

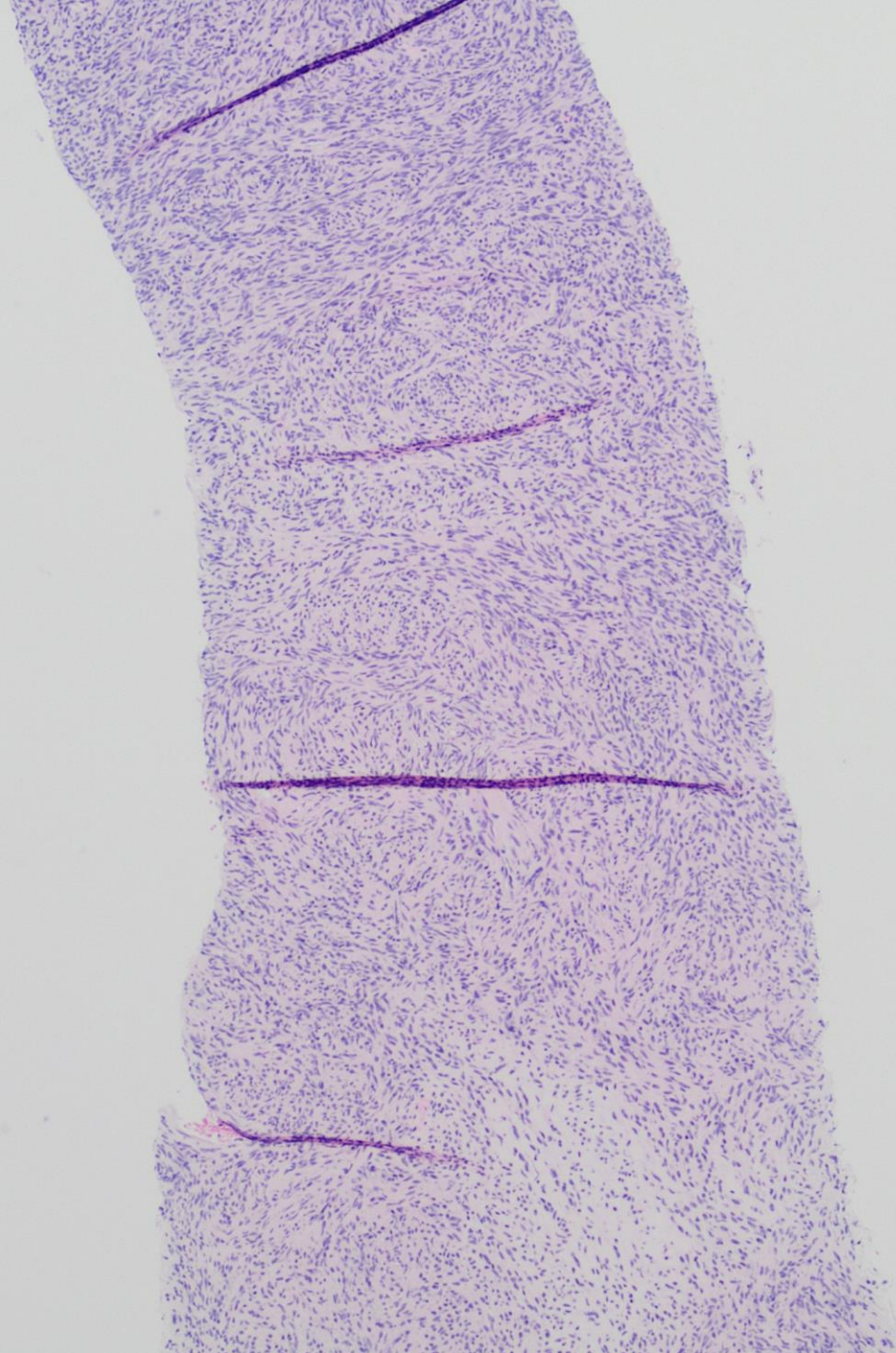
South Bay Pathology Society

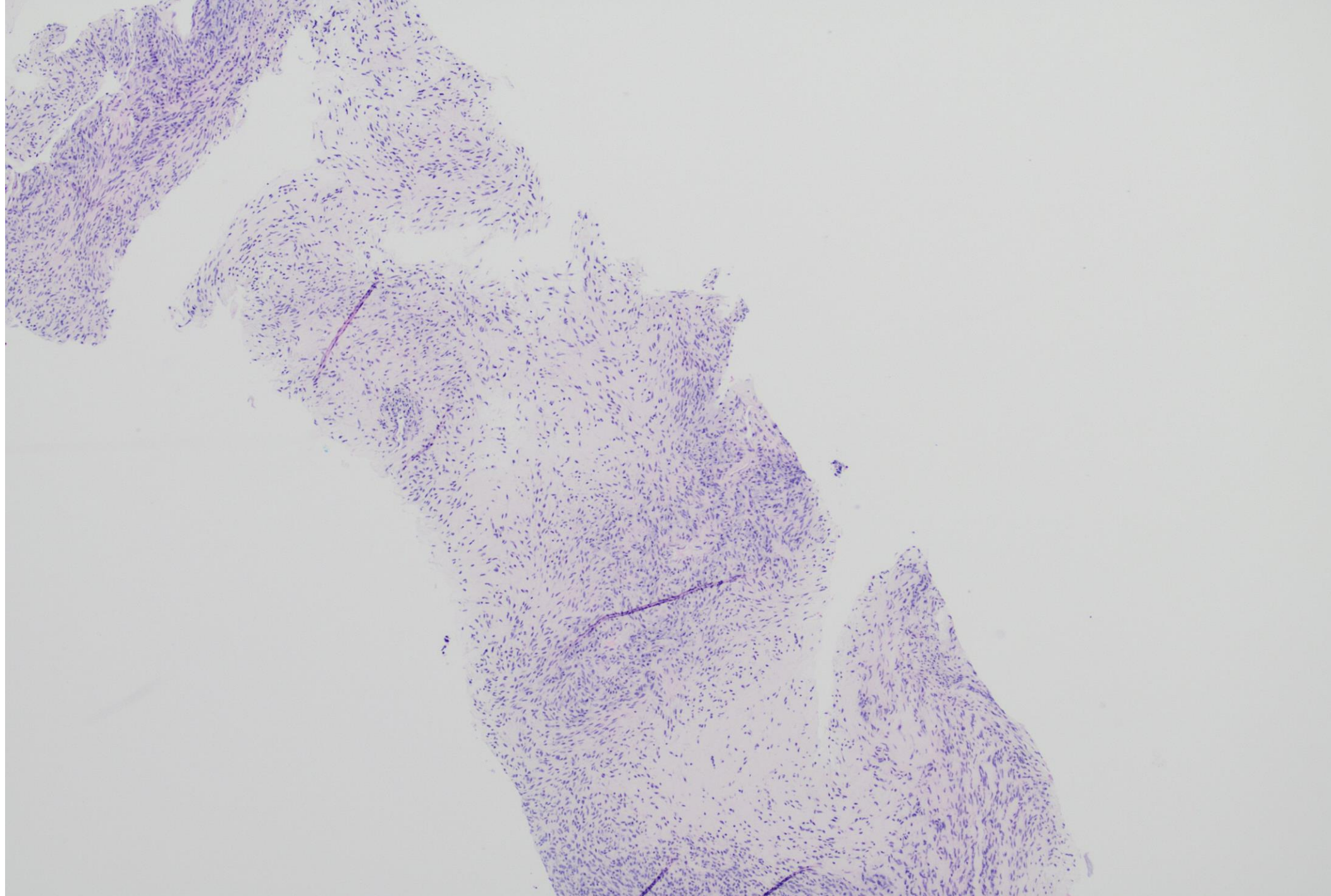
October 2025 Web cases

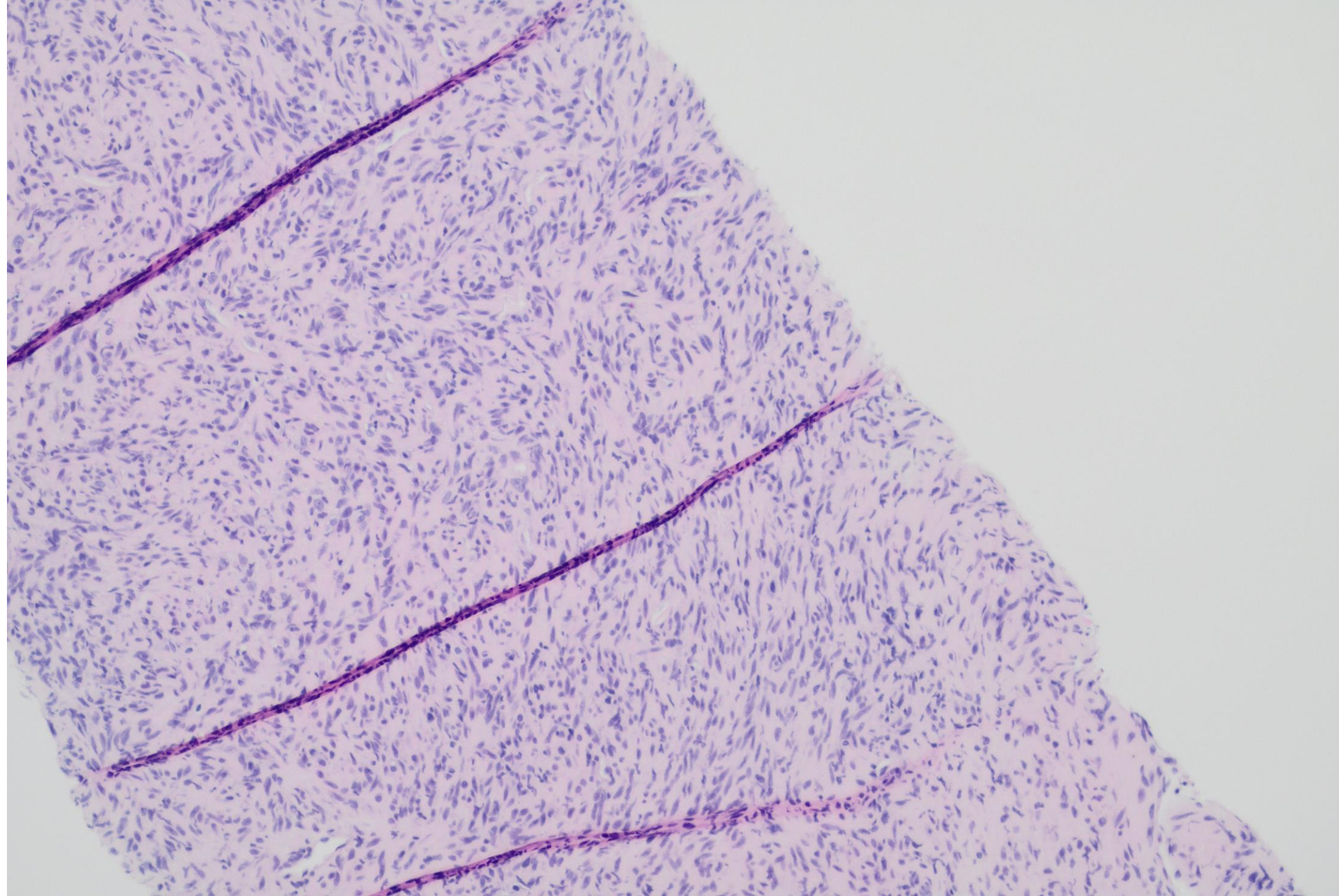
25-1001

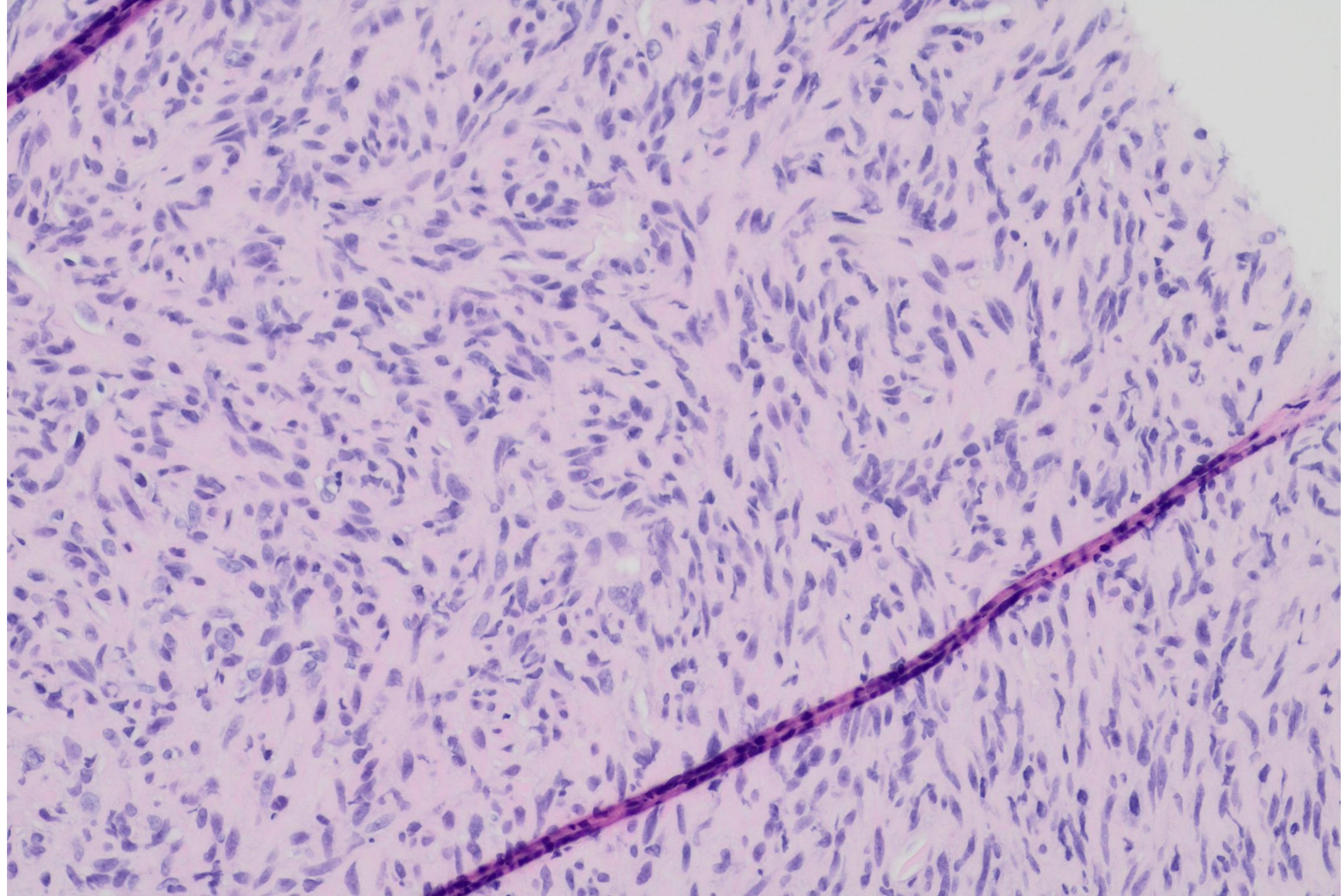
Armen Khararjian, MD, MBA; Kaiser Walnut Creek

