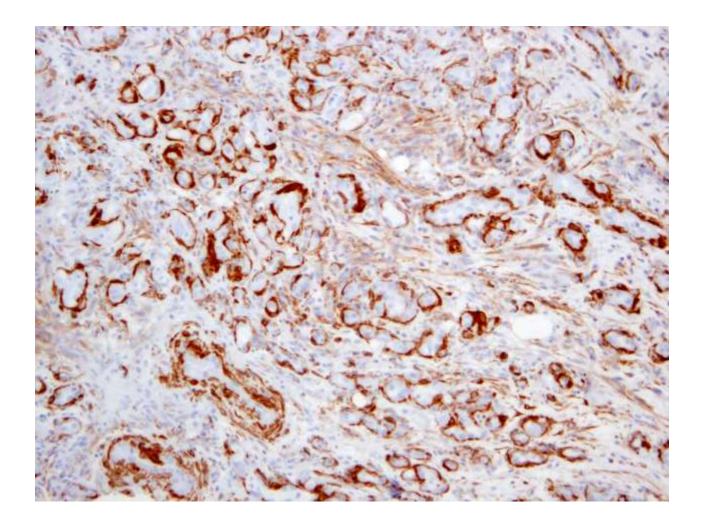
High power



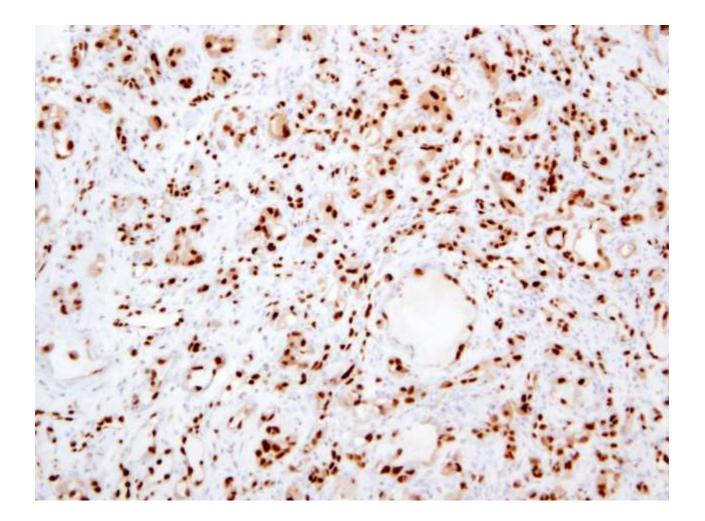
CK7



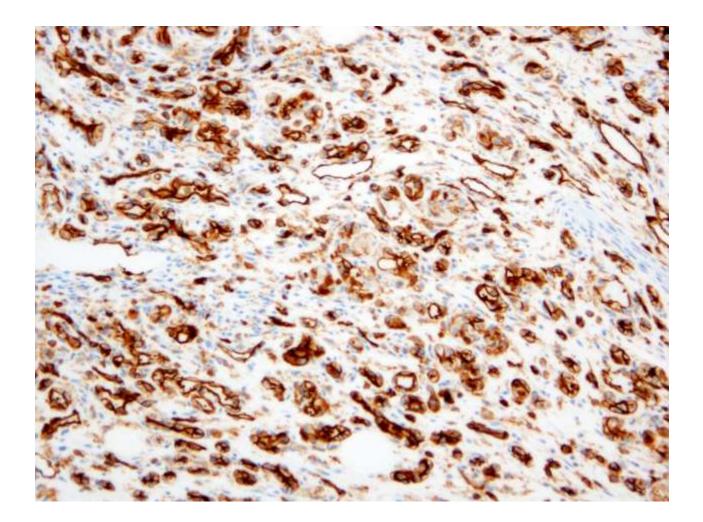
SMA



ERG



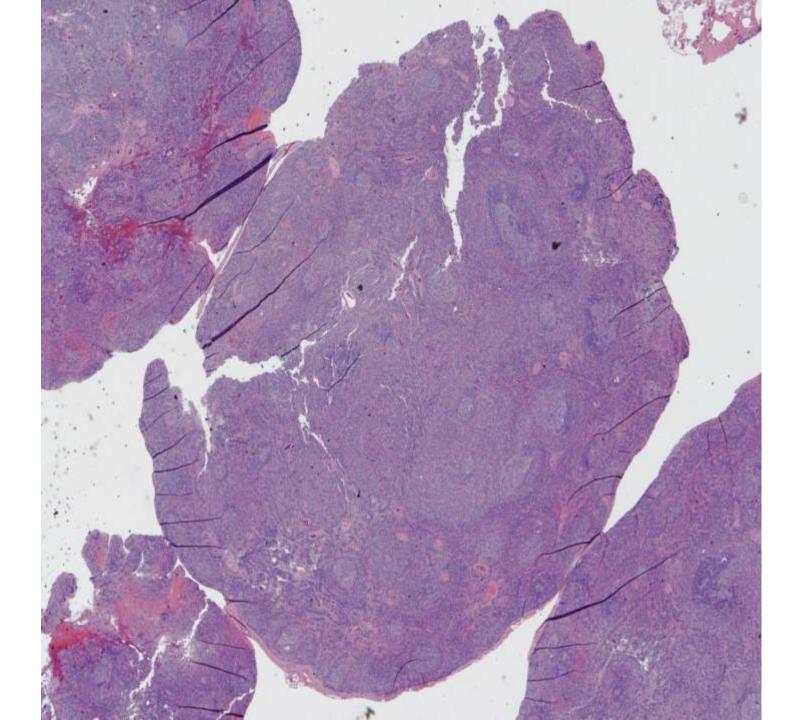
CD31

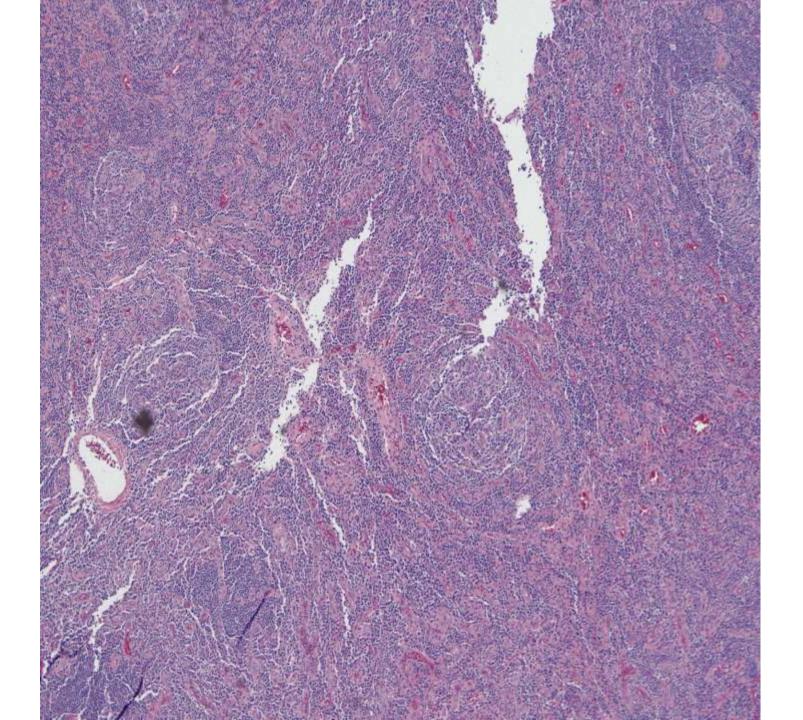


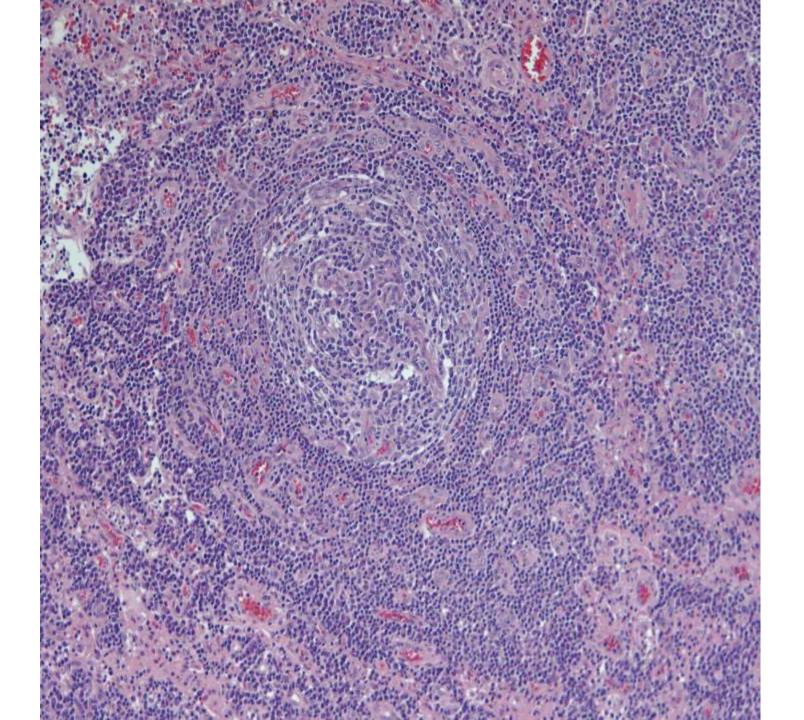
SB 6333

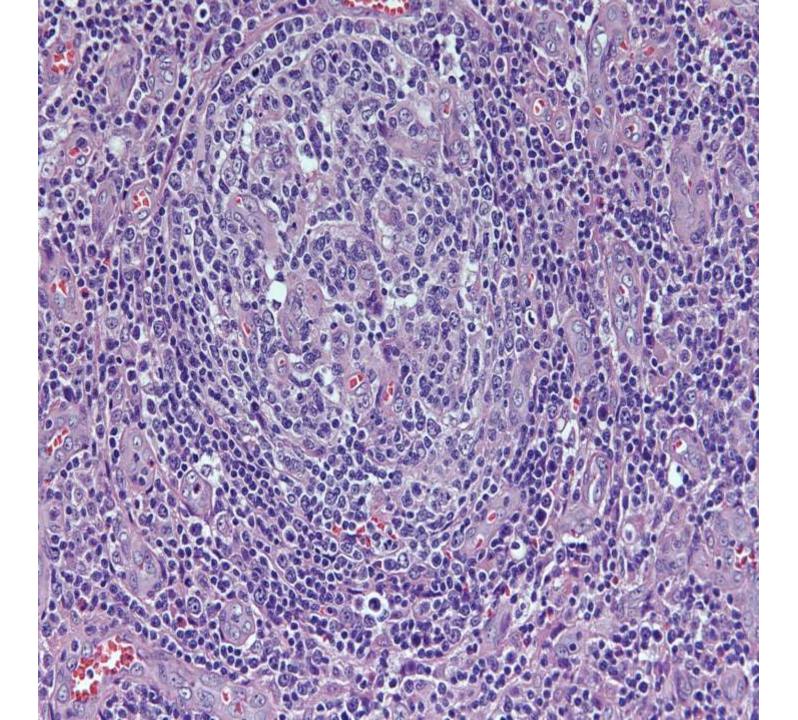
Jeffrey Cloutier/Yaso Natkunam; Stanford

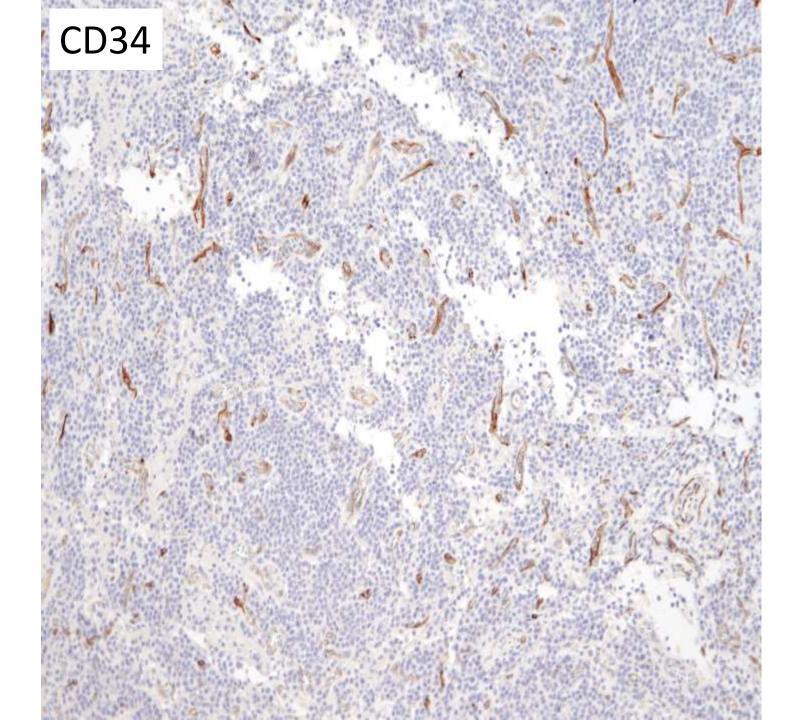
74-year-old HIV-negative male with 6 months of intermittent fevers, night sweats and fatigue, and cervical and axillary lymphadenopathy. FNA biopsy showed reactive lymphoid hyperplasia. Underwent excisional biopsy.

