



South Bay
Pathology
Society
August 10, 2026

Disclosures

August 10, 2026

The activity planners and faculty listed below have no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Presenters/Faculty:

Alex Chen, MD
Anjanaa Vijayanarayanan, MD
Greg Rumore, MD
Hubert Lau, MD
Sanjay Kakar, MD
Sebastian Fernandez-Pol, MD, PhD
Aaron Wilk, MD, PhD
Mohamed Eltahir, MBBS, PhD

Activity Planners/Moderators:

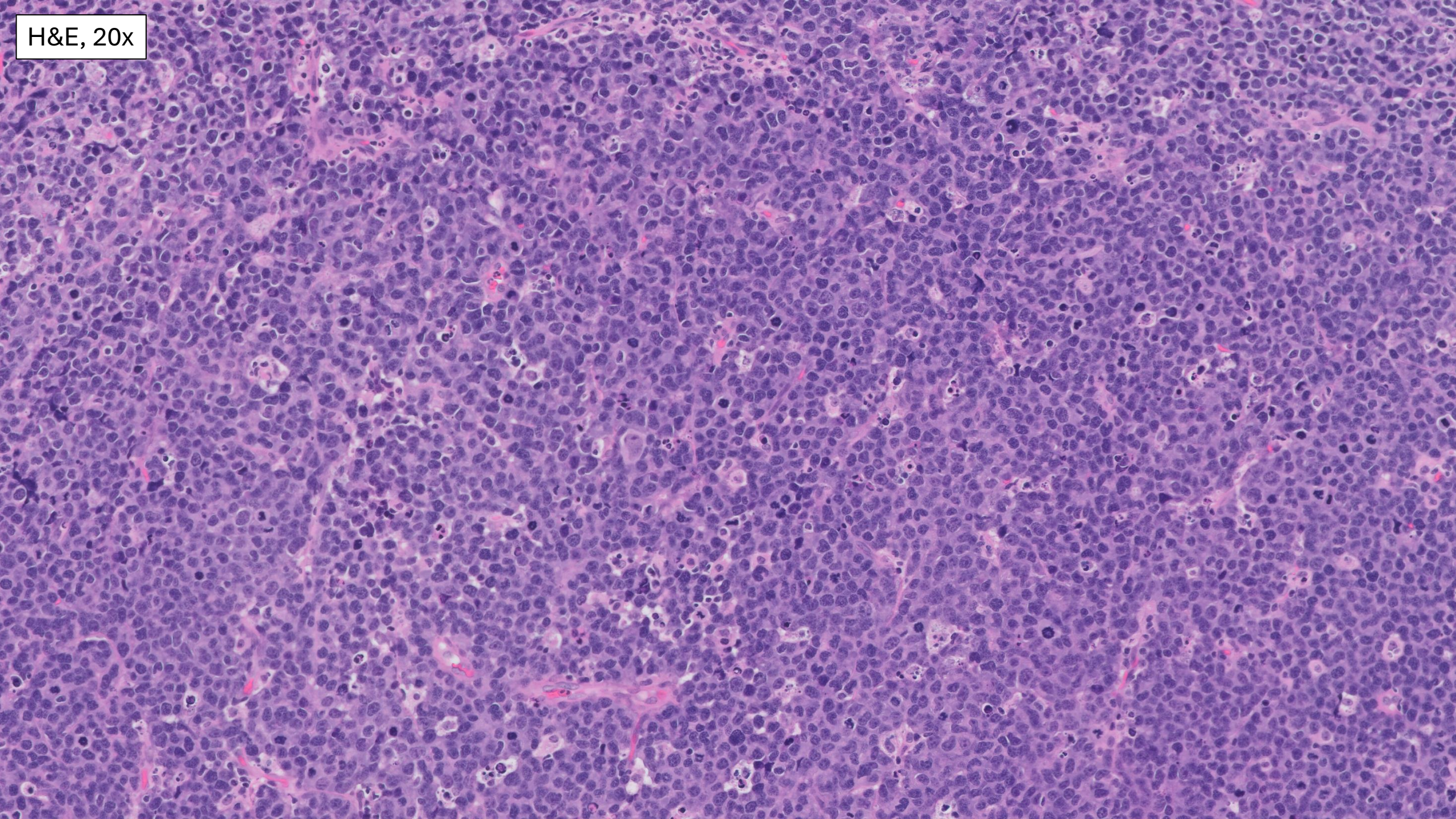
Kristin Jensen, MD
Megan Troxell, MD, PhD
Dave Bingham, MD
John Higgins, MD, PhD
Armen Khararjian, MD

26-0801

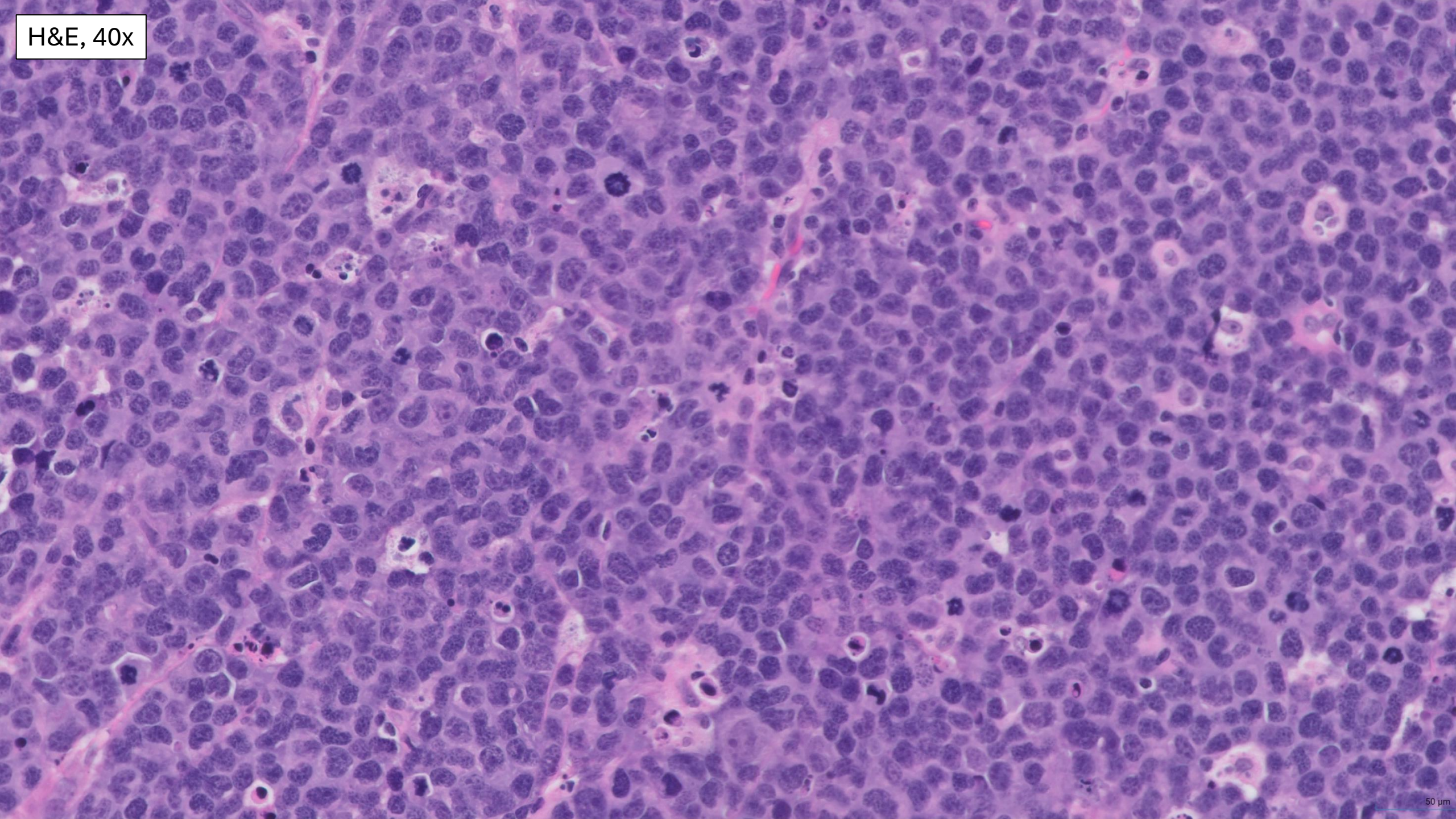
Alex Chen, Anjanaa Vijayanarayanan; UCSF

17-year-old female presenting with headache, nausea, and vomiting. Brain MRI showed multiple enhancing masses centered within the fourth ventricle, bilaterally within the internal auditory canals, and along the cisternal segment of the left trigeminal nerve. A lumbar puncture was performed; CSF cytology and tumor markers (AFP and HCG) were negative for malignancy. Fourth ventricle mass biopsy was performed.