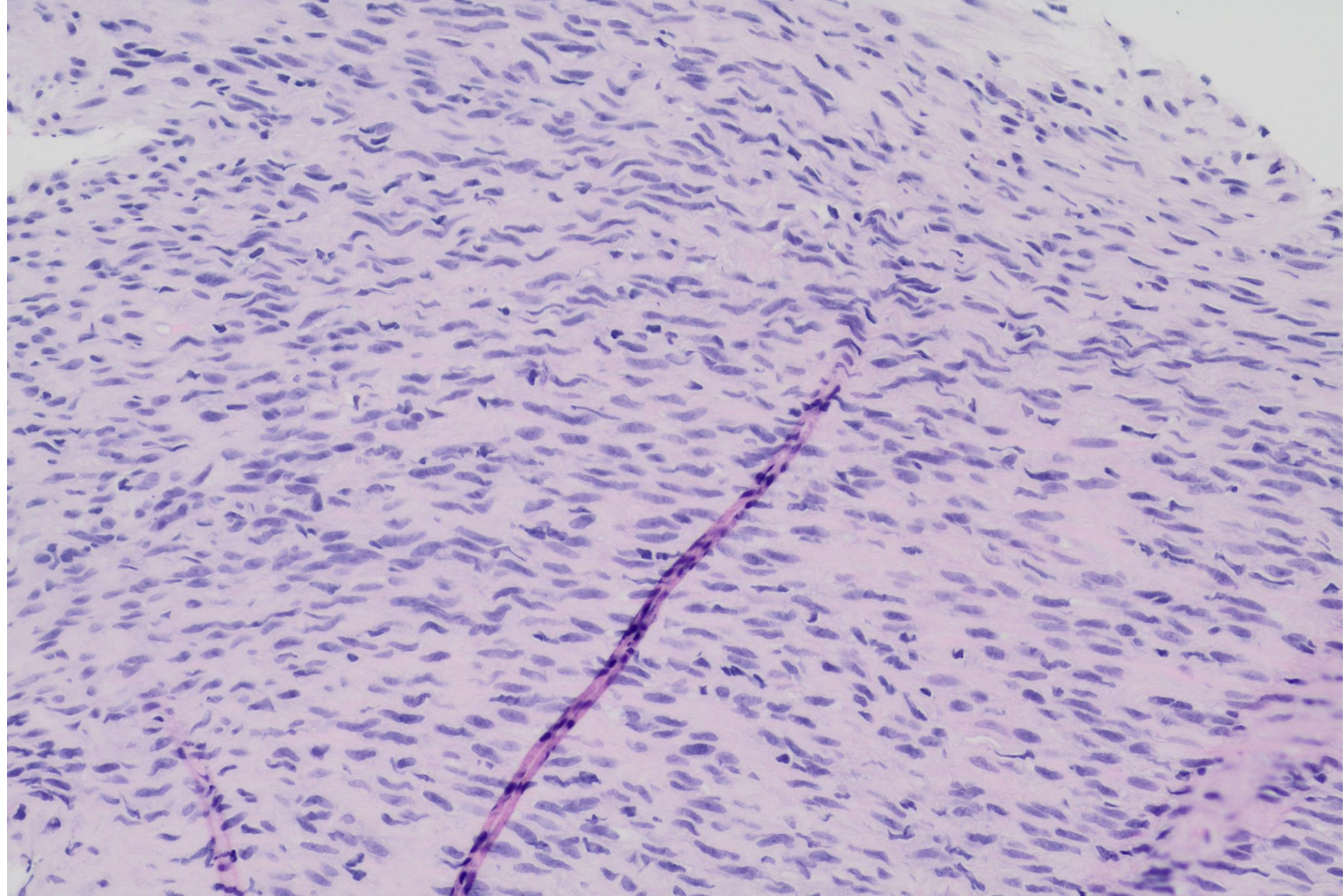
Young male with left cervical neck mass

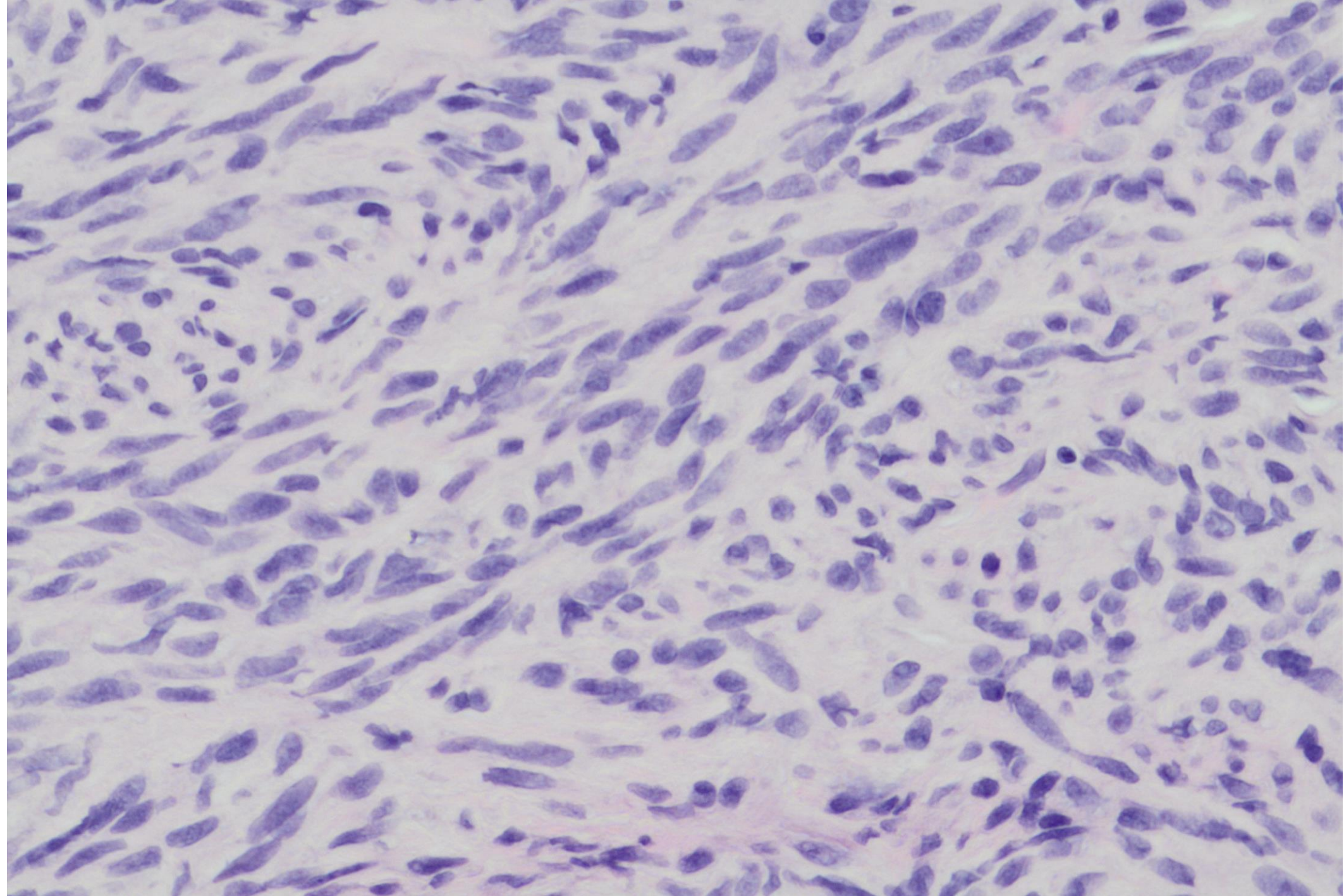




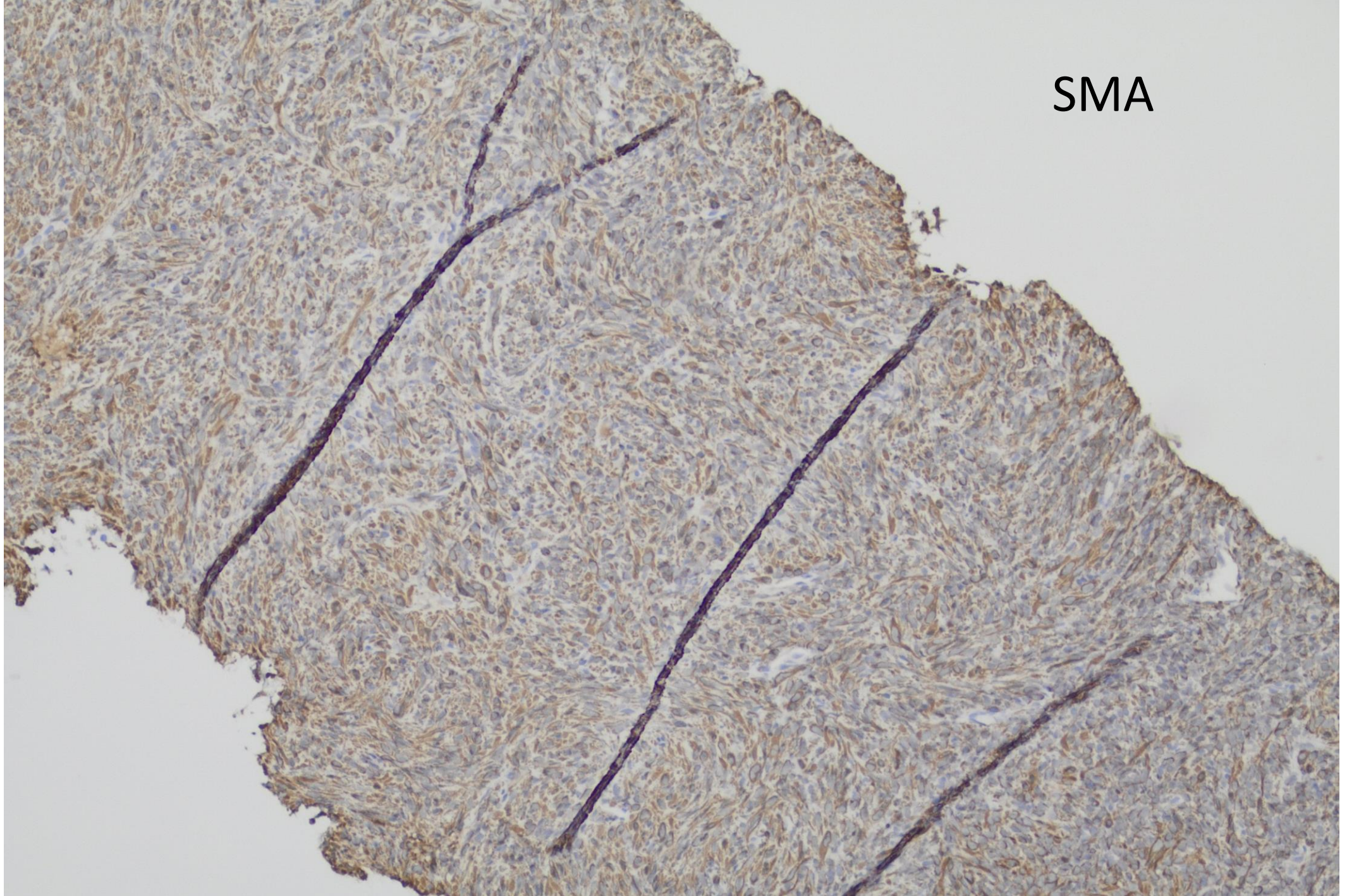




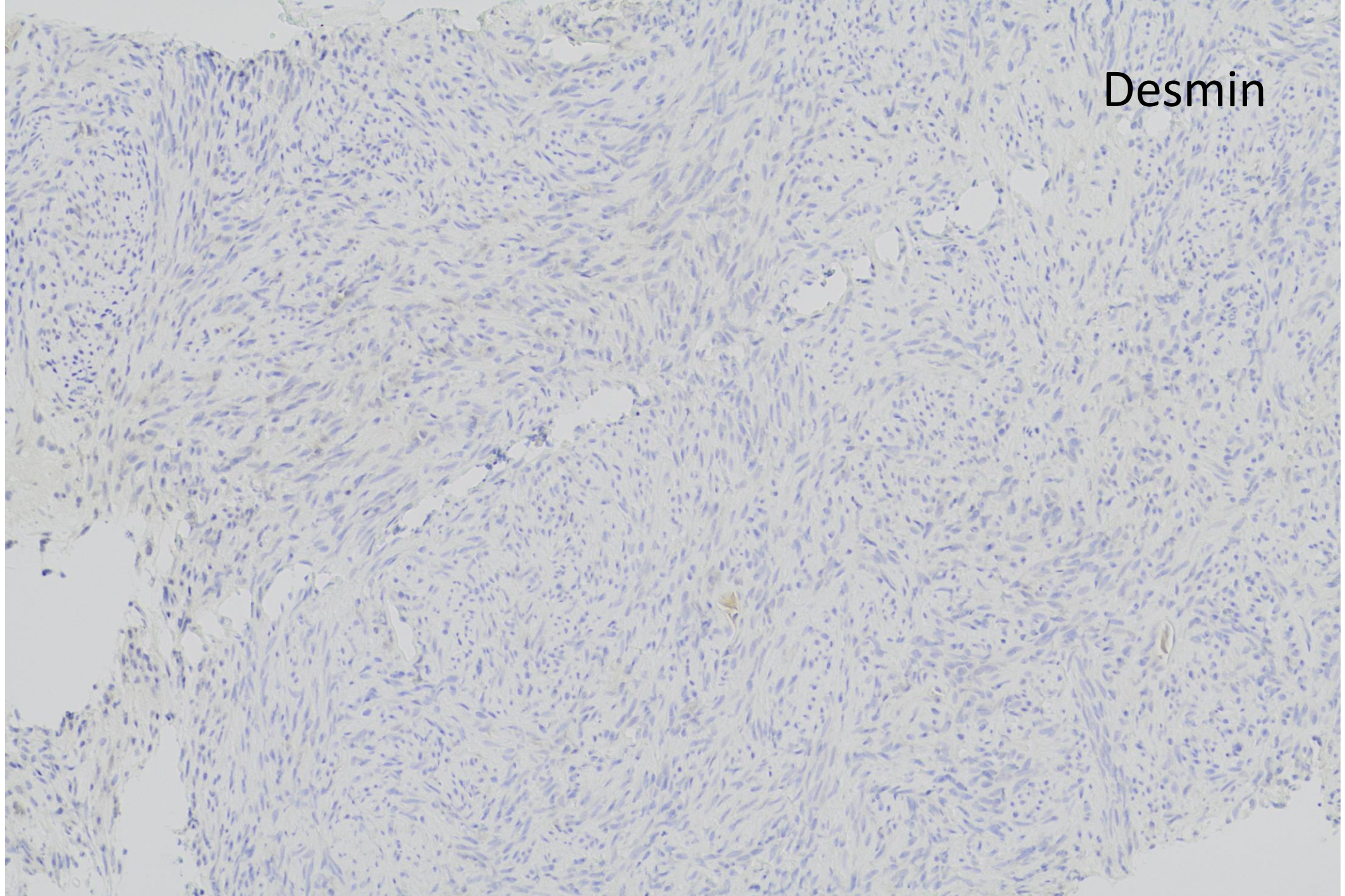


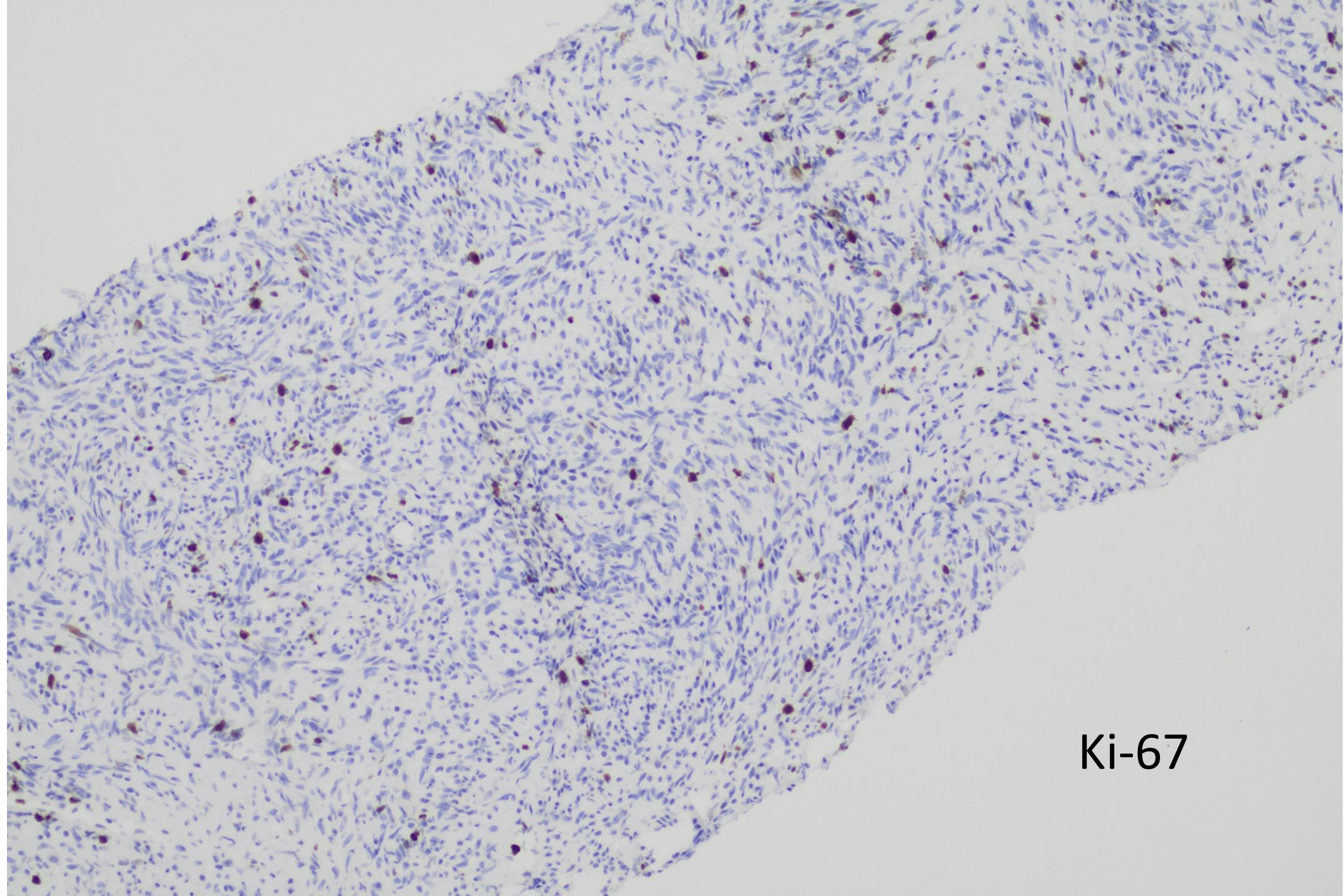


SMA



Desmin





Ki-67

Other Negative Stains

- Pancytokeratin
- EMA
- S100
- SOX10
- MelanA
- STAT6
- Wild Type p53

DIAGNOSIS?



25-1002

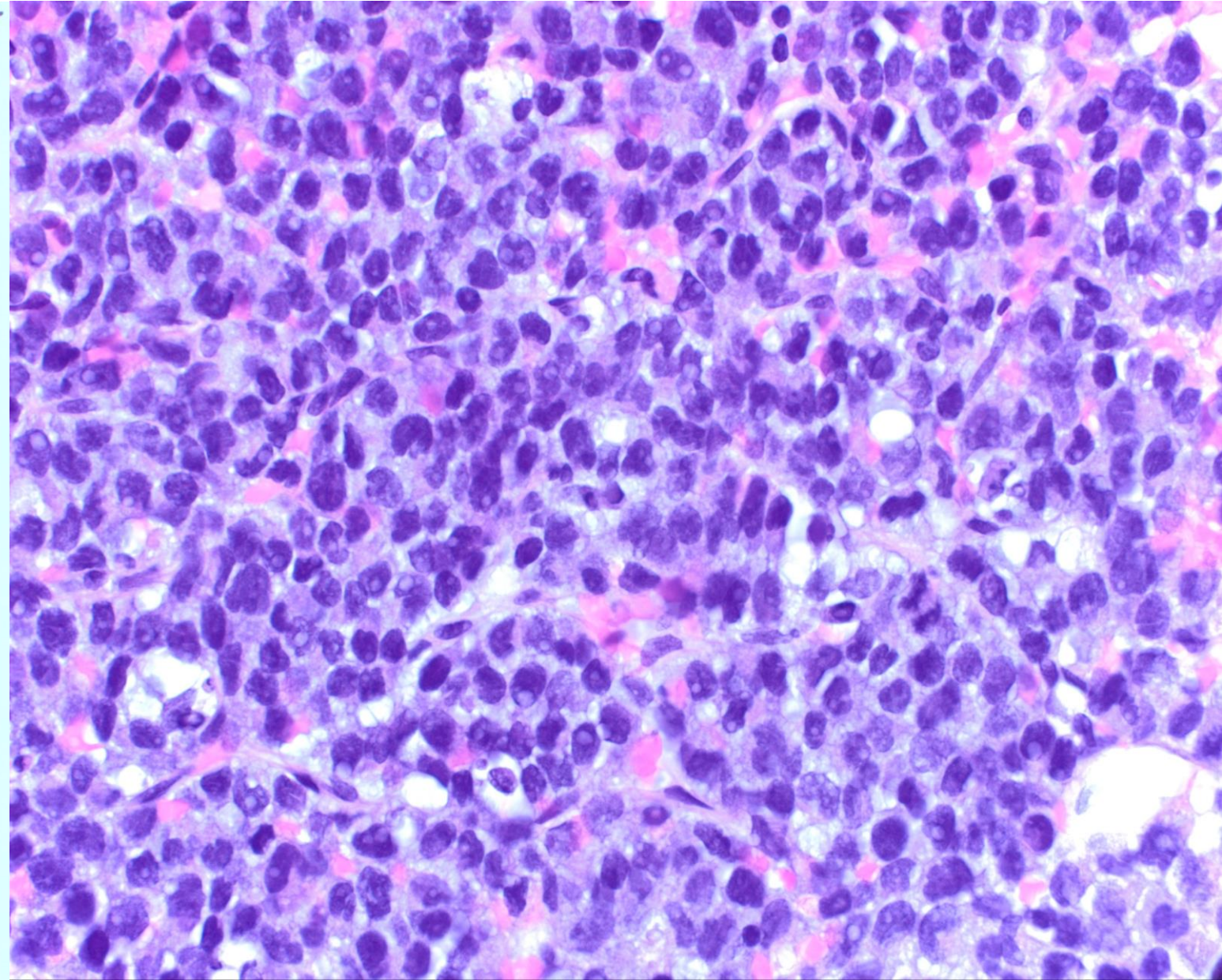
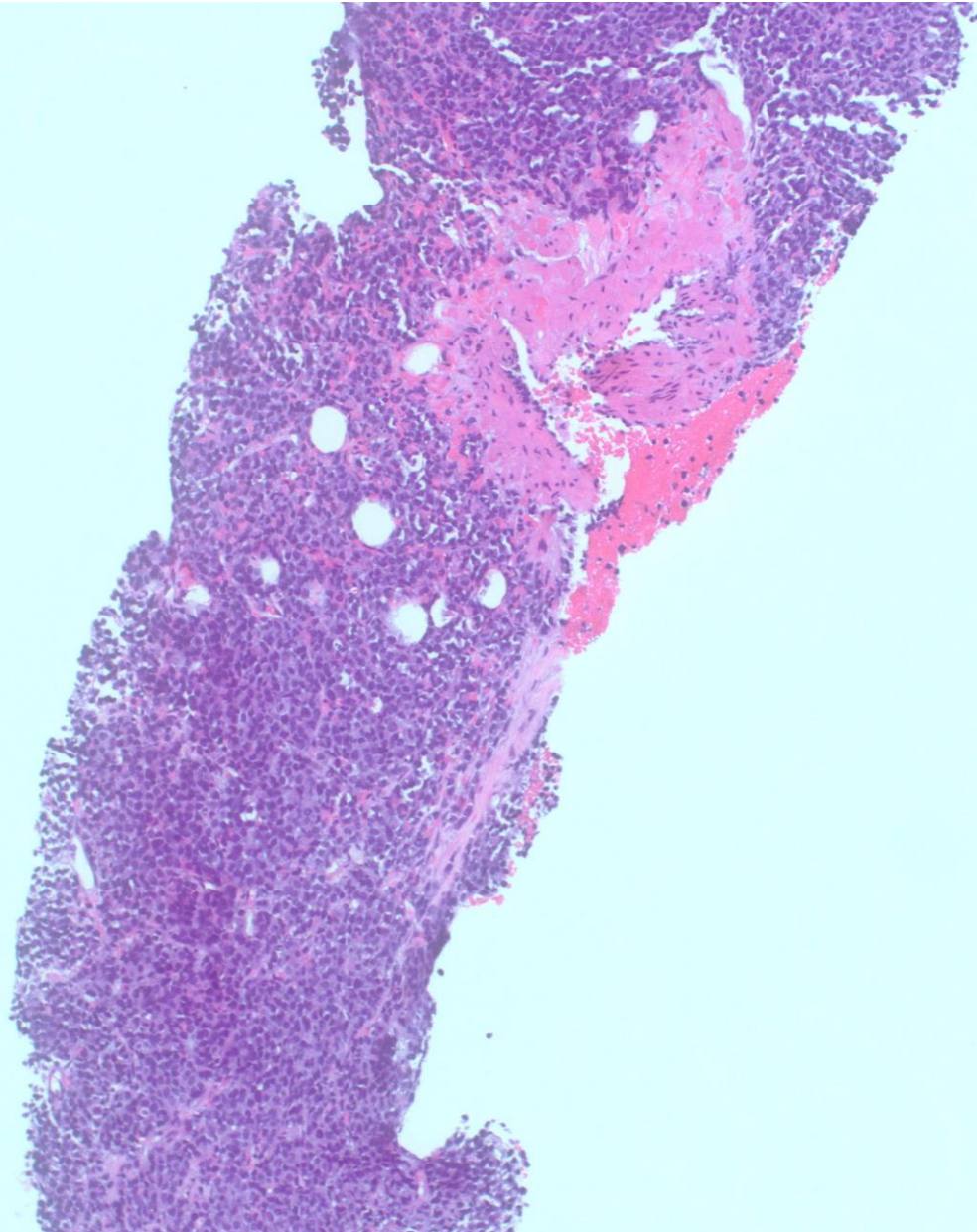
Tanya Ponnatt, Anjanaa Vijayanarayanan; UCSF

65-year-old, otherwise healthy man with diffuse lymphadenopathy and multiple radiolucent bone lesions.

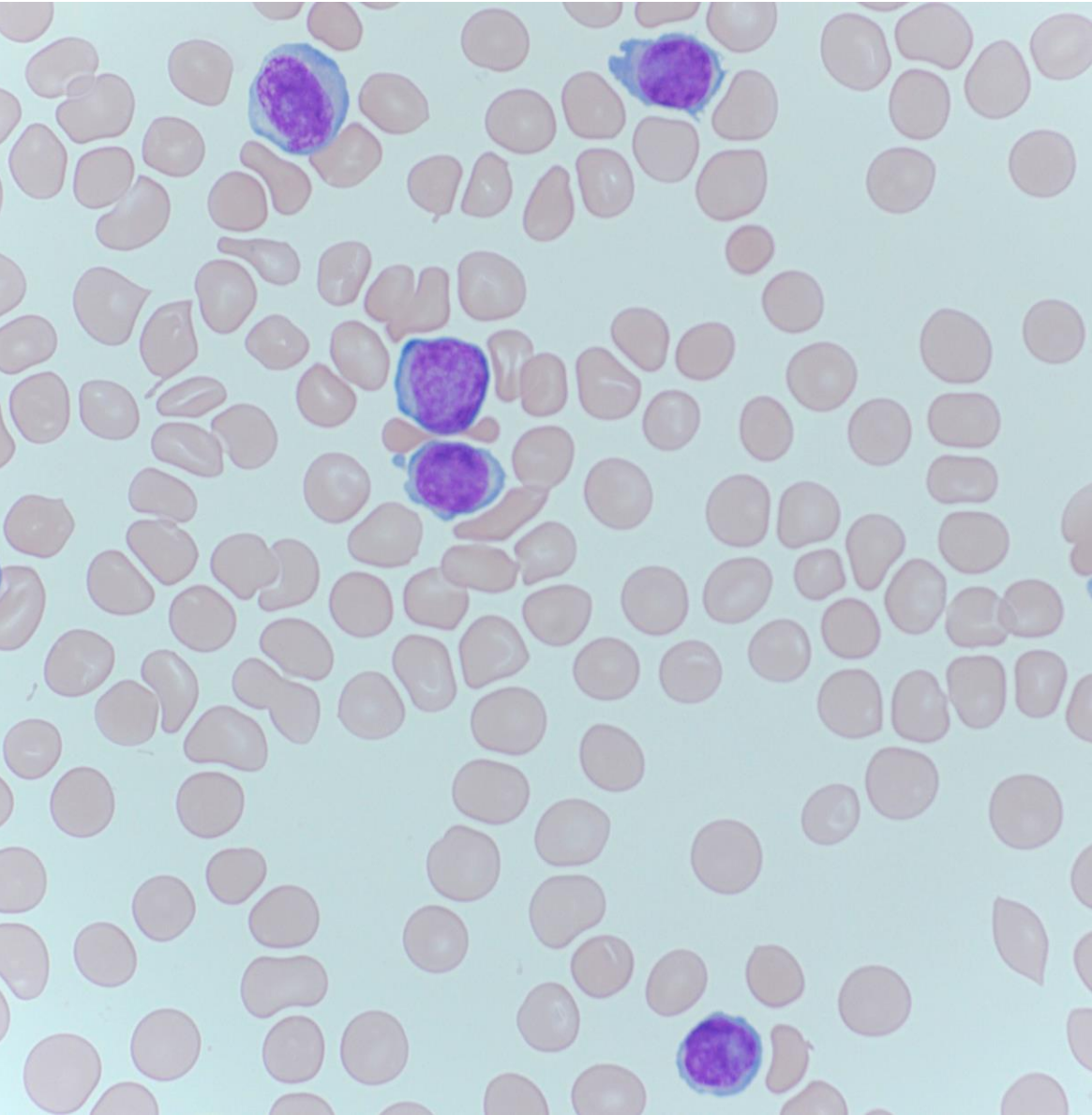
CBC:

- Hgb: 10 g/dL
- WBC: $61.6 \times 10^9/L$
- Absolute lymphocyte: $50.9 \times 10^9/L$
- Platelets: $68 \times 10^9/L$

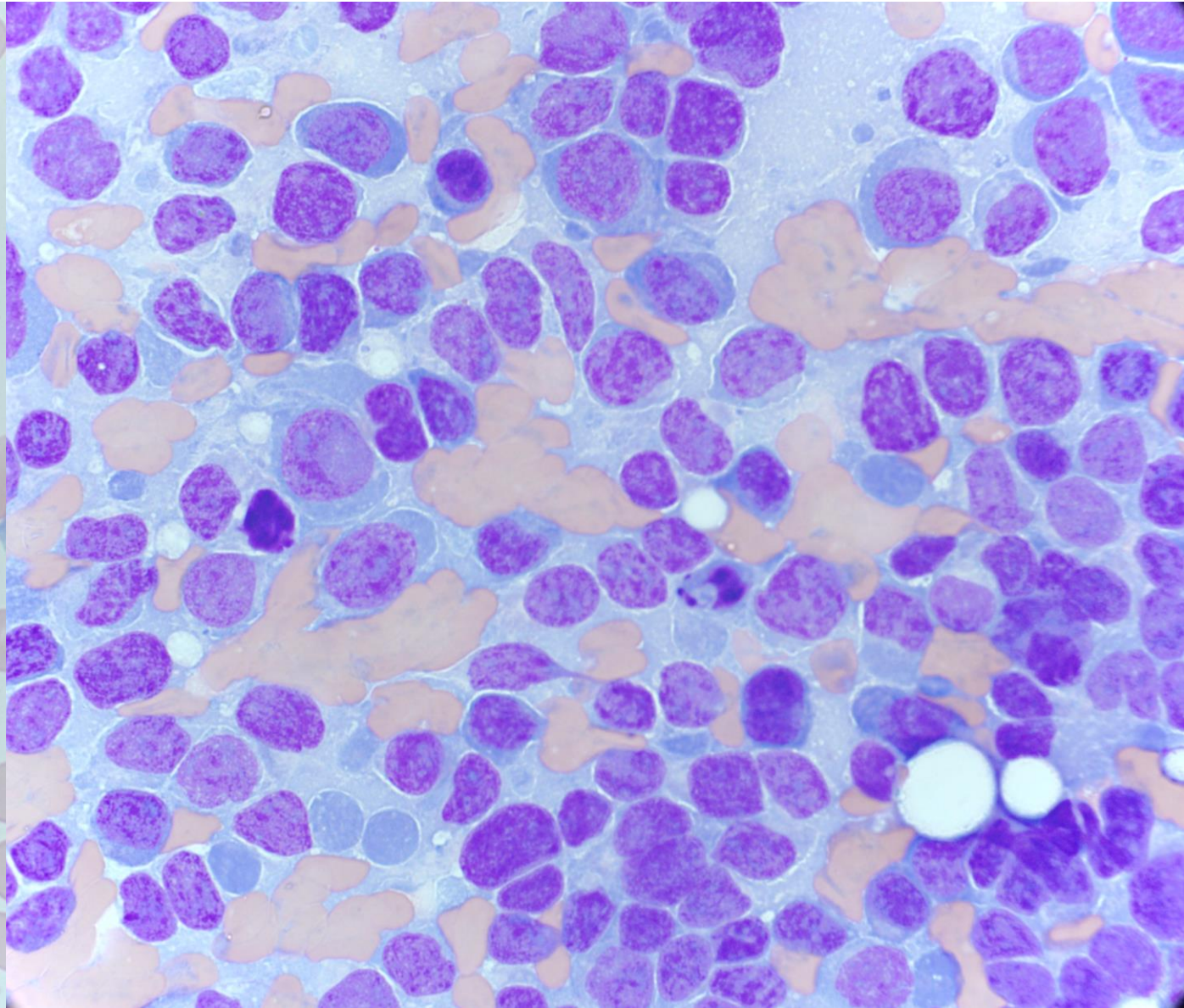
Lymph node biopsy



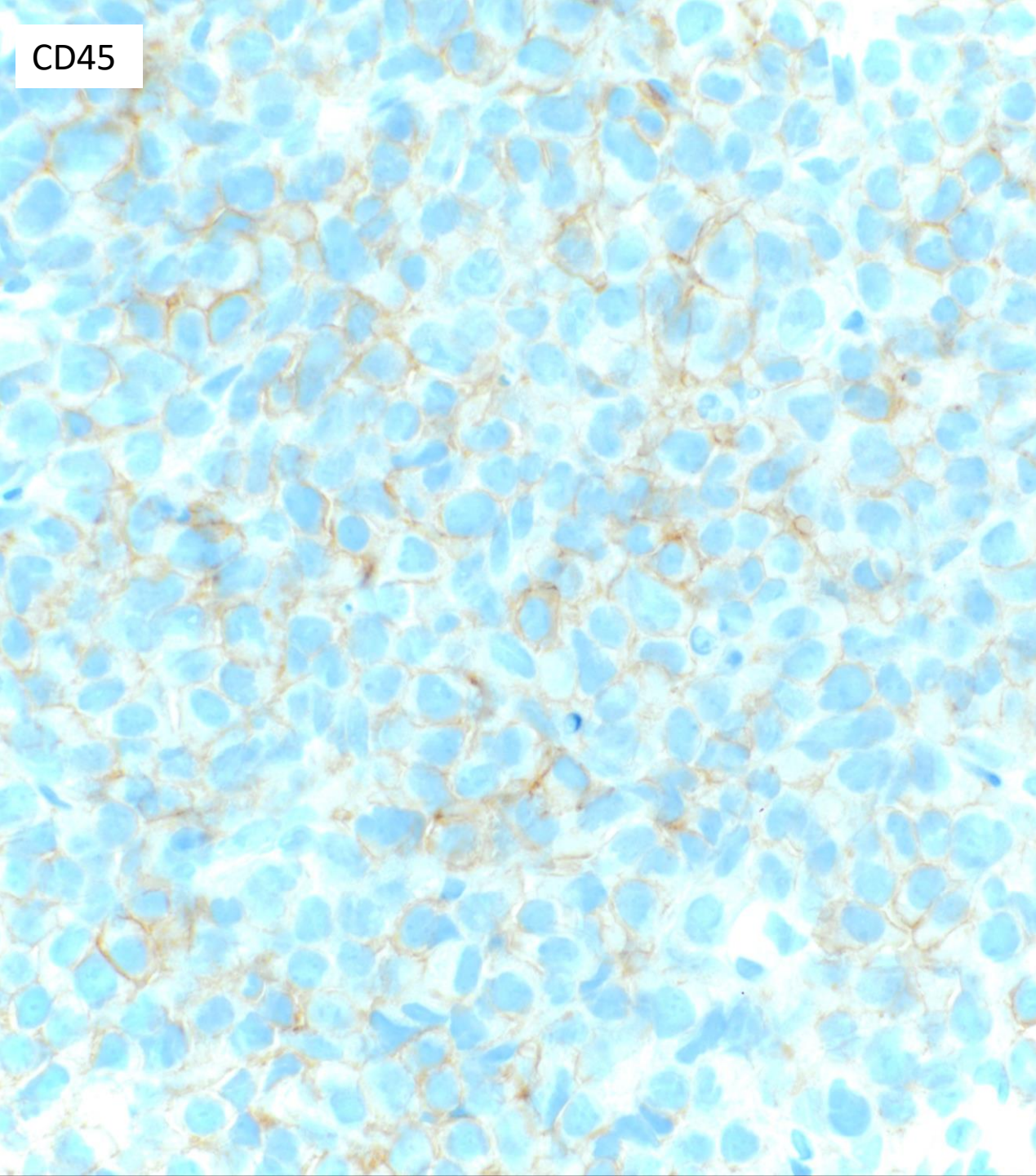
Blood



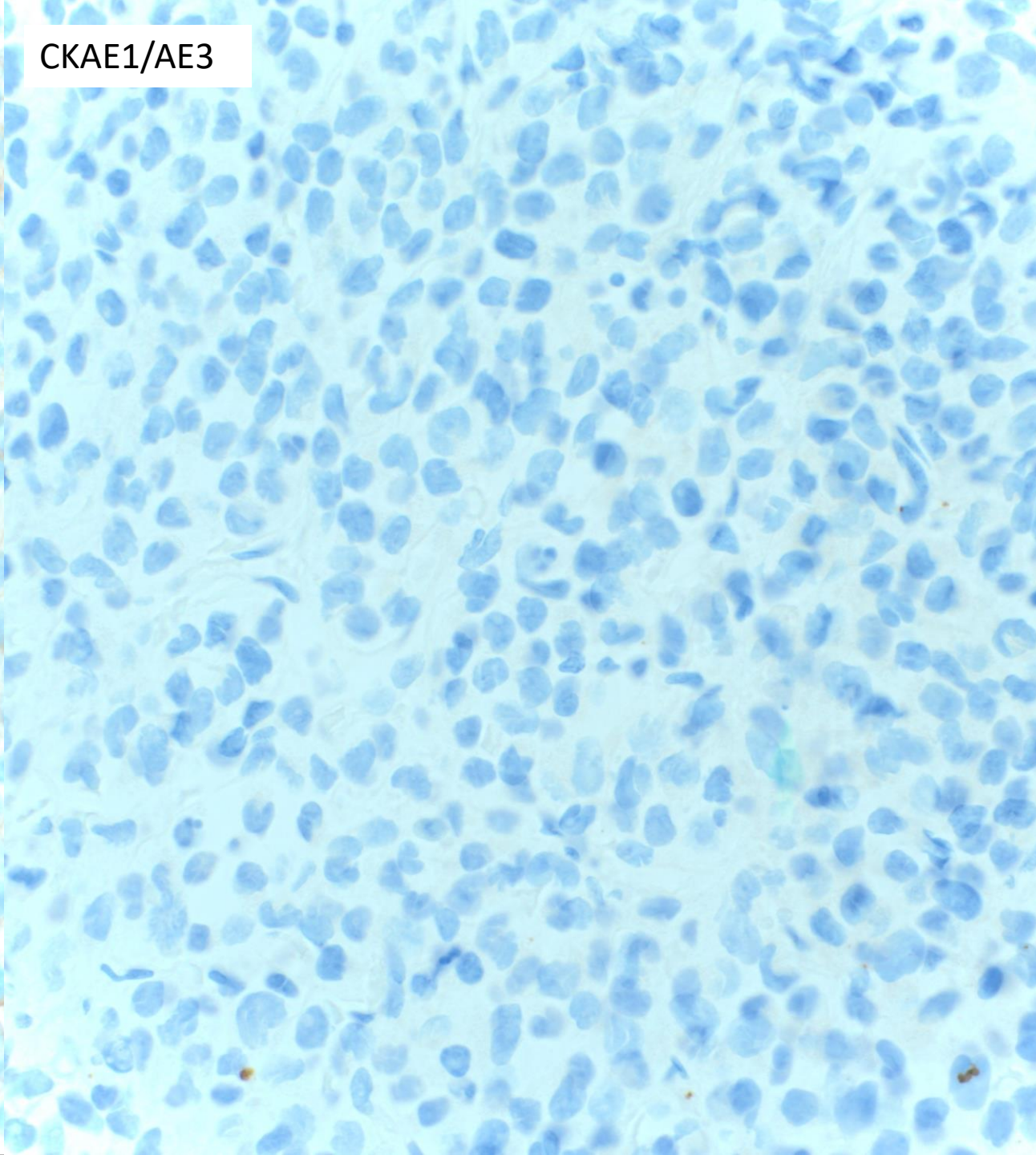
Bone marrow aspirate



CD45



CKAE1/AE3



DIAGNOSIS?