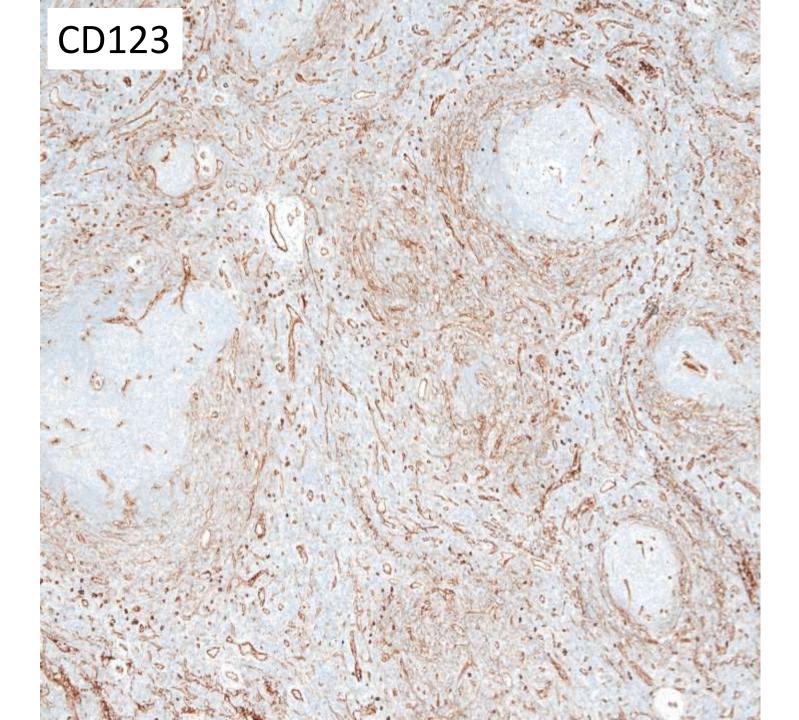


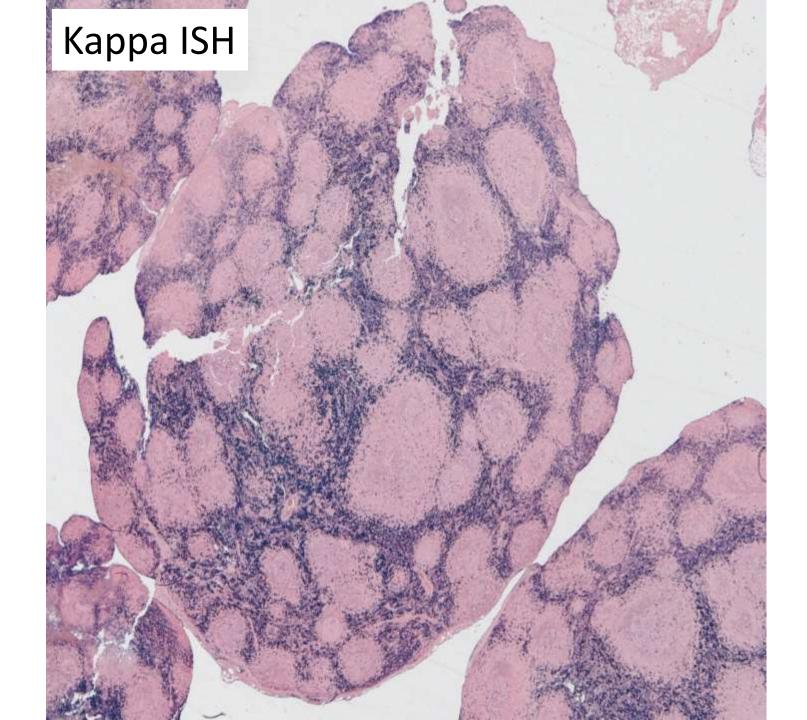


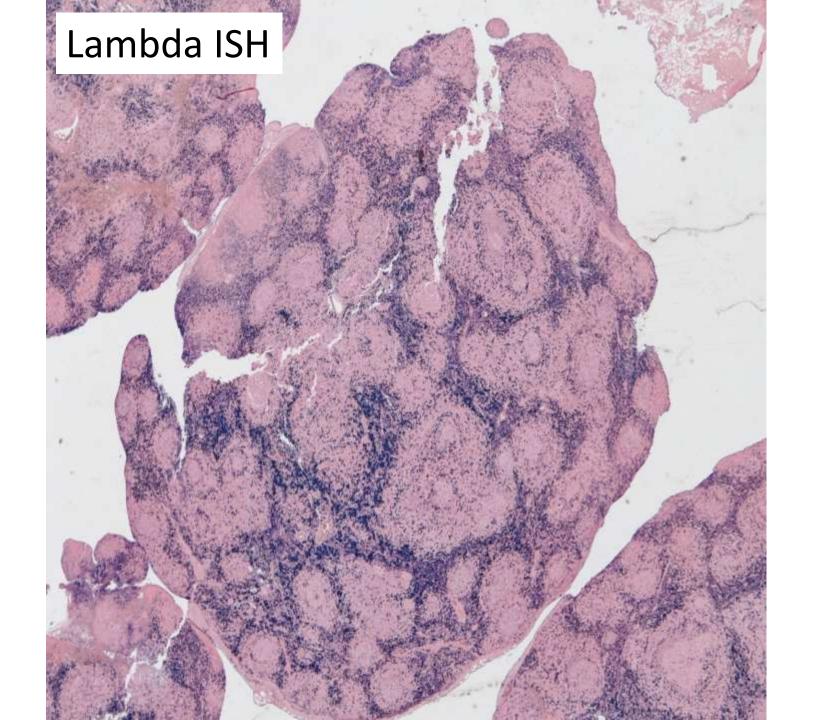












SB 6334

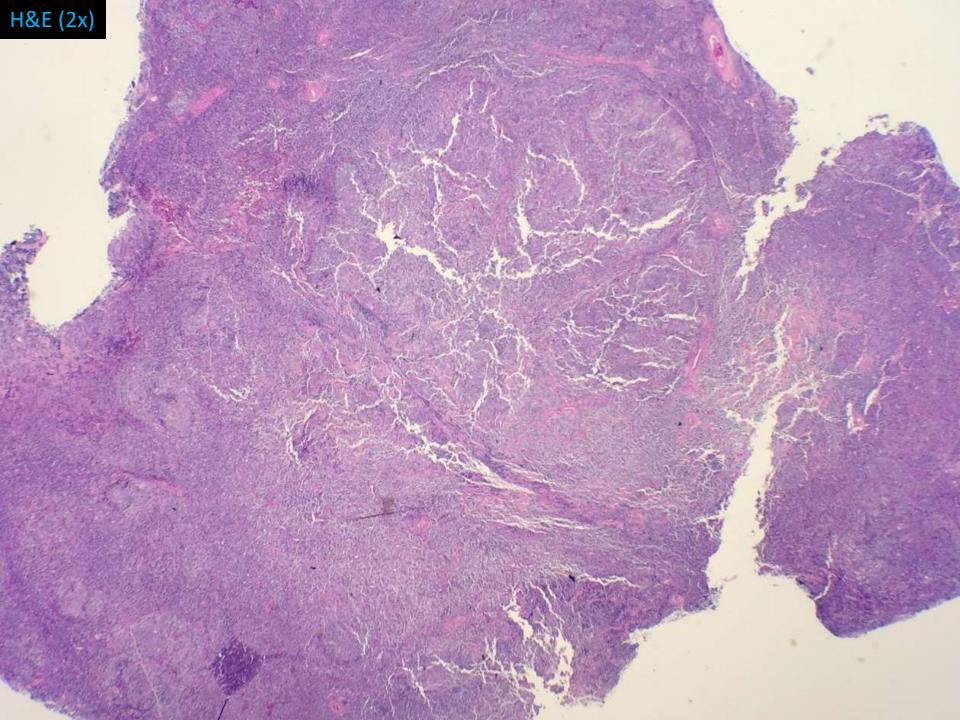
Matthew Koo/Yaso Natkunam; Stanford 75-year-old male with intra-abdominal mass.

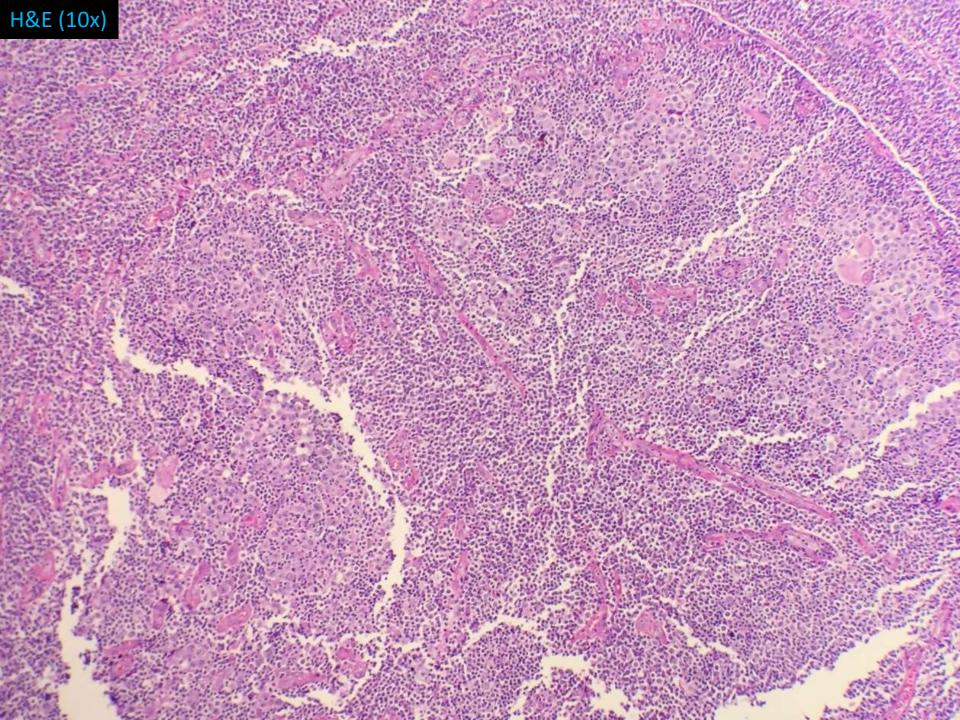
Clinical History

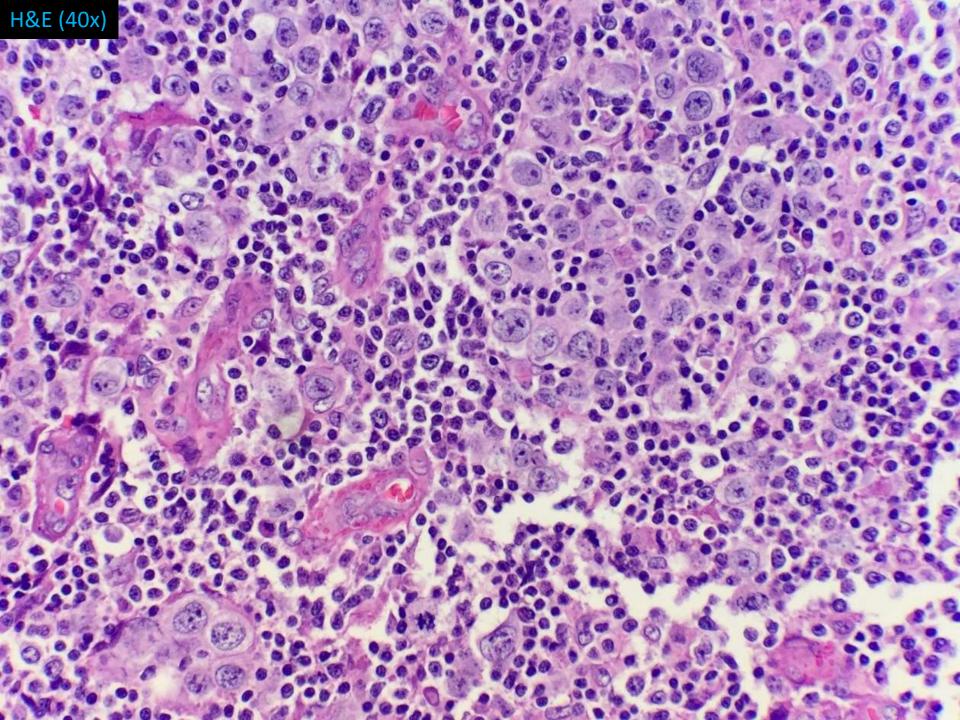
- Denied abdominal pain, weight loss or anorexia, or bone pain
- No known history of immunosuppression or immunodeficiency
- No known prior history of hematolymphoid malignancy

Radiography

- CT scan (3/12/2018):
 - Low anterior pelvic mass (4.5 x 3.8 cm), compatible with adenopathy, immediately anterior to the right external iliac
 - Other adenopathies:
 - External iliac, right (2.3 x 1.4 cm)
 - External iliac, left (shotty)
 - Retroperitoneal
 - Pericaval, right (2 x 1 cm)

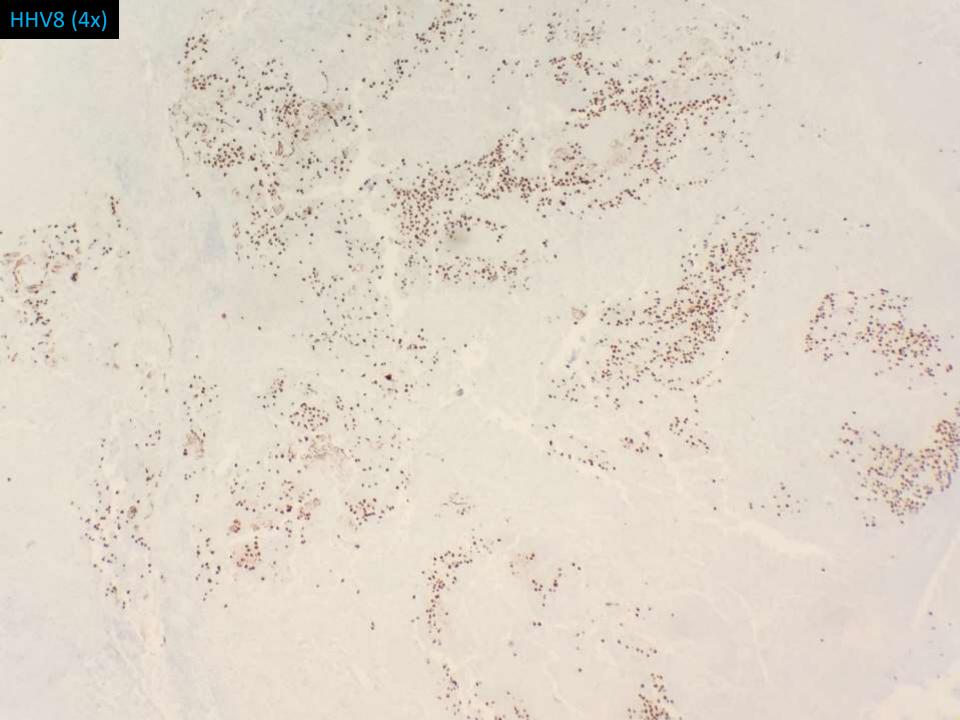






H&E (60x)

O?





SB 6335

Sharon Wu; El Camino Hospital

83-year-old male with anemia since 2017, treated with iron and B12, no h/o bleeding, GI work-up negative. Worsening anemia within past 3 months requiring blood transfusion. Peripheral smear: normochromic normocytic anemia, absolute neutropenia, absolute lymphopenia, mild thrombocytopenia, no evidence of hemolysis, dysplasia, or blasts. Bone marrow bx performed.