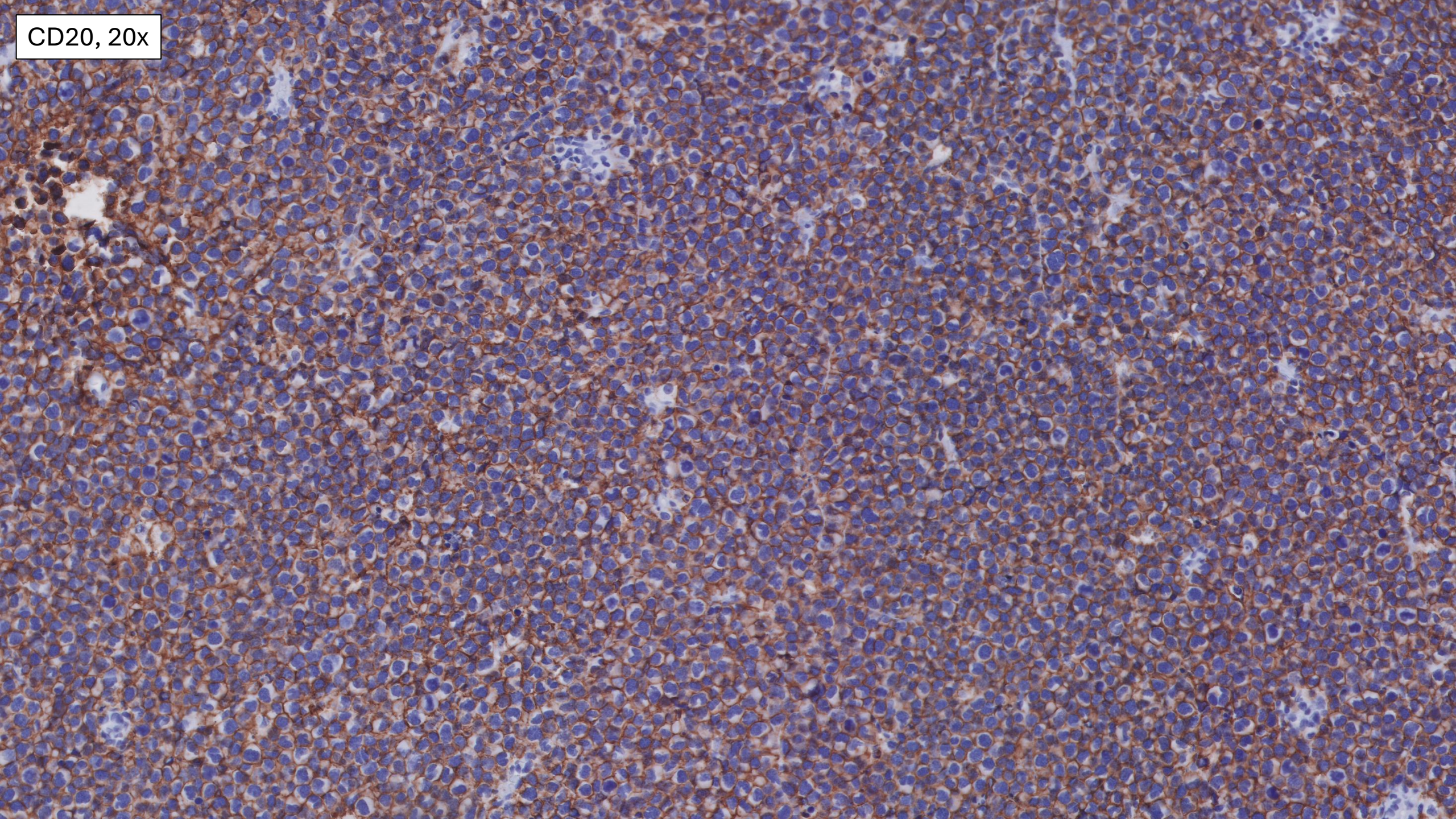
H&E, 20x



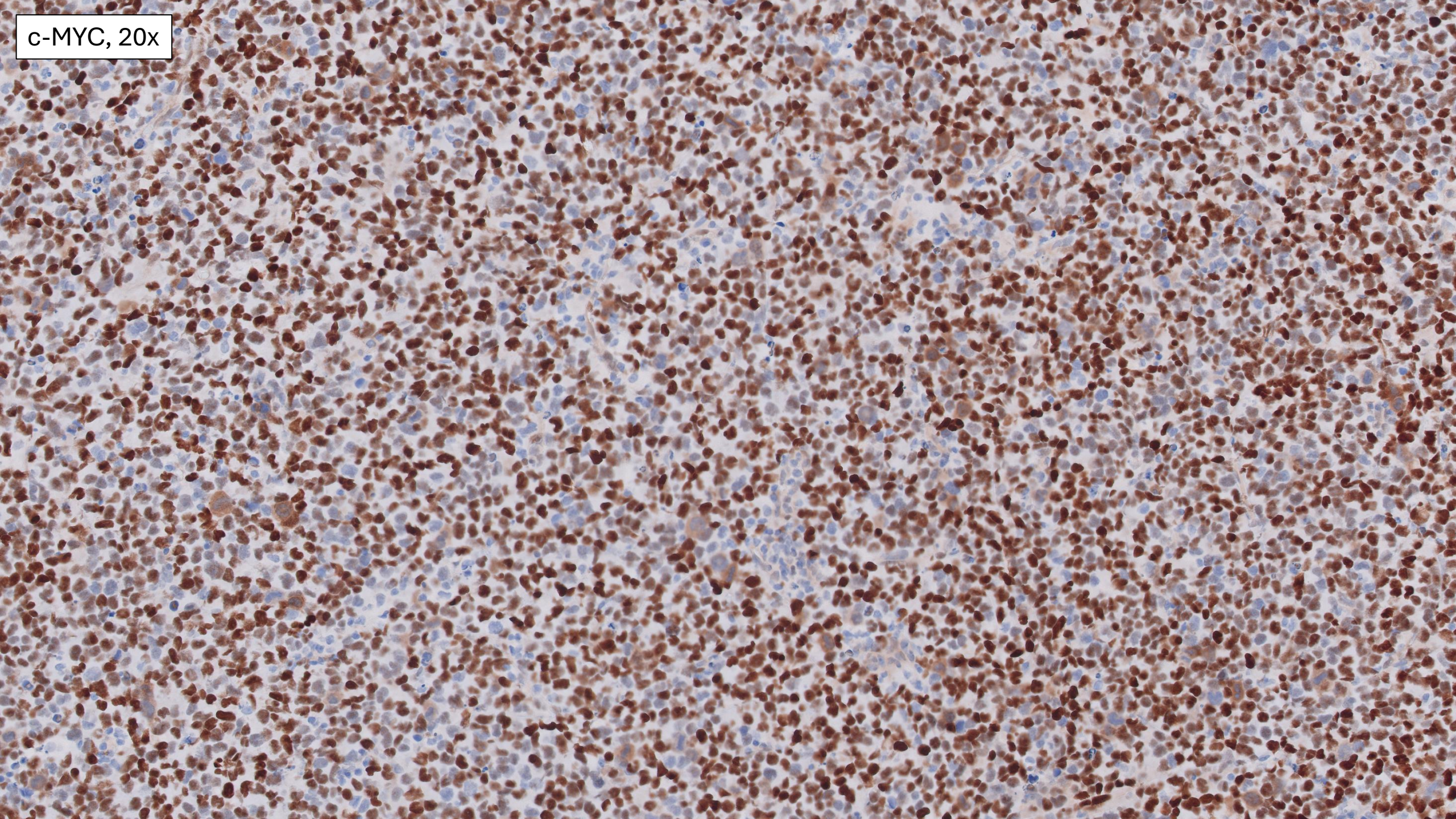
H&E, 40x



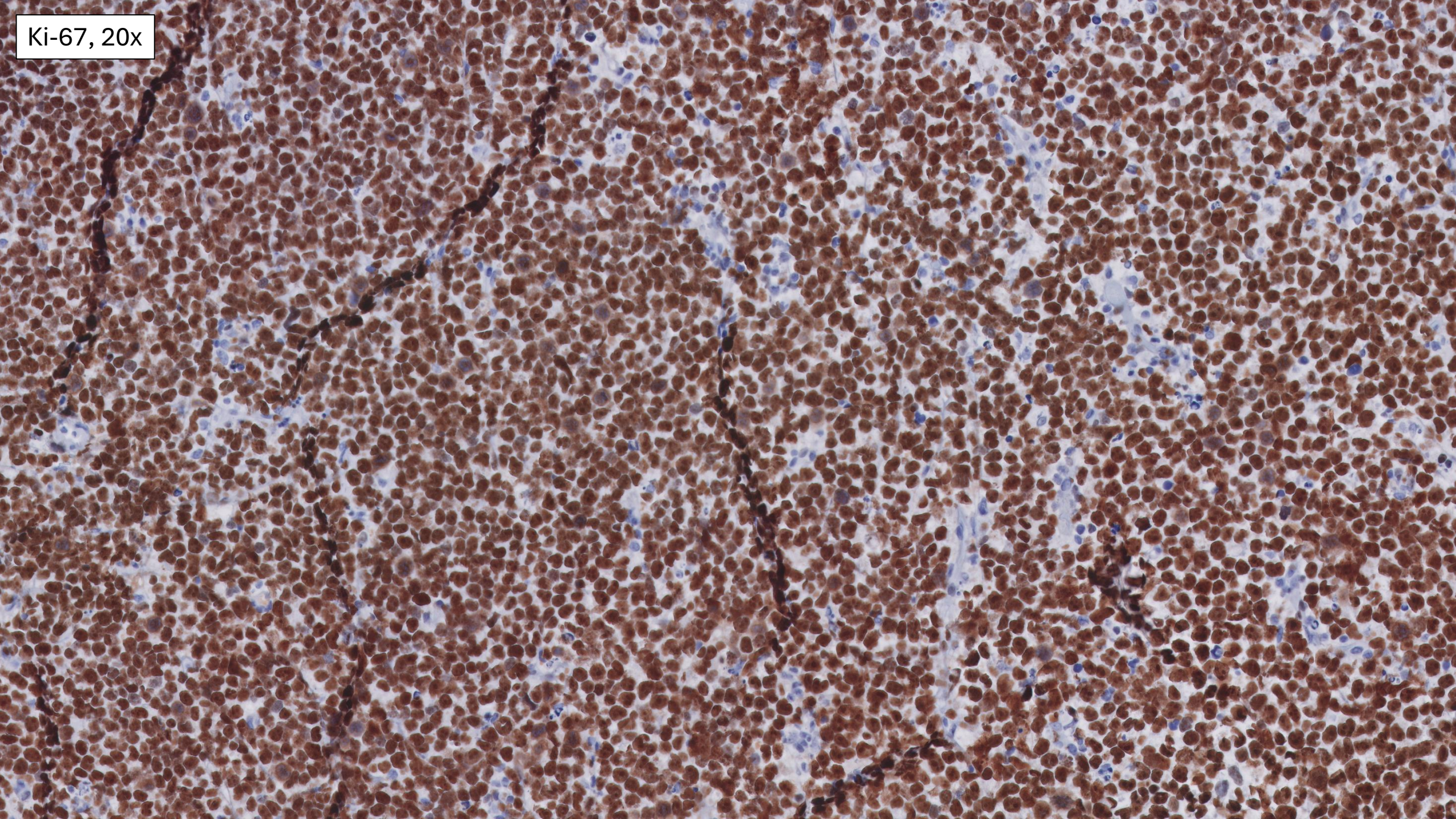
CD20, 20x



c-MYC, 20x



Ki-67, 20x



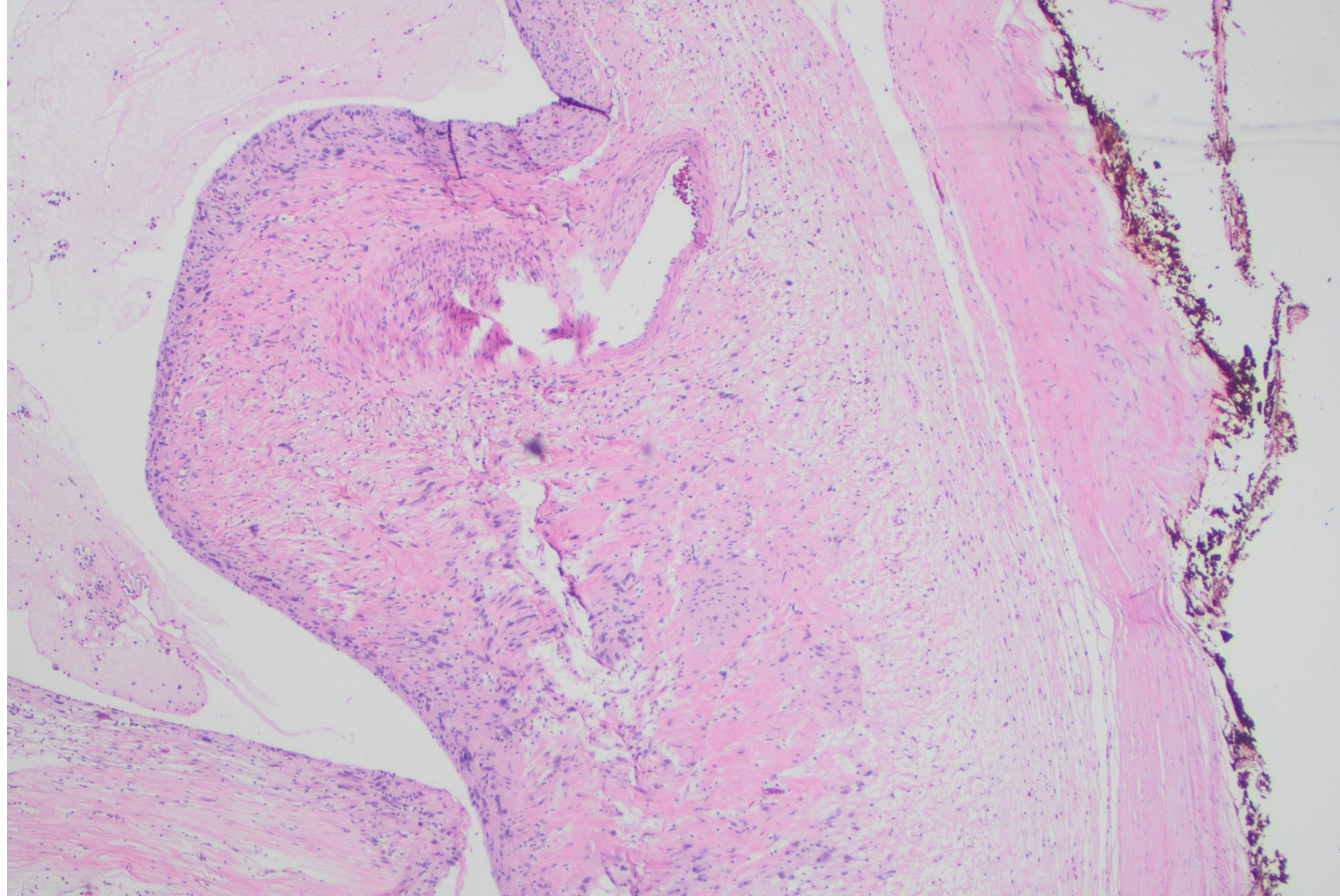
DIAGNOSIS?