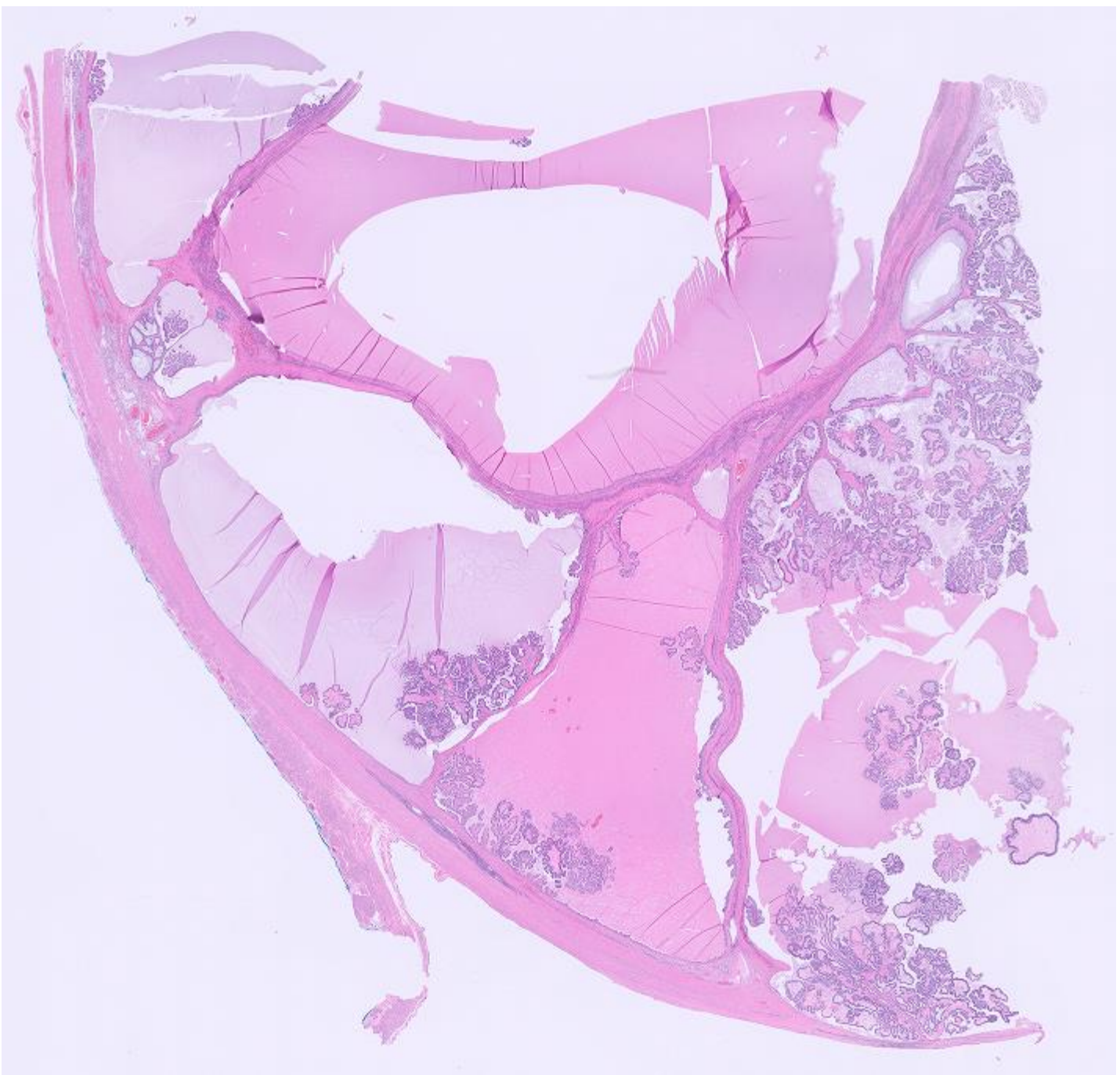


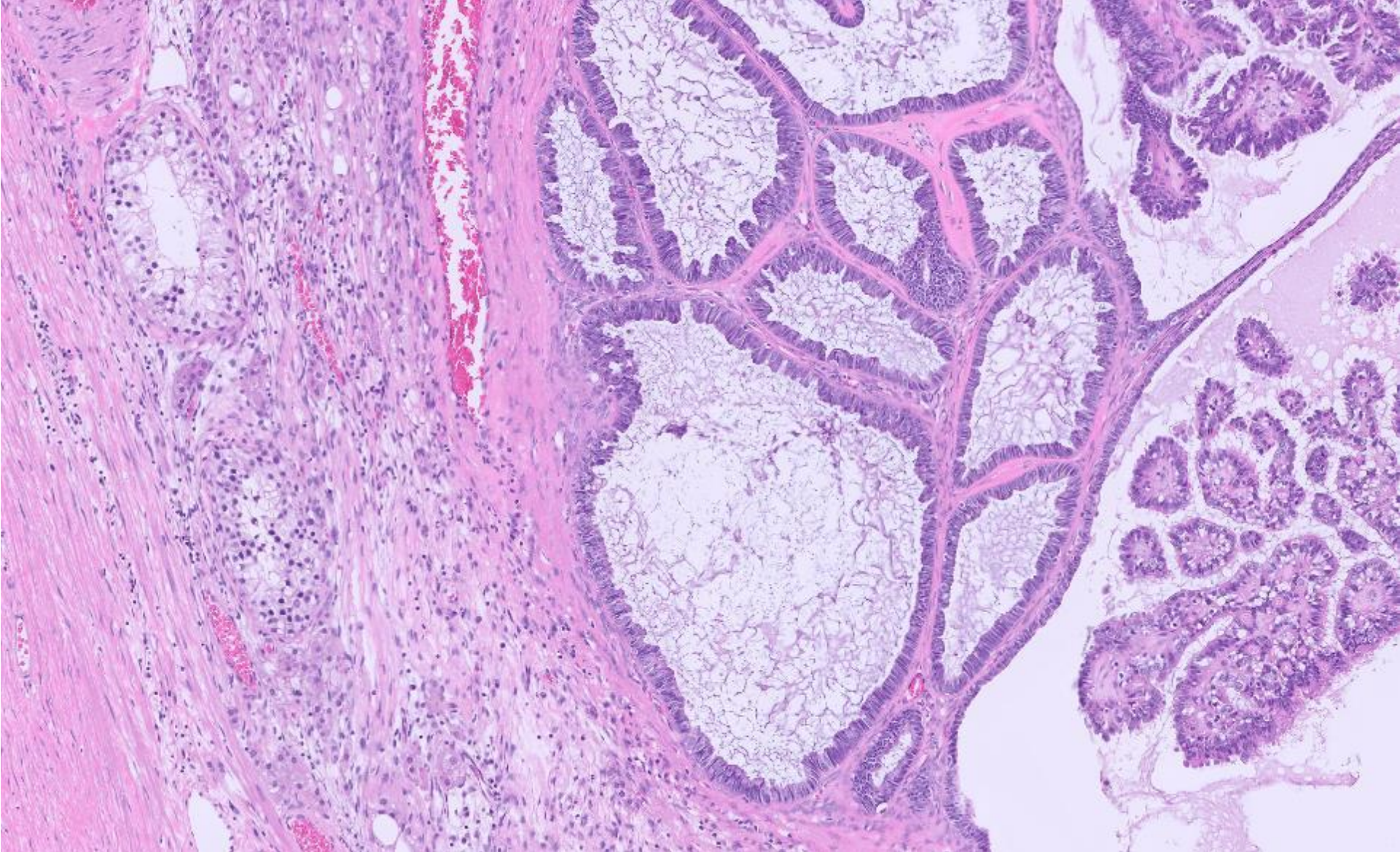
25-1003

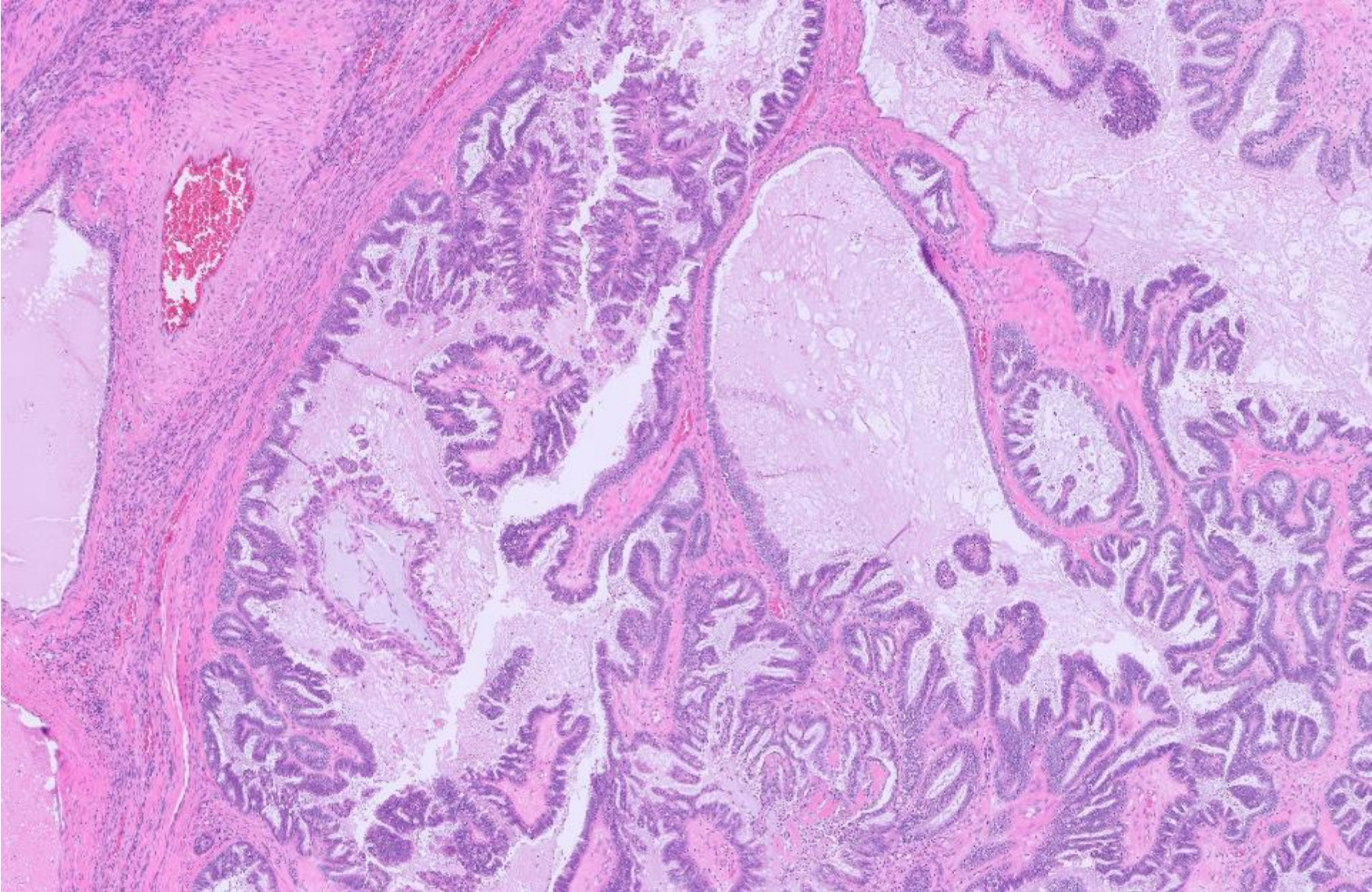
Emily Chan; Stanford

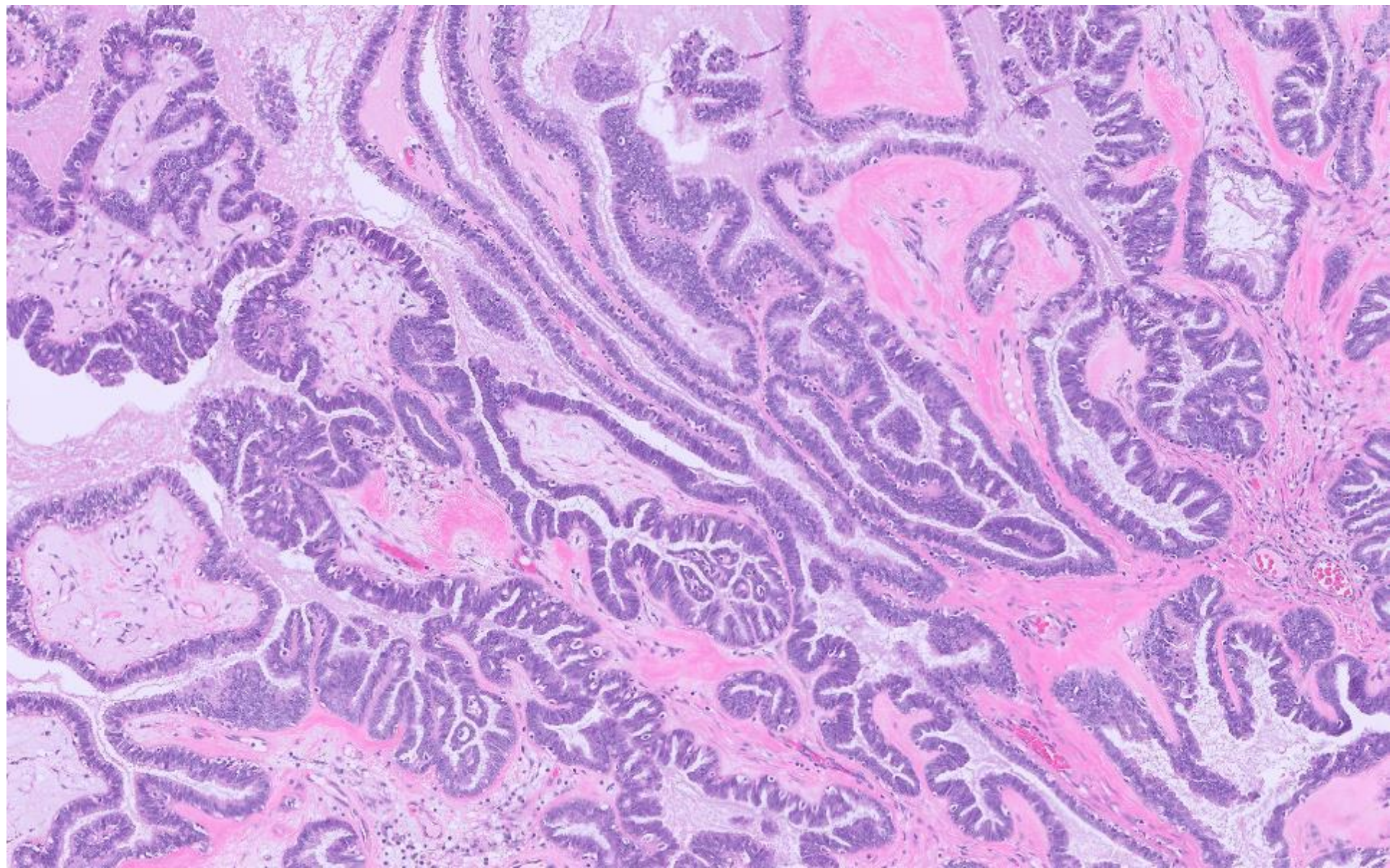
Mid-50s year old man with right testicular mass
LDH 228, AFP 6, bHCG <1