Medical History

- Anemia since early 2017, treated with iron and B12 supplementation
- No history of bleeding
- GI workup unrevealing
- Worsening of anemia within past 3 months requiring blood transfusion

Peripheral blood smear

- Normochromic normocytic anemia
- Absolute neutropenia
- Absolute lymphopenia
- Mild thrombocytopenia

• No evidence of hemolysis, dysplasia or blasts

CBC

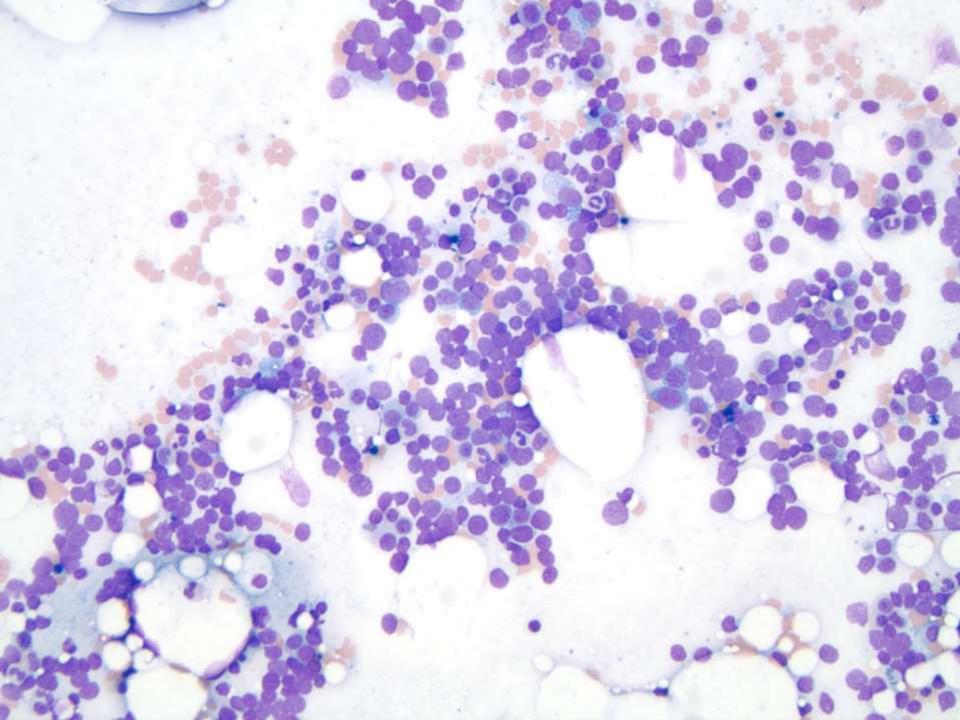
WBC	2.5 K/uL
RBC	2.41 M/uL
Hb	7.5 g/dL
Hct	22.1%
MCV	92 fL
RDW	12.7%
Plt	131
ANC	1.1 K/uL
ALC	0.8 K/uL

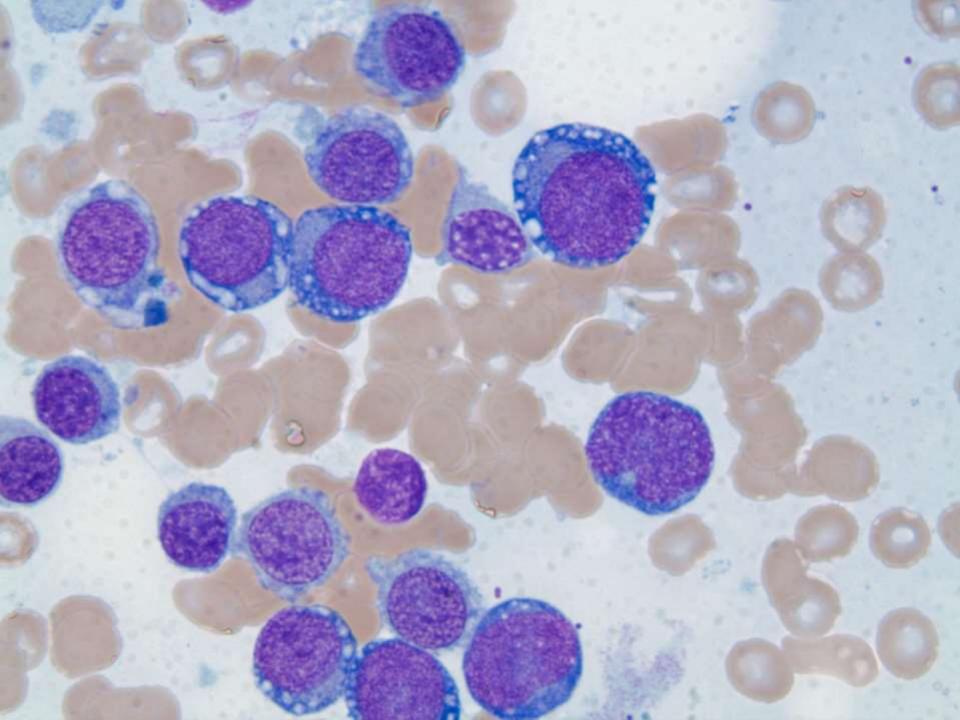
Neutrophil 45% Lymphocyte 30% Monocyte 21% Eosinophil 3% Basophil 0%

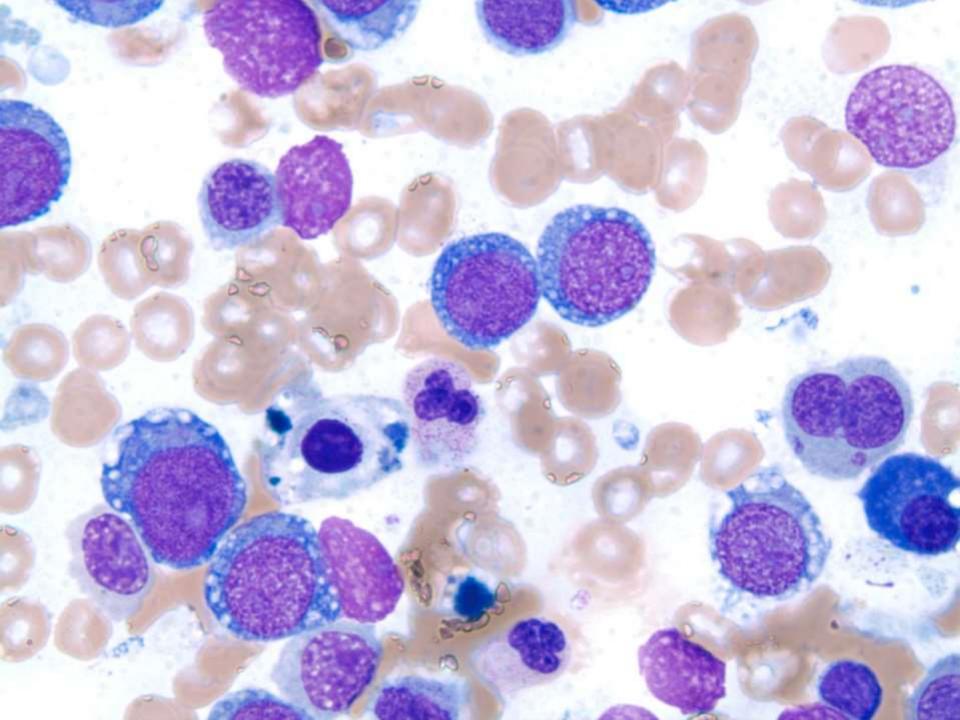
Other Clinical Labs

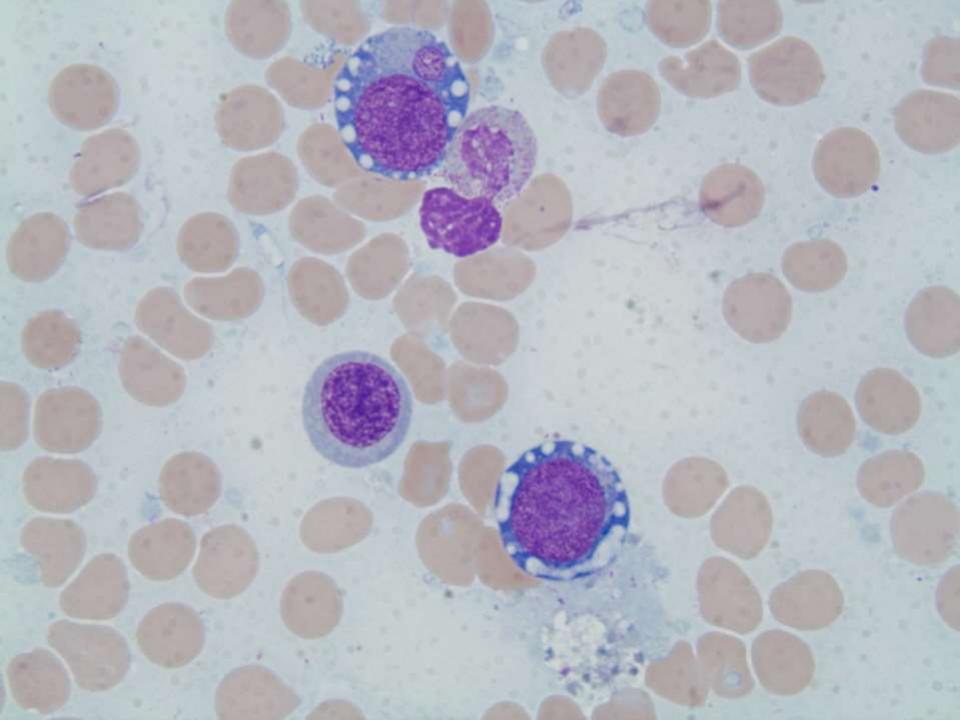
- Ferritin
- Iron
- Iron binding
- Iron % sat
- Vitamin B12
- Folate

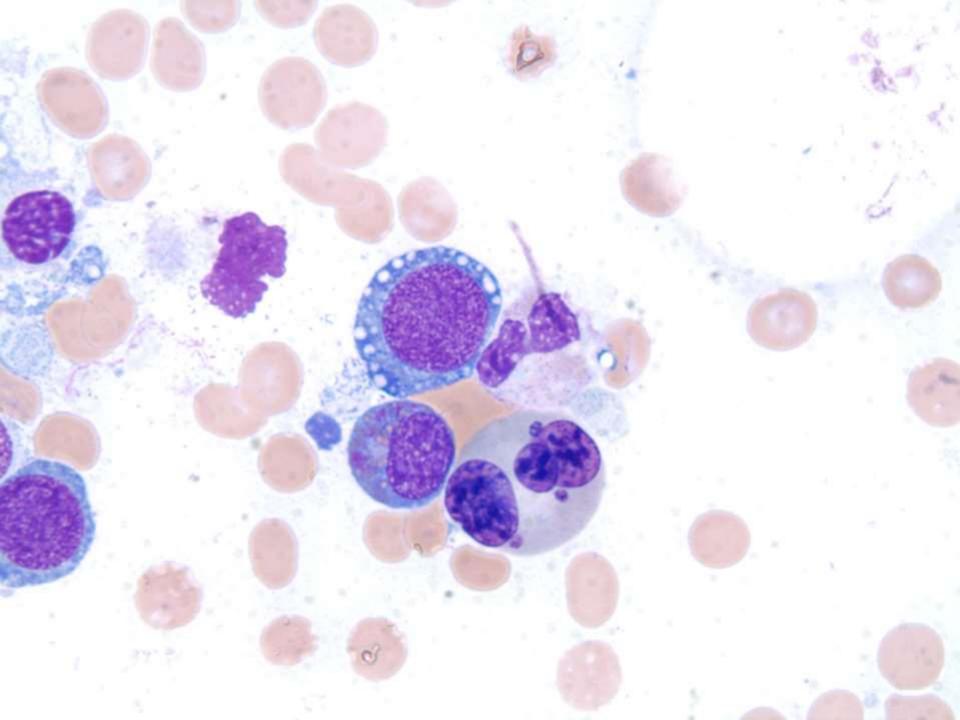
457 (H) 103 (nl) 200 (L) 52 (H) 955 (H) 12.8 (nl)