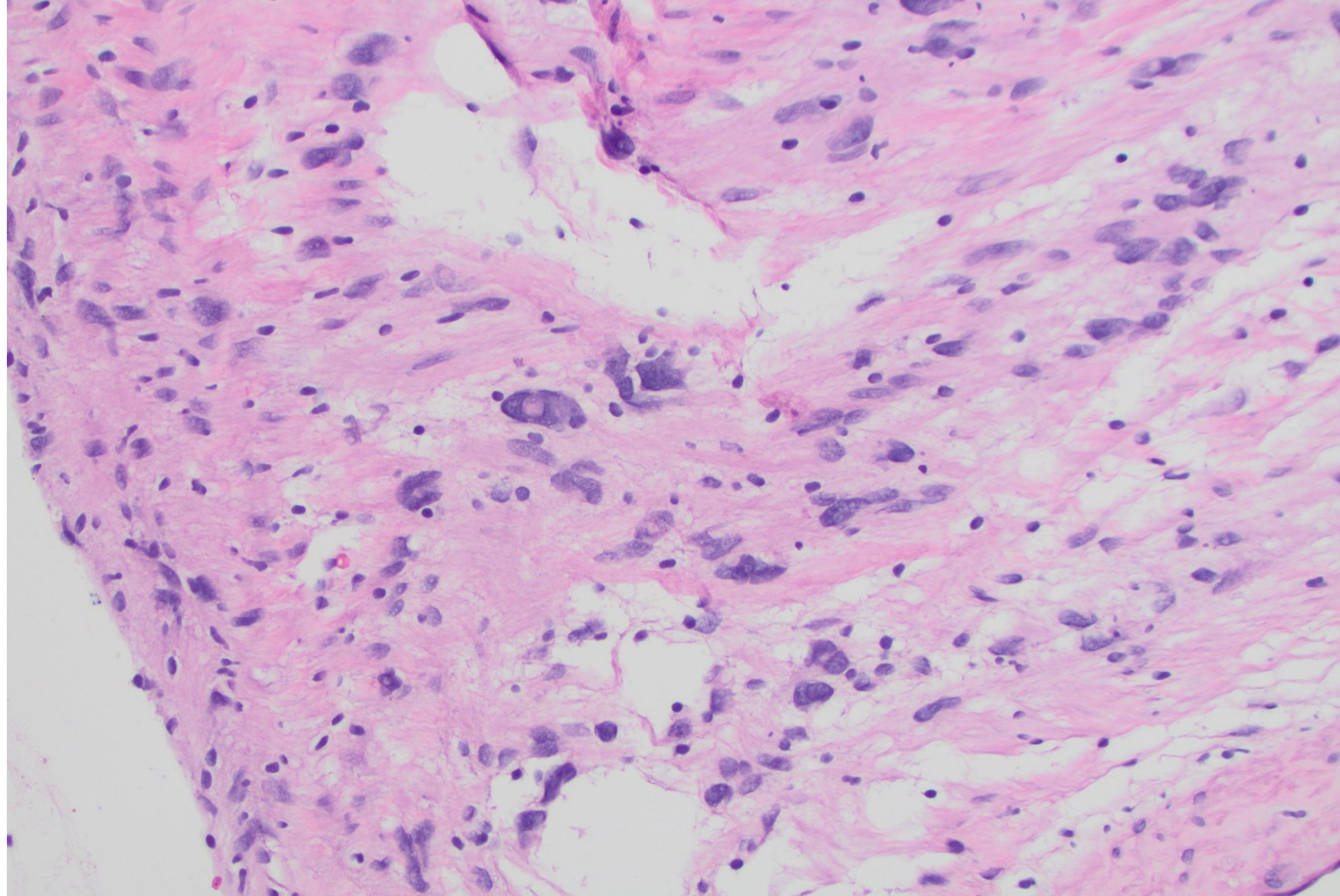


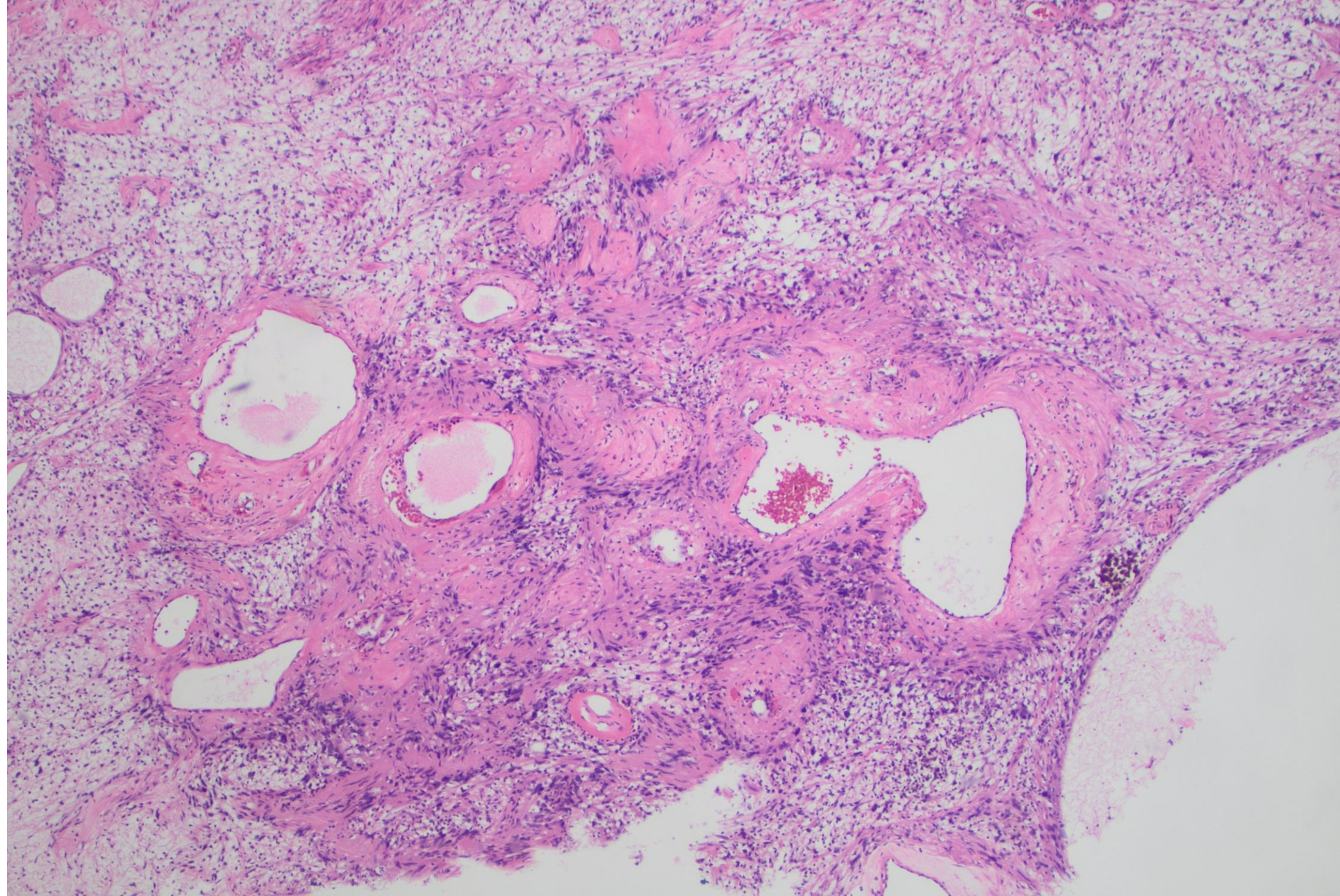
26-0802

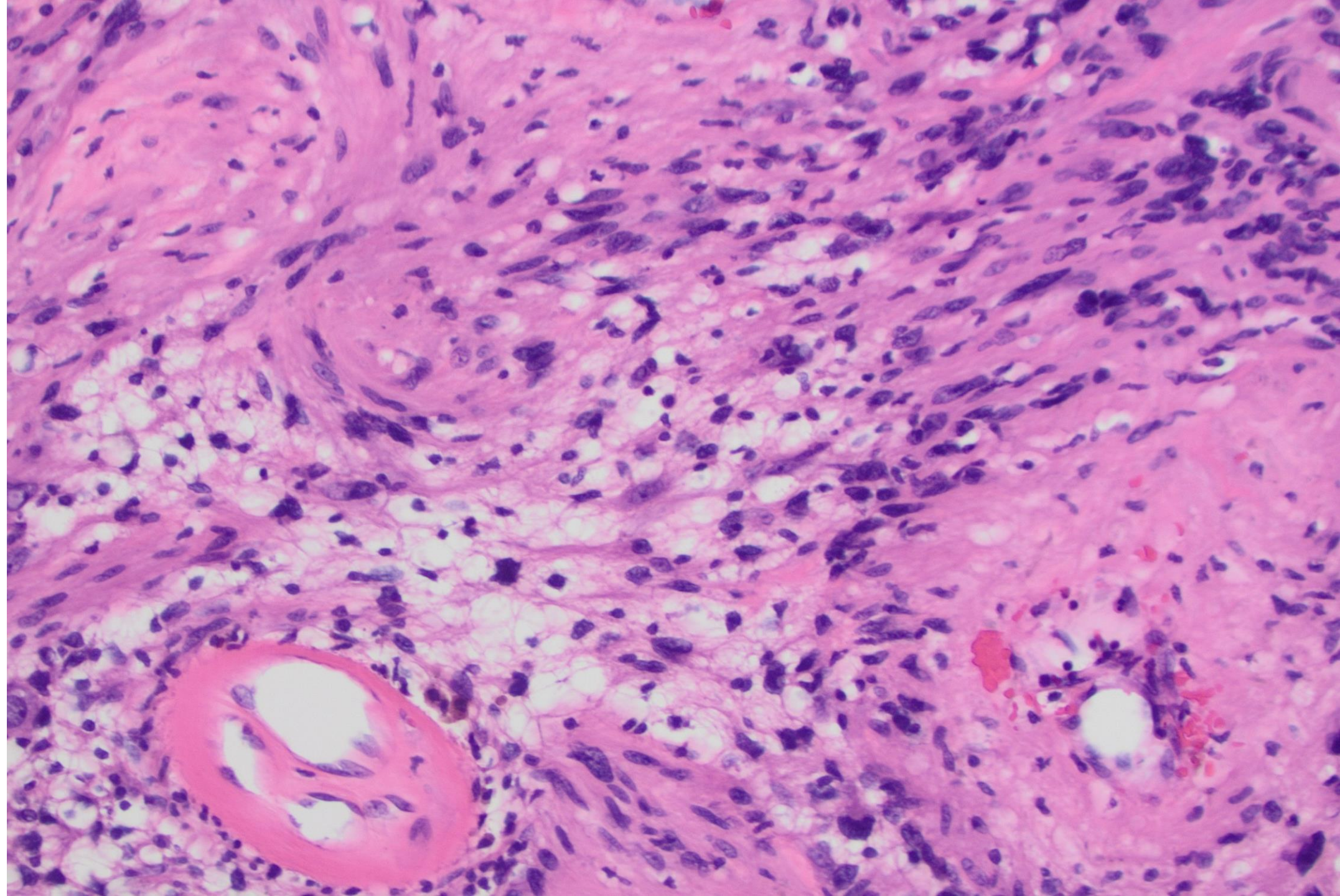
Greg Rumore

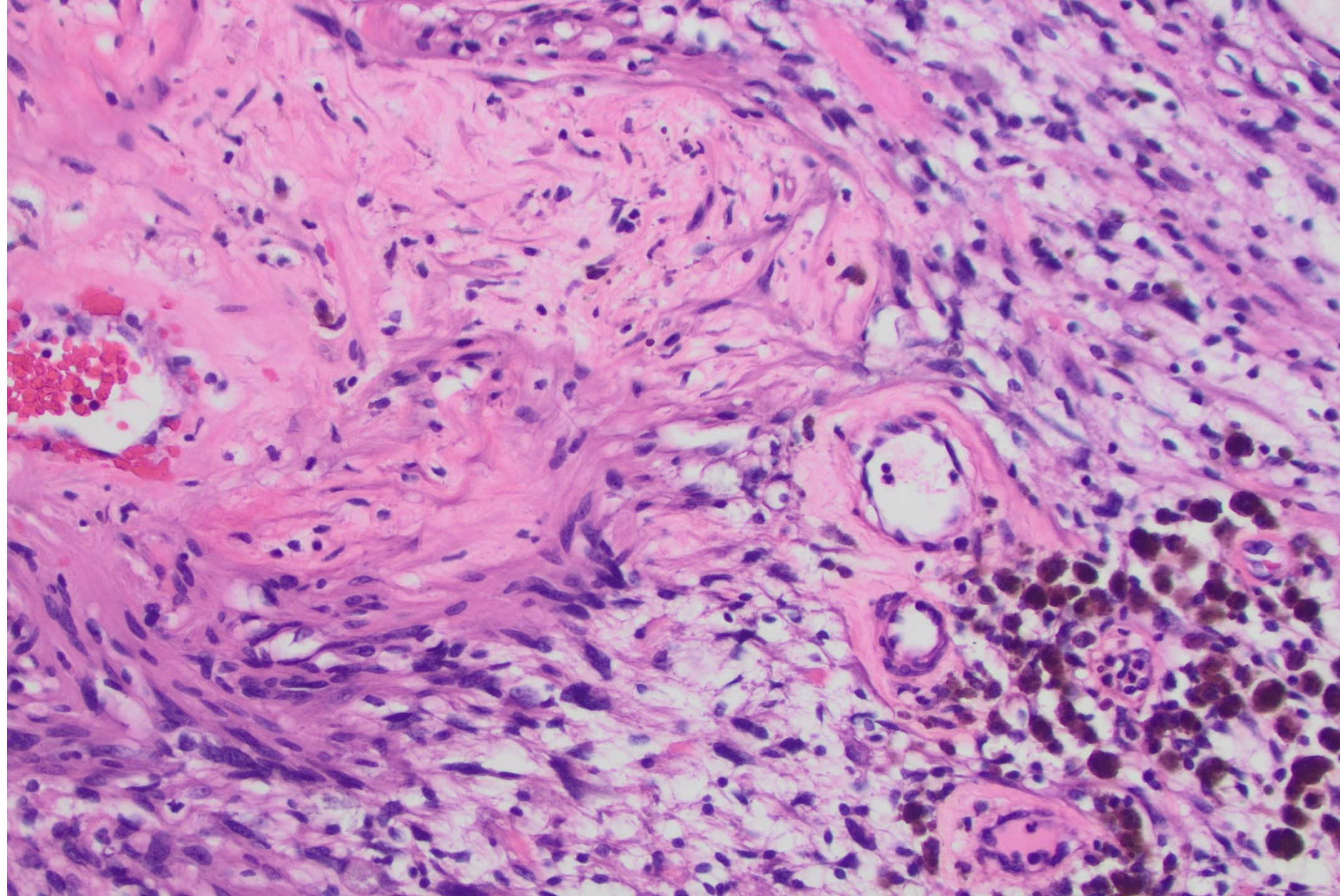