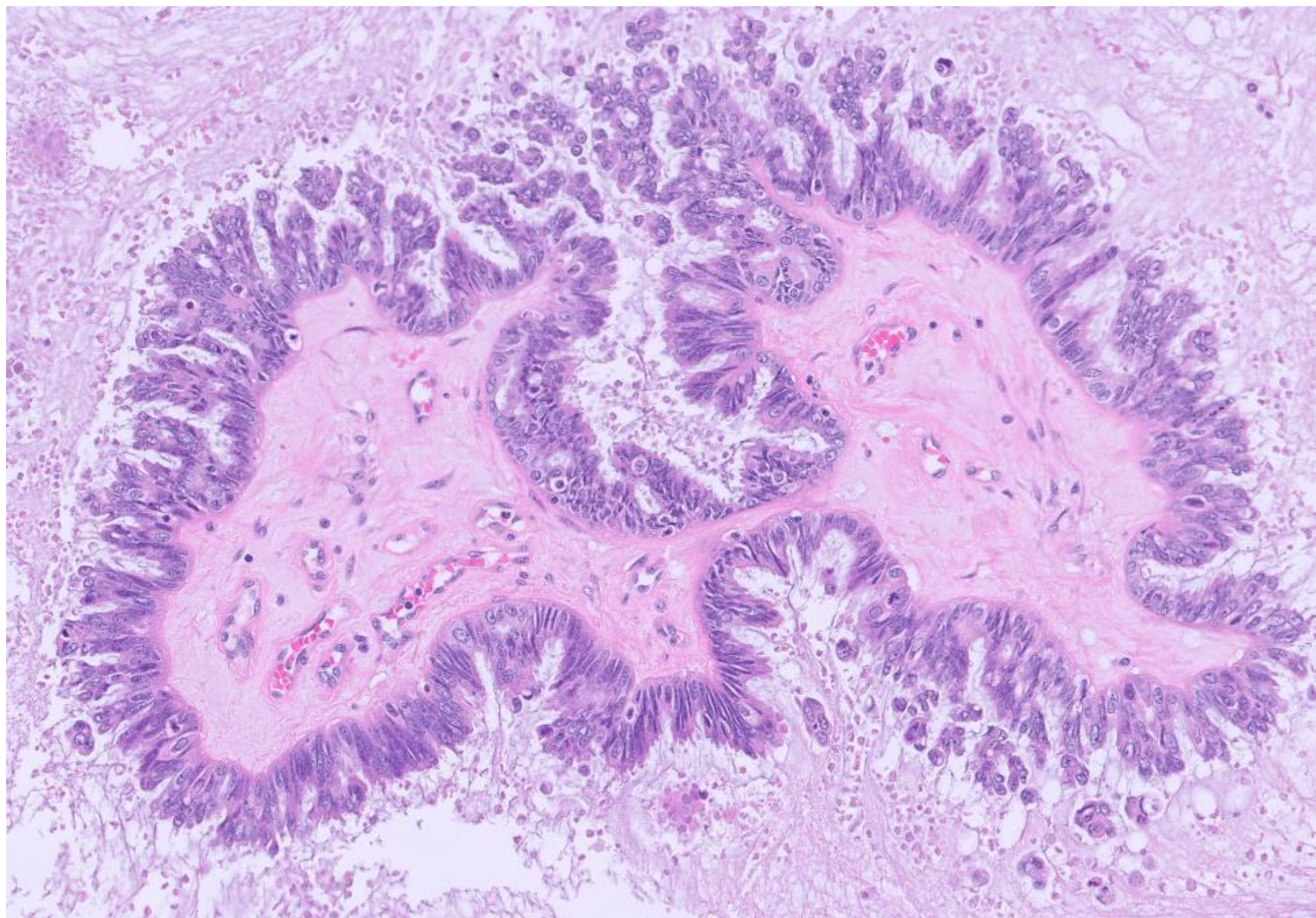


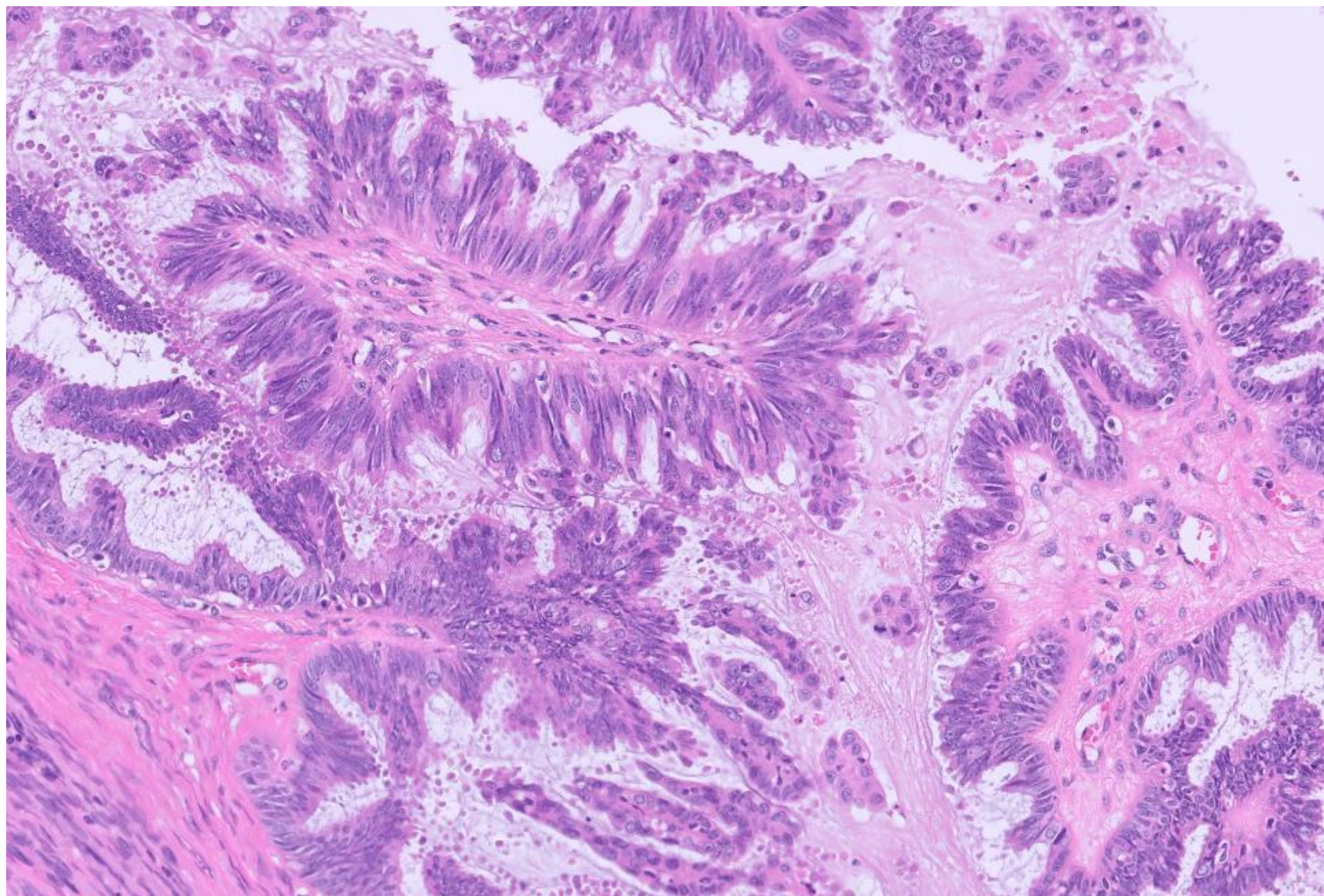


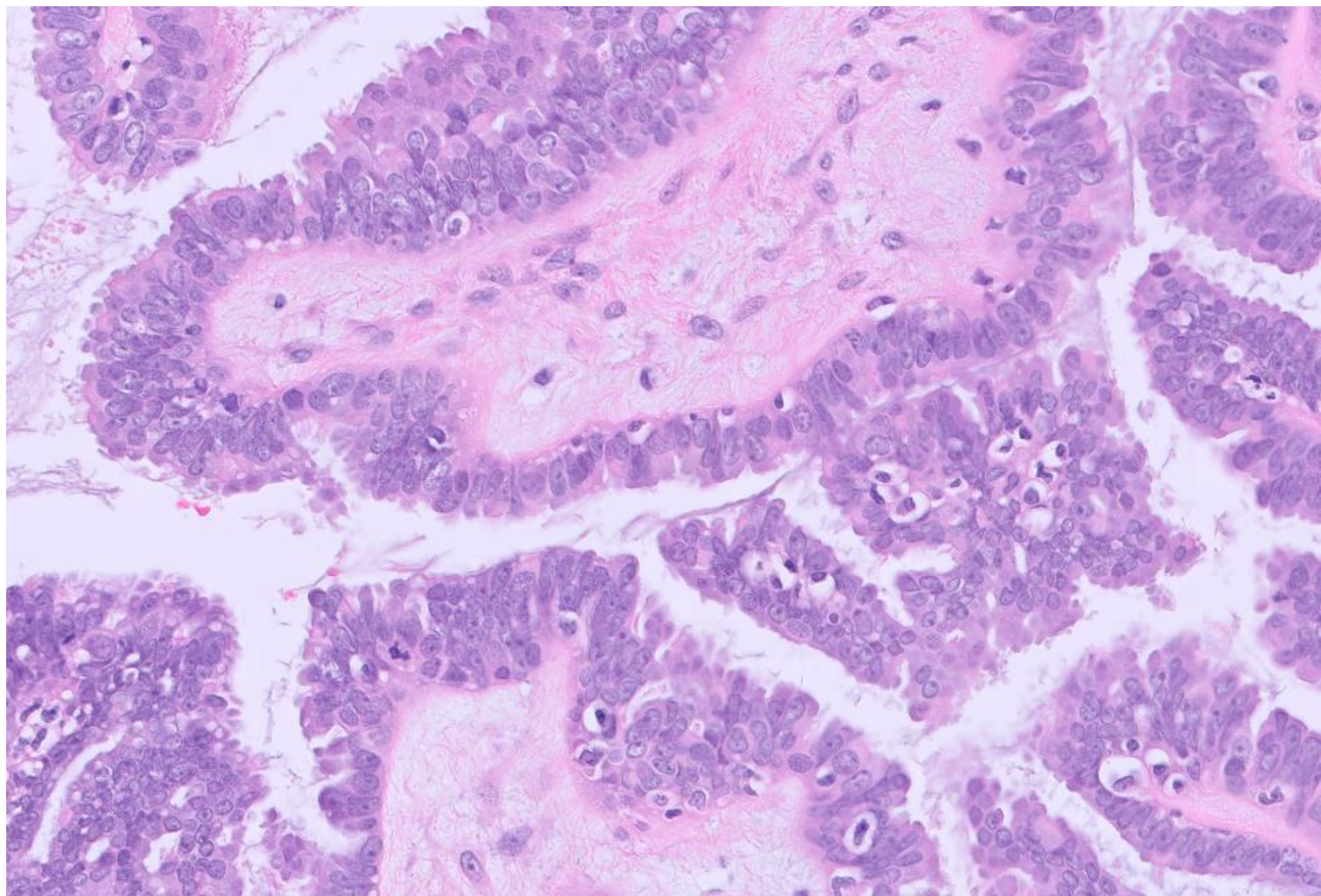


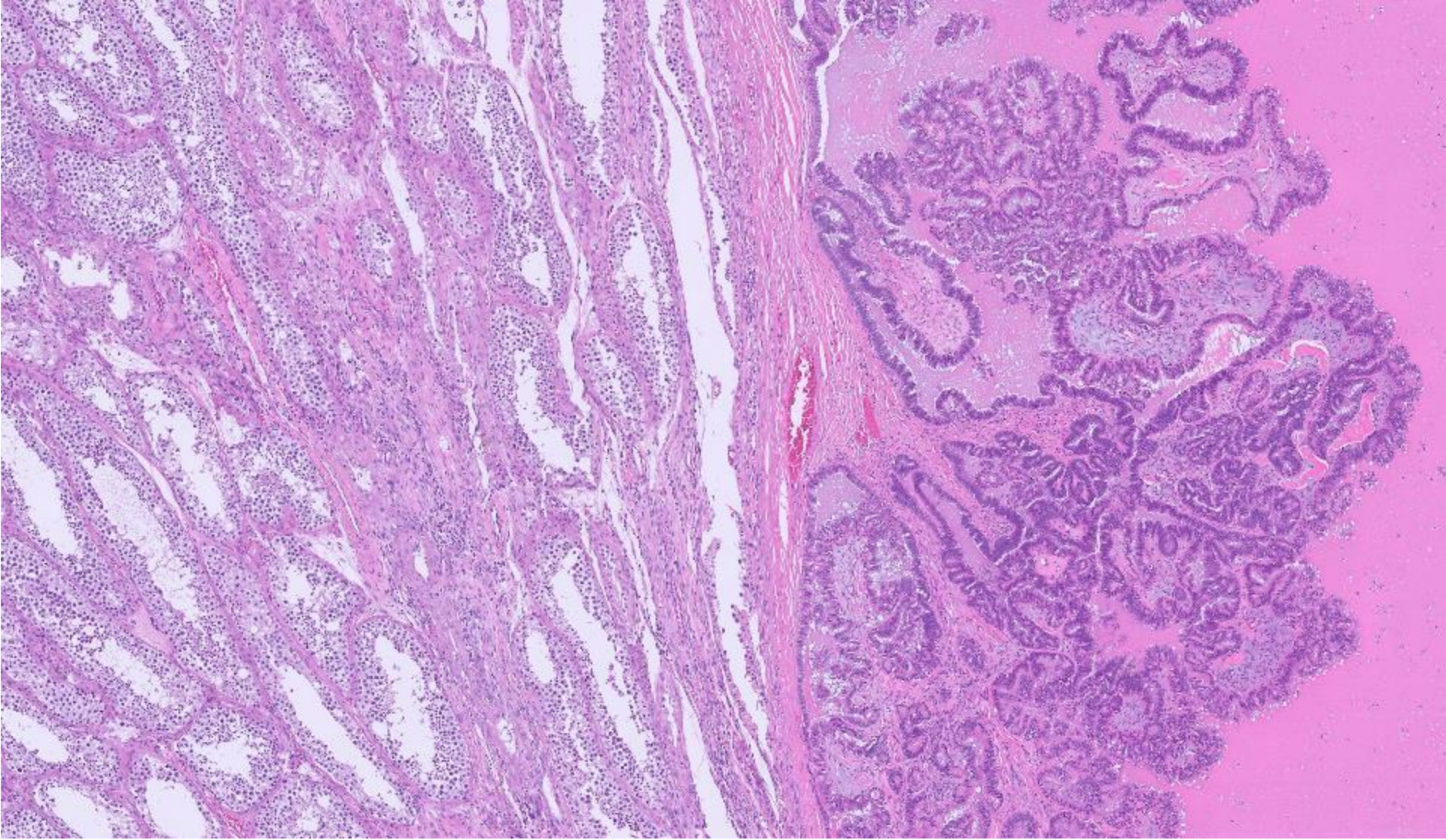


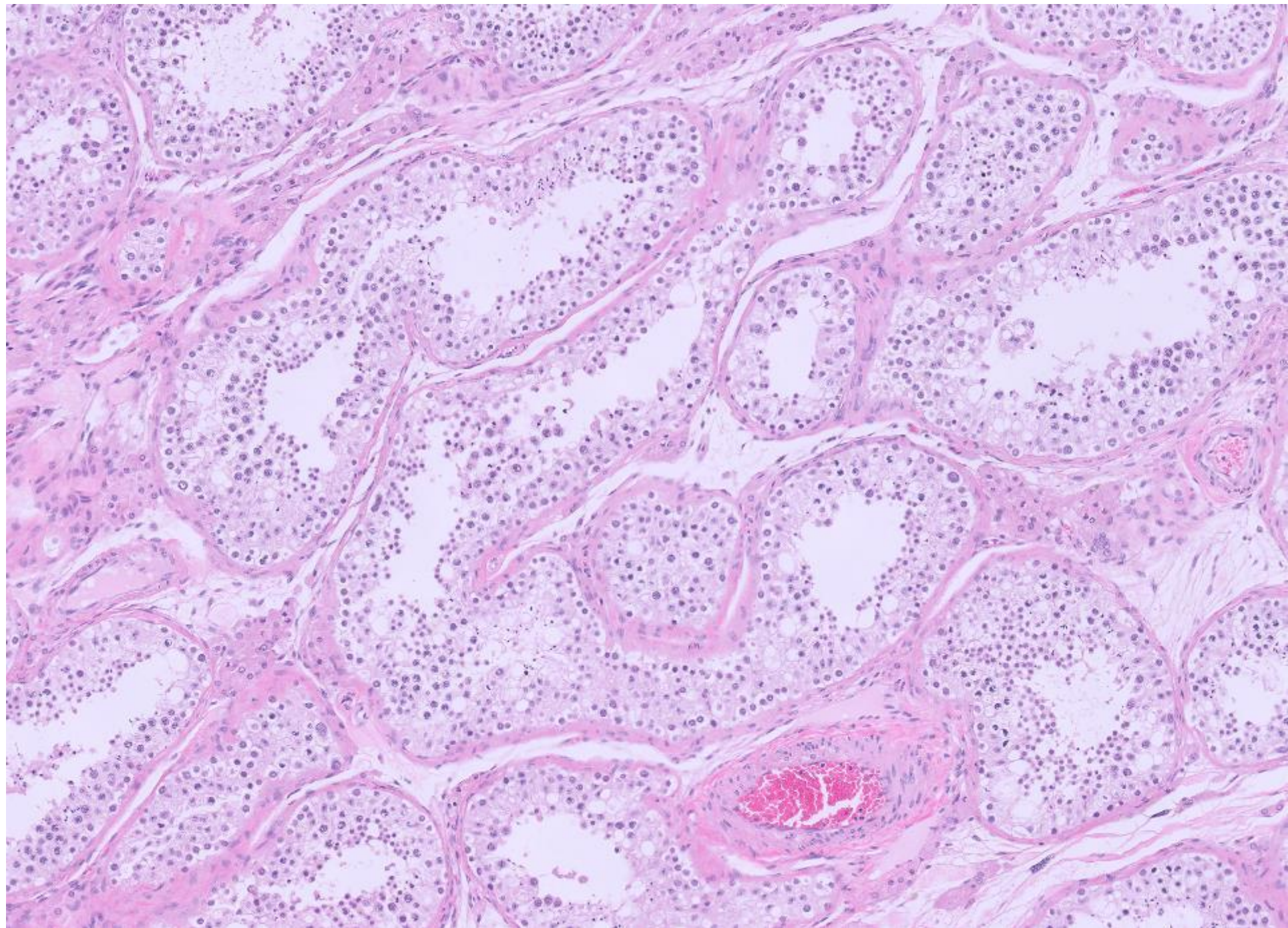












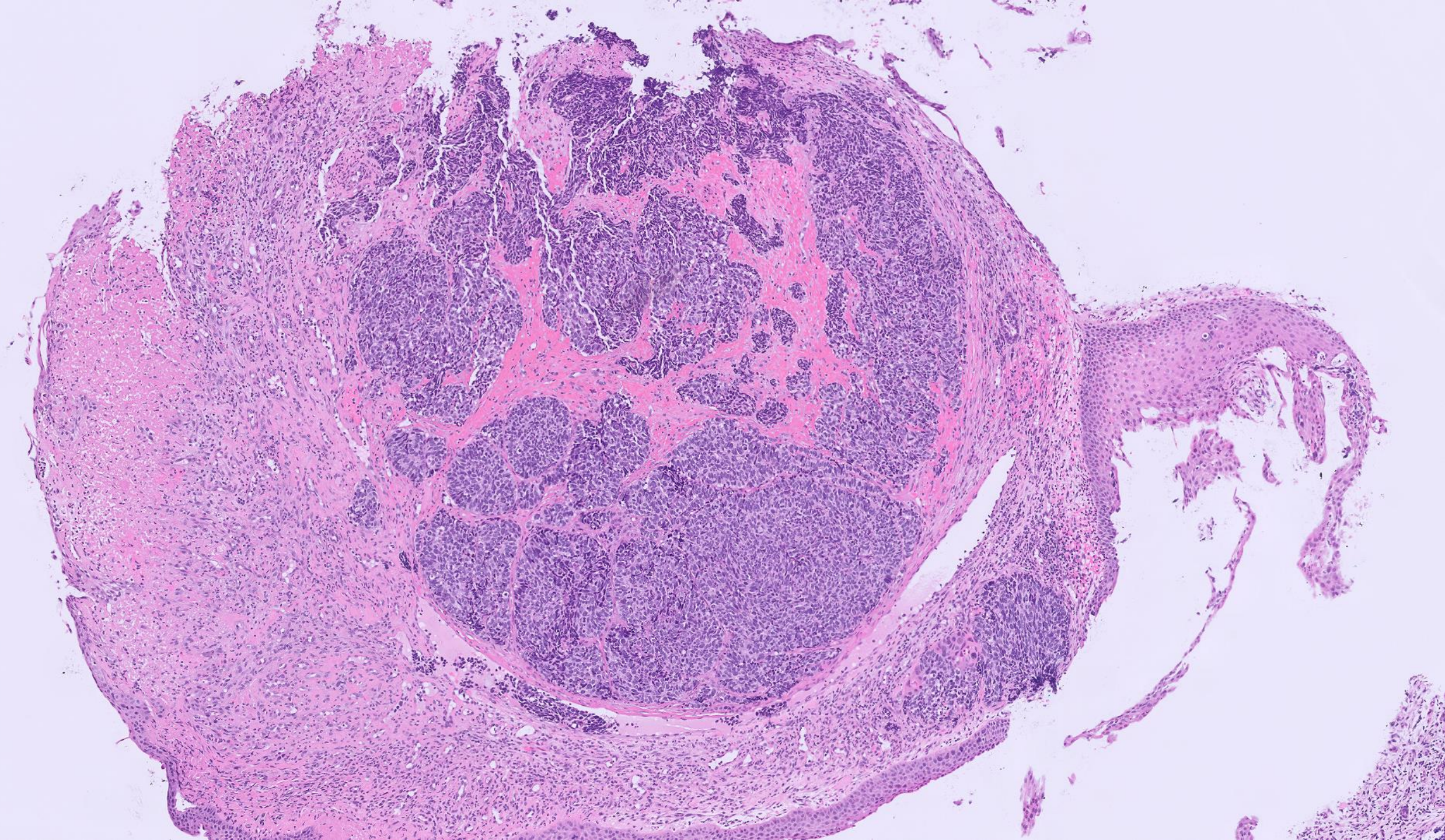
DIAGNOSIS?

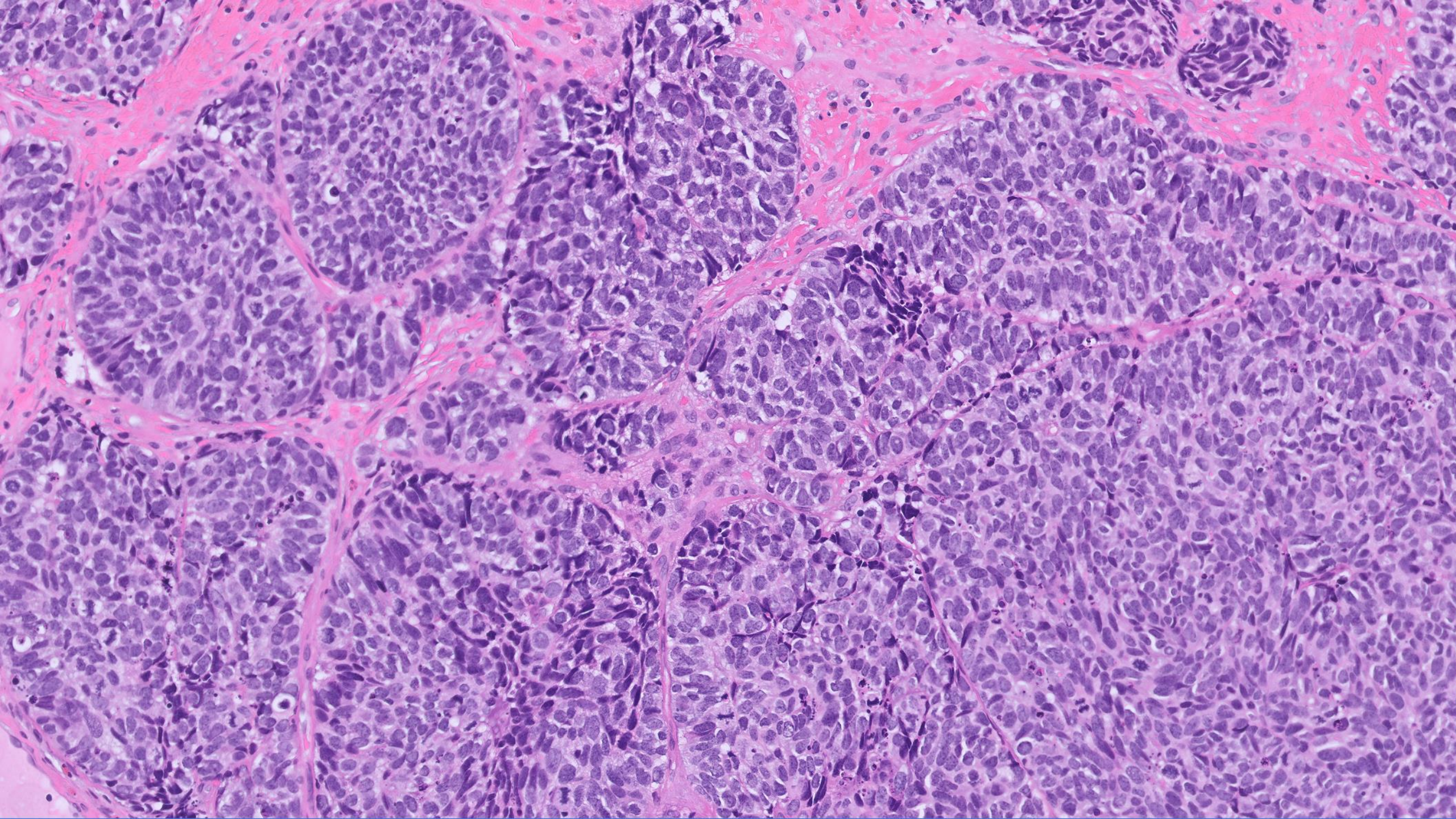


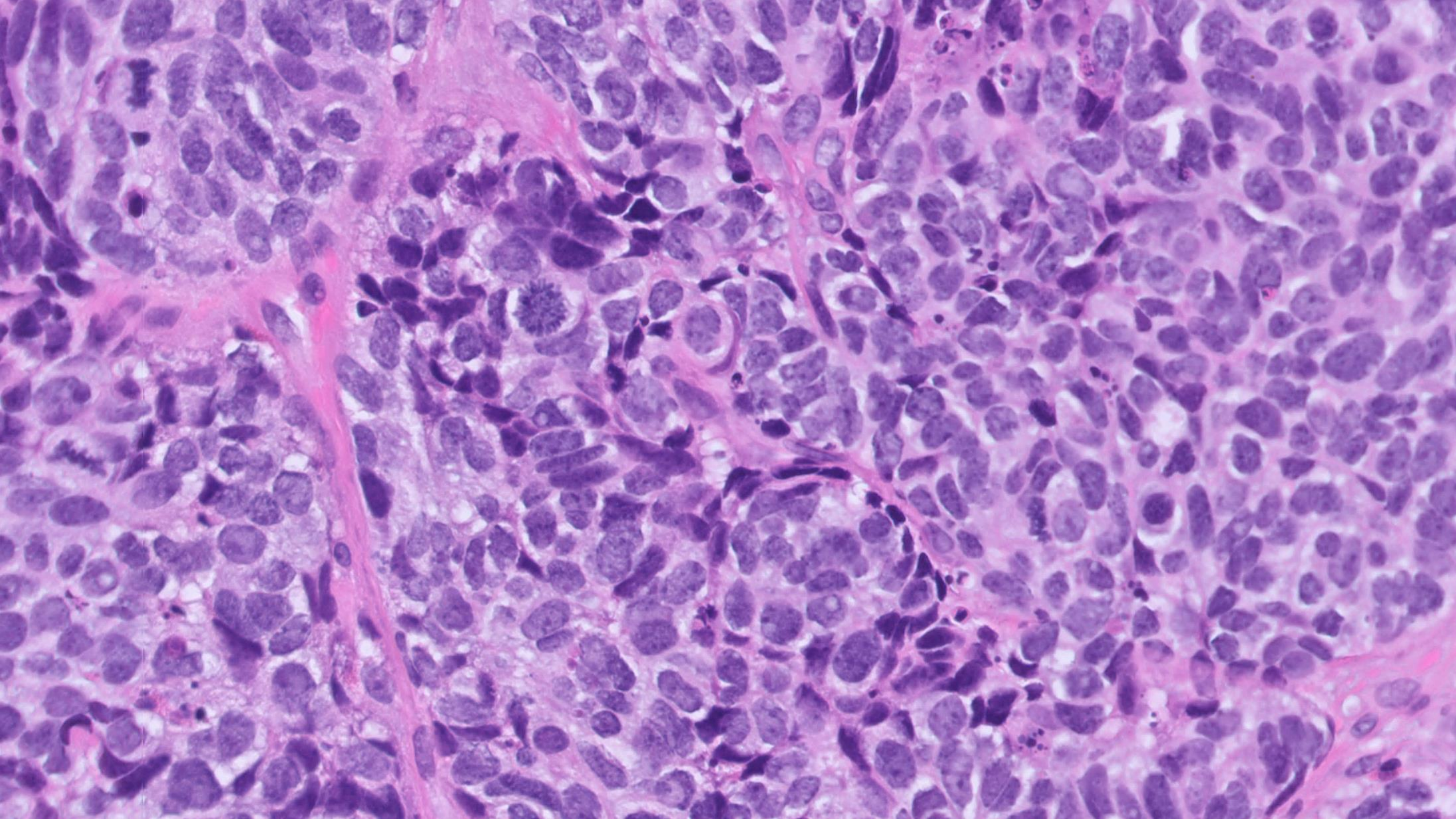
25-1004

Eric Ollila; Stanford

77 yo F with a nasal cavity mass biopsy involving the nasal septum and cribriform plate







DIAGNOSIS?



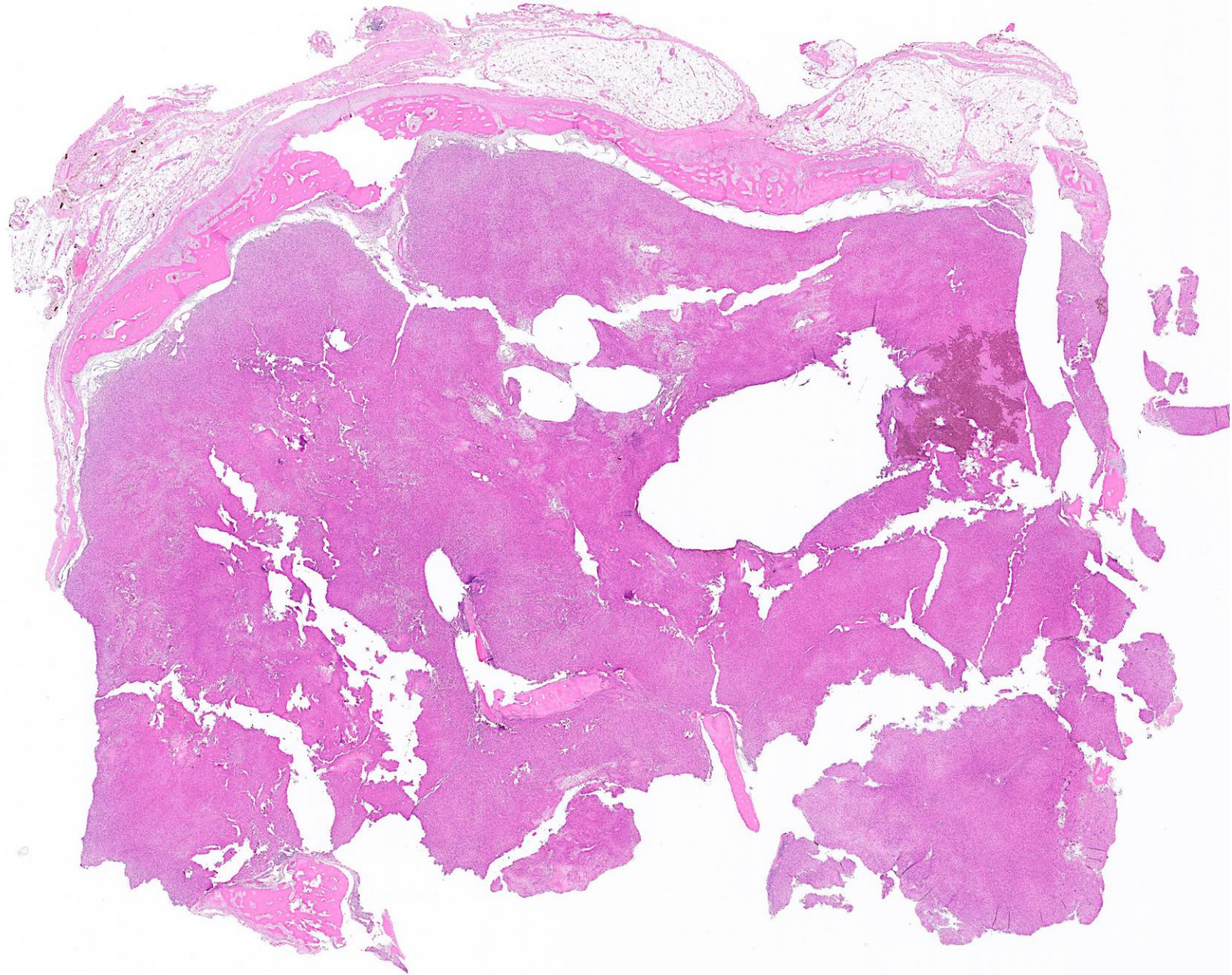
25-1005

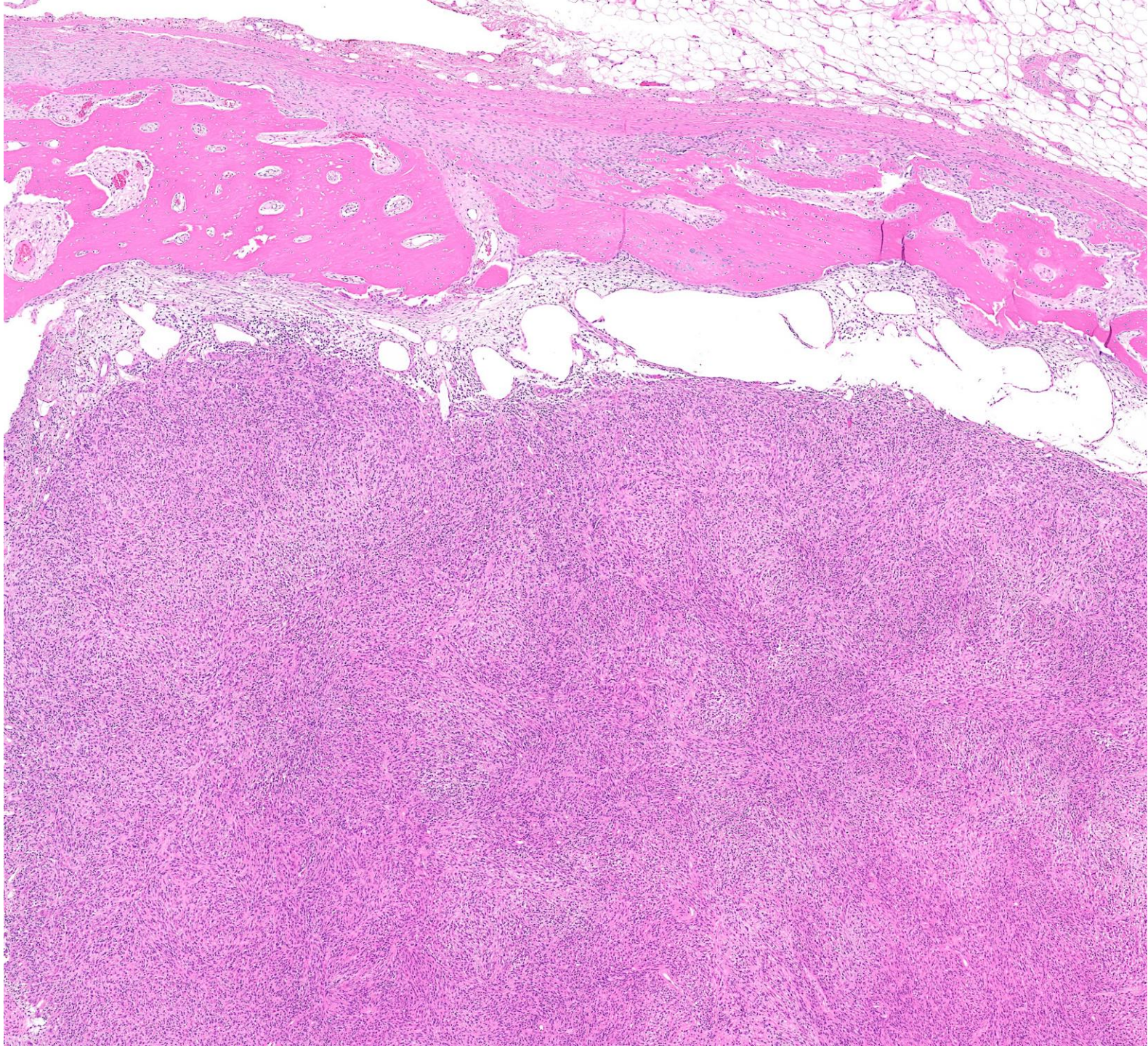
Greg Charville; Stanford

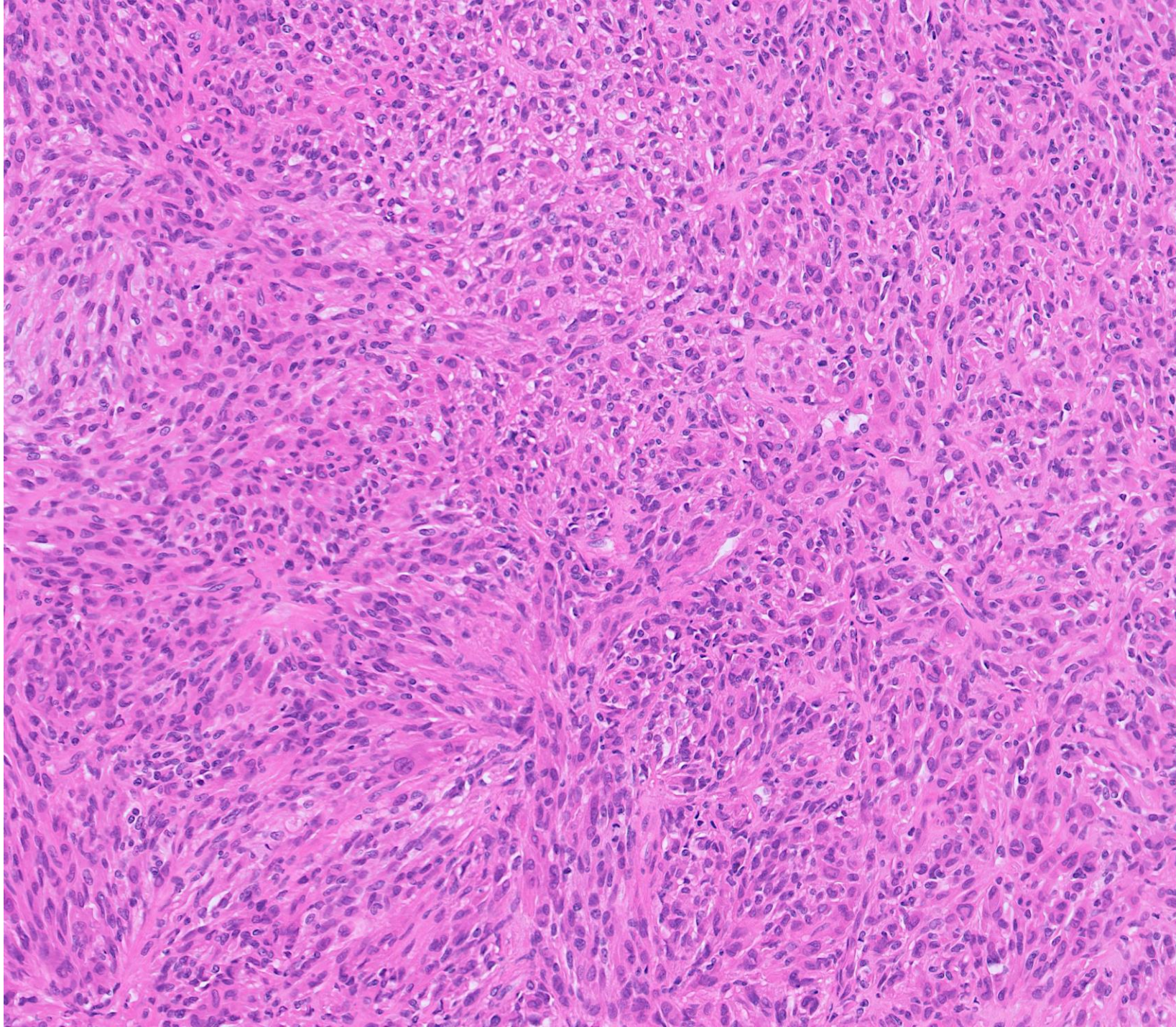
47-year-old male with pain in his thigh who was found to have a 10-cm mass