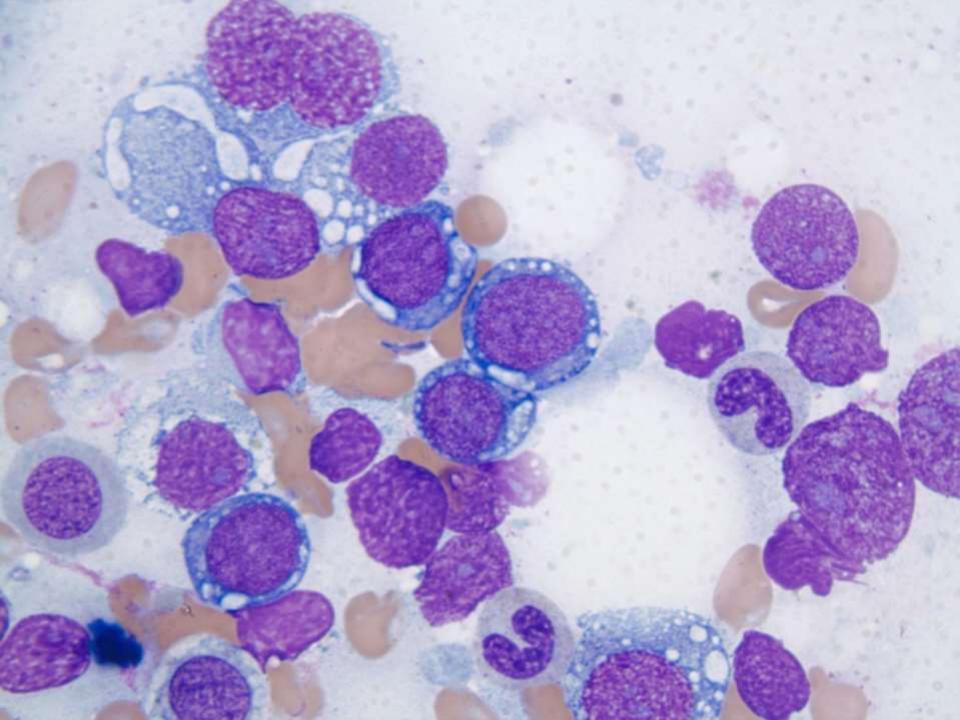


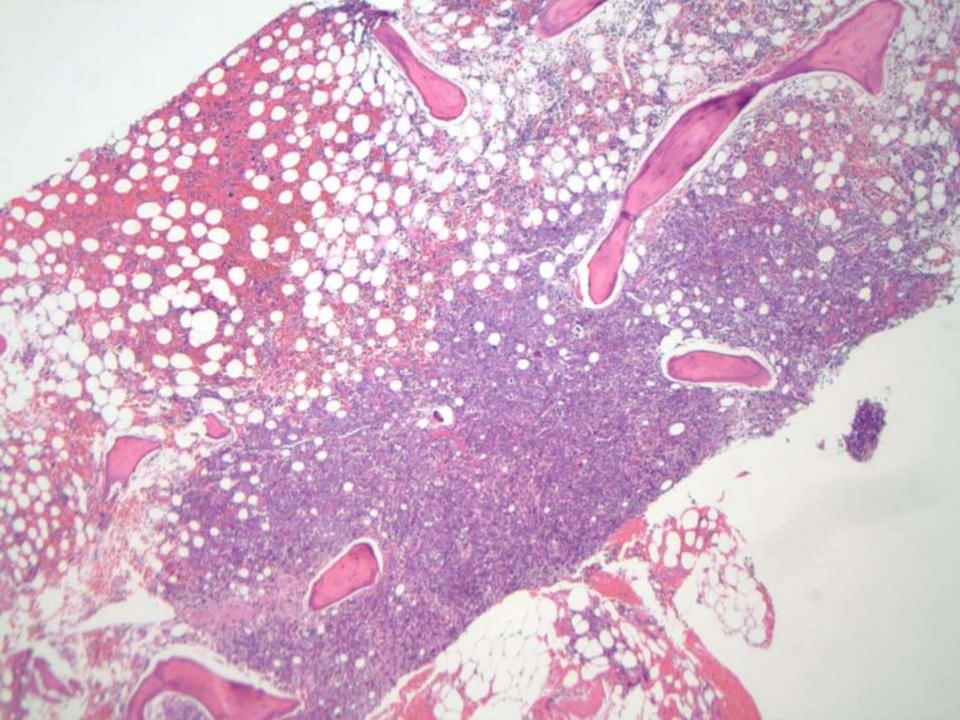


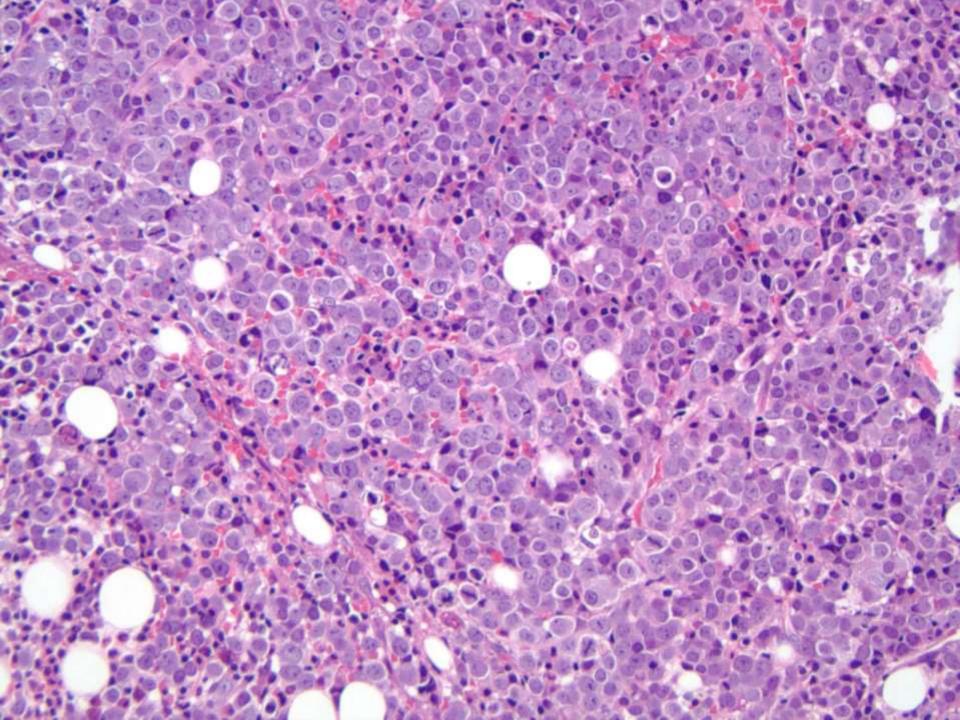


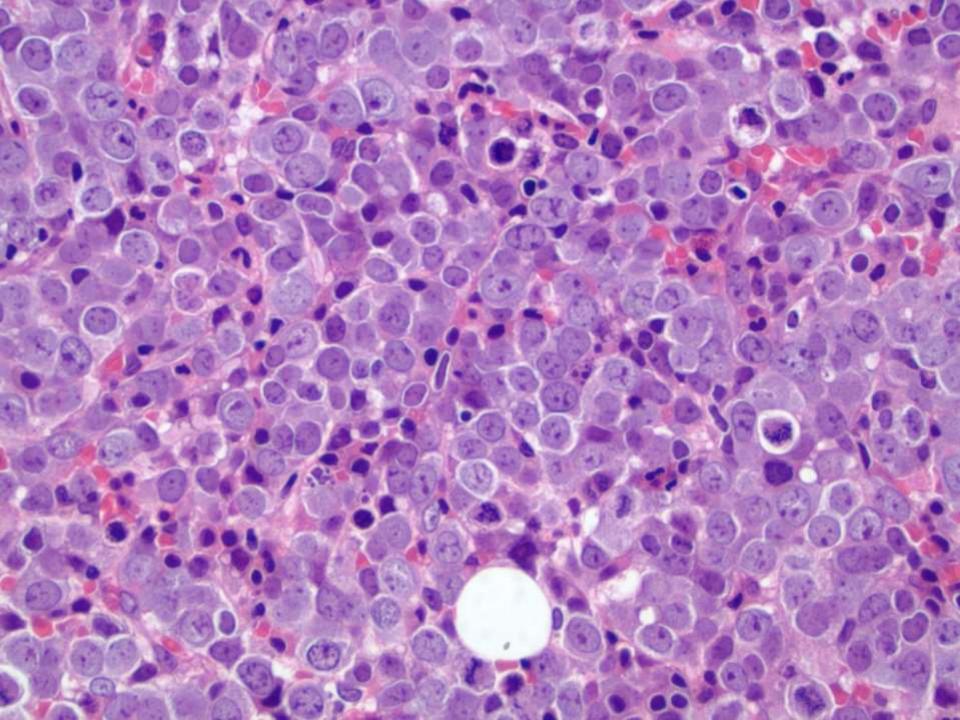








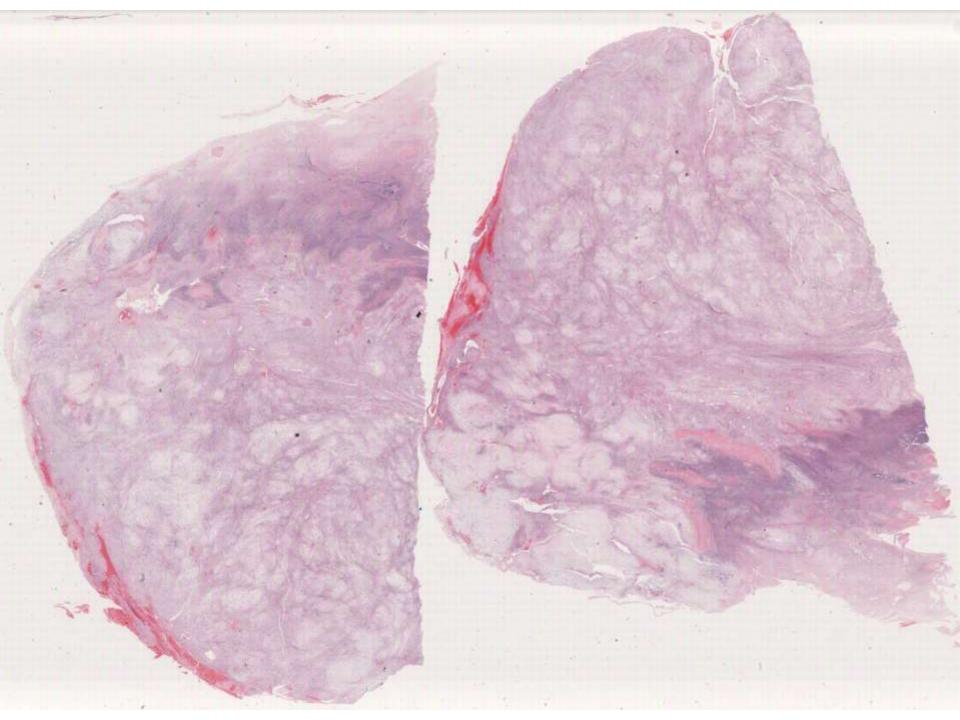


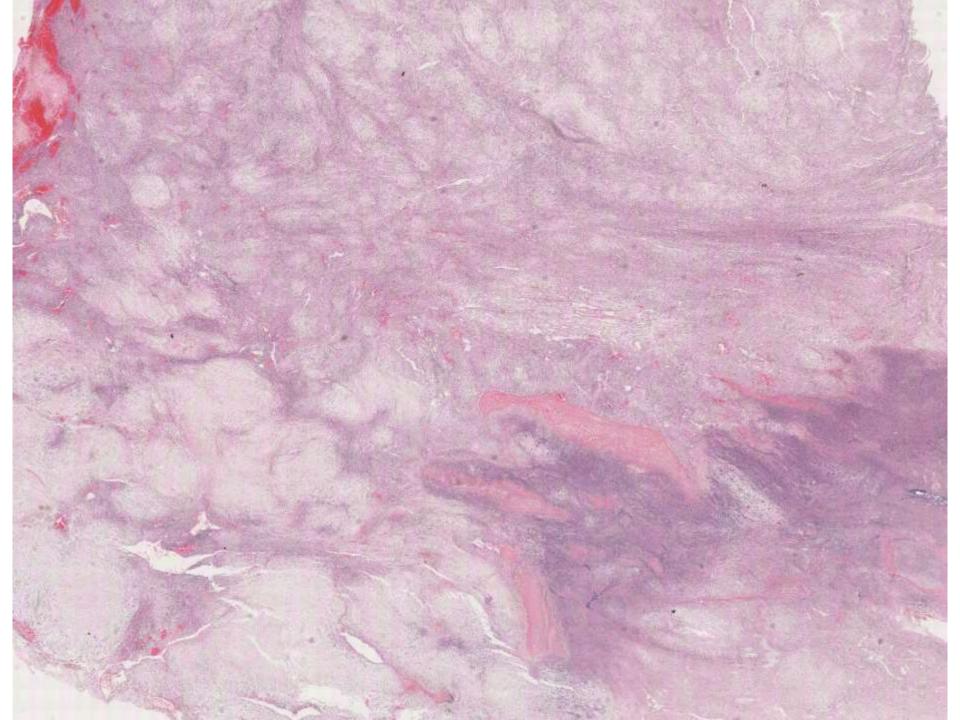


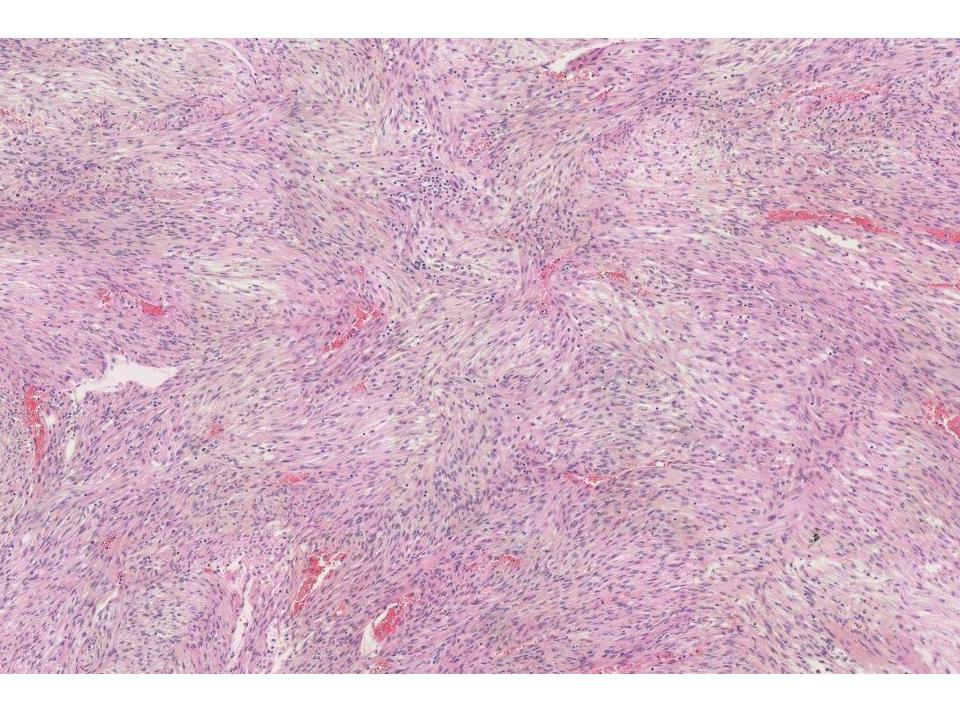
SB 6336 (scanned slide available)

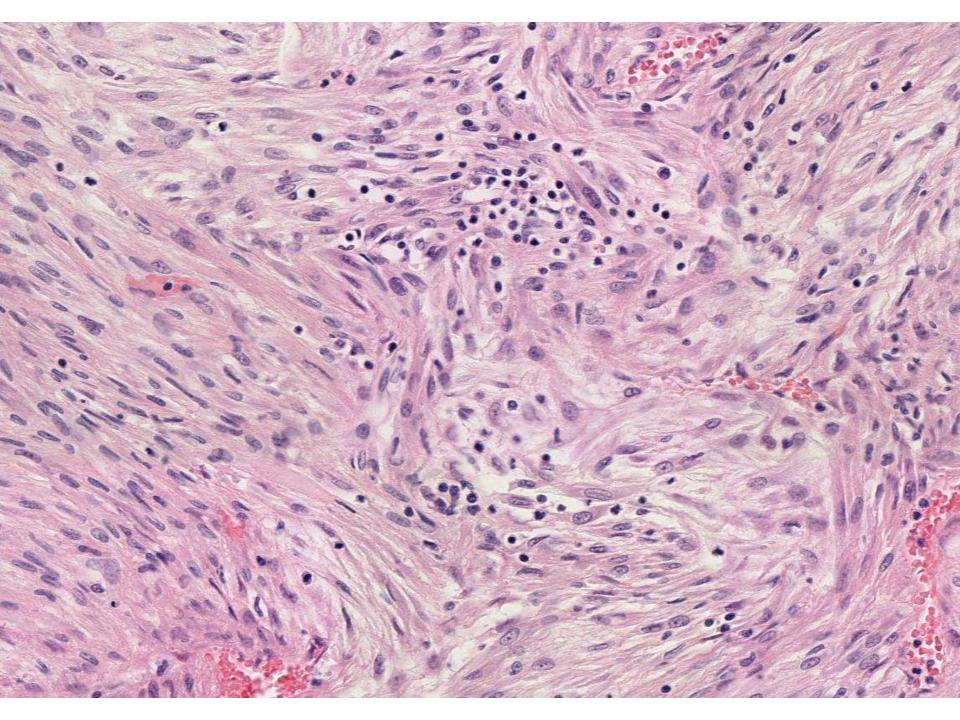
Nicholas Ladwig/Sarah Umetsu; UCSF

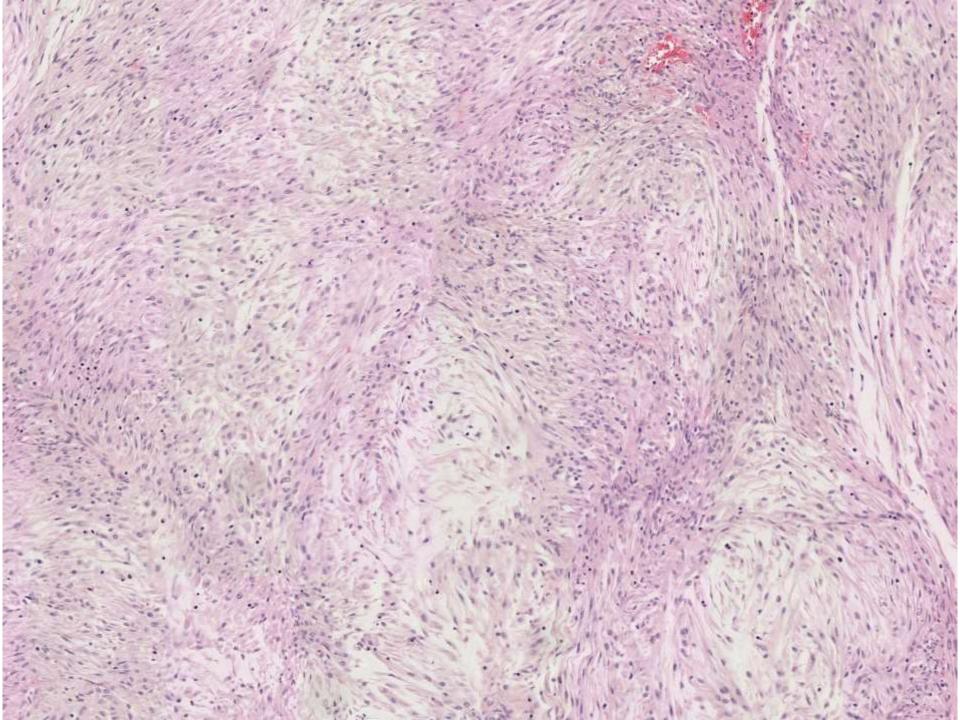
44-year-old G2P2 female with an intrauterine pregnancy. 32-week ultrasound showed 5cm uterine mass most suggestive of a succenturiate lobe. She underwent normal spontaneous vaginal delivery of male infant. Immediately following delivery of placenta, 6.8cm mass was delivered, which was entirely separate from both infant and placenta.