57 y.o. man with 4 cm back mass

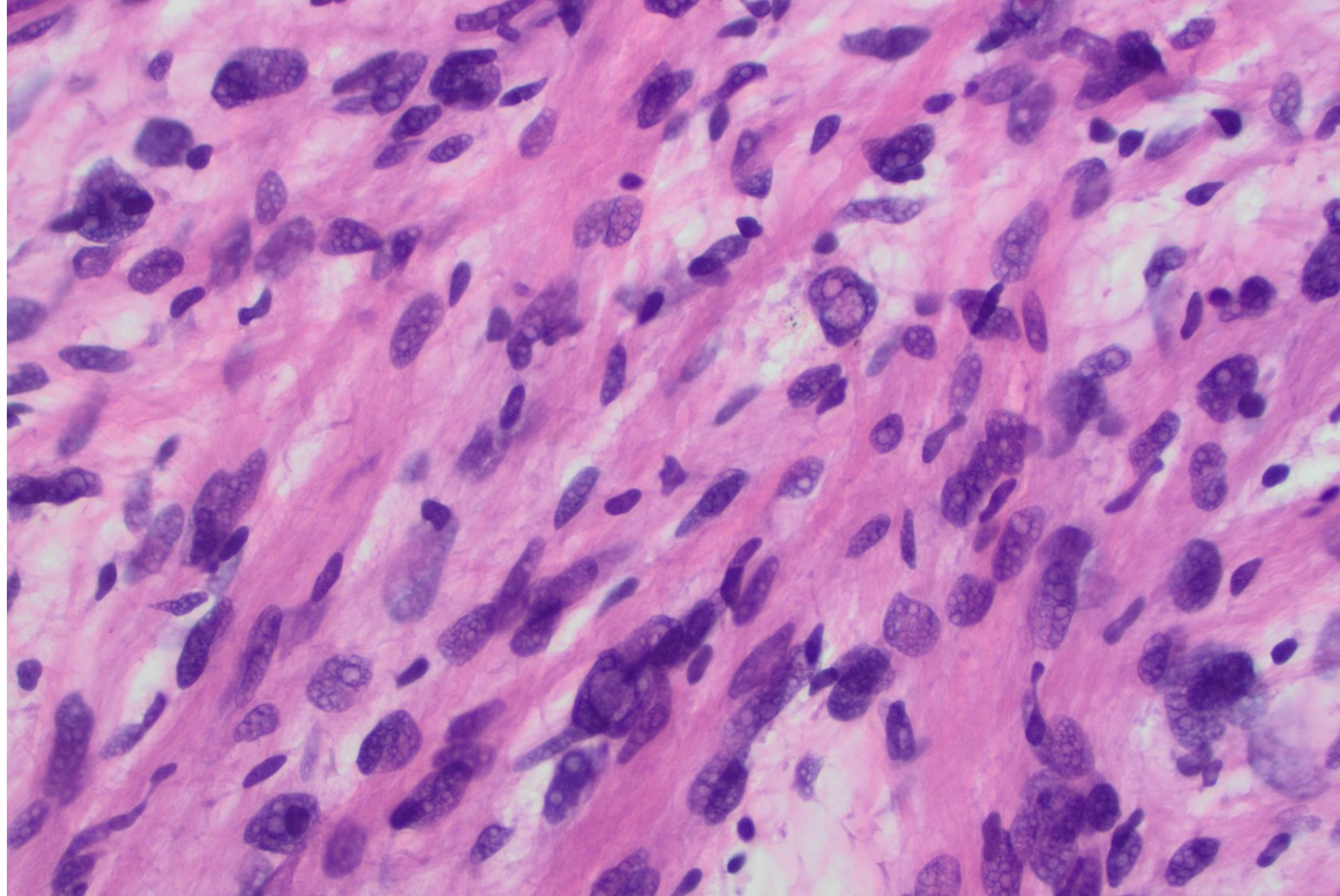


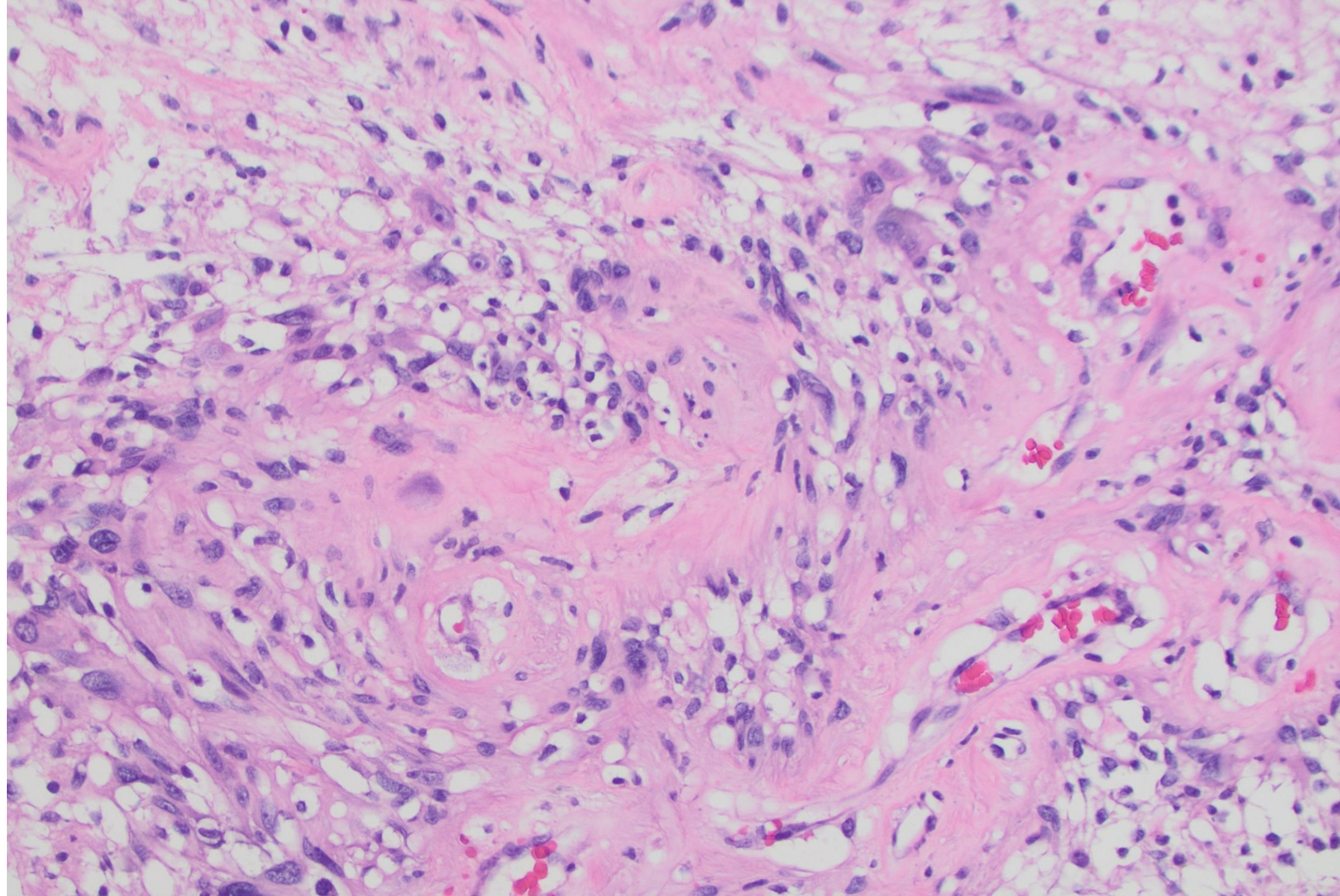












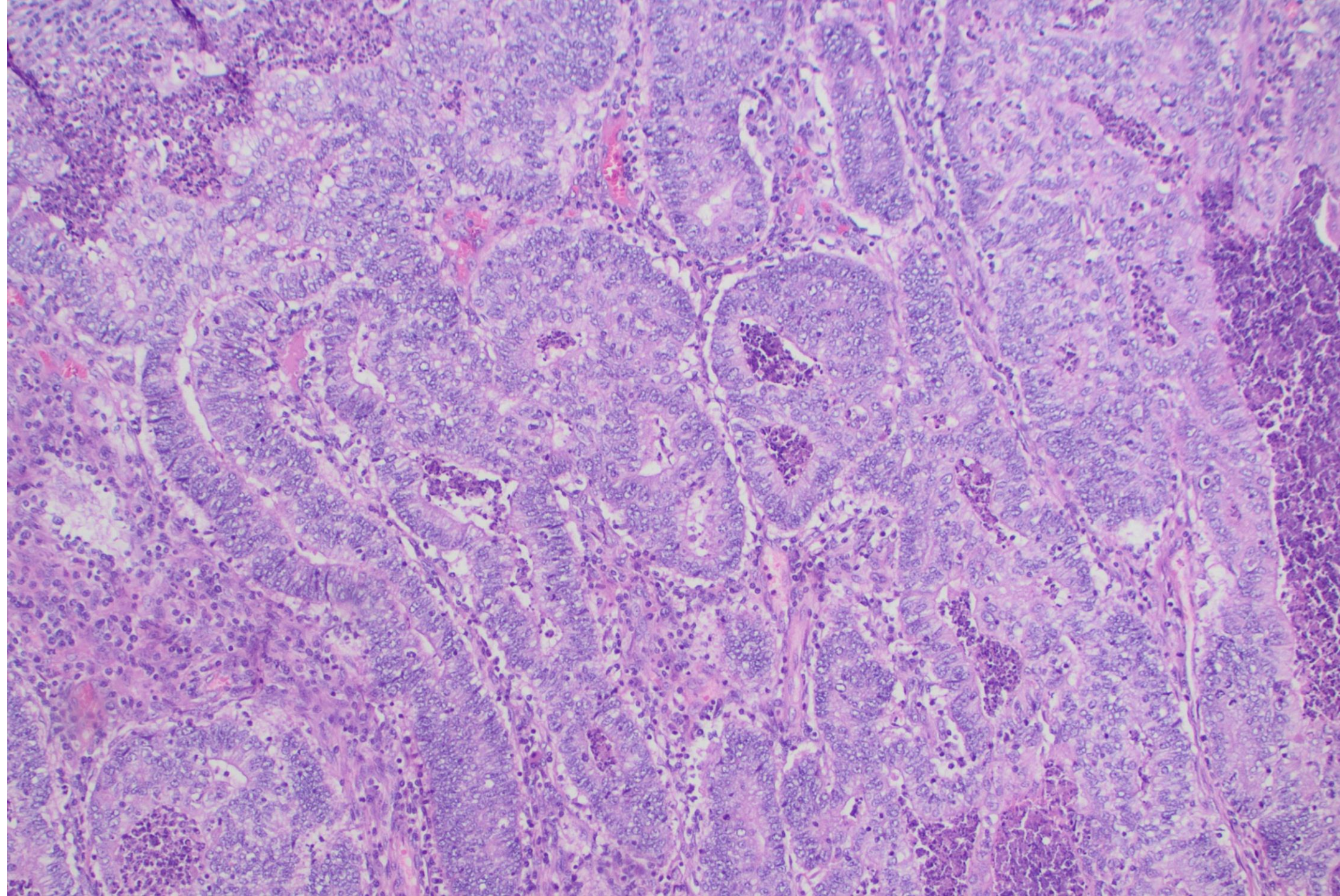
DIAGNOSIS?