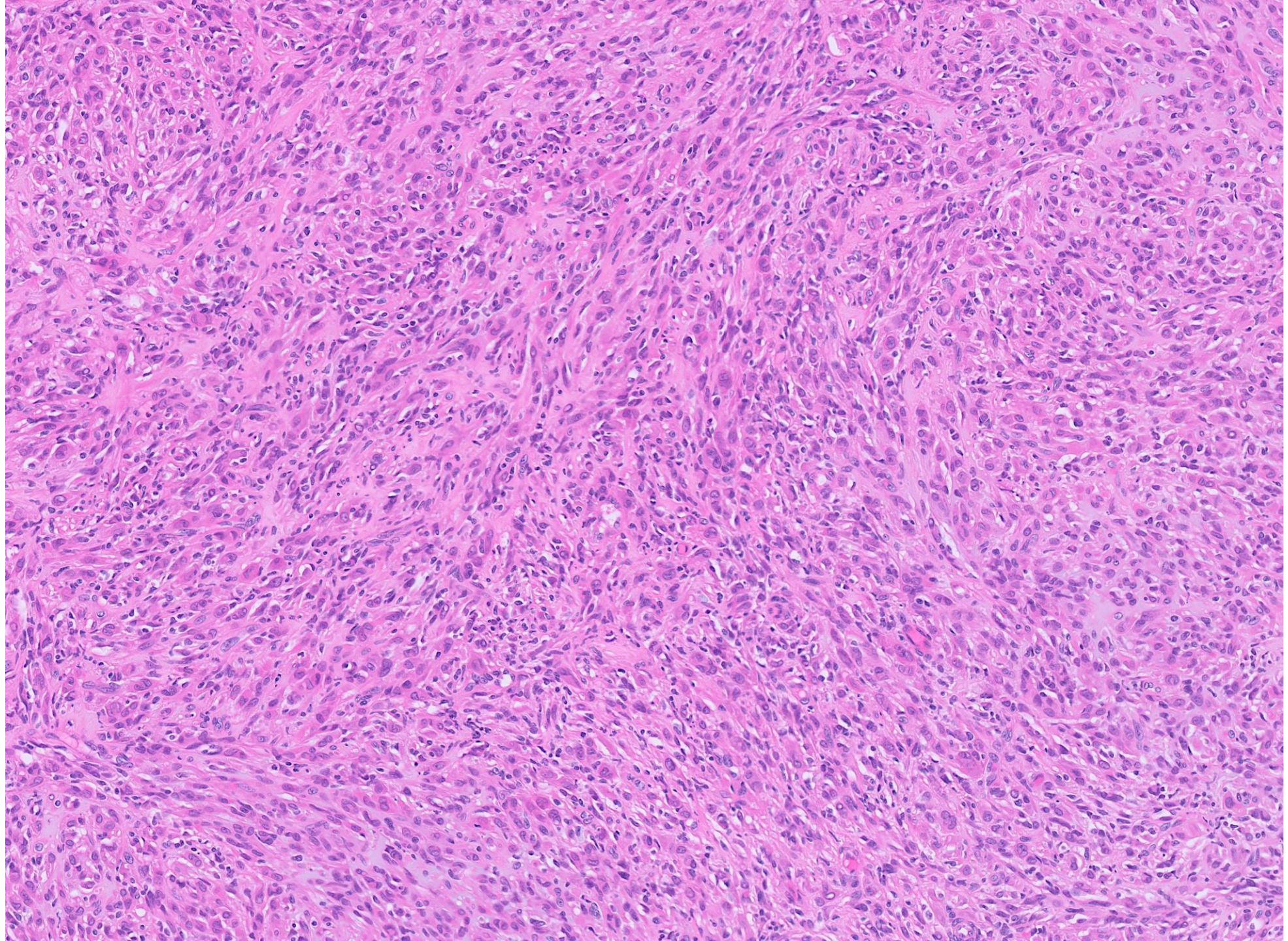


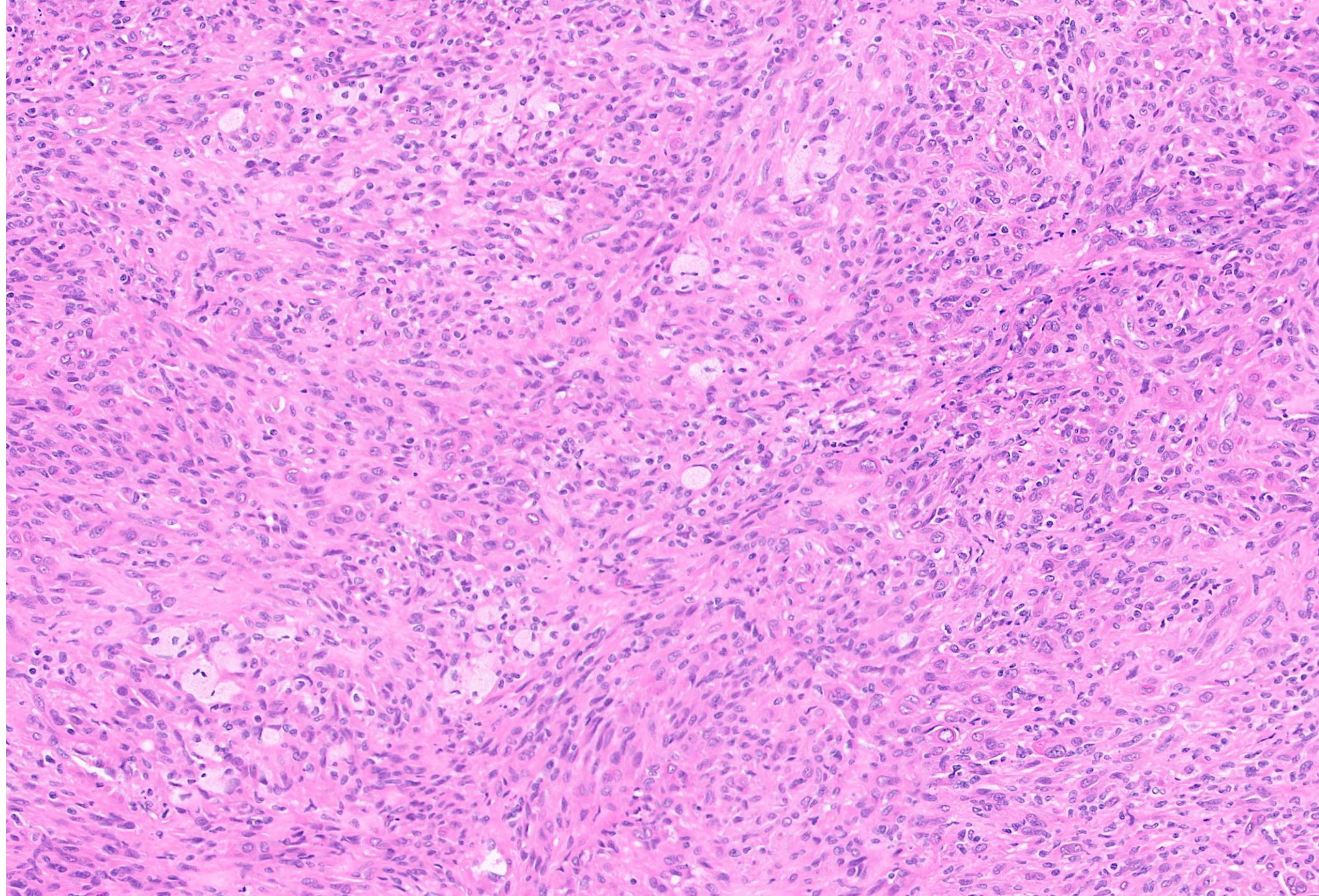


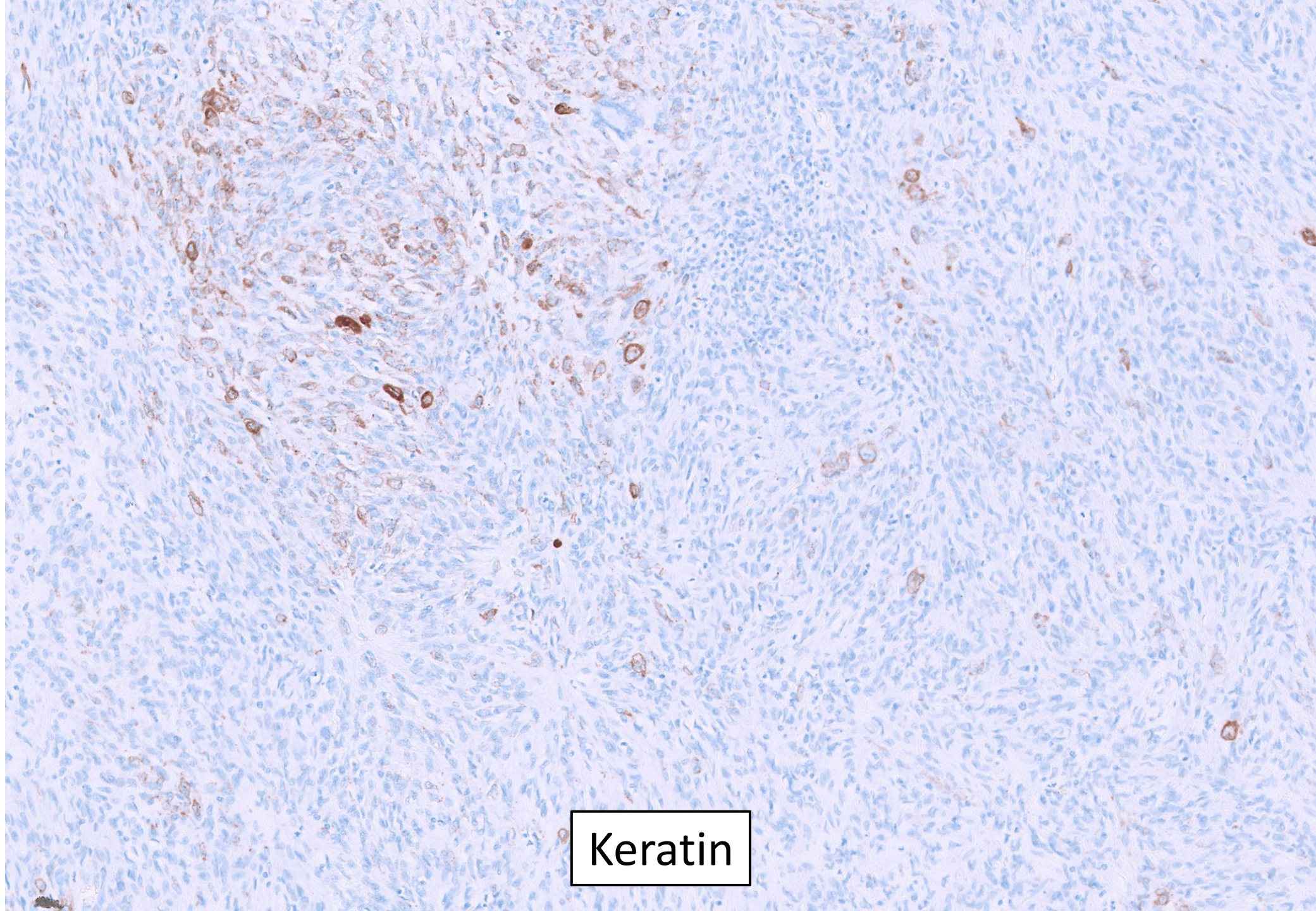




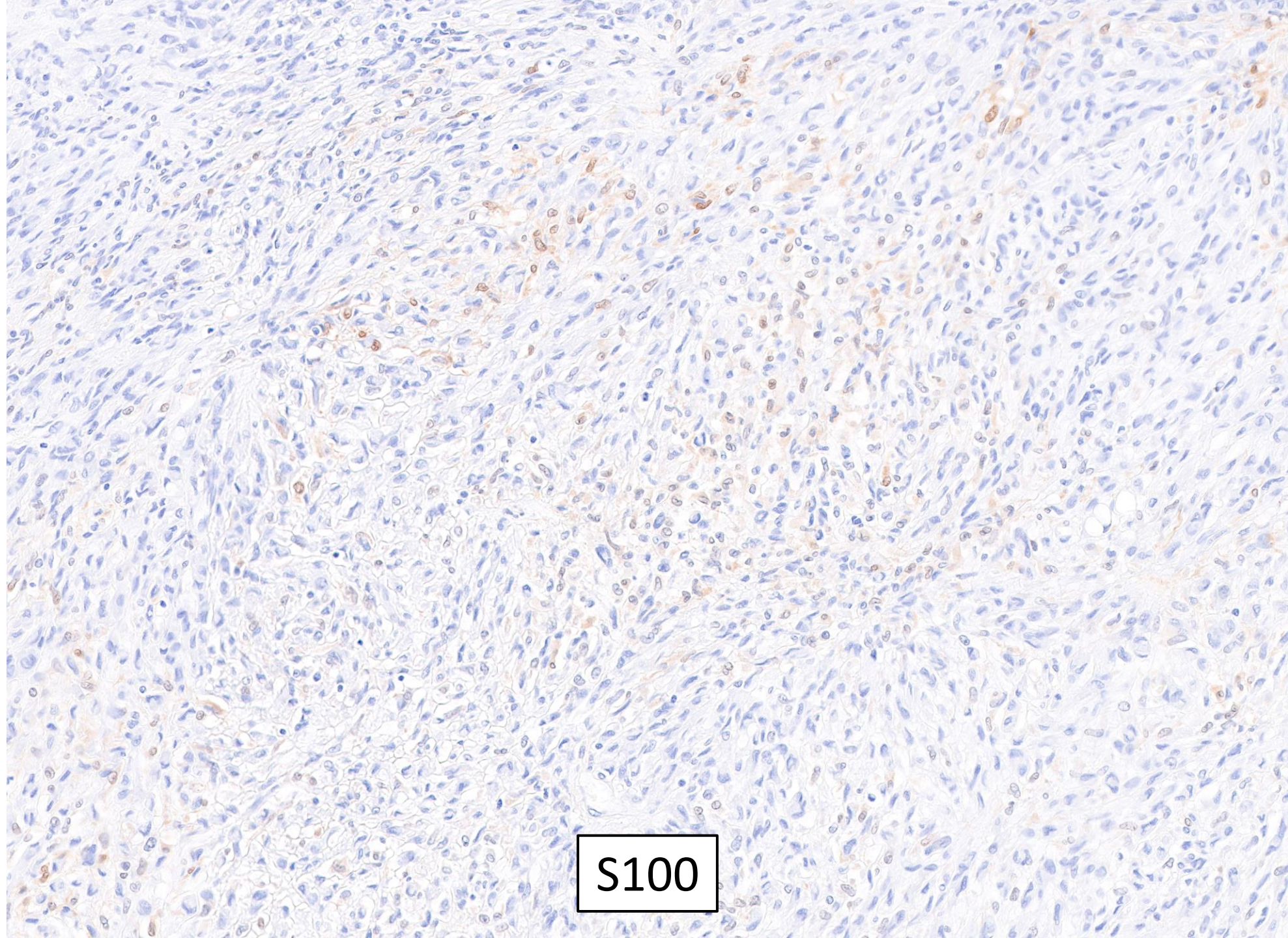








Keratin



S100

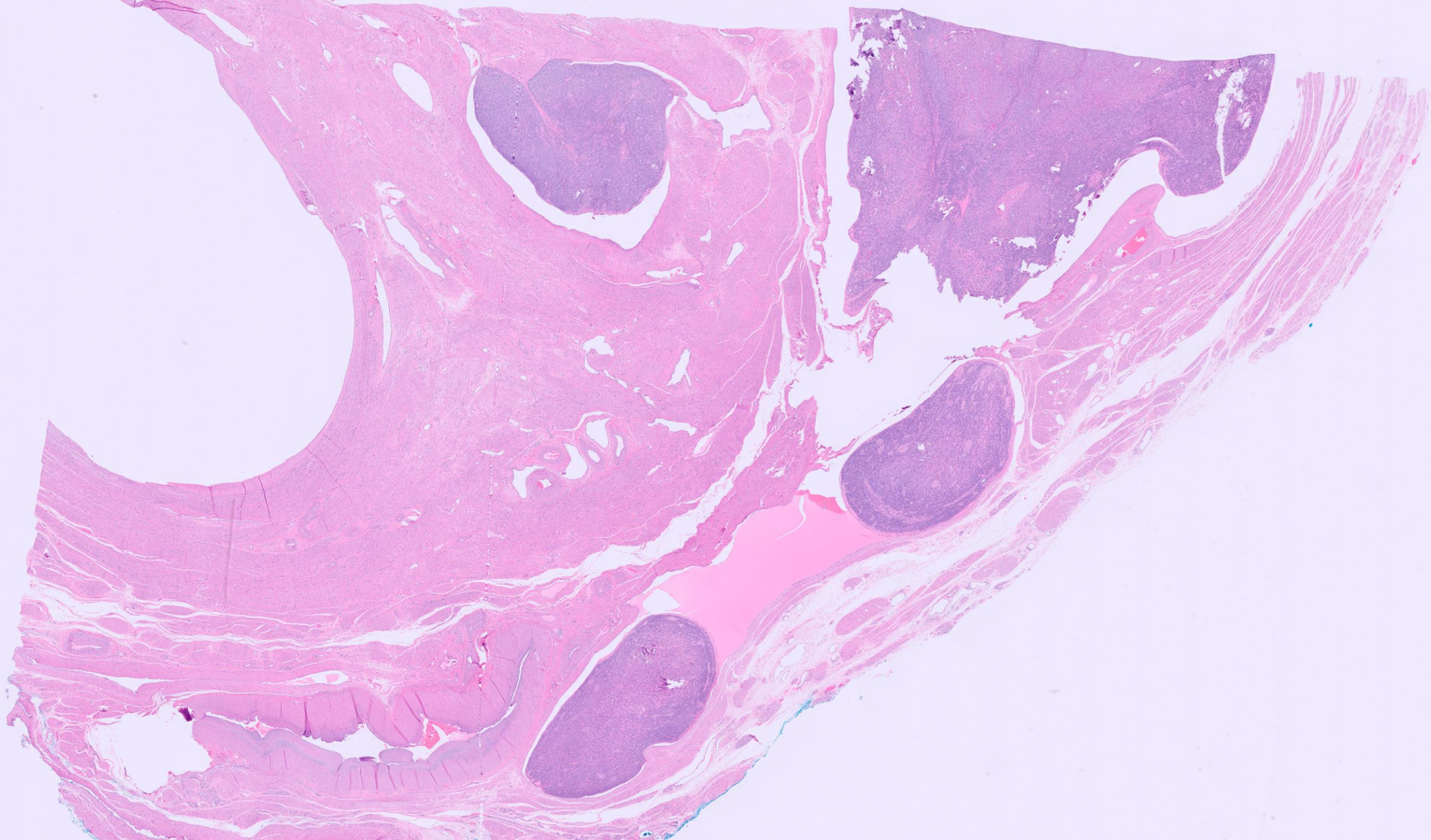
DIAGNOSIS?