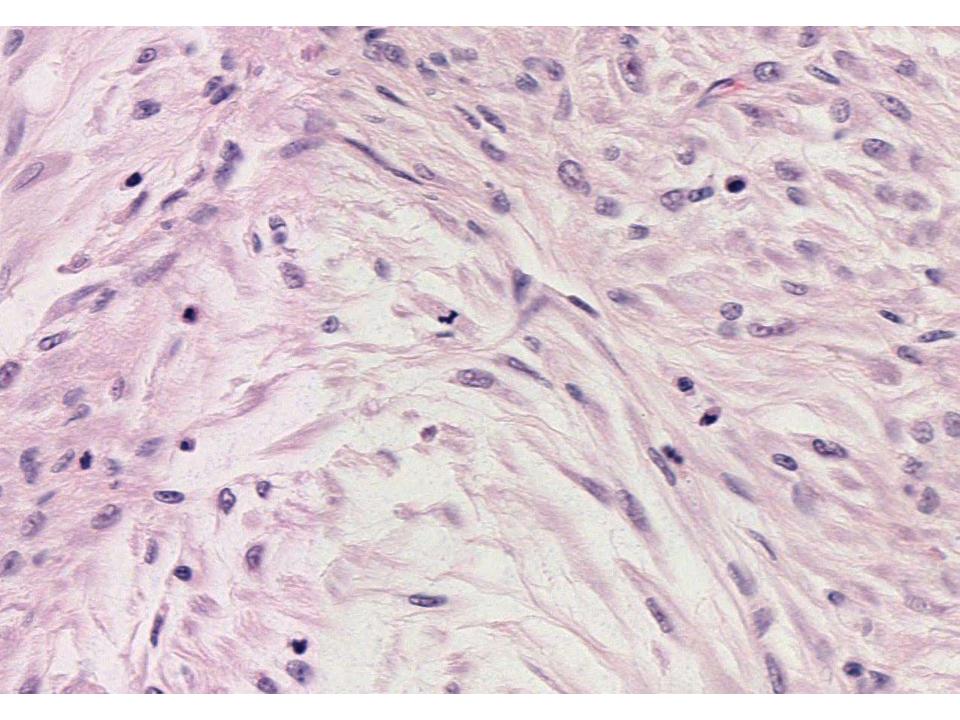


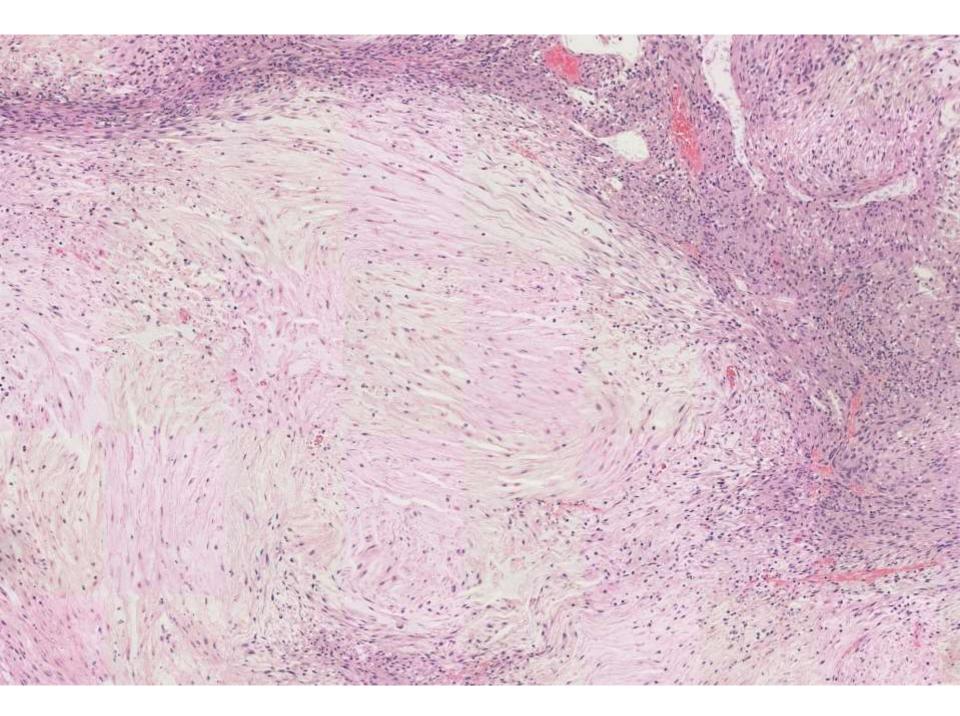


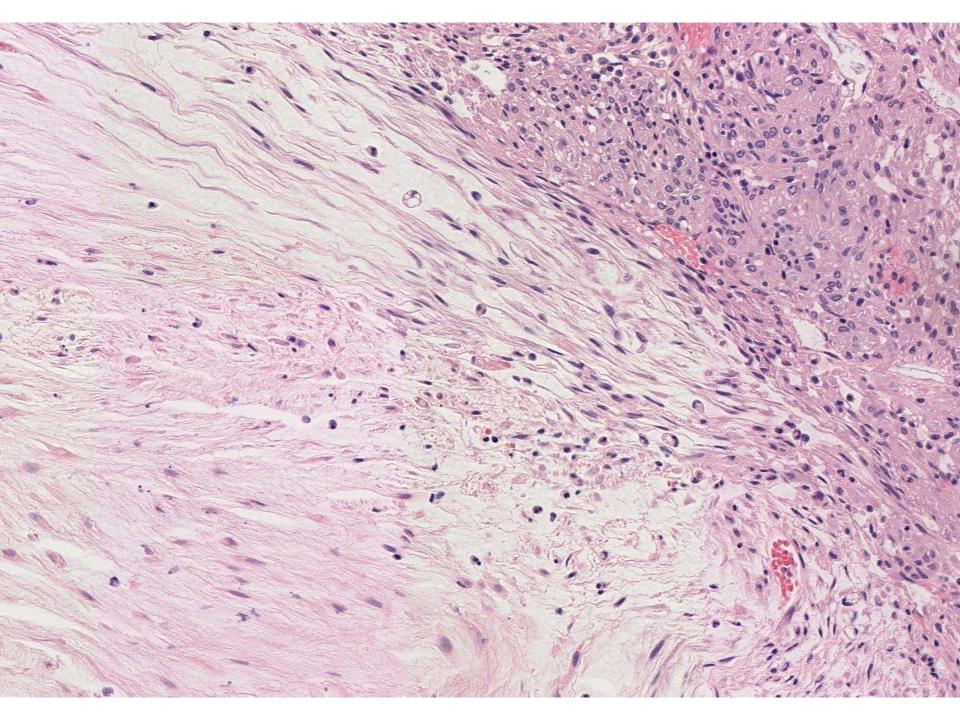


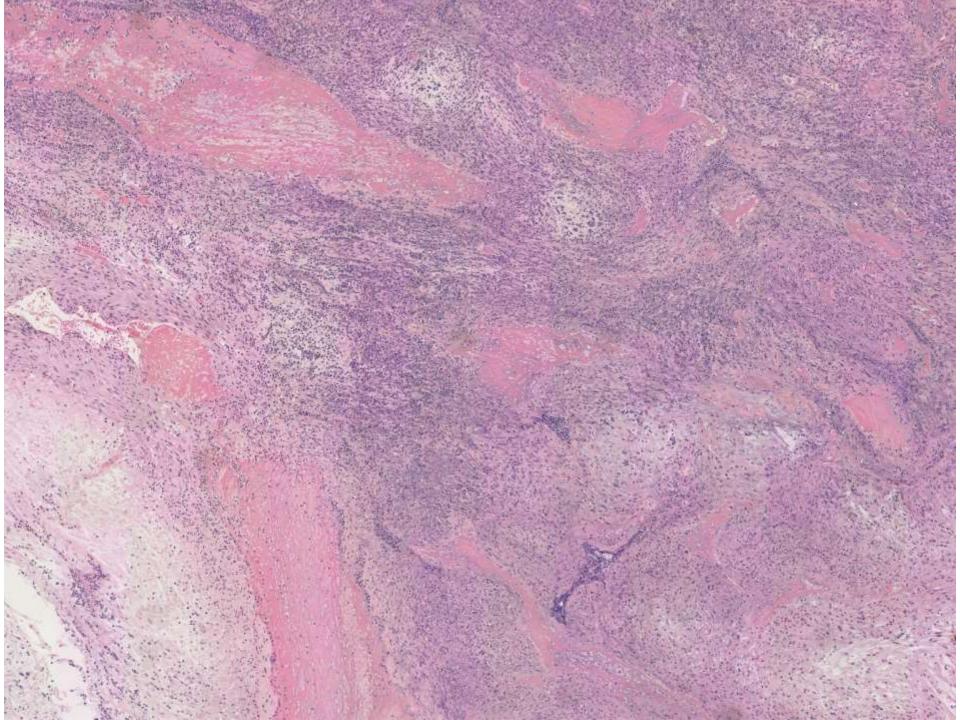


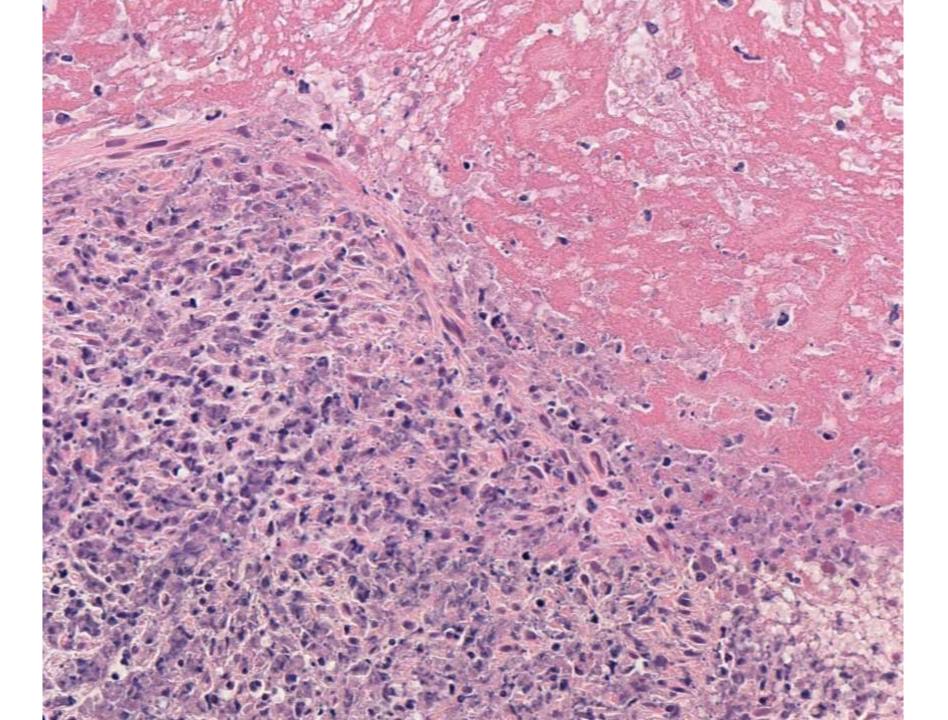








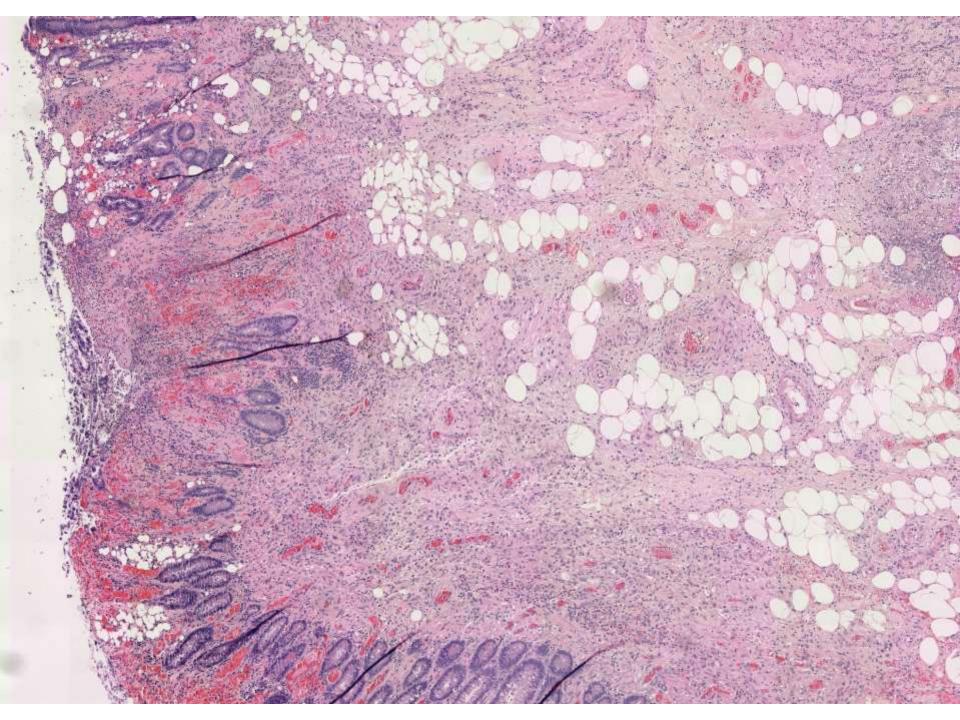


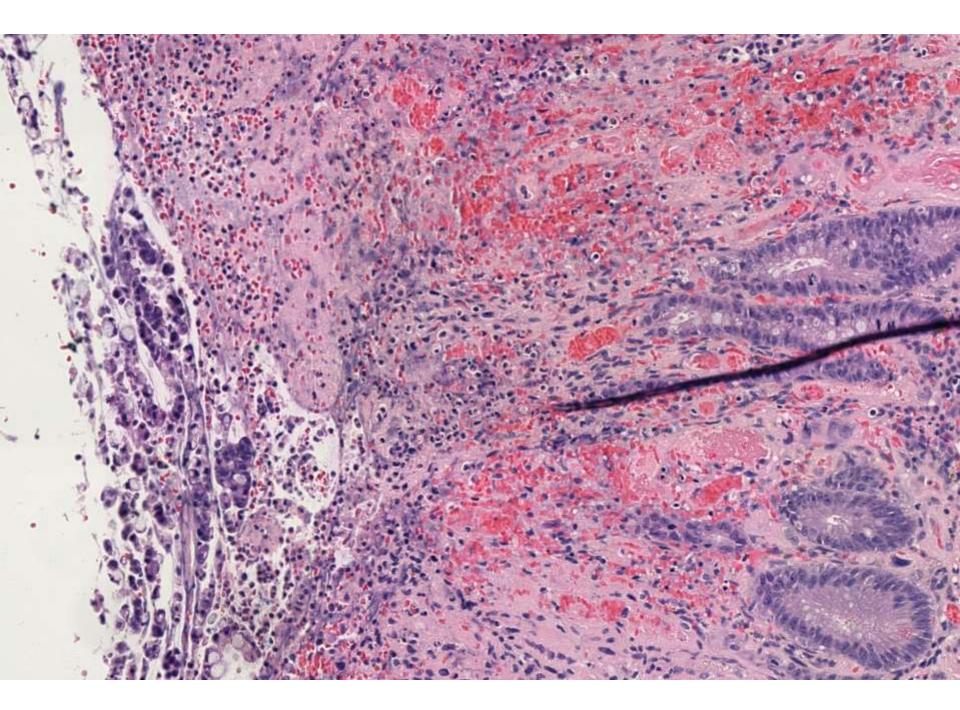


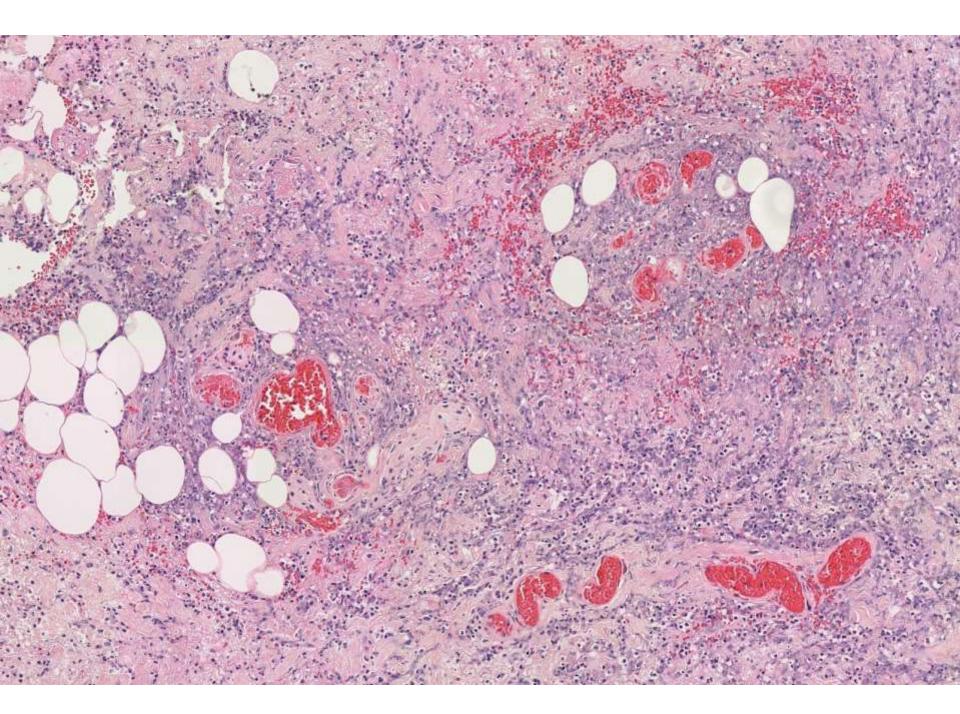
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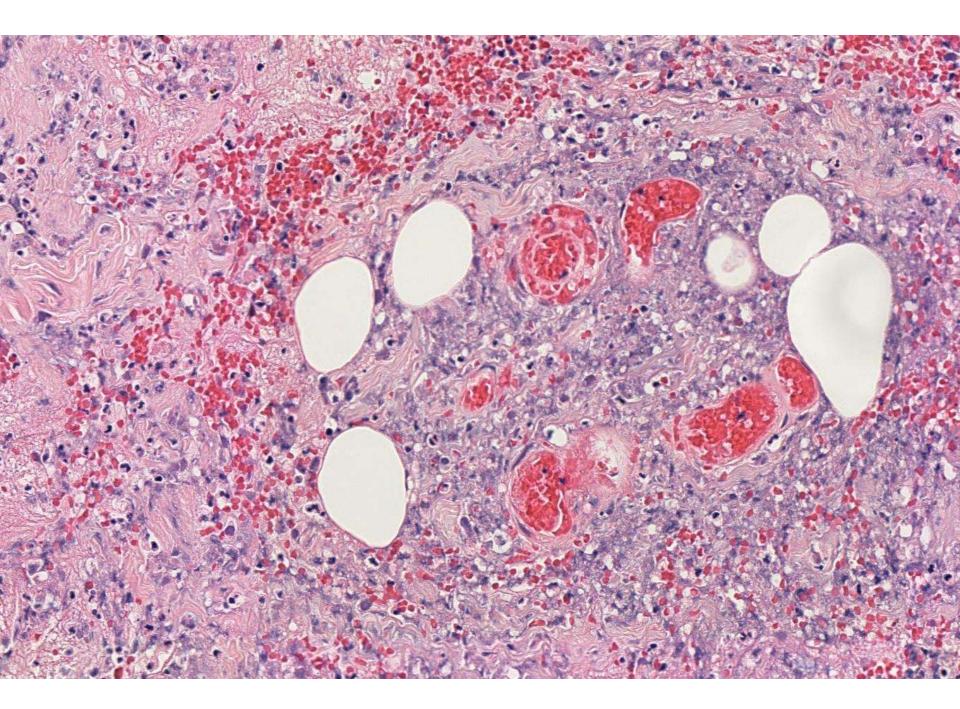
Daffolyn Rachael Fels Elliott/Sarah Umetsu; UCSF 55-year-old male with h/o allogeneic stem cell transplant for AML. He initially presented with abdominal pain and diarrhea. He was treated for C.difficile but diarrhea persisted. One month lateral he presented with symptoms of bowel obstruction and underwent left hemi-colectomy.