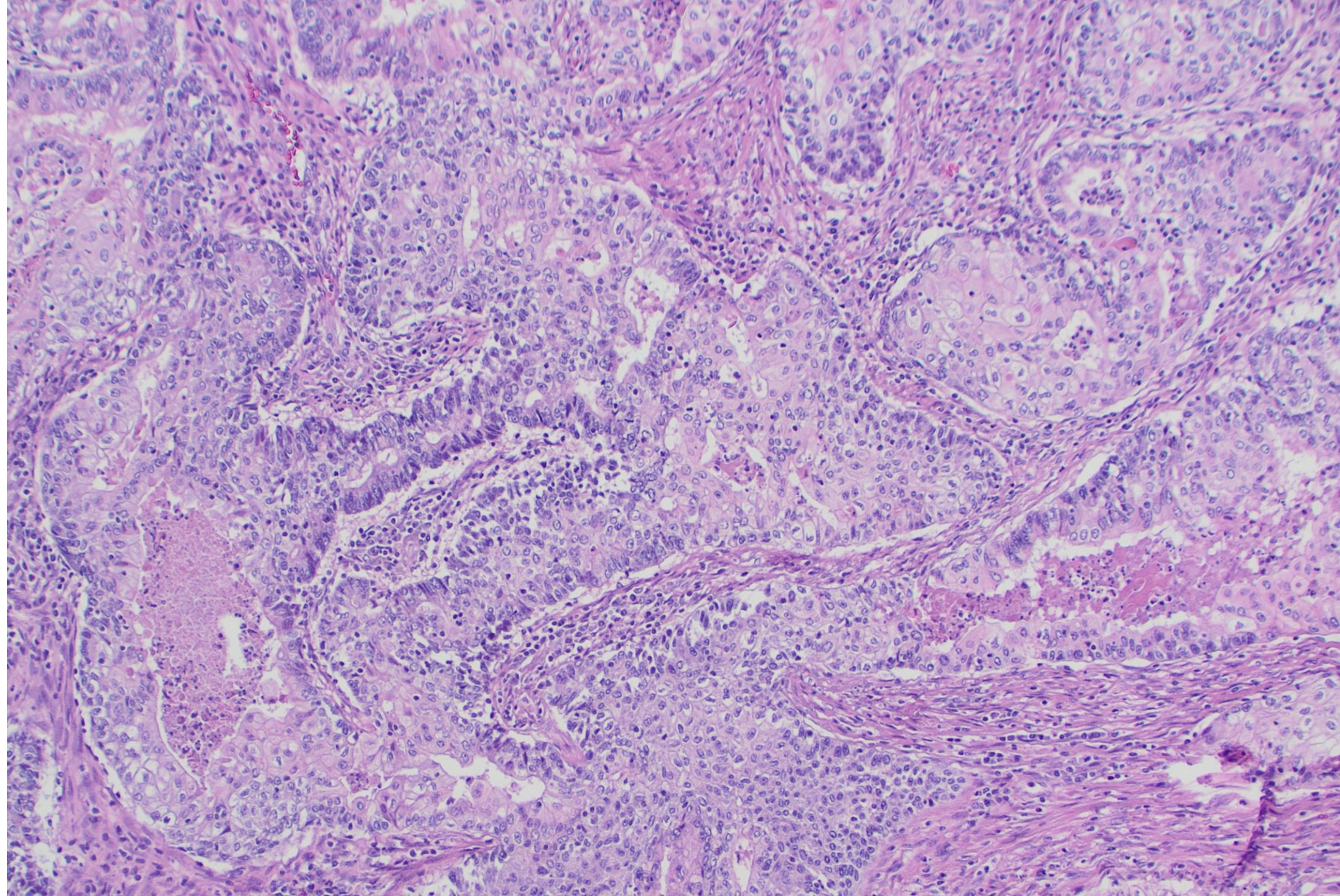


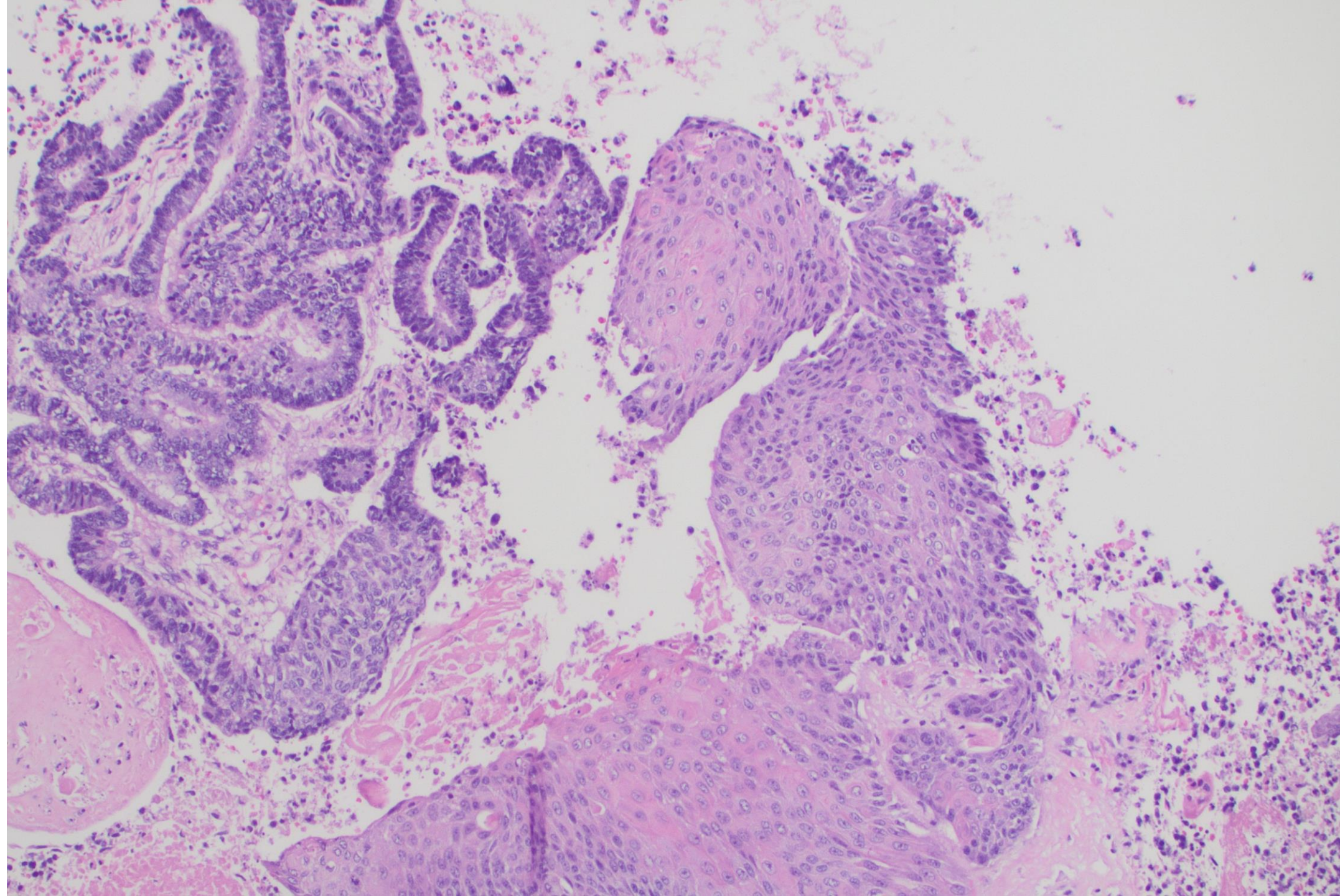
26-0803

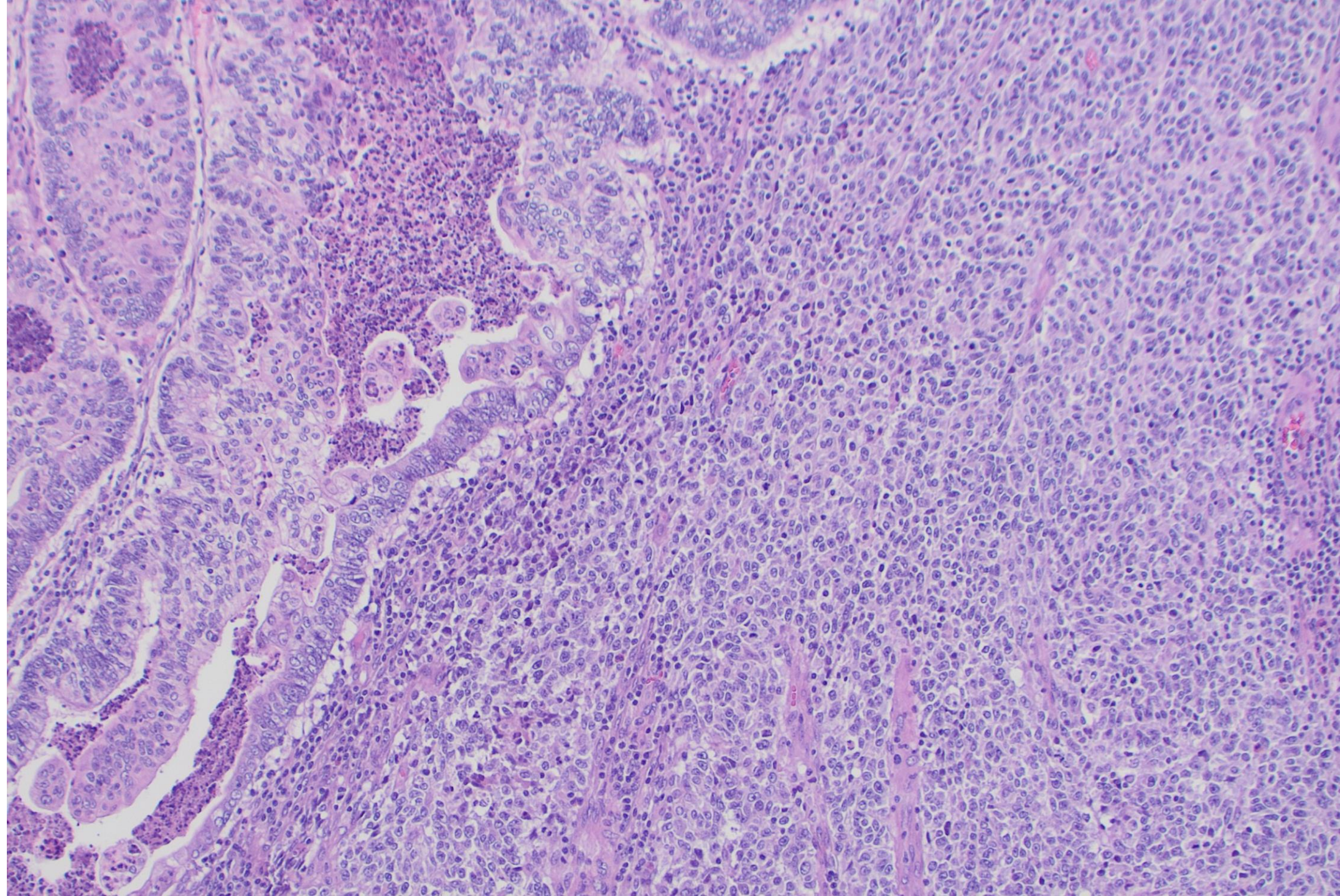
Greg Rumore

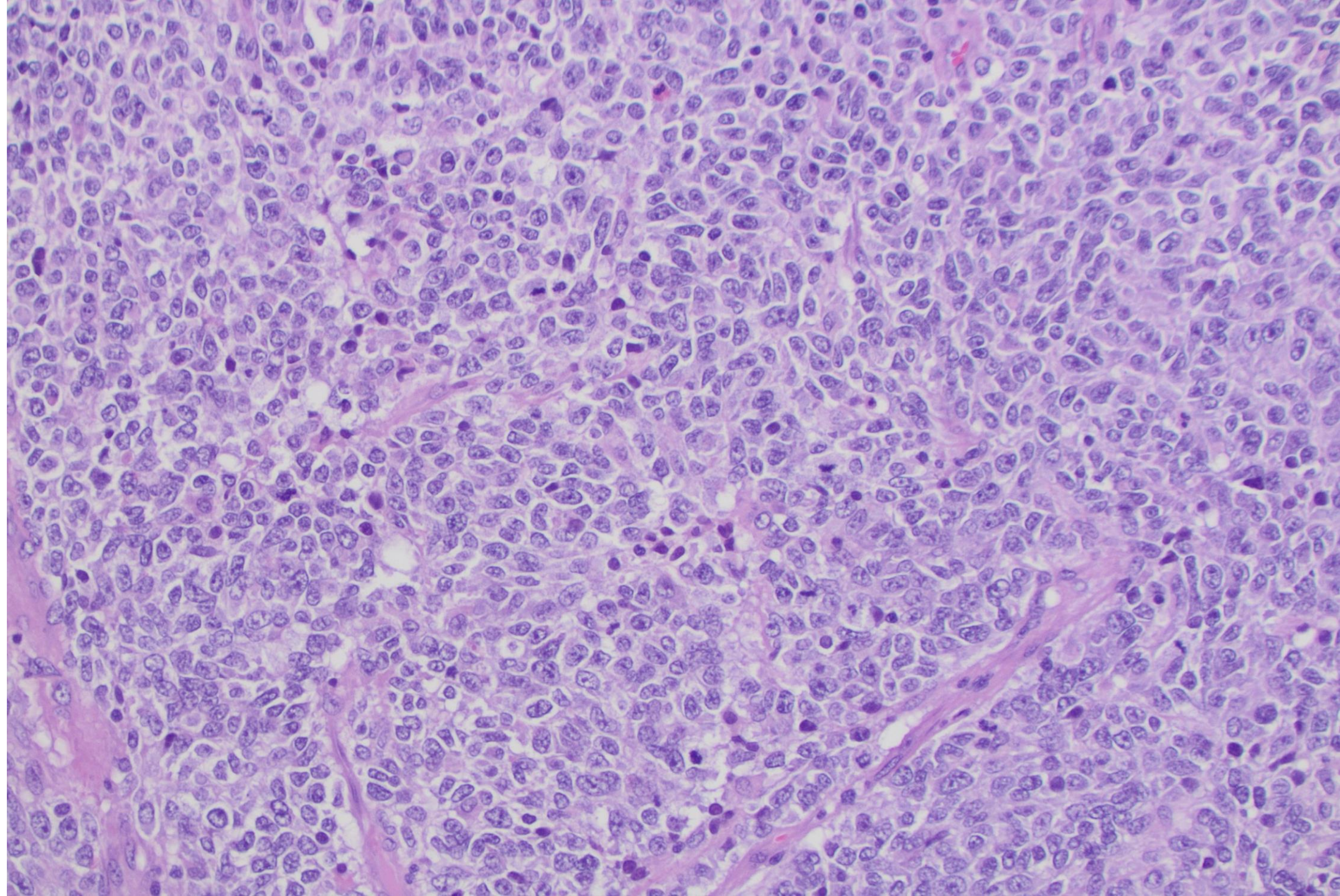
80's female with postmenopausal bleeding