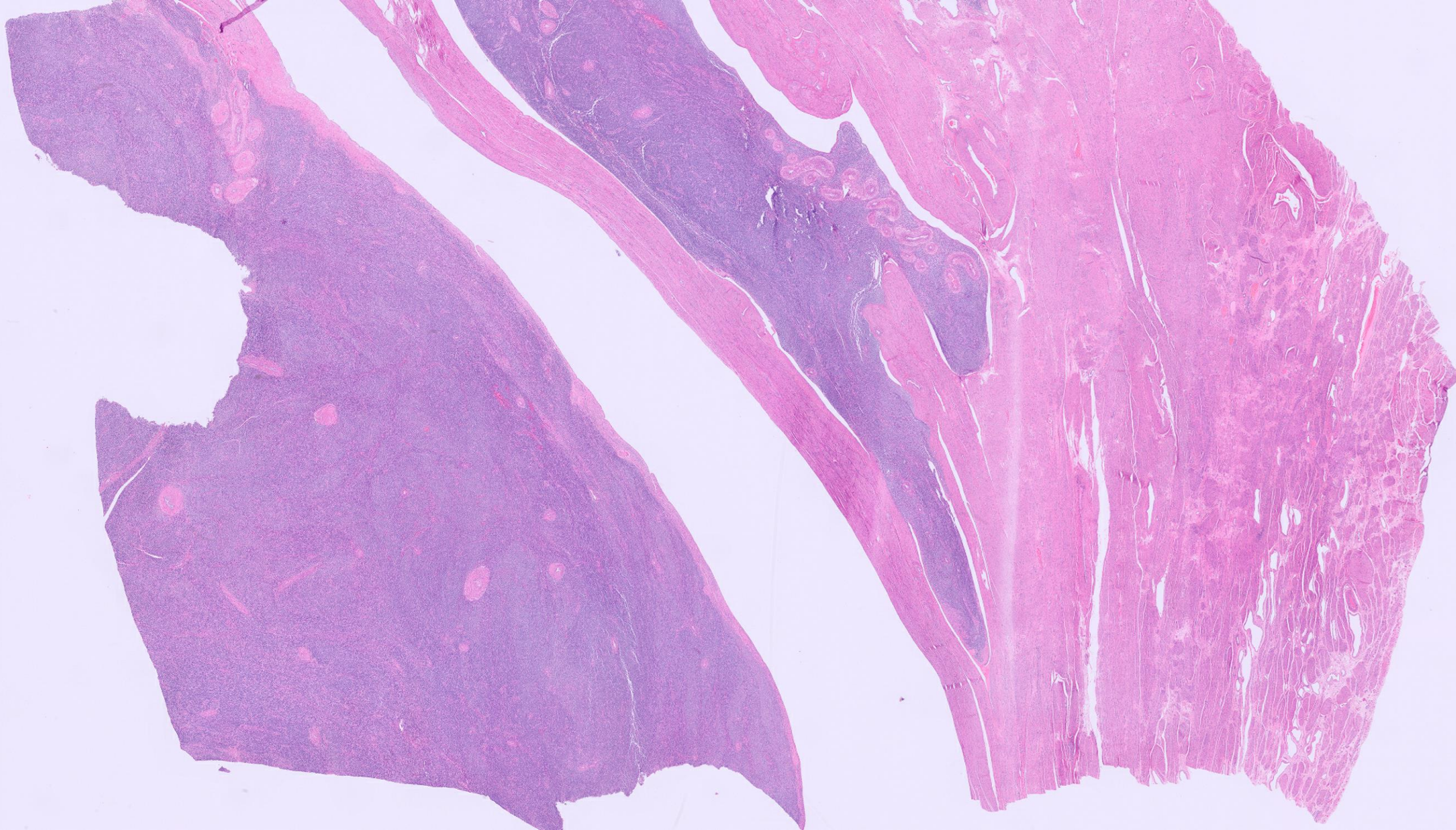


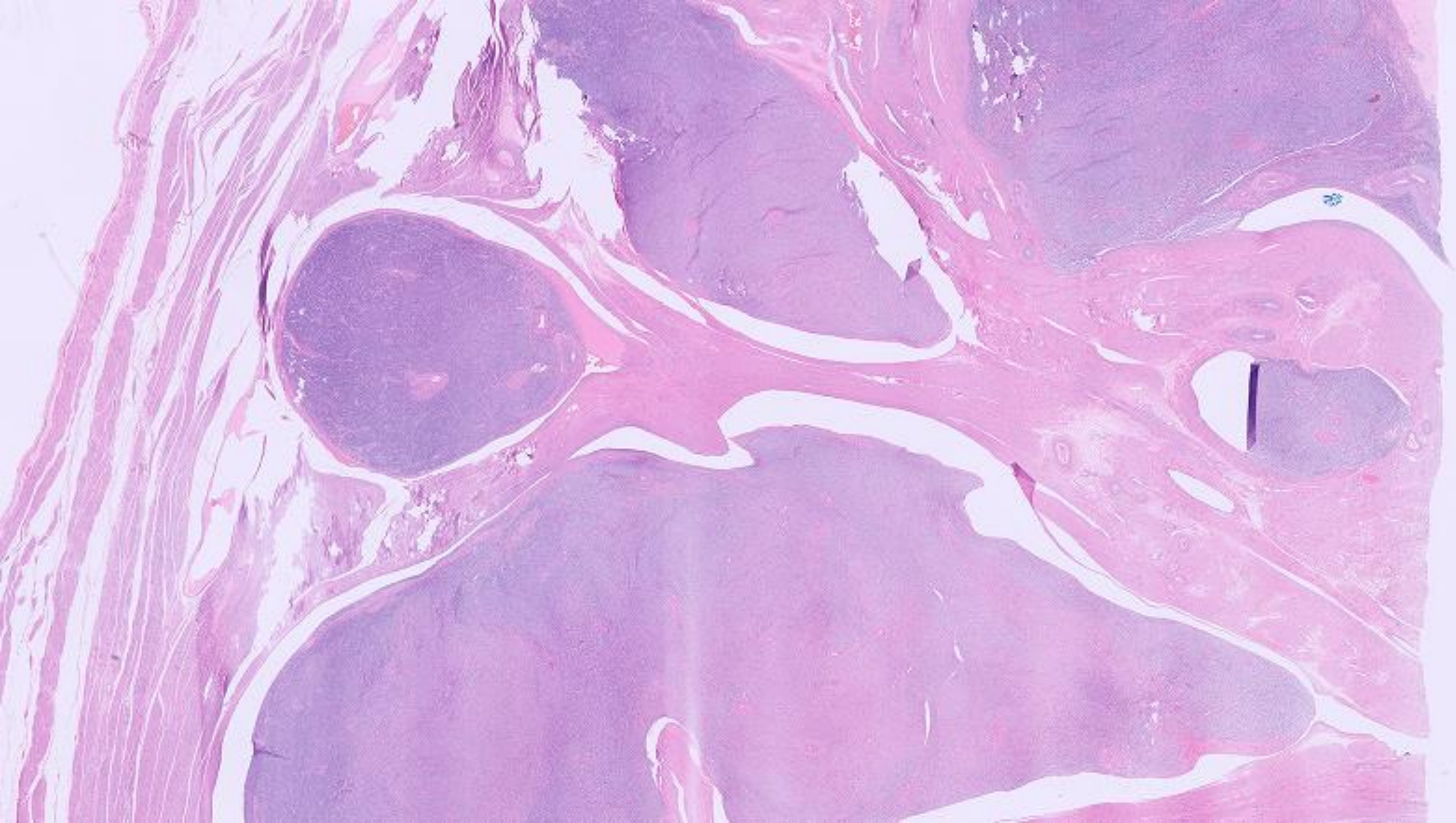
25-1006

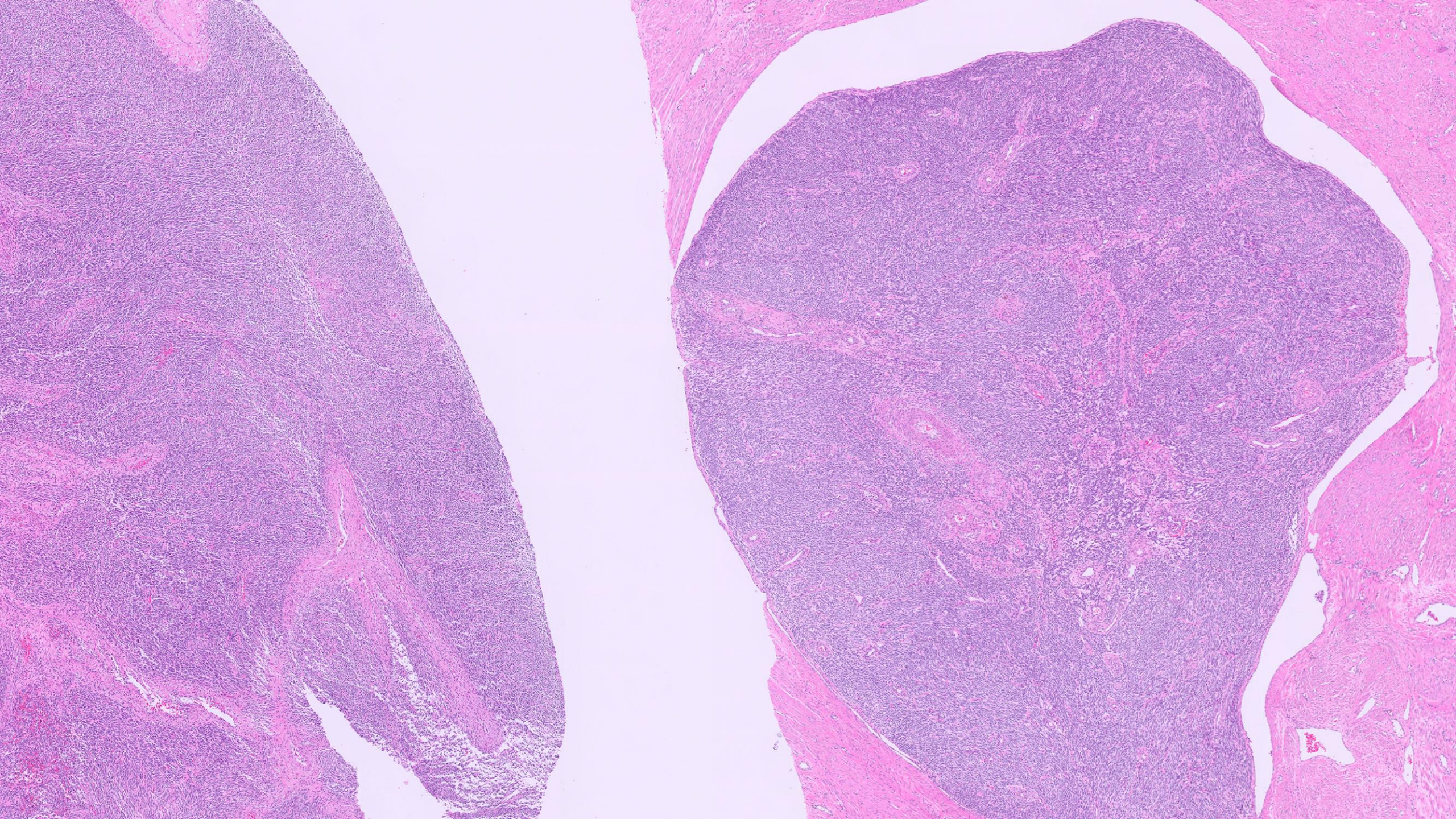
Haijuan Gao, Brooke Howitt; Stanford

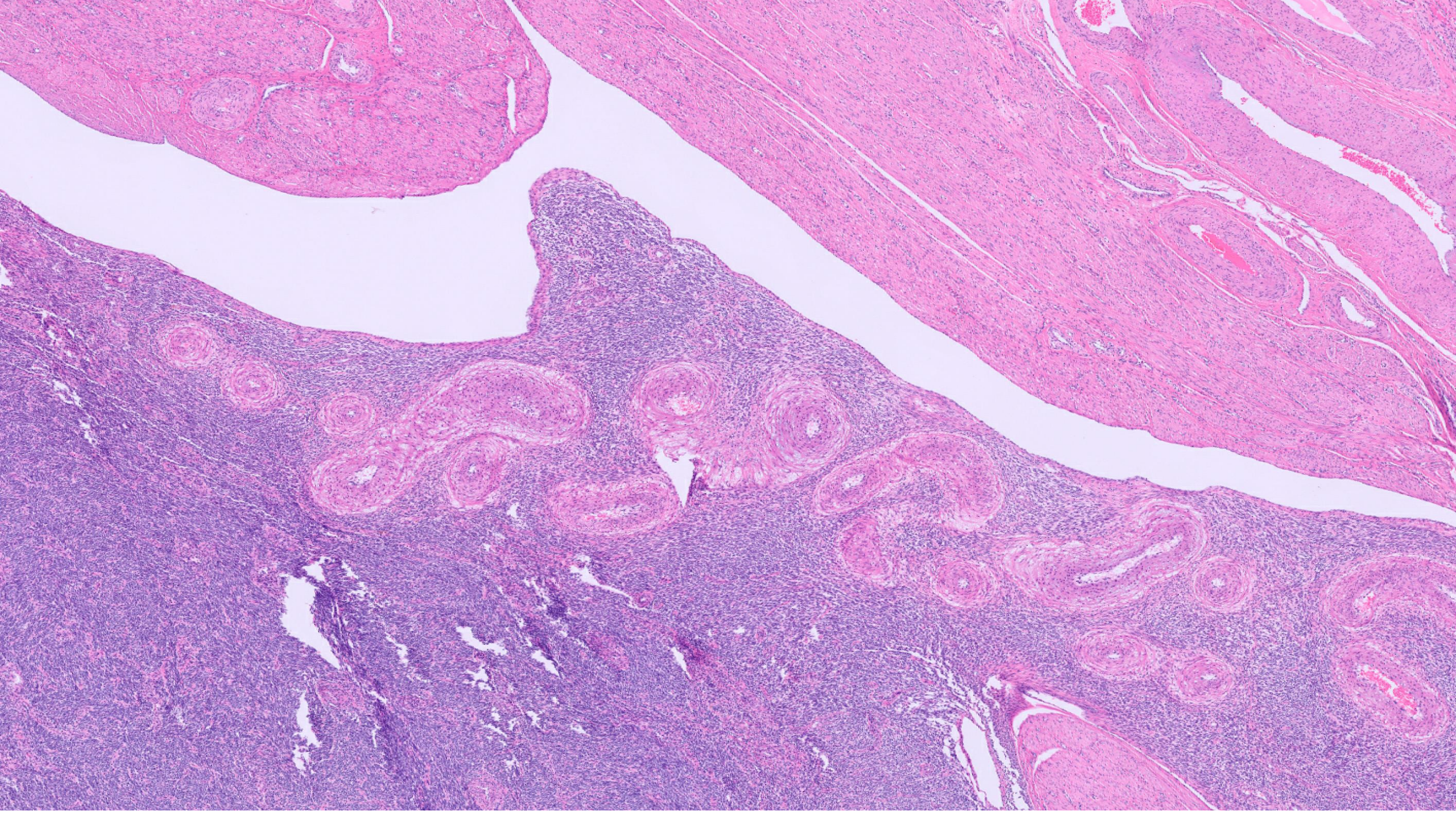
46 yo F with Total Abdominal Hysterectomy with Bilateral Salpingo-Oophorectomy (TAHBSO) for multiple uterine masses. Sections of the myometrium demonstrate multiple nodules, measuring up to 3.8 cm in greatest dimension

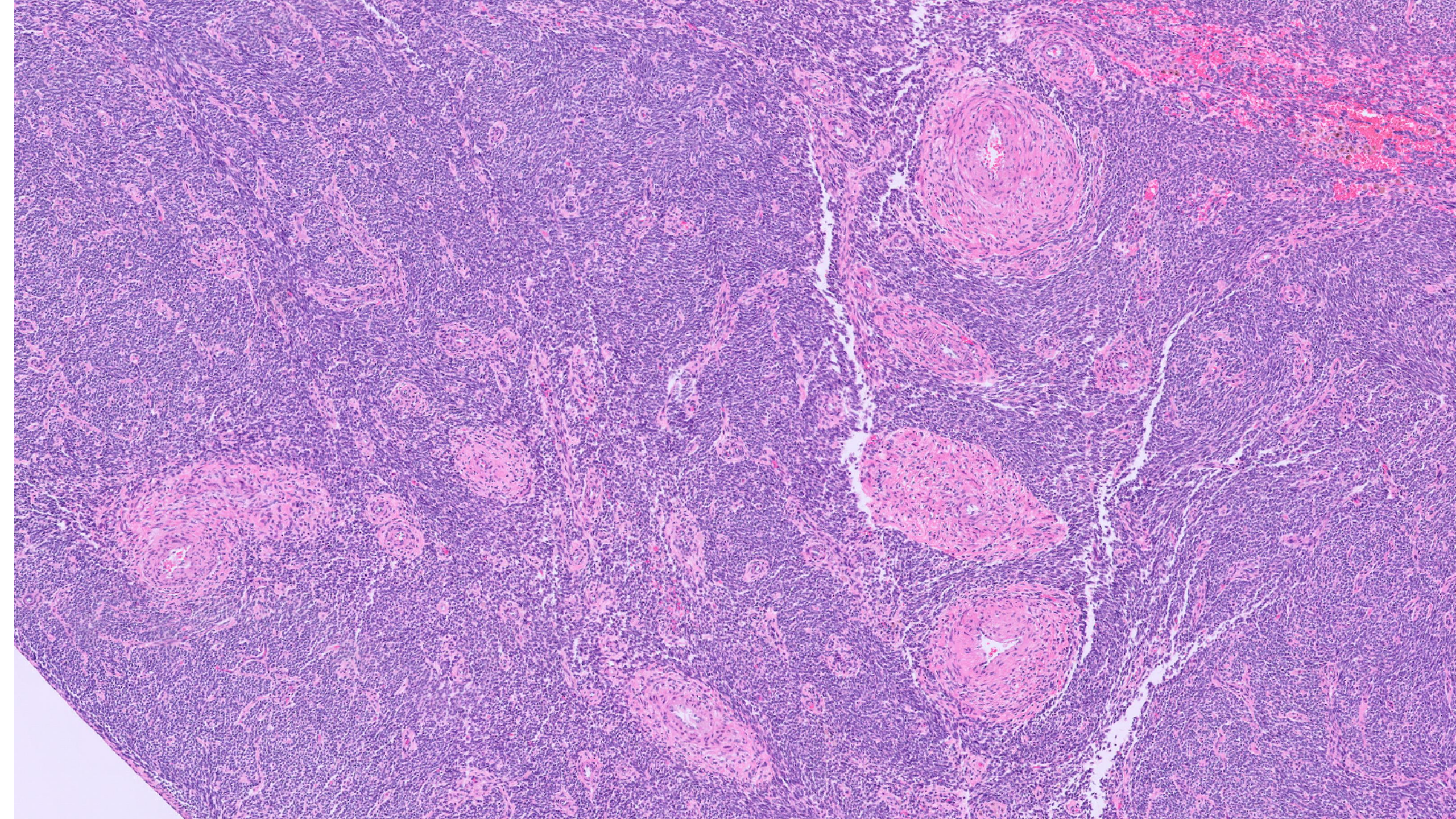


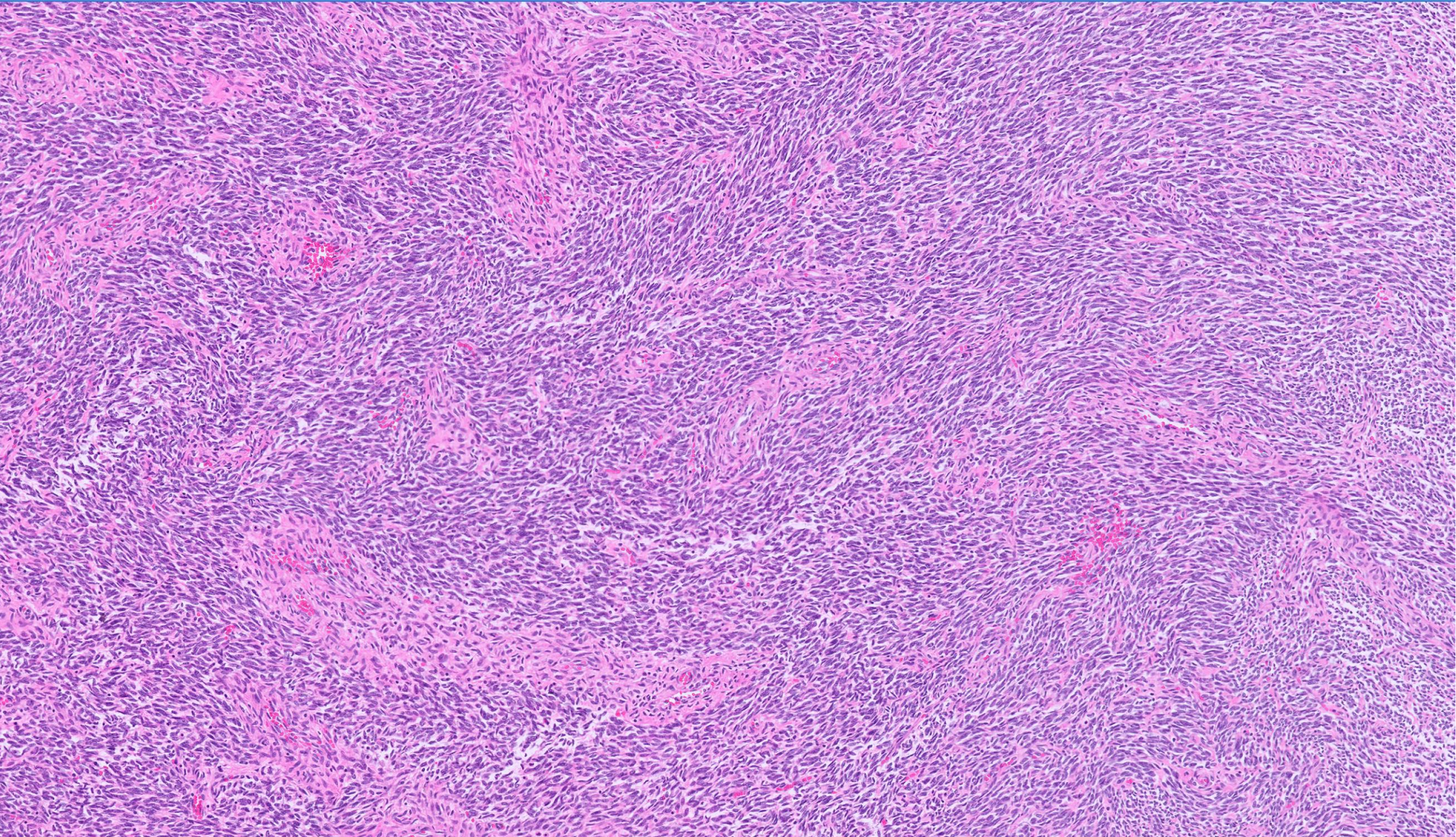


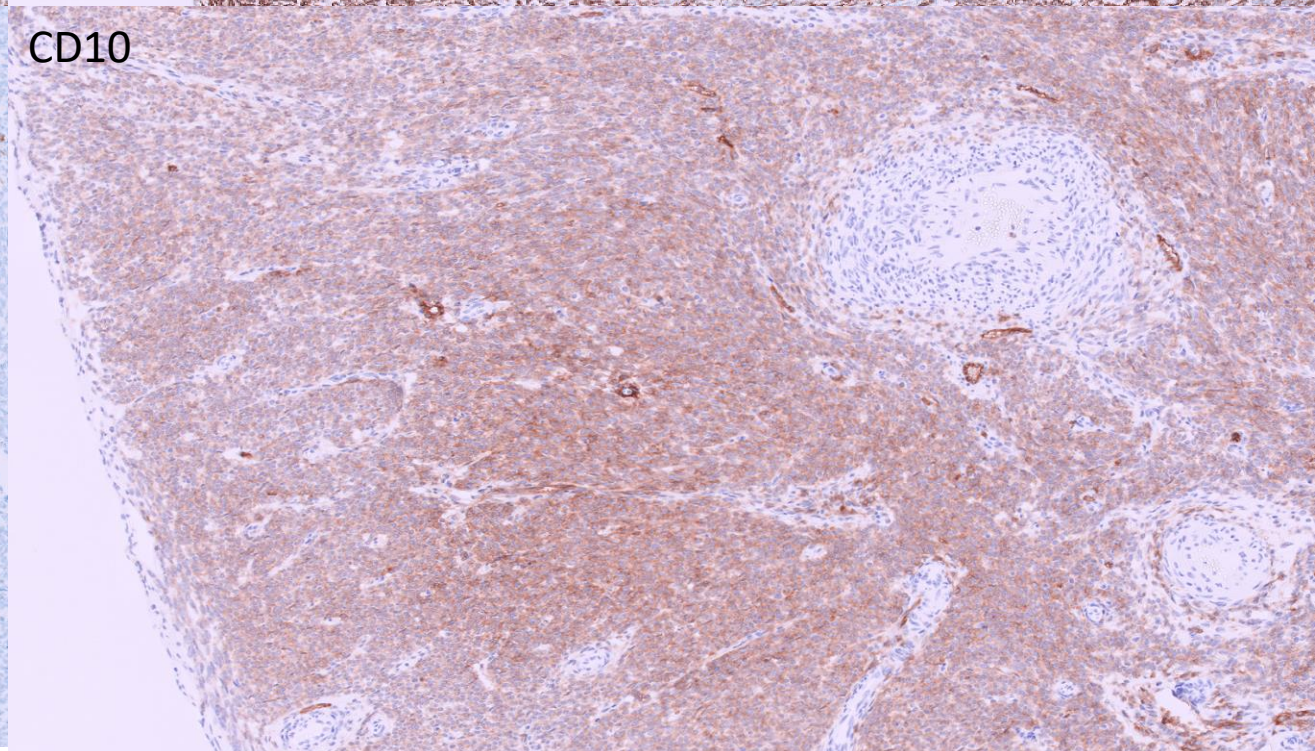
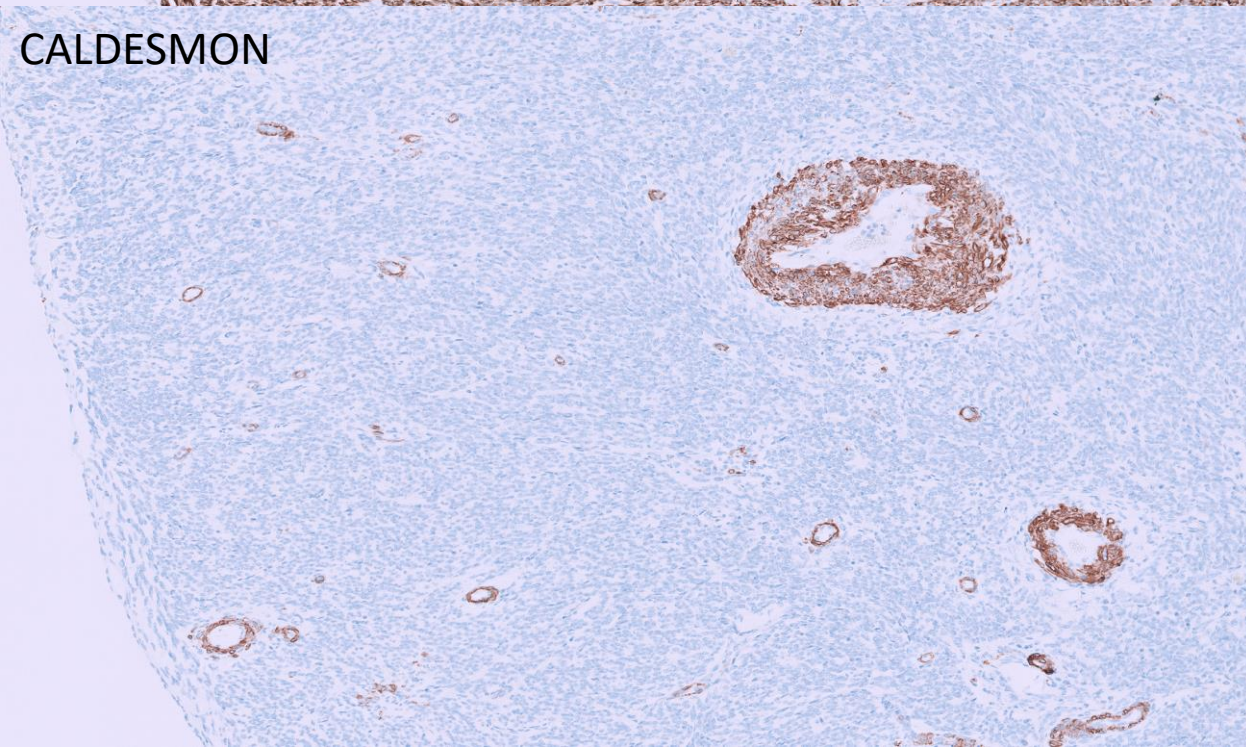
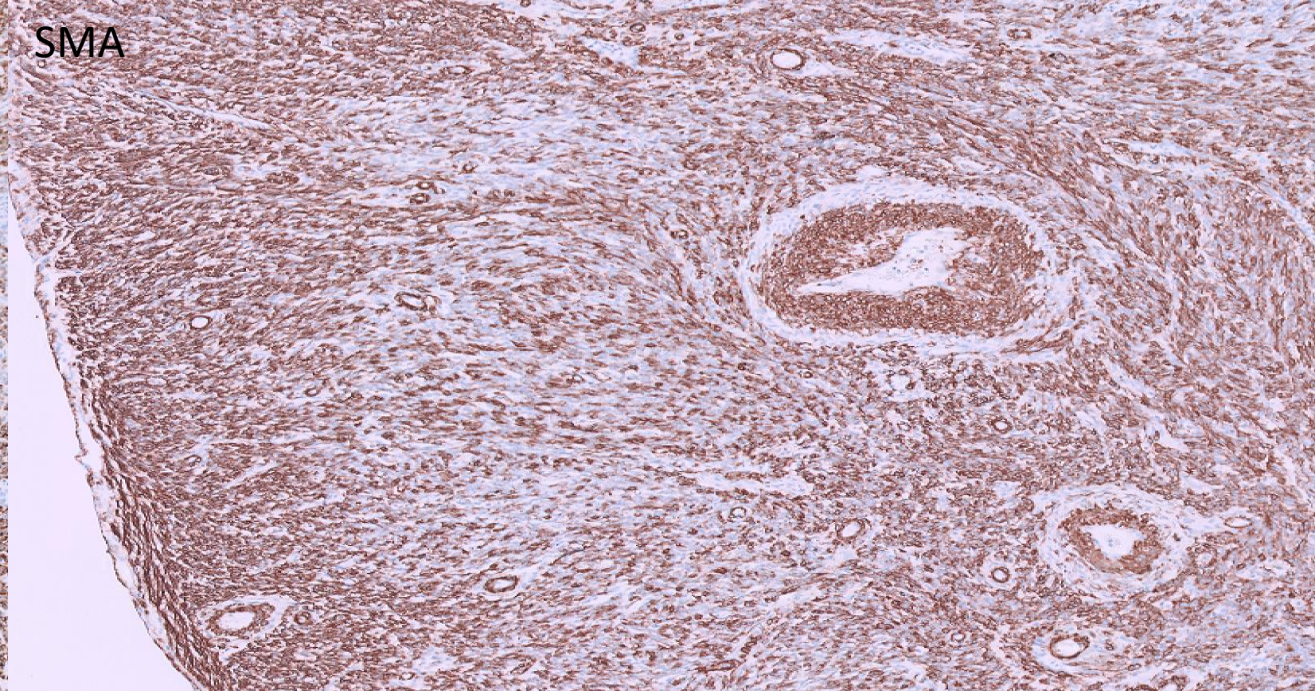
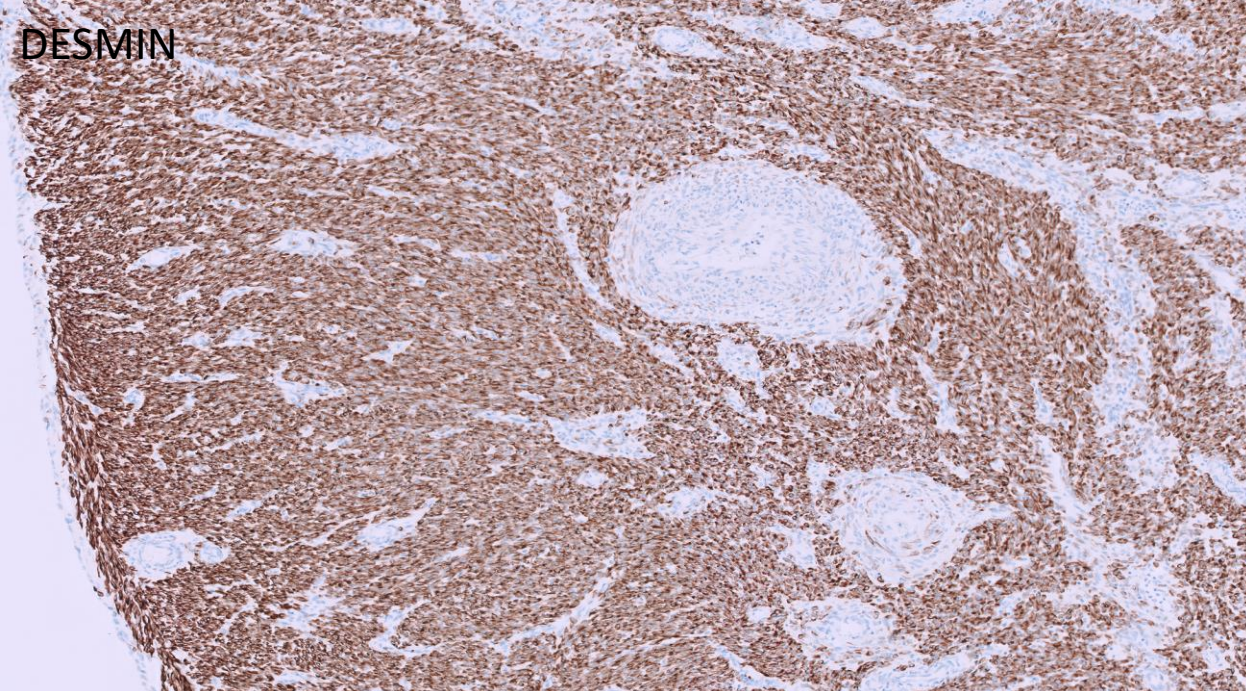












Immunohistochemical Staining

Task Name	Result
DESMIN (DE-R-11) IHC	Positive
CALDESMON (h-CD) IHC	Negative
ACTIN SMA SMOOTH (1A4) IHC	Positive
CD10 (56C6) IHC	Positive
ALK (5A4) IHC	Negative
HMB45 (HMB45) IHC	Negative
ER (outside IHC)	Positive
PR (outside IHC)	Positive

DIAGNOSIS?