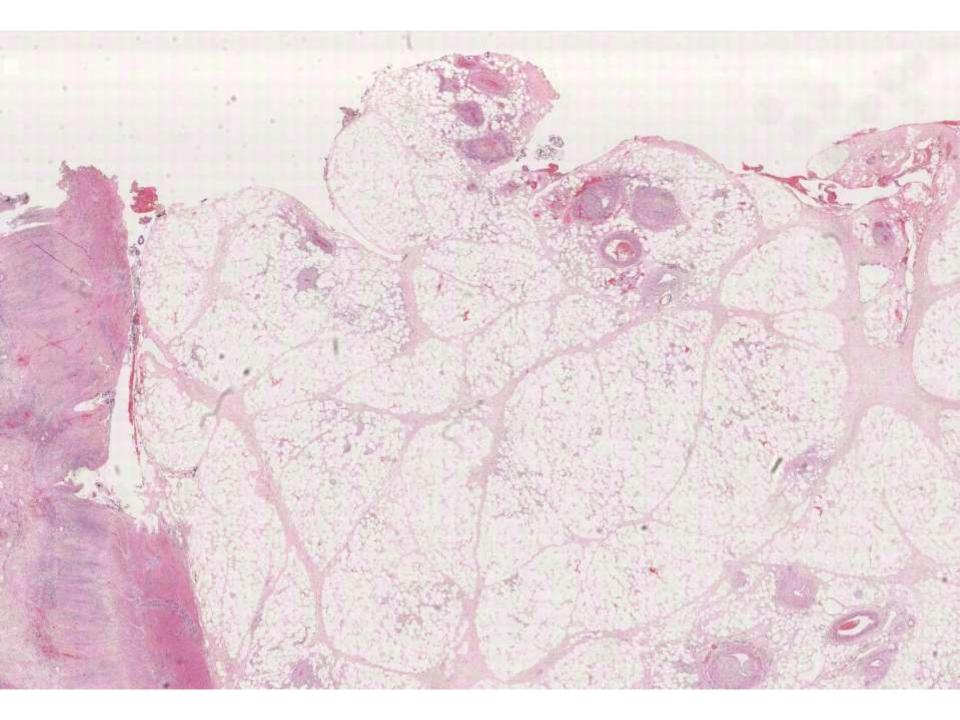


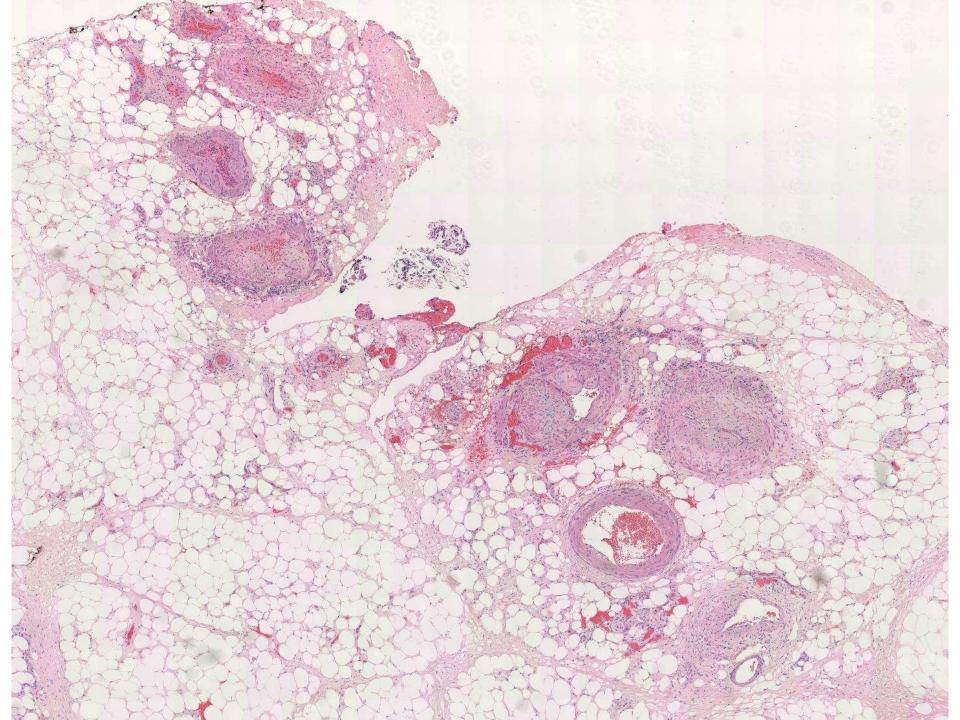


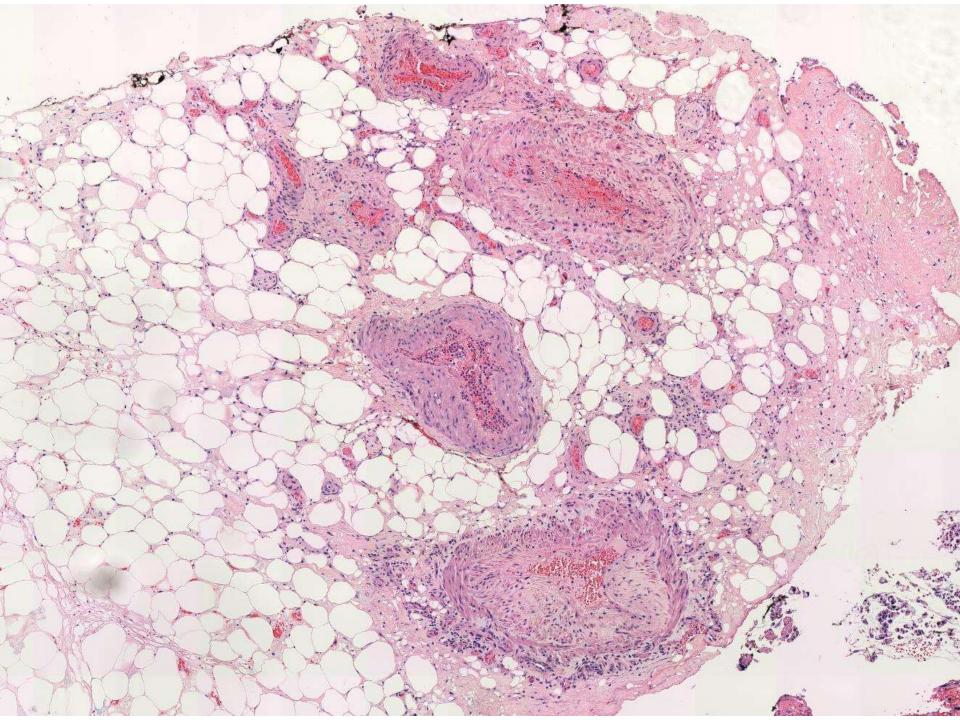


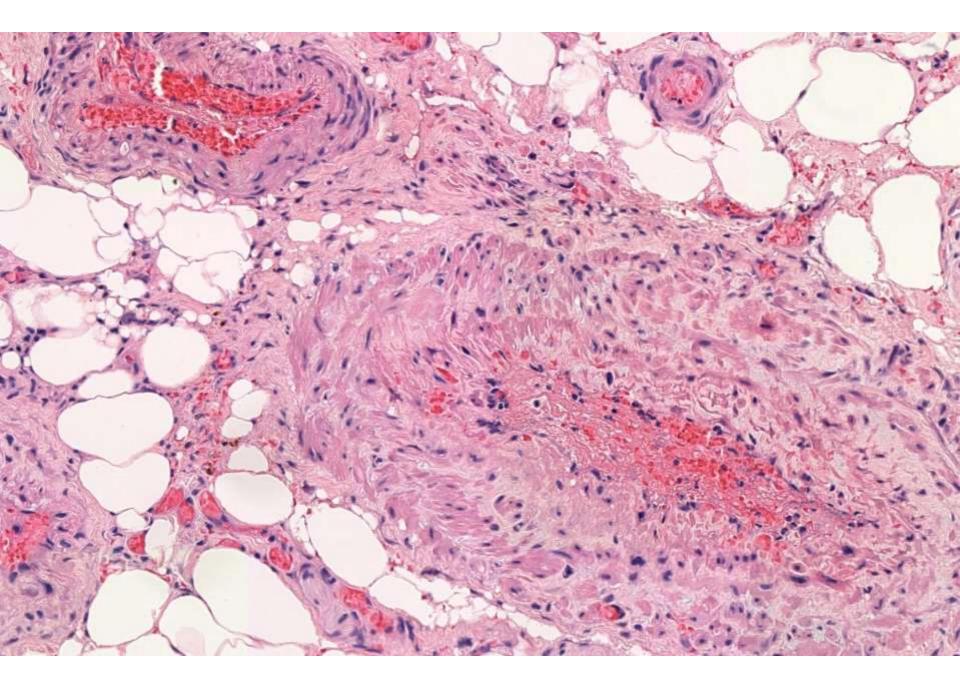


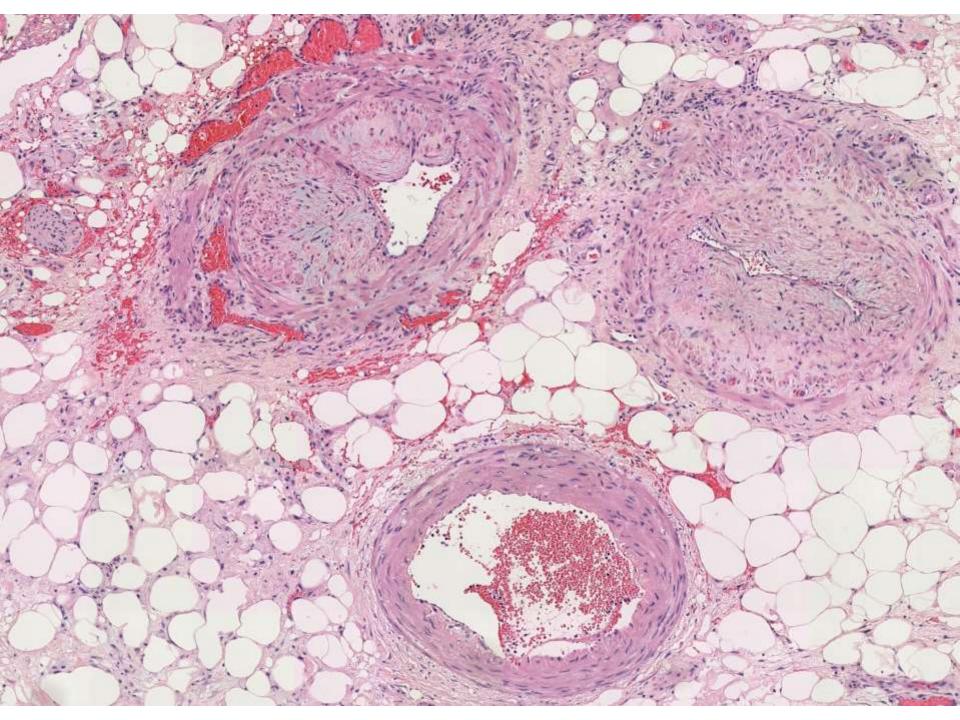


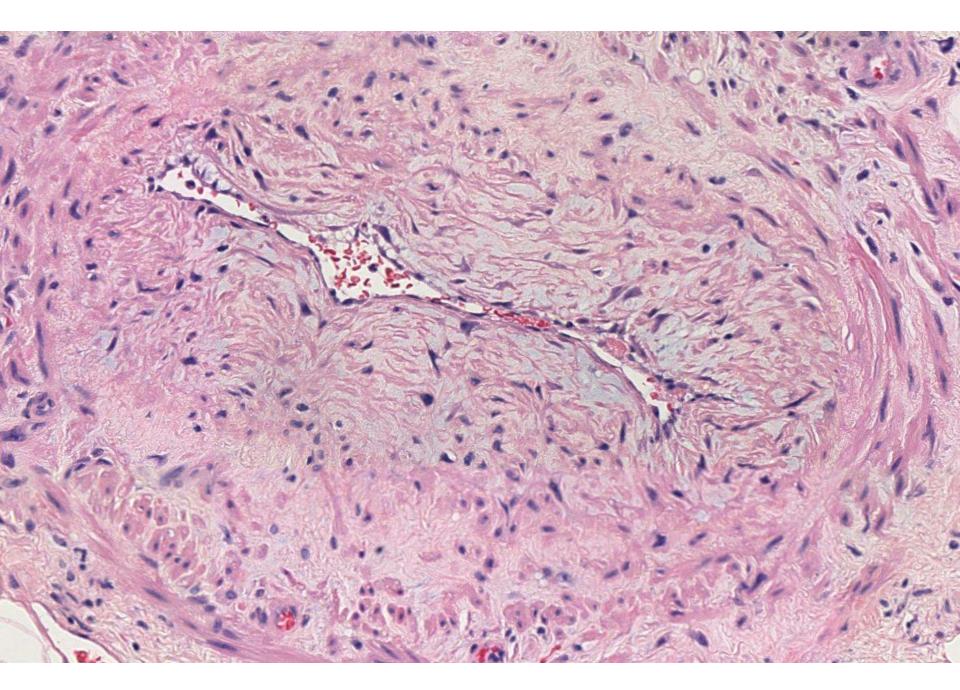








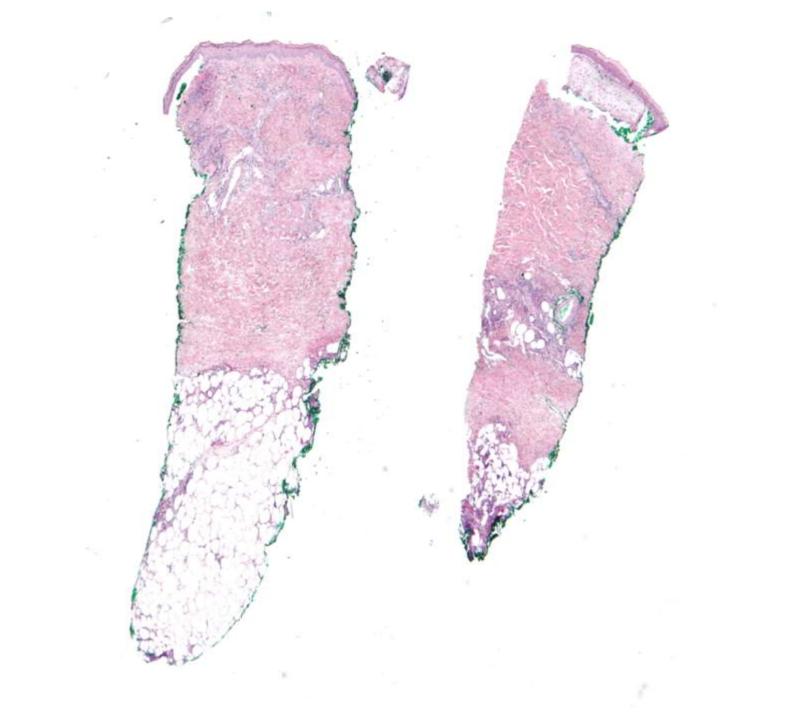


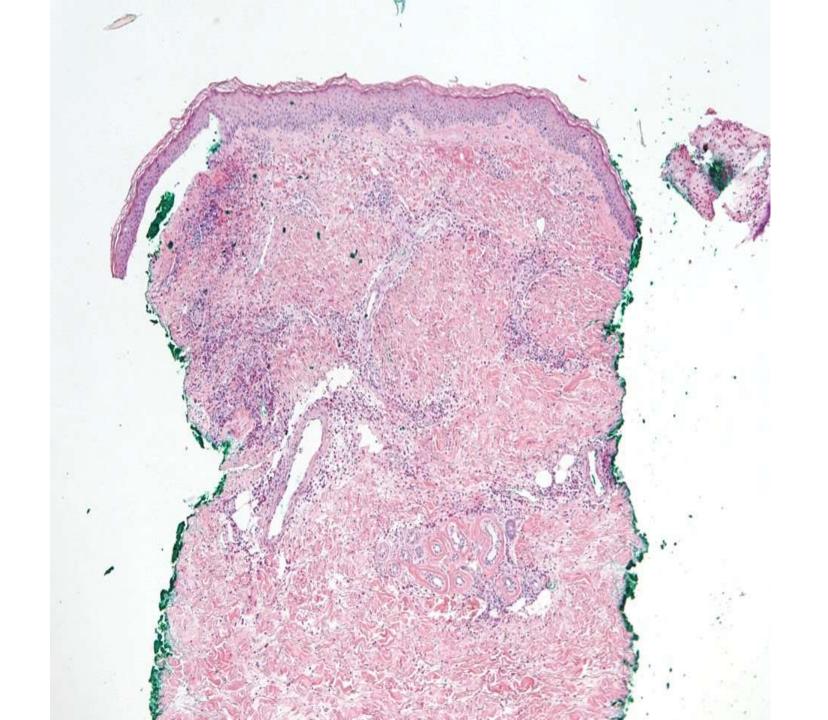


SB 6338