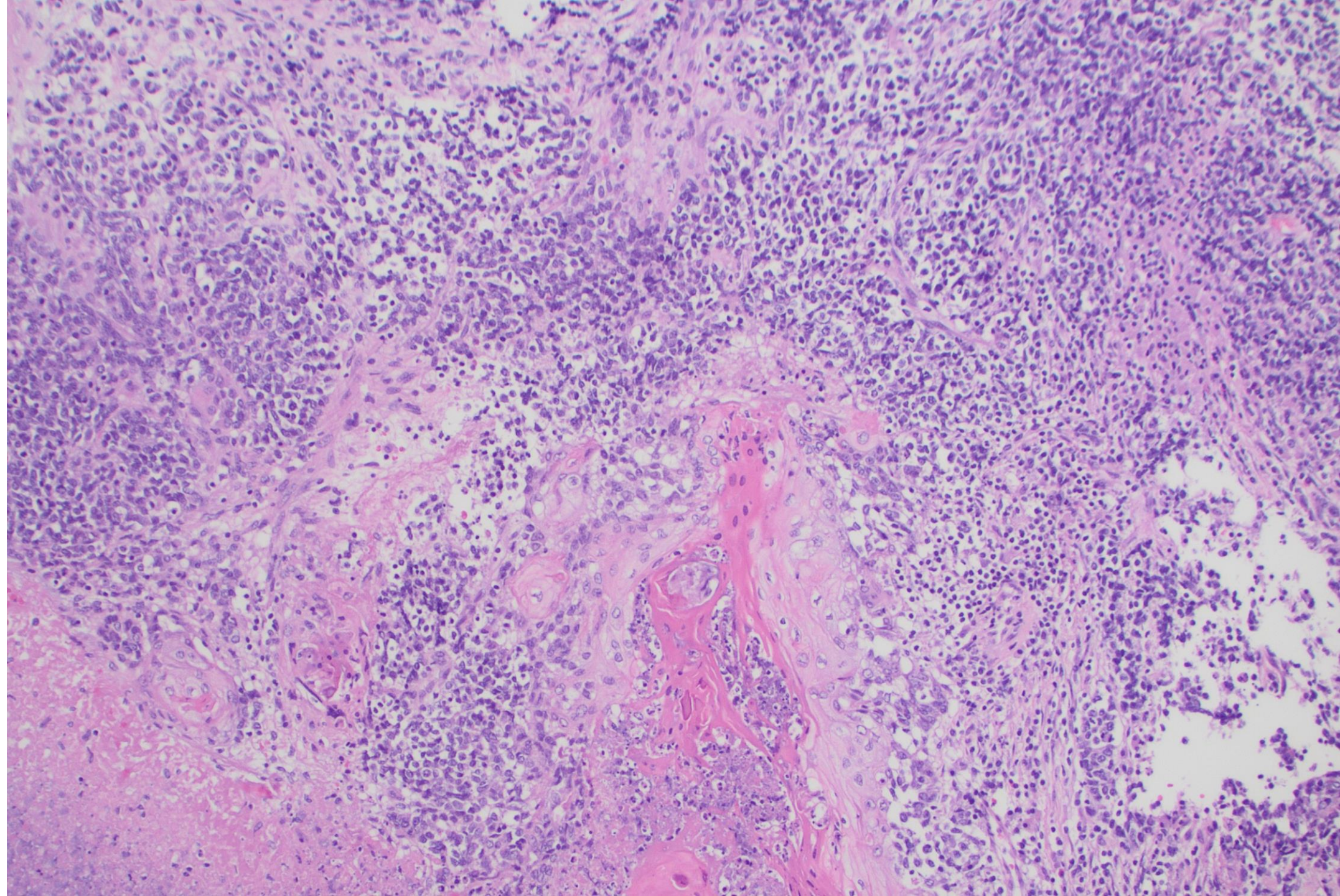


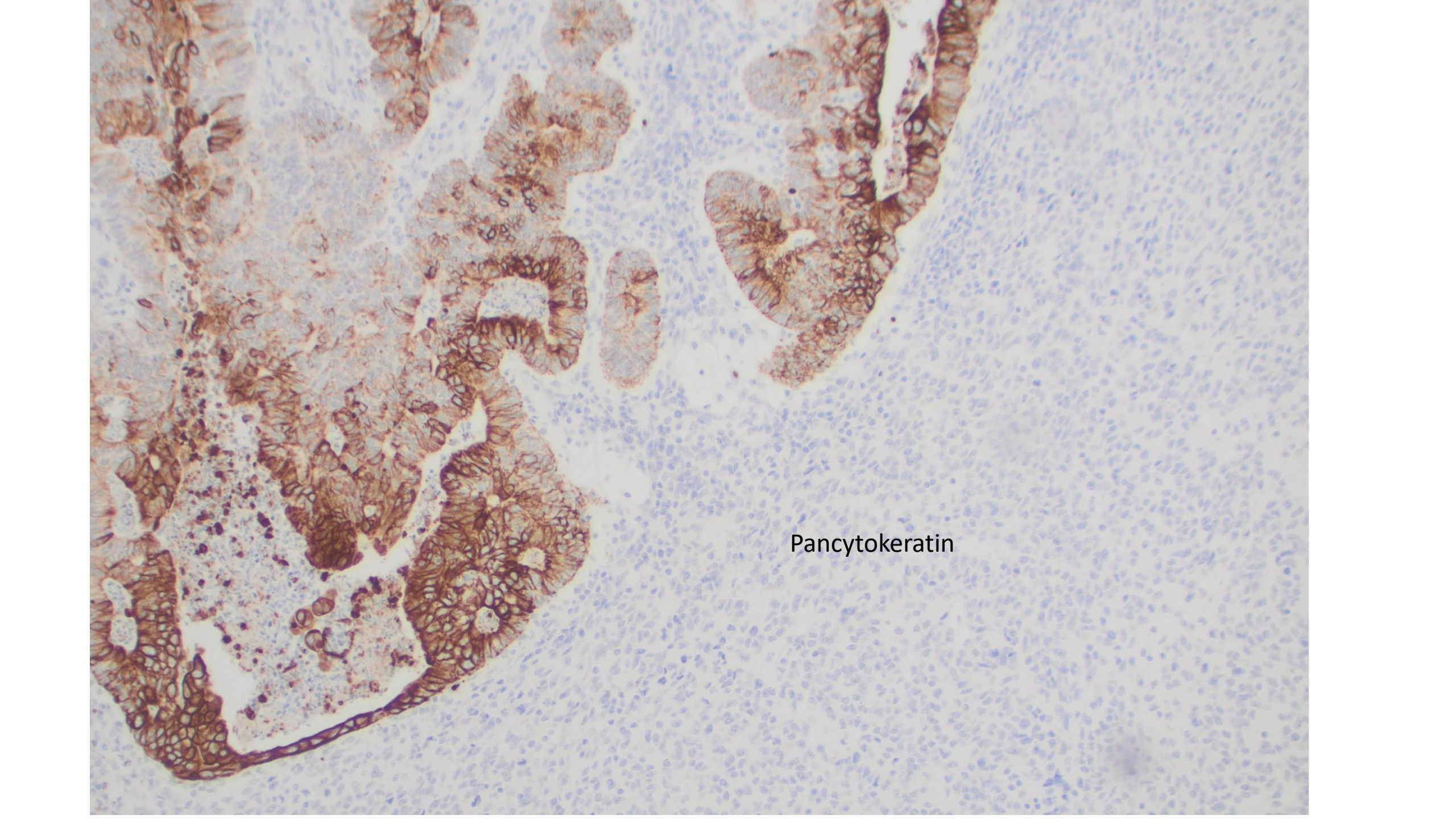






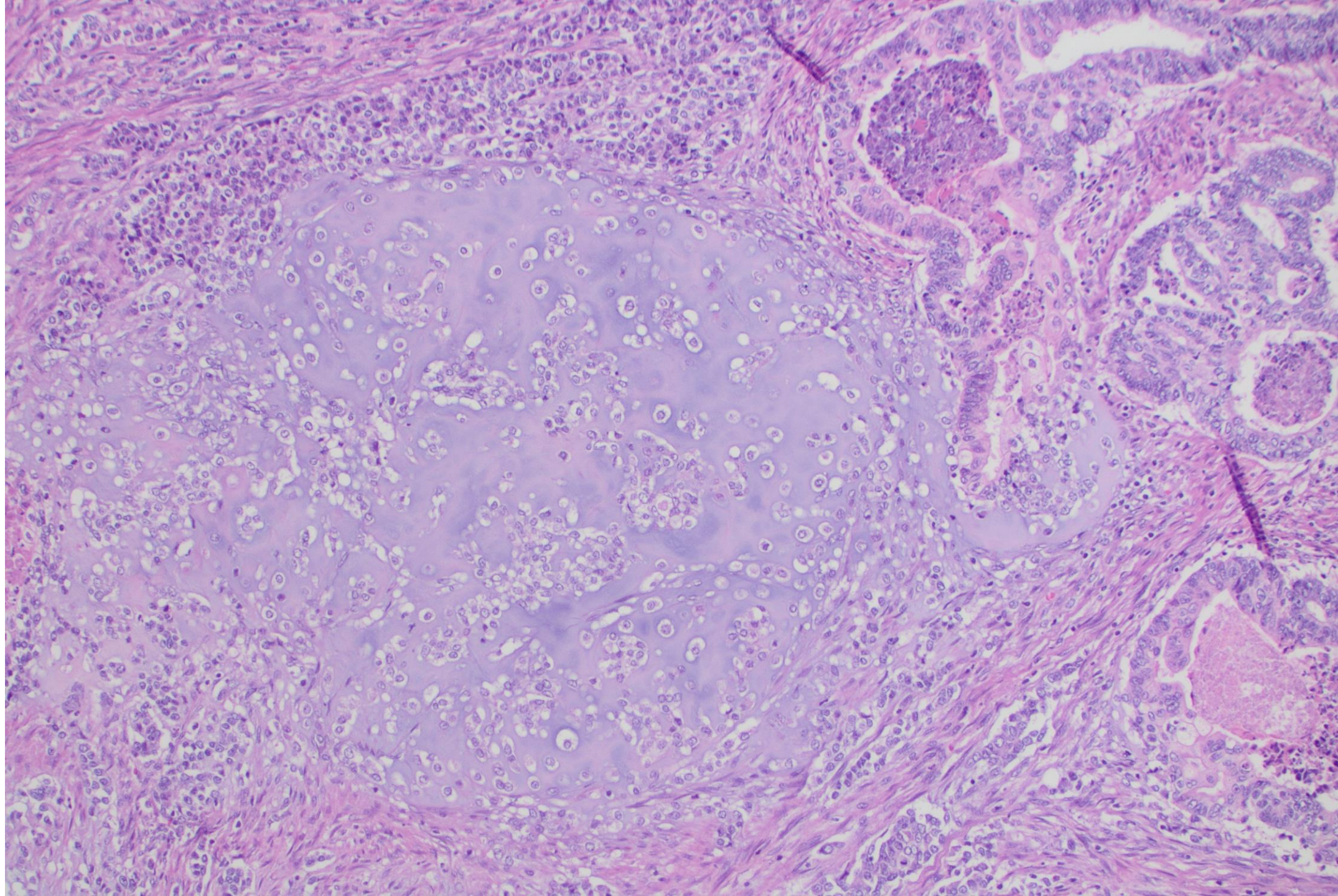


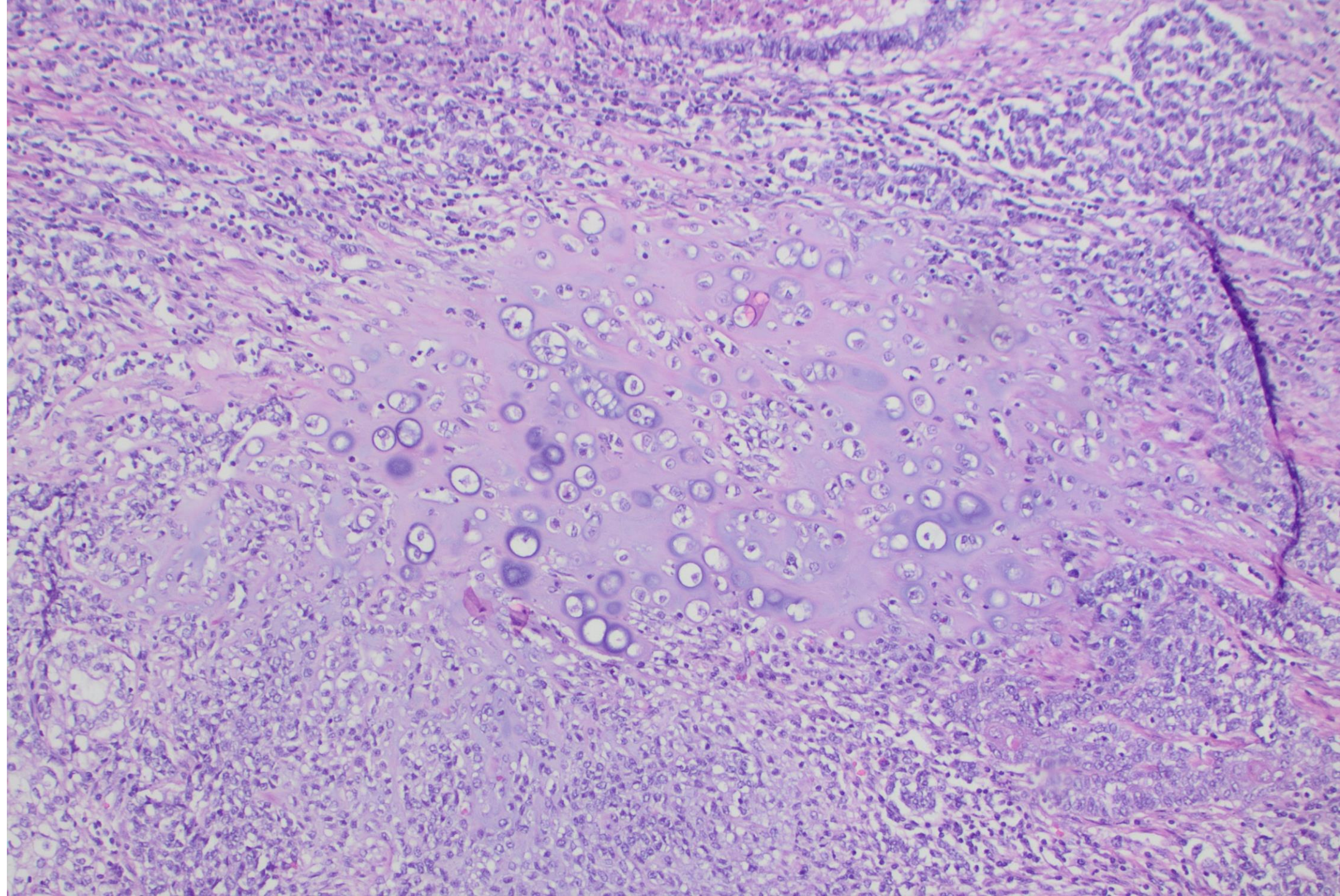




A histological section of glandular tissue, likely from the gastrointestinal tract, stained for Pancytokeratin. The image shows several glandular structures with a brown, granular appearance, indicating positive staining for cytokeratin. The surrounding stroma is stained blue, representing the nuclei of the cells. The glandular structures are irregular in shape and size, with some showing a more organized, tubular architecture and others appearing more disorganized or fragmented. The brown staining is concentrated within the glandular lumens and along the epithelial lining, highlighting the presence of cytokeratin in these areas.