25-1007

Maggie Lam; Stanford (Tri-Valley)

48-year-old woman with a right breast mass at 6:00 4 cm from nipple. Mammogram and ultrasound showed a 1.1 cm mass. MRI showed an oval enhancing mass. No significant past medical history. No family history of breast or ovarian cancer

R CC

2/16/2024, 1:33:49 PM

Im time: 13:33

Right breast mammogram



30 kV, 100.0 mA

Angle: 0

Tech: NJS, Unit: SHCAMBAPRD04

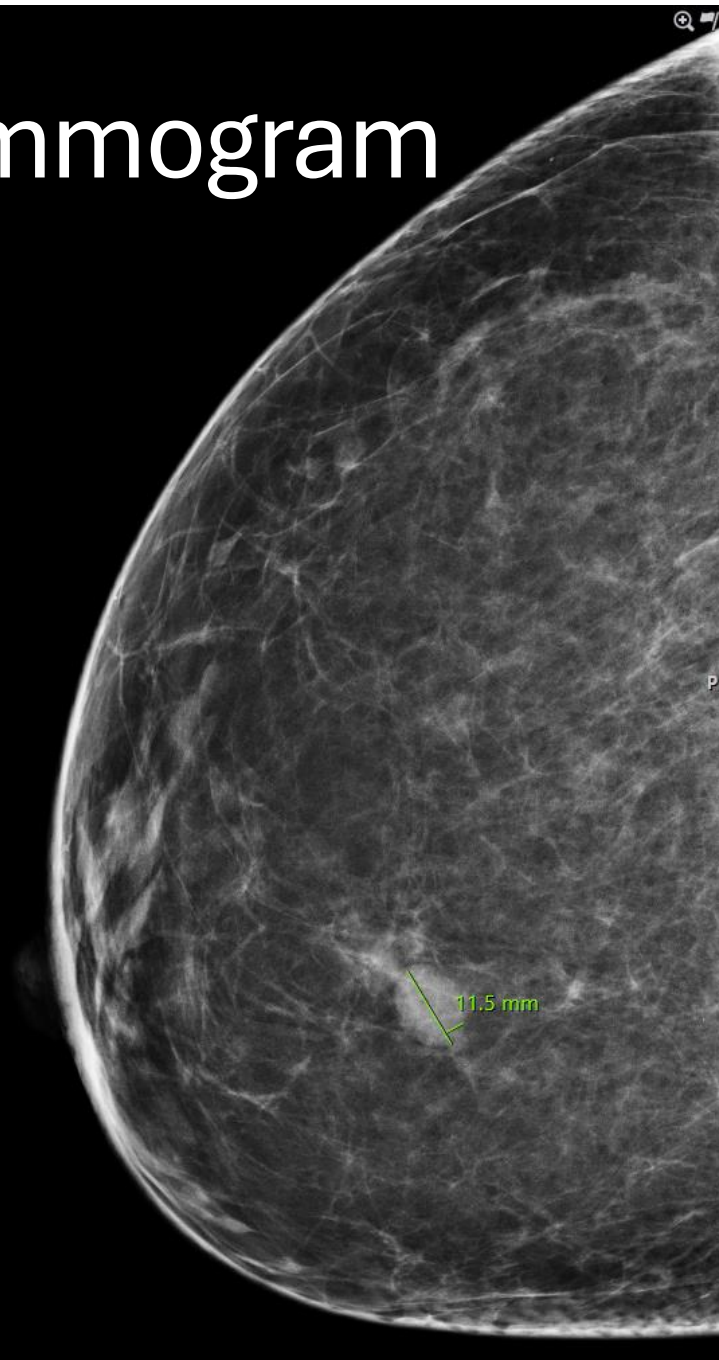
kVp: 30, mAs: 127, Angle: 0

Comp Thick: 56 mm, Comp Force: 100.5293 N

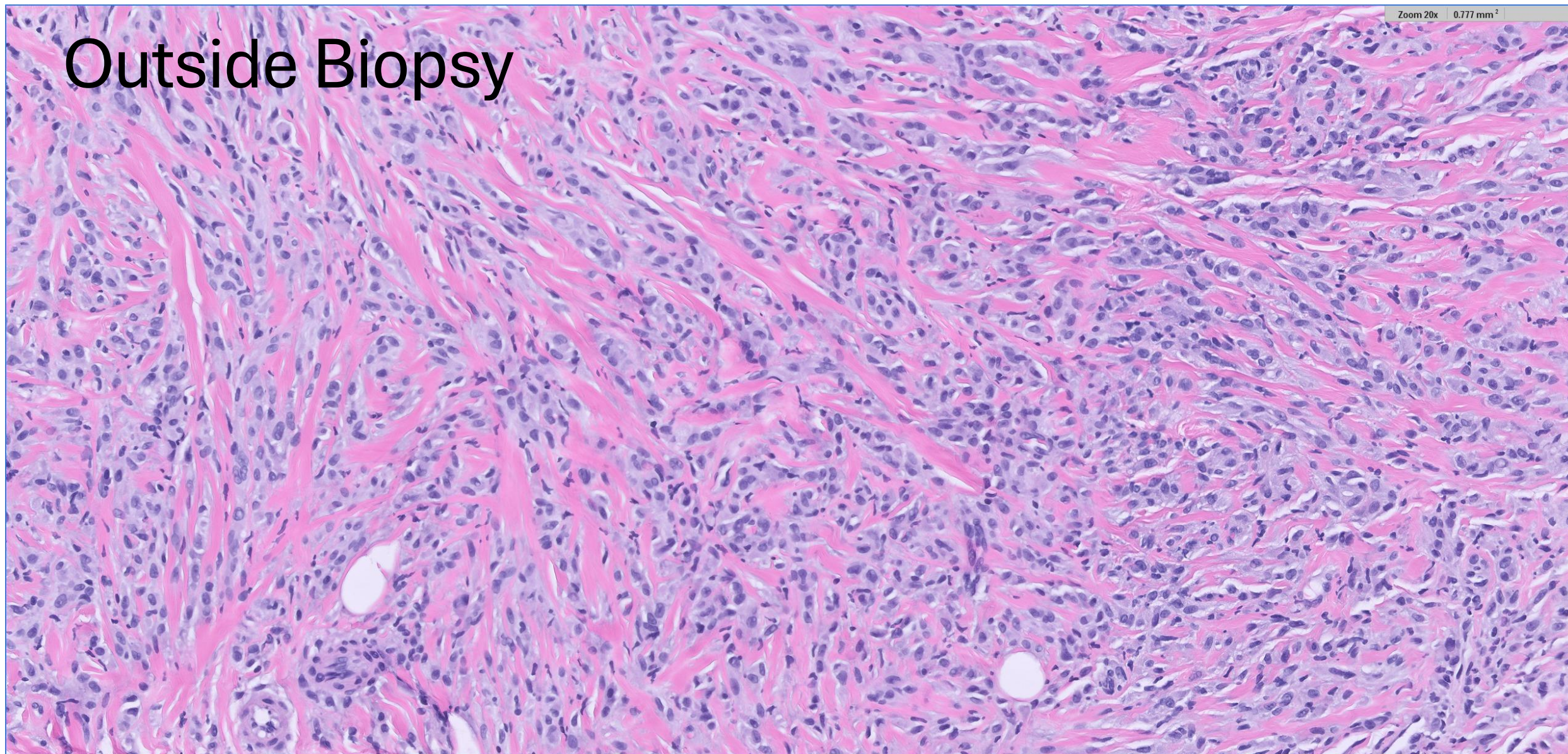
Anode: TUNGSTEN, Filter: RHODIUM

AGD: 0.0139 dGy, ESD: mGy

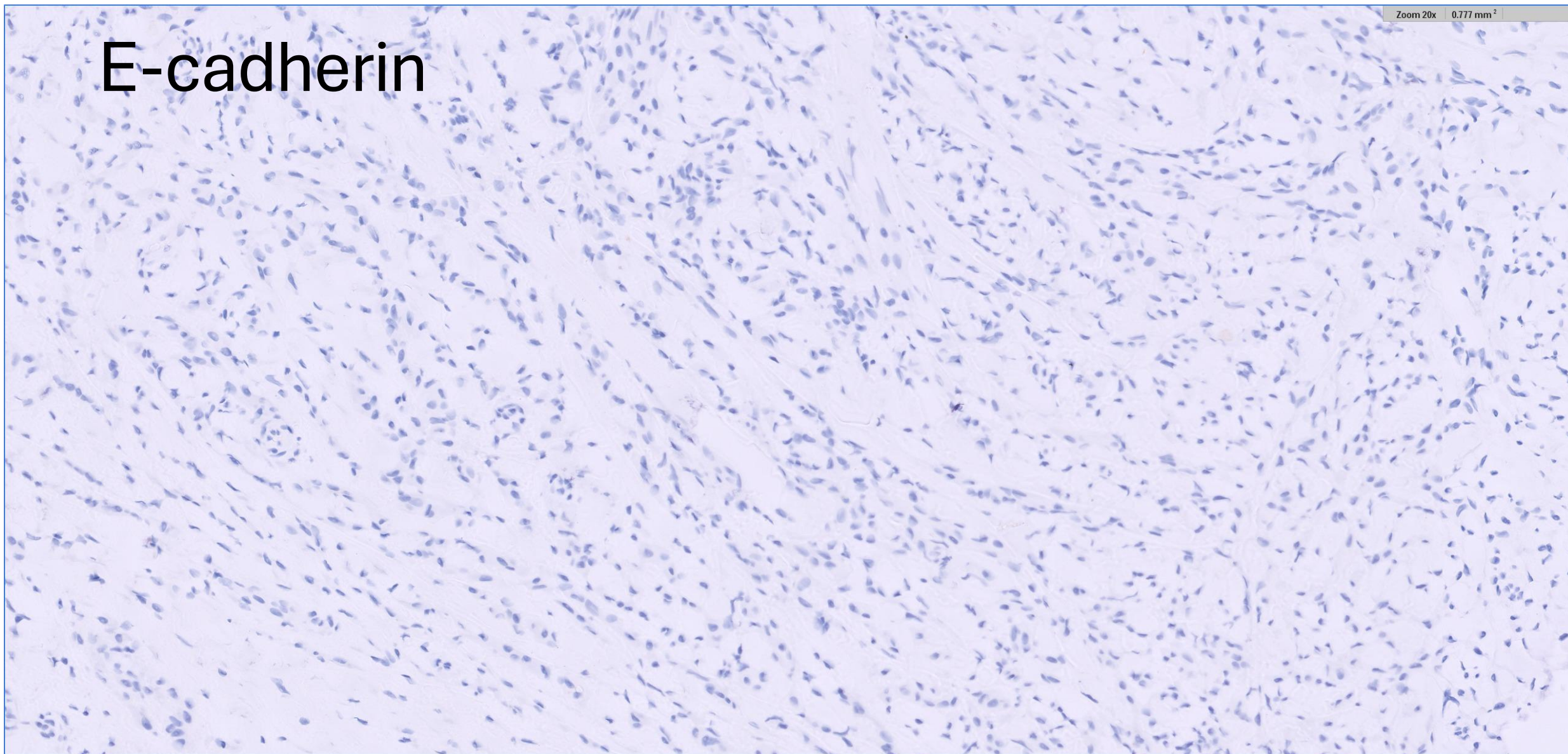
L



Outside Biopsy



E-cadherin

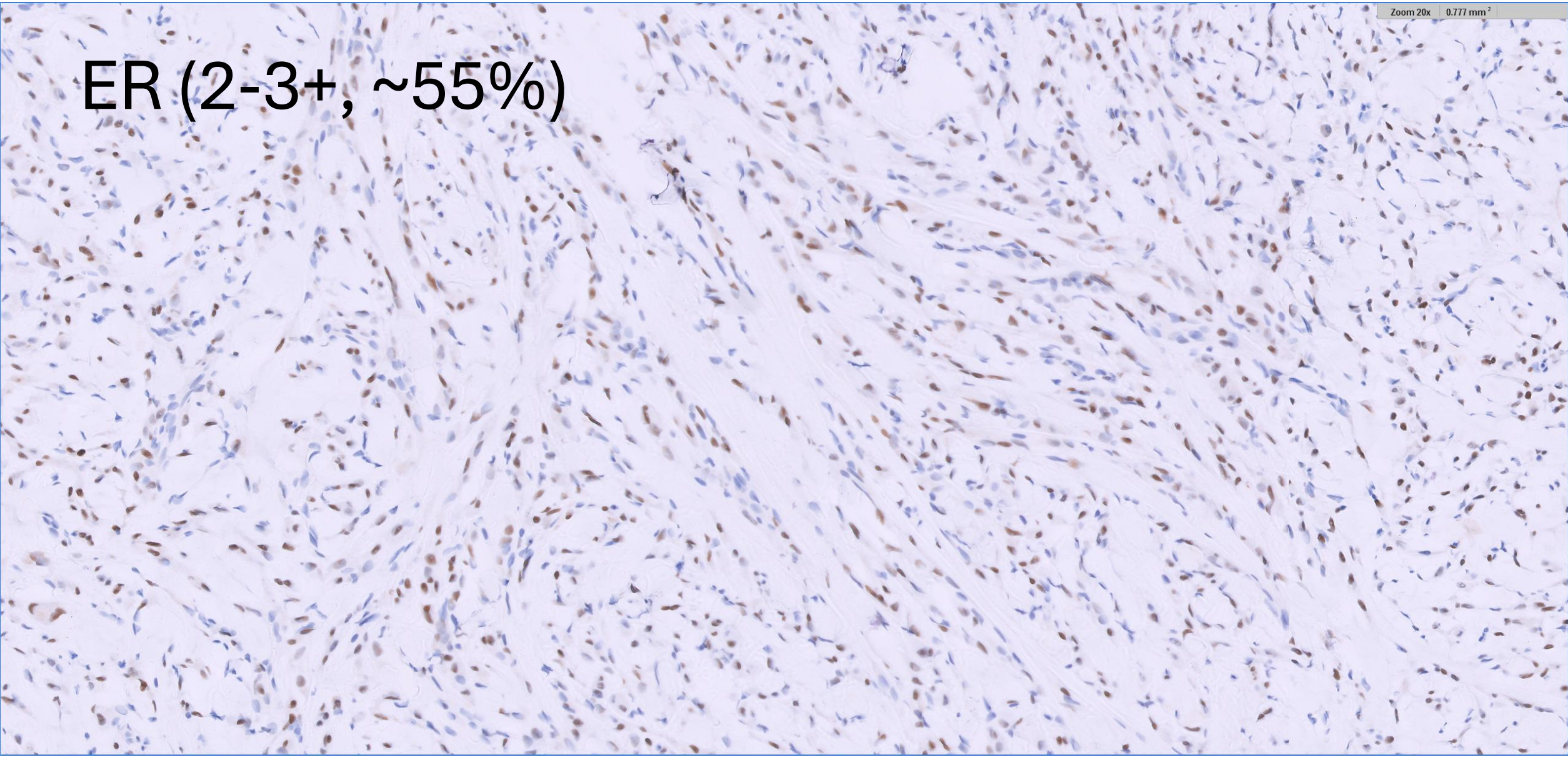


Biopsy Diagnosis

- Invasive lobular carcinoma
- Provisional Histologic Grade: 2
 - Tubule formation: 3 out of 3
 - Nuclear grade: 1-2 out of 3
 - Mitotic count: 1 out of 3
 - Total score: 5-6 out of 9

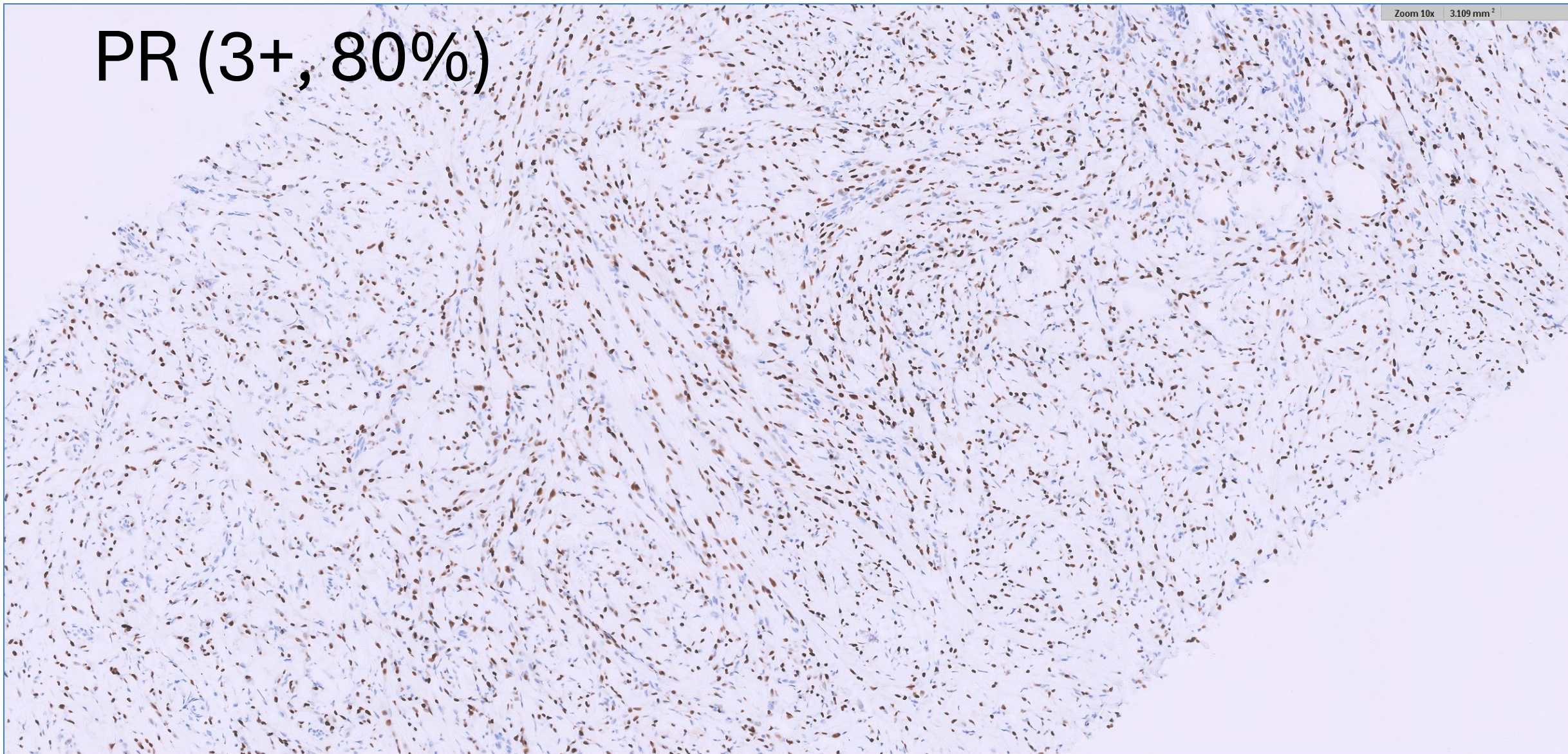
ER (2-3+, ~55%)

Zoom 20x 0.777 mm²



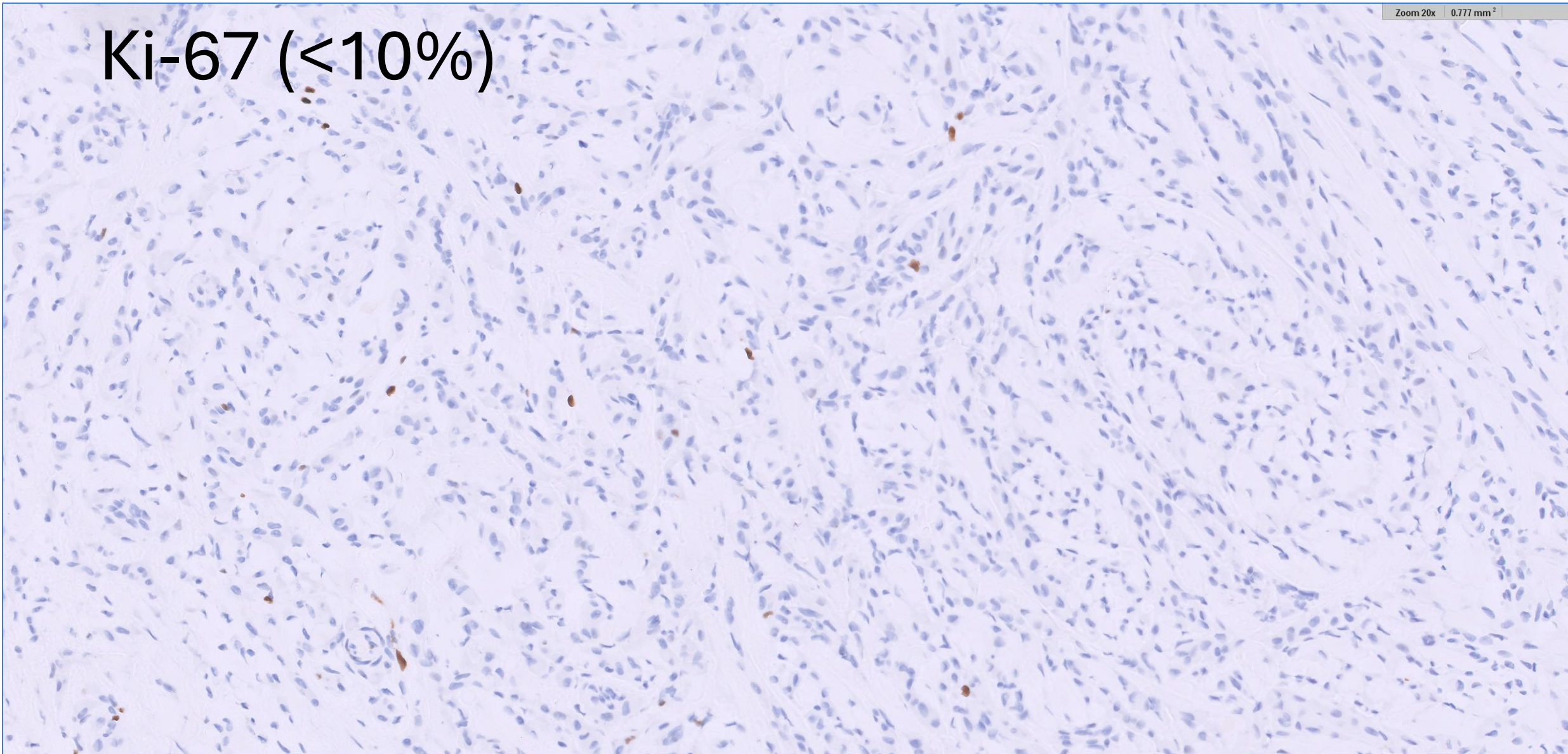
PR (3+, 80%)

Zoom 10x 3.109 mm²

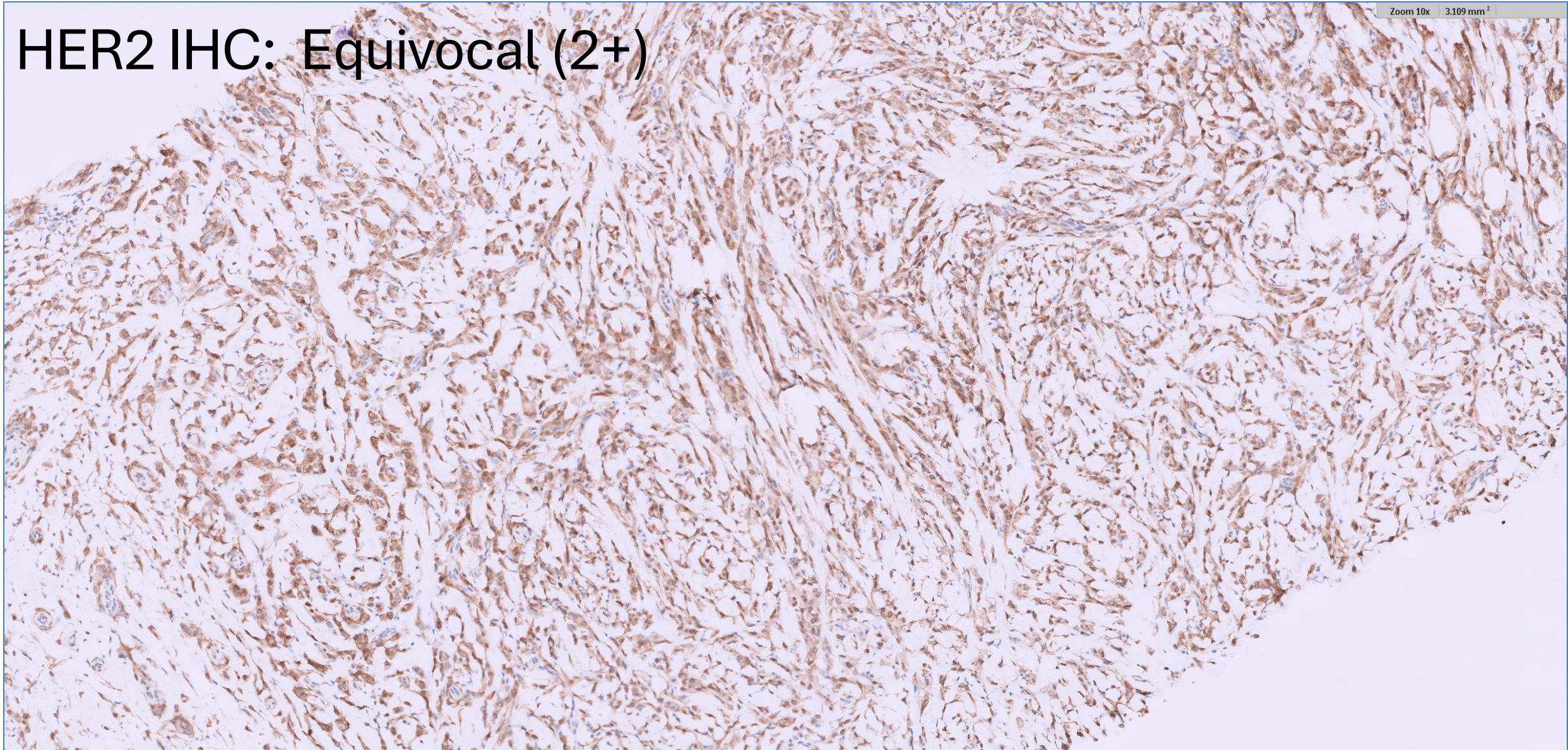


Ki-67 (<10%)

Zoom 20x 0.777 mm²



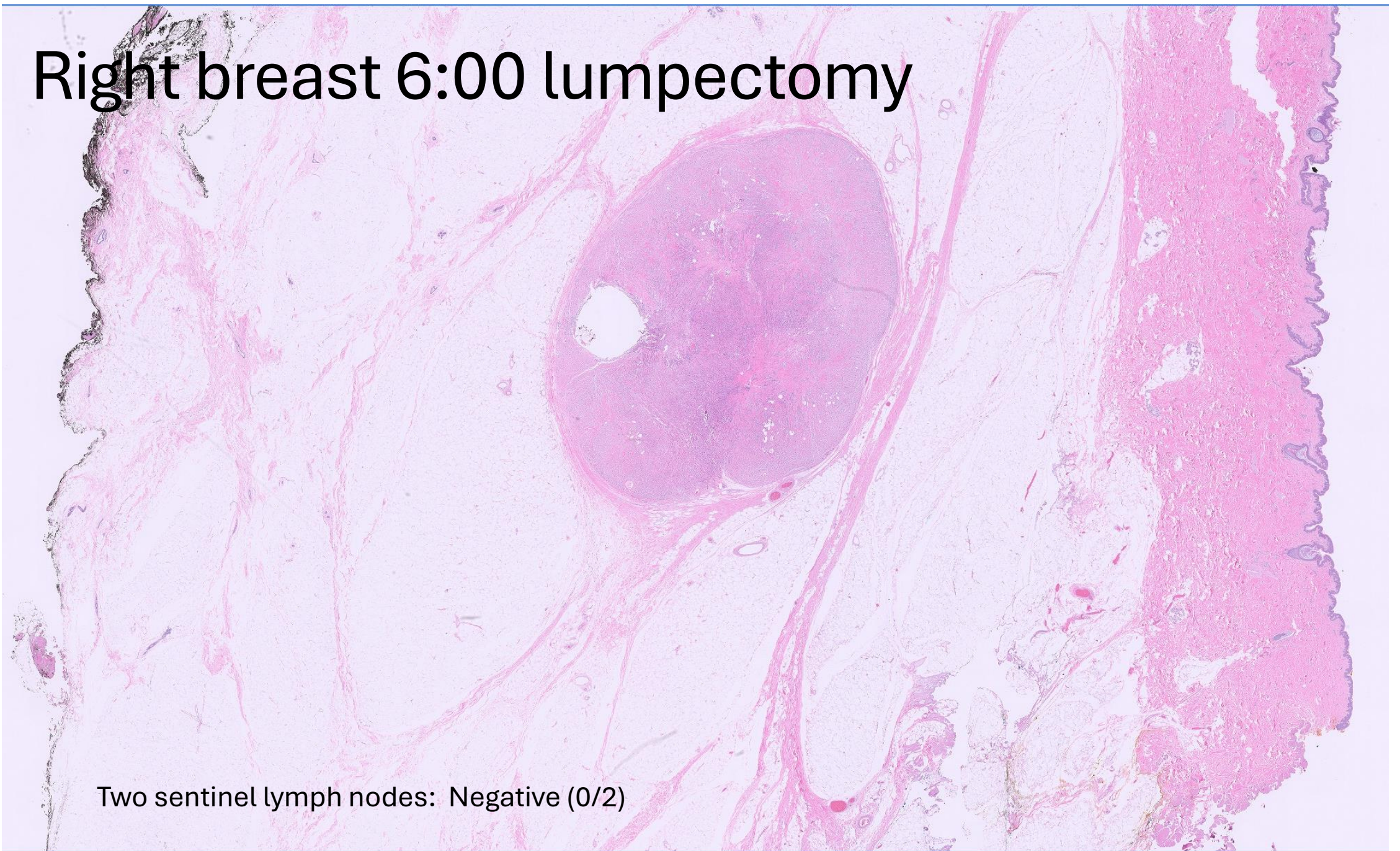
HER2 IHC: Equivocal (2+)

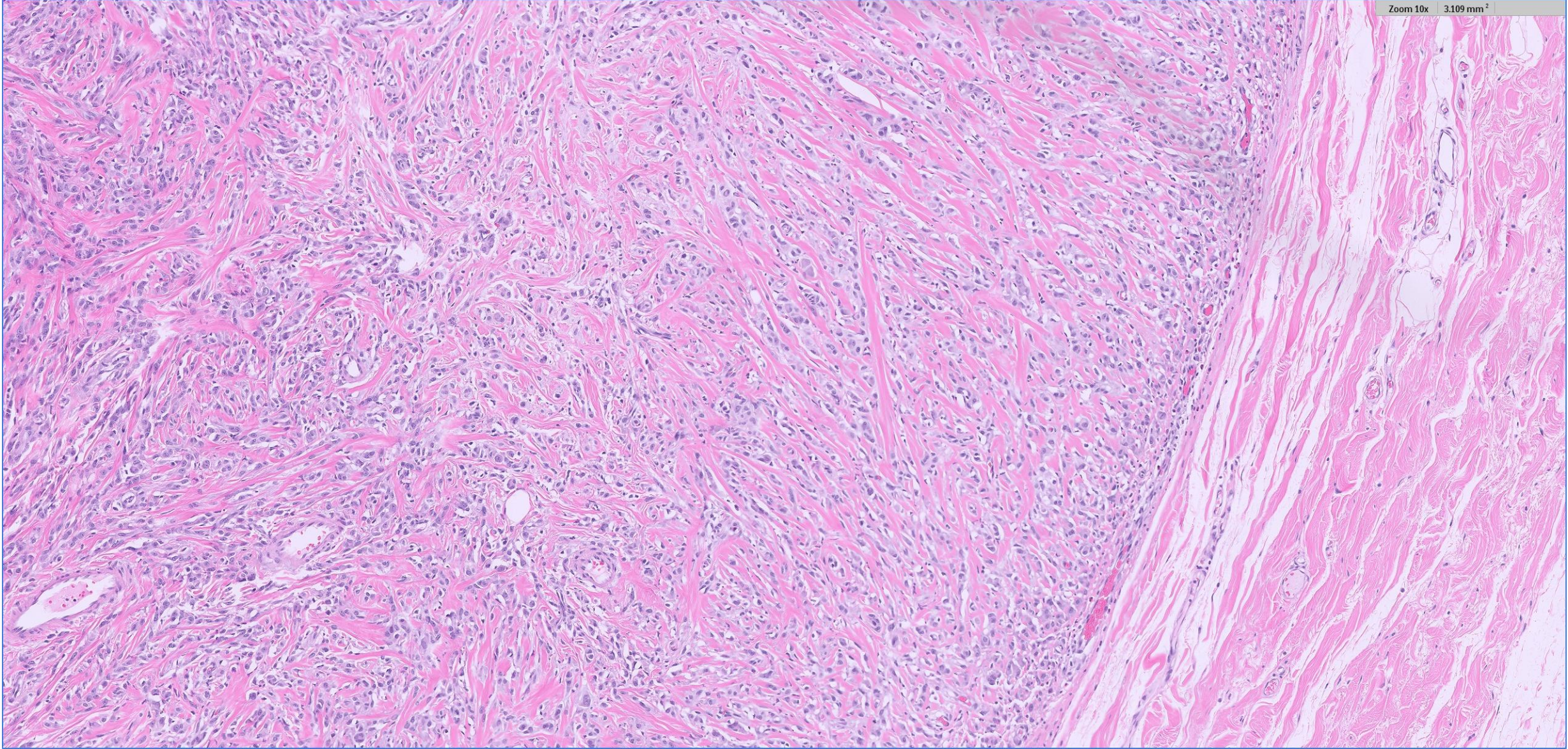


HER2 FISH: Not amplified (Avg HER2 signals: 2.02, Avg CEN 17 signals: 1.92, HER2/CEN17 ratio: 1.05)

Right breast 6:00 lumpectomy

Two sentinel lymph nodes: Negative (0/2)





DIAGNOSIS?