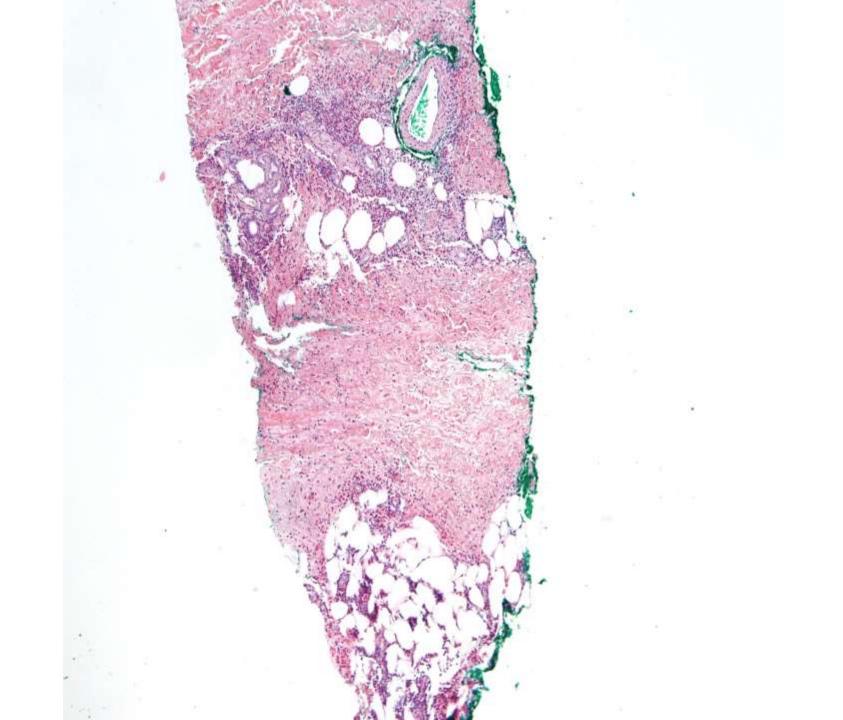
Jeffrey Cloutier/Christine Louie; Stanford/Palo Alto VA

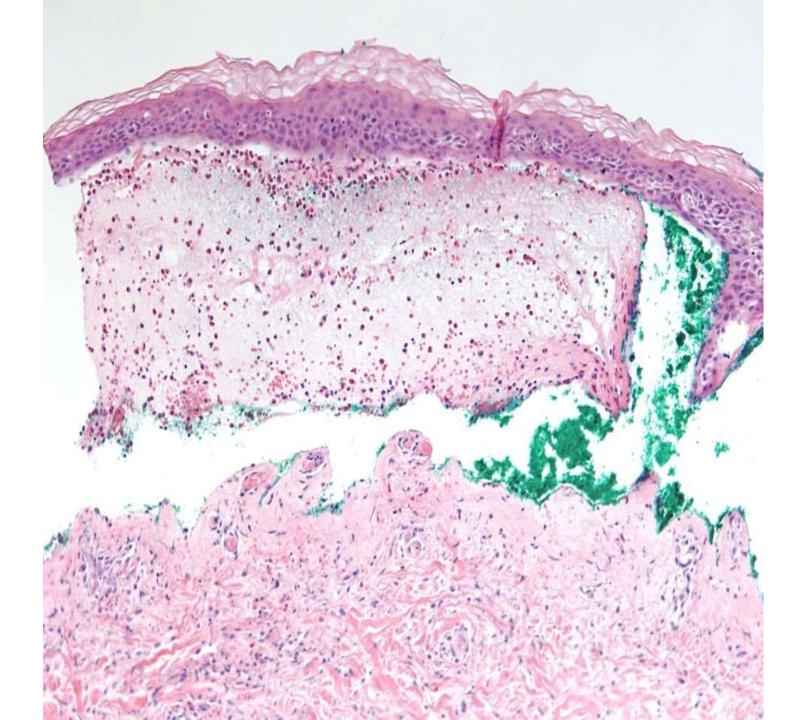
73-year-old male with lymphoplasmacytic lymphoma recently started on rituxan and bendamustine. After two rounds of treatment, developed itchy erythematous lesions on bilateral legs highly suspicious for erythema nodosum.

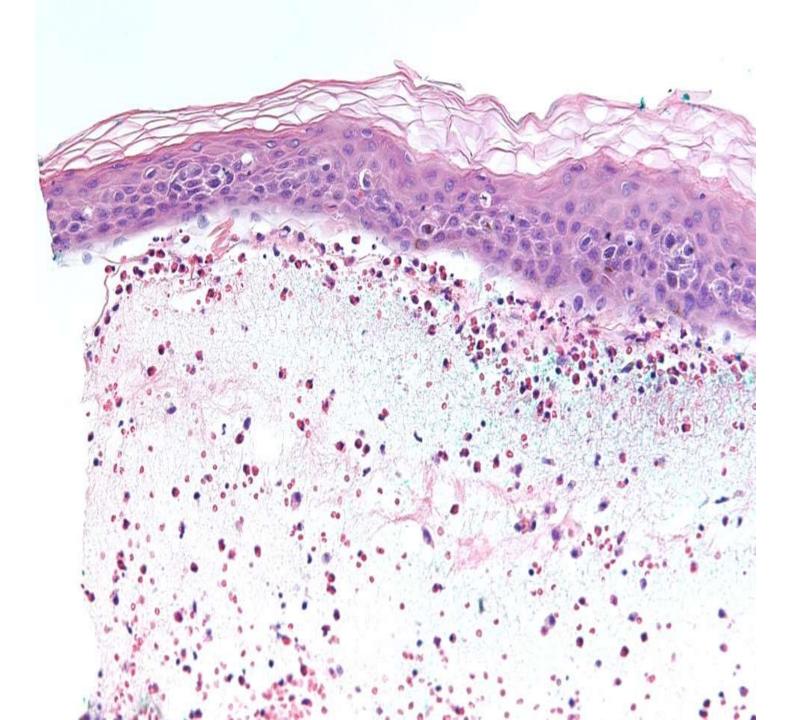


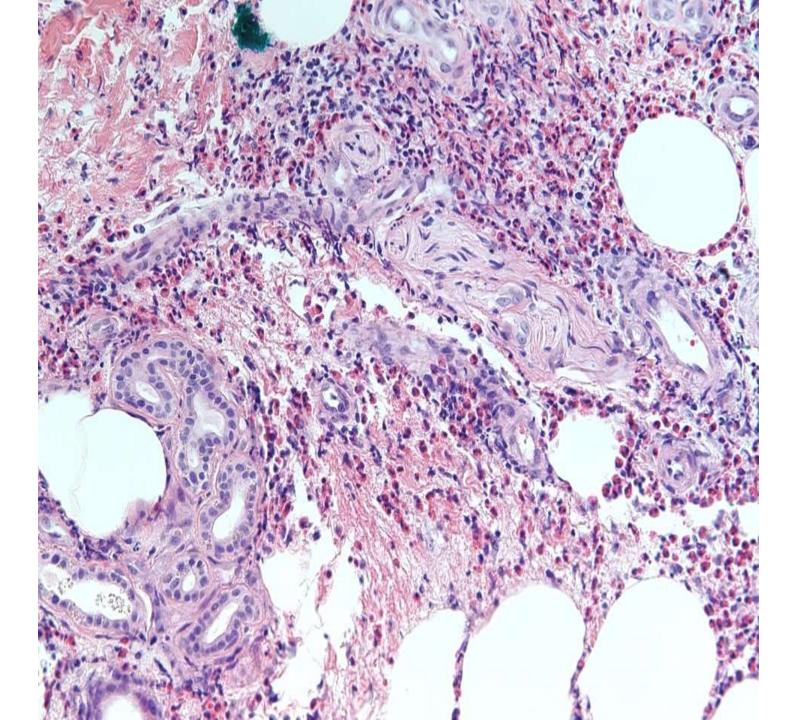








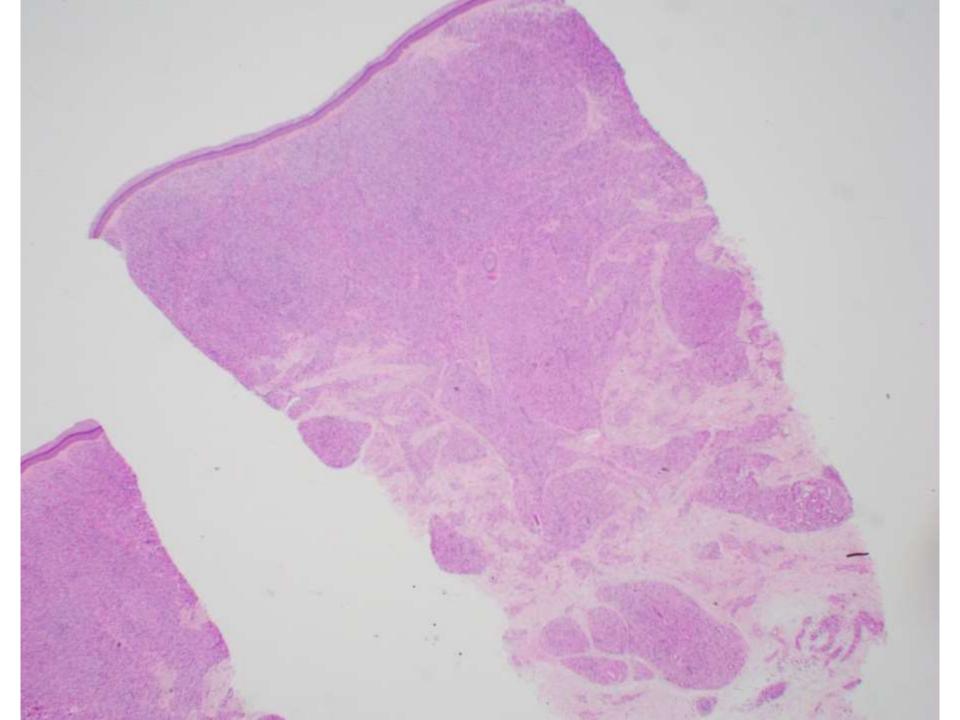


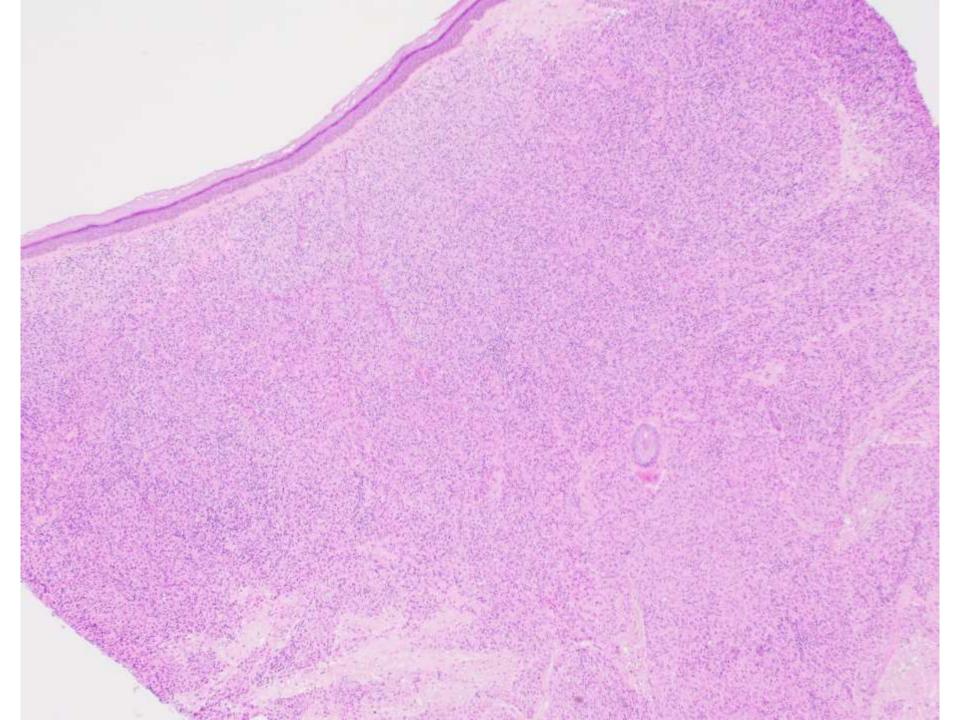


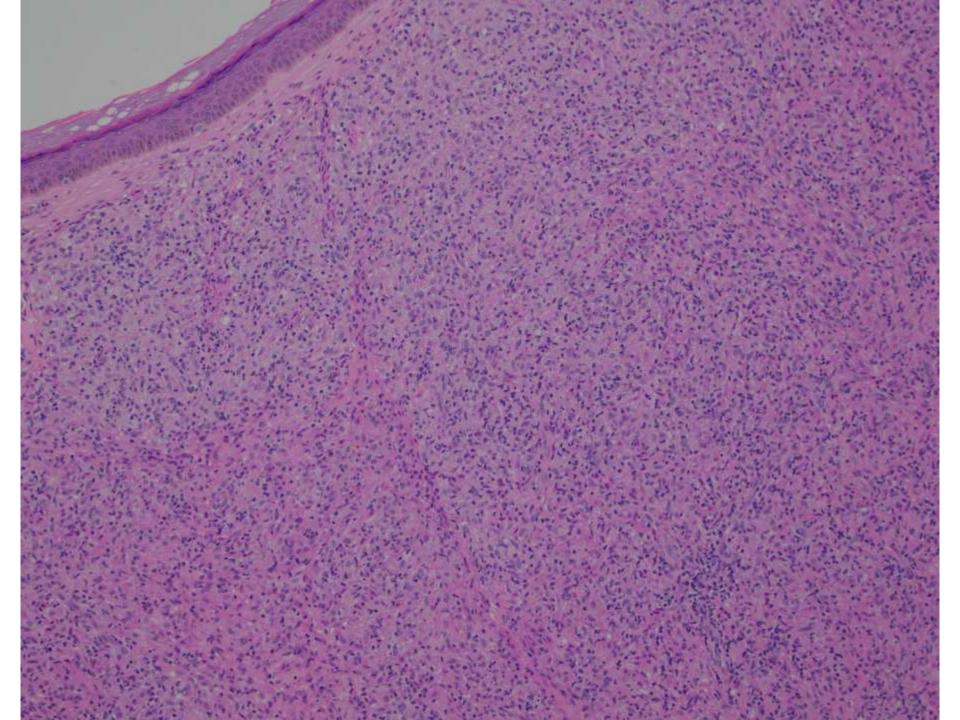
SB 6339

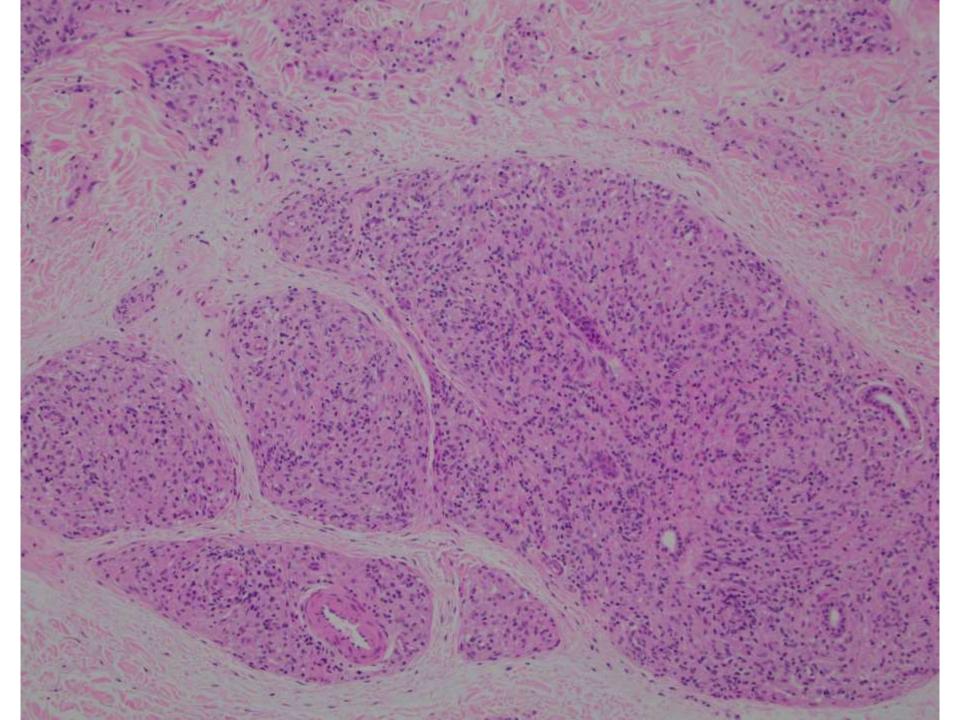
Caroline Temmins; Santa Clara Valley Medical Center

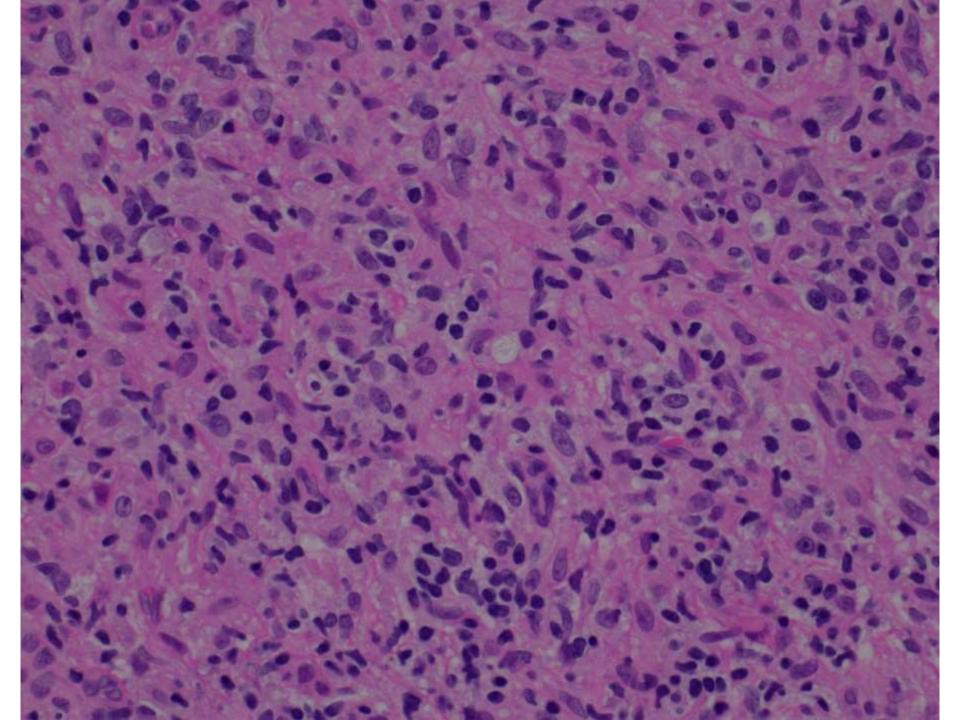
41-year-old male with recently emigrated with Philippines with 1-year h/o itchy non-painful rash on face and arms. No systemic symptoms, no loss of sensation over the rash.

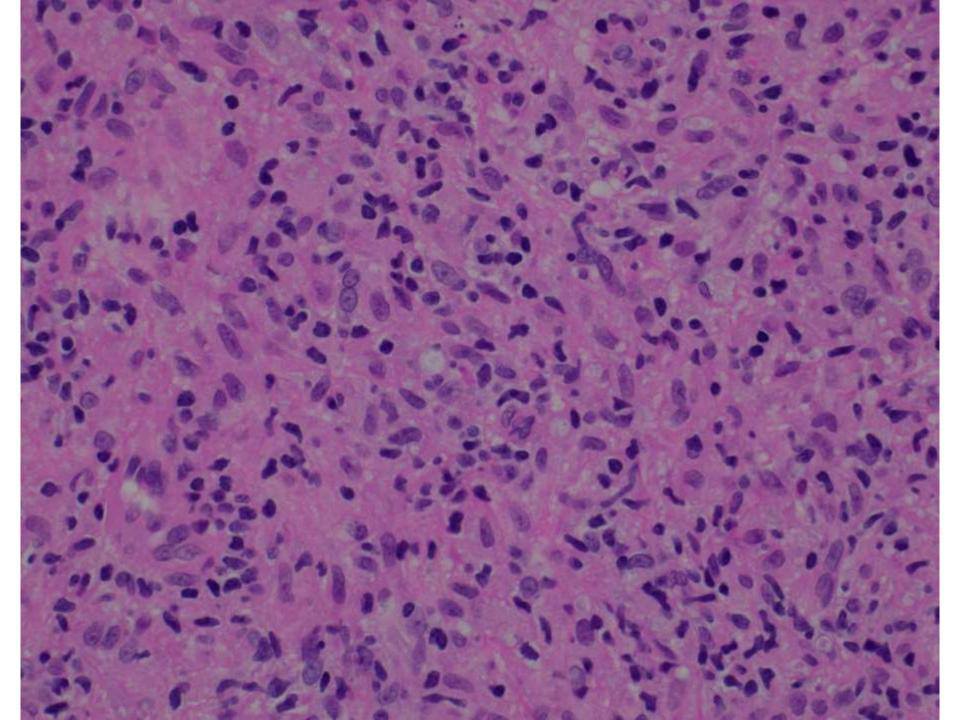












SB 6340

Andrew Bandy/John Moretto; CPMC

53-year-old male presented with GI bleeding, underwent endoscopy and found to have >100 colon polyps. Patient later developed ischemic bowel and underwent colectomy.

53 year old man presented with GI bleeding, underwent endoscopy and found to have >100 colon polyps. Patient later developed ischemic bowel and underwent colectomy.