25-1008

Nivaz Brar, John Higgins; Stanford

66-year-old male, with a history of hyperlipidemia presents with subacute fevers, nausea/vomiting, headaches, liver injury and found to be pancytopenia and raising concern for possible HLH.

Lab values

Test	Result
WBC	2.4 K/uL (L)
Hemoglobin	12.6 g/dL (L)
Hematocrit	37.3 % (L)
Platelet Count	119 K/uL (L)
MCV	88.0 fL
RDW	14.8 % (H)
RBC	4.24 MIL/uL (L)
MCH	29.7
MCHC	33.8
Triglyceride, Ser/Plas	374 mg/dL (H)
Bilirubin Total	13.0 mg/dL (H)
AST	581 U/L (H)
ALT	1,514 U/L (H)
Alk P'TASE, Total, Ser/Plas	258 U/L (H)

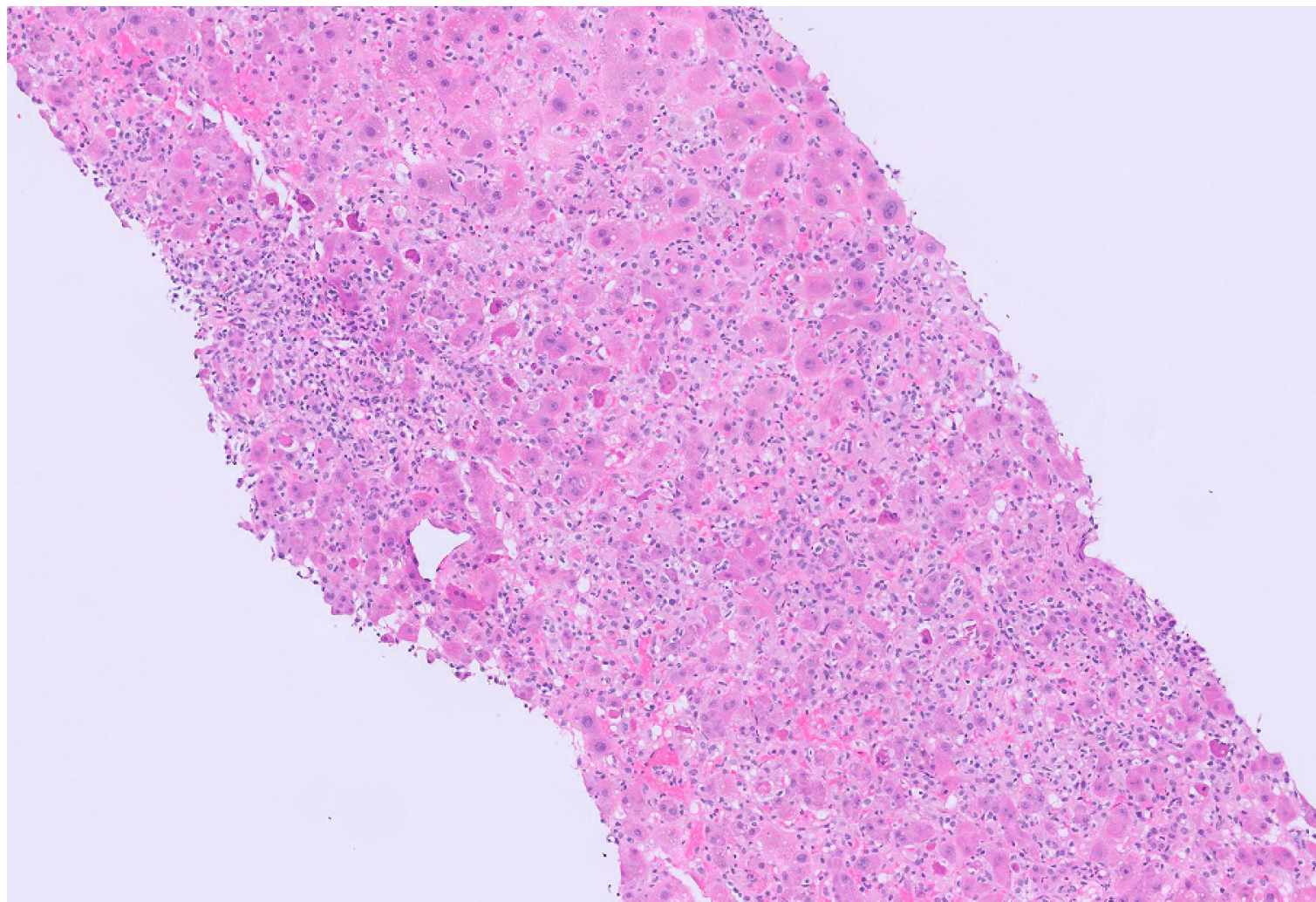
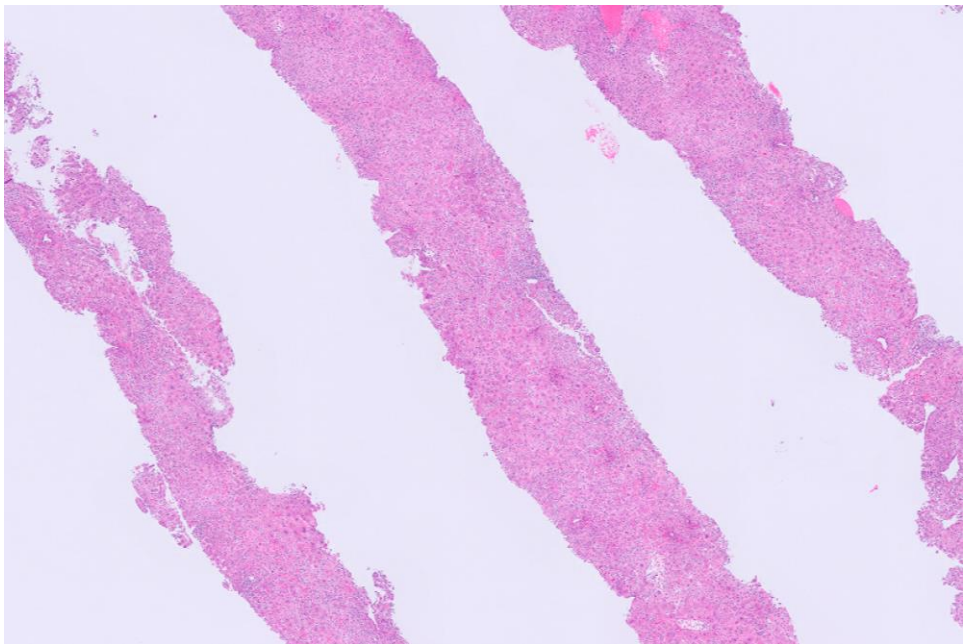
Additional lab findings:

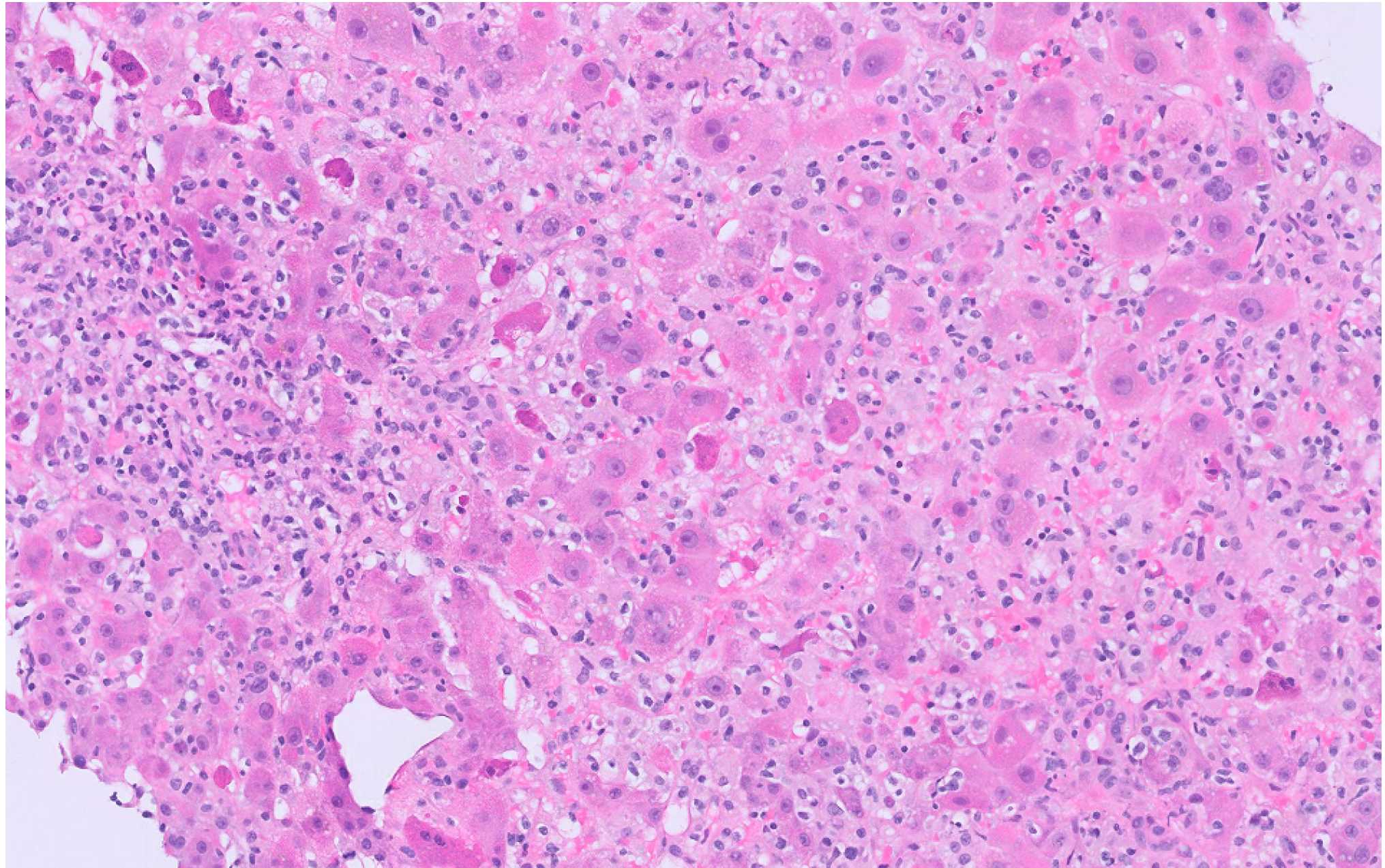
Test	Result
C-Reactive Protein	2.6 (H)
IgA, Serum	Not provided
IgG, Serum	768
IgG, Serum (second value)	768
Mitochondrial Antibody, M2	<0.1 (Negative)
Liv-Kid-Microsome Ab	<1:20
Soluble IL 2R	8612.6 (H)
Anti-Smooth Muscle Antibody	Negative
Interleukin-6	37 (H)
Rheumatoid Factor	Negative
ANA Result	Negative
A-1-A ANTITRYPSIN PHENOTYPE	MM (normal)
Alpha-1-Antitrypsin	170

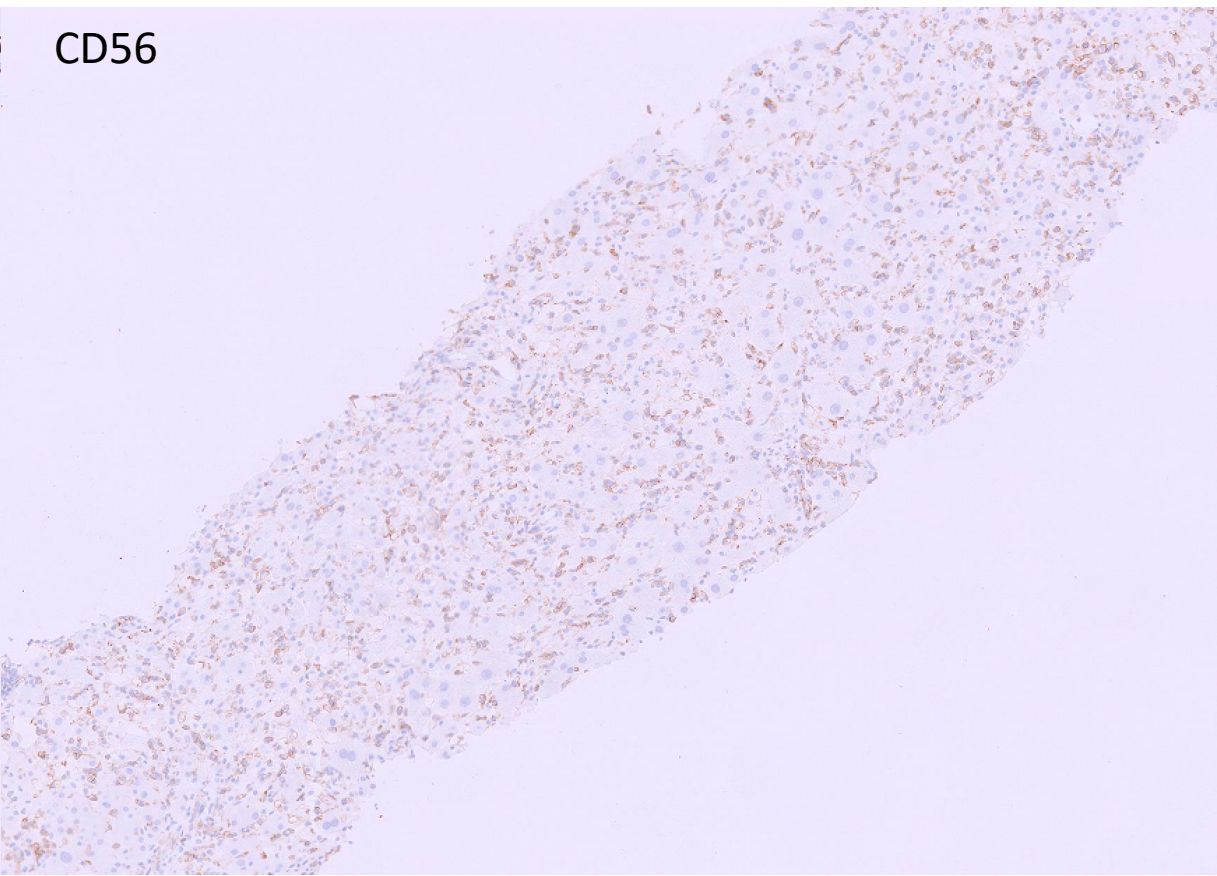
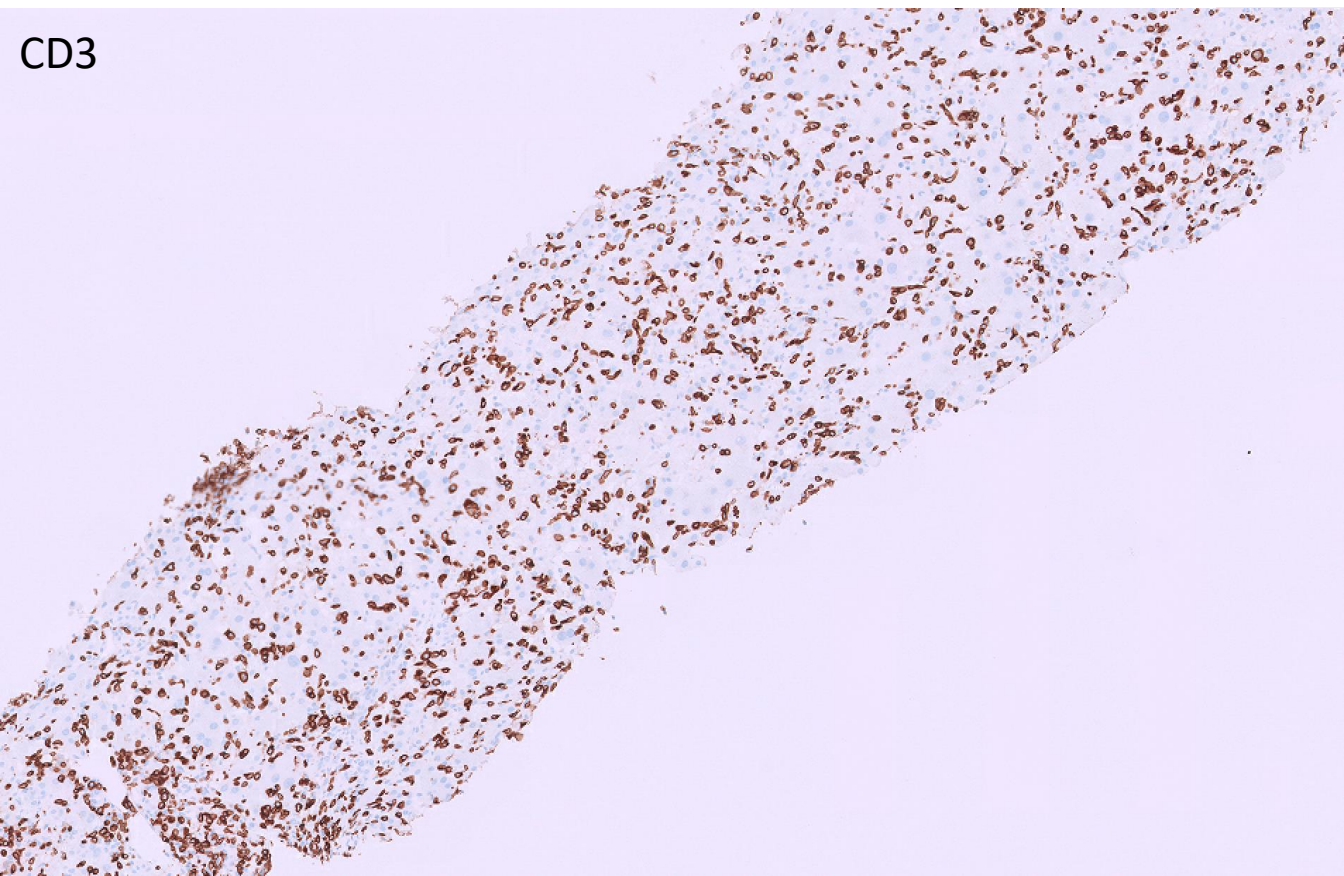
Infectious labs all negative except for EBV IgG and CMV IgG.

CT Abdomen/Pelvis Findings:

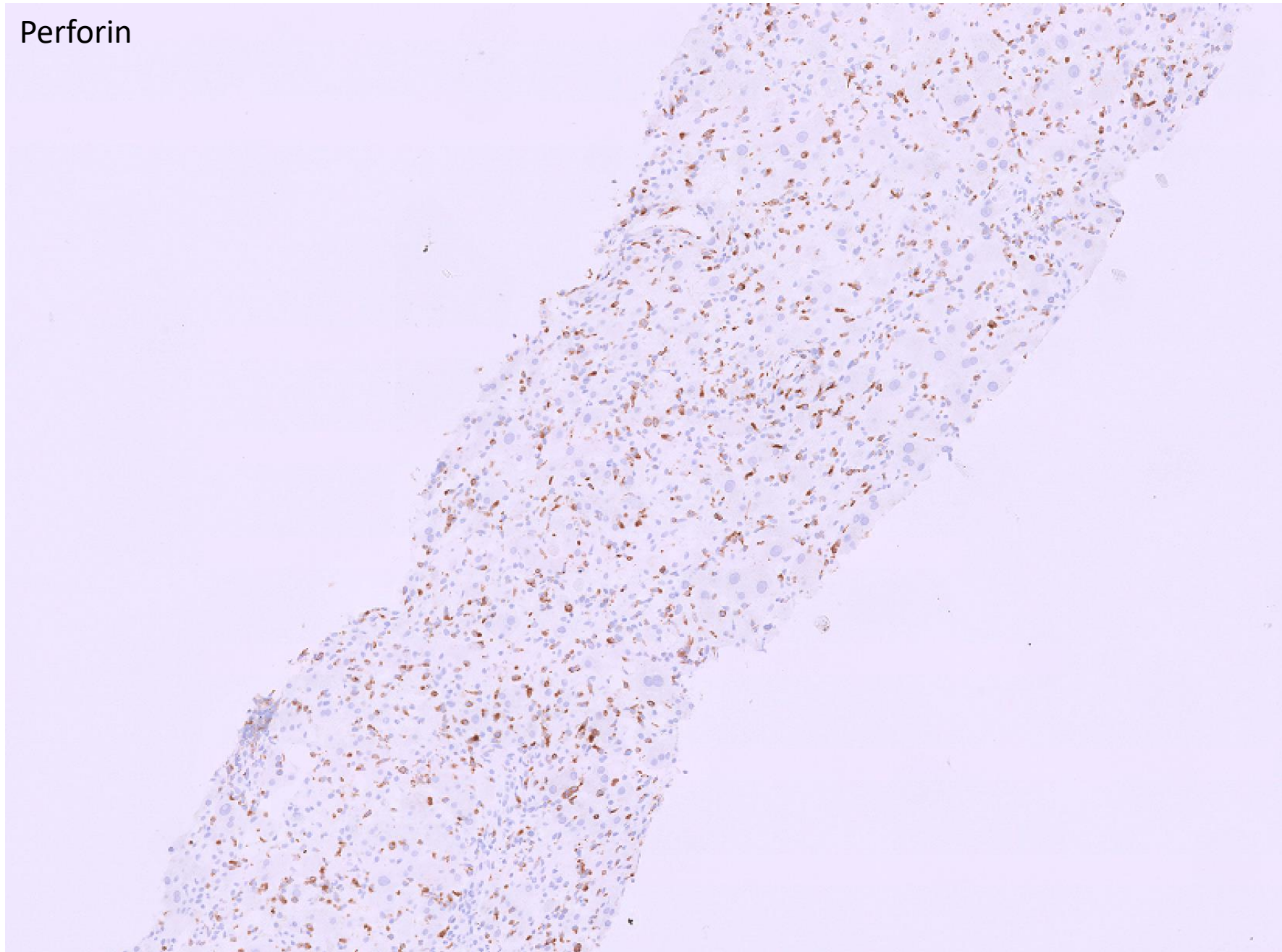
1. Stranding within the porta hepatis surrounding the cystic duct, common hepatic duct, and extending inferior around the second portion of the duodenum. Mild hyperemia of the gallbladder and cystic duct. Findings could reflect cholangitis or possibly duodenitis, with groove pancreatitis considered less likely.
2. No biliary obstruction or radiopaque cholelithiasis. No gallbladder dilation to suggest cholecystitis.





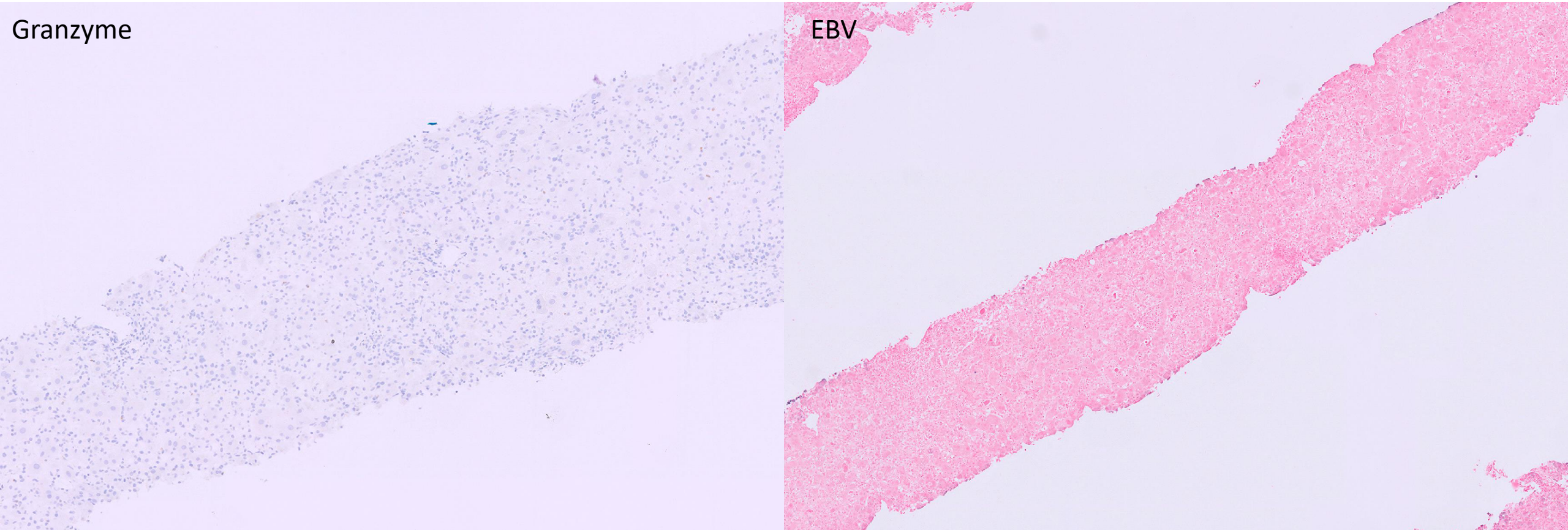


Perforin



Granzyme

EBV



DIAGNOSIS?