Pancytokeratin





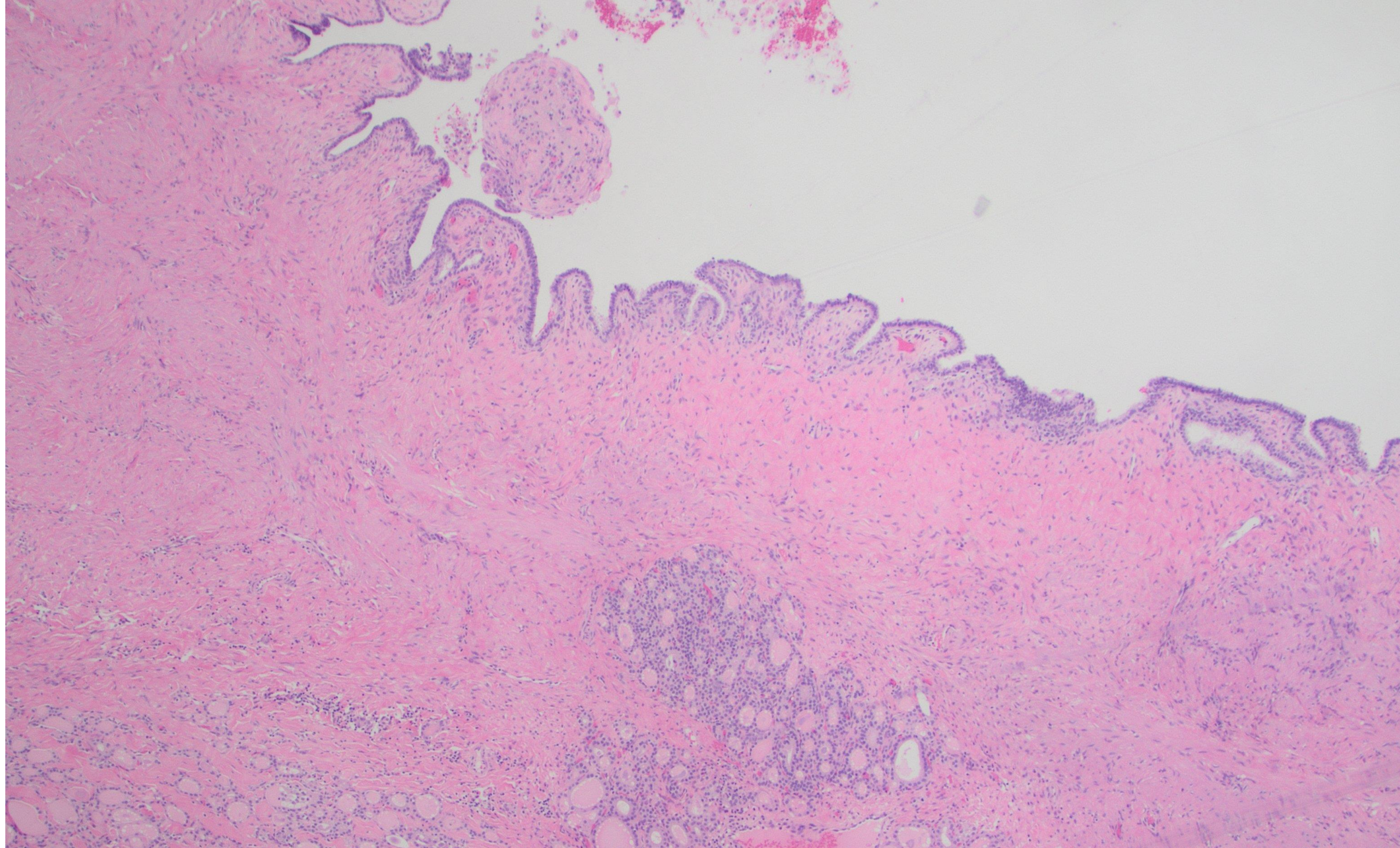
DIAGNOSIS?

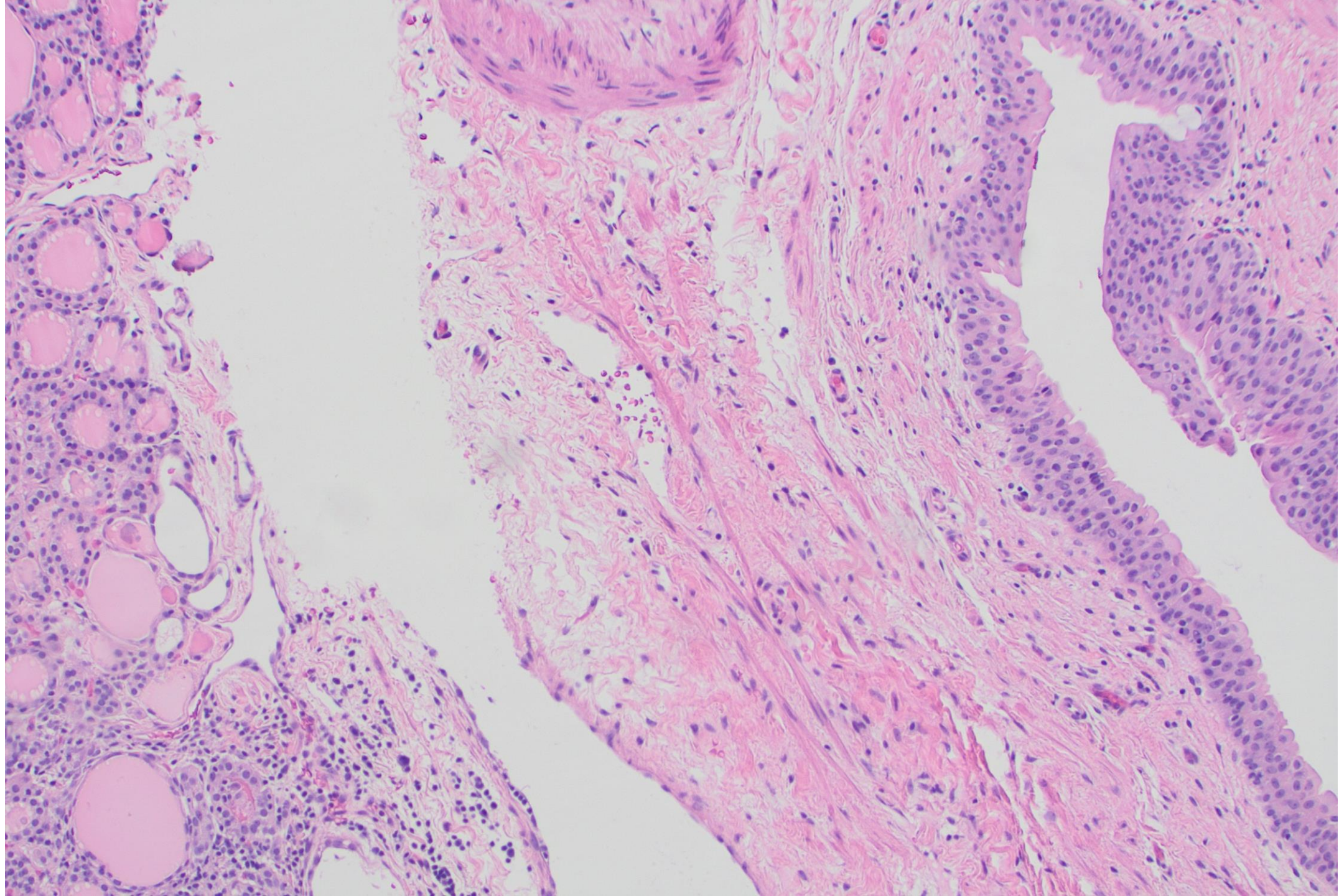


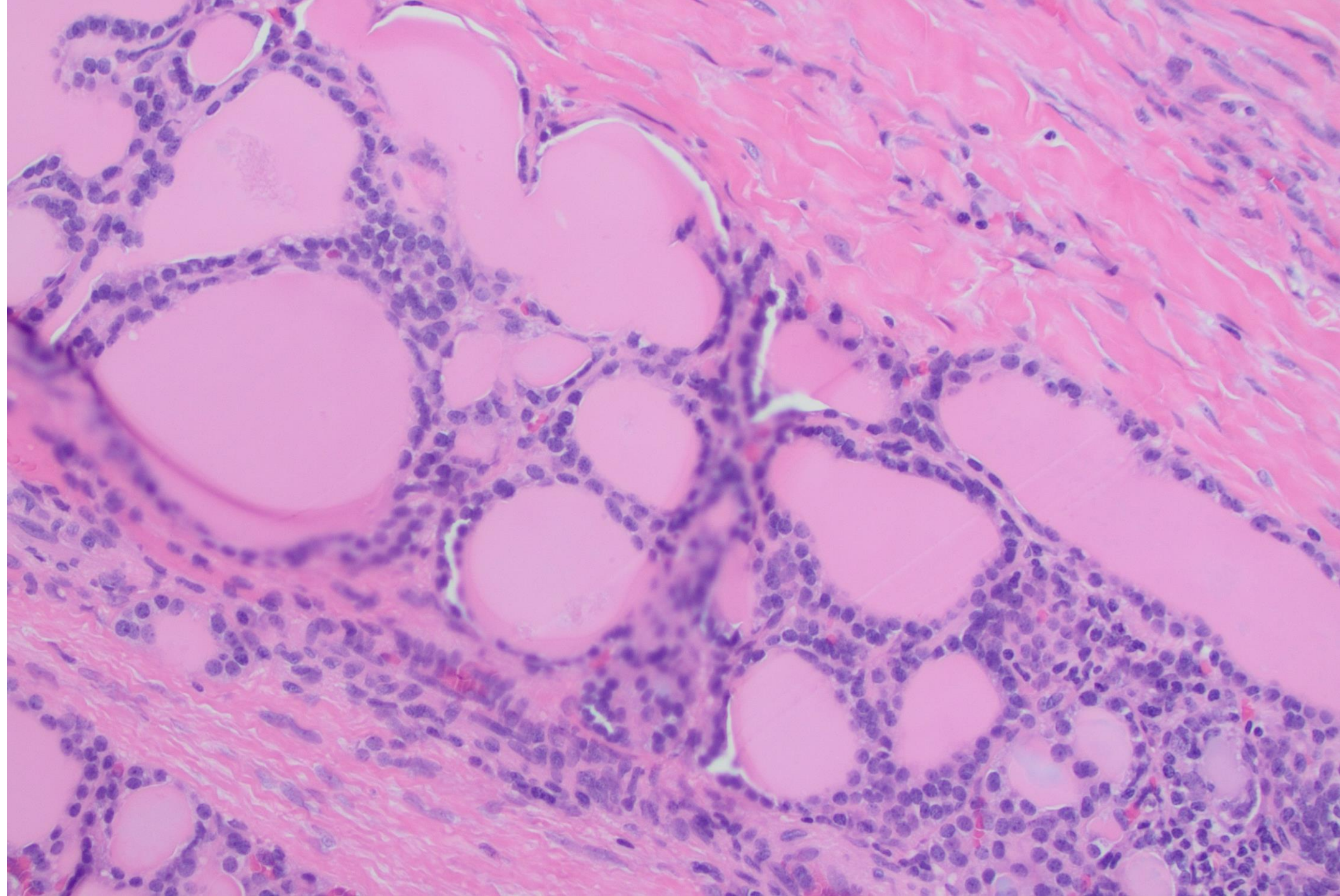
26-0804

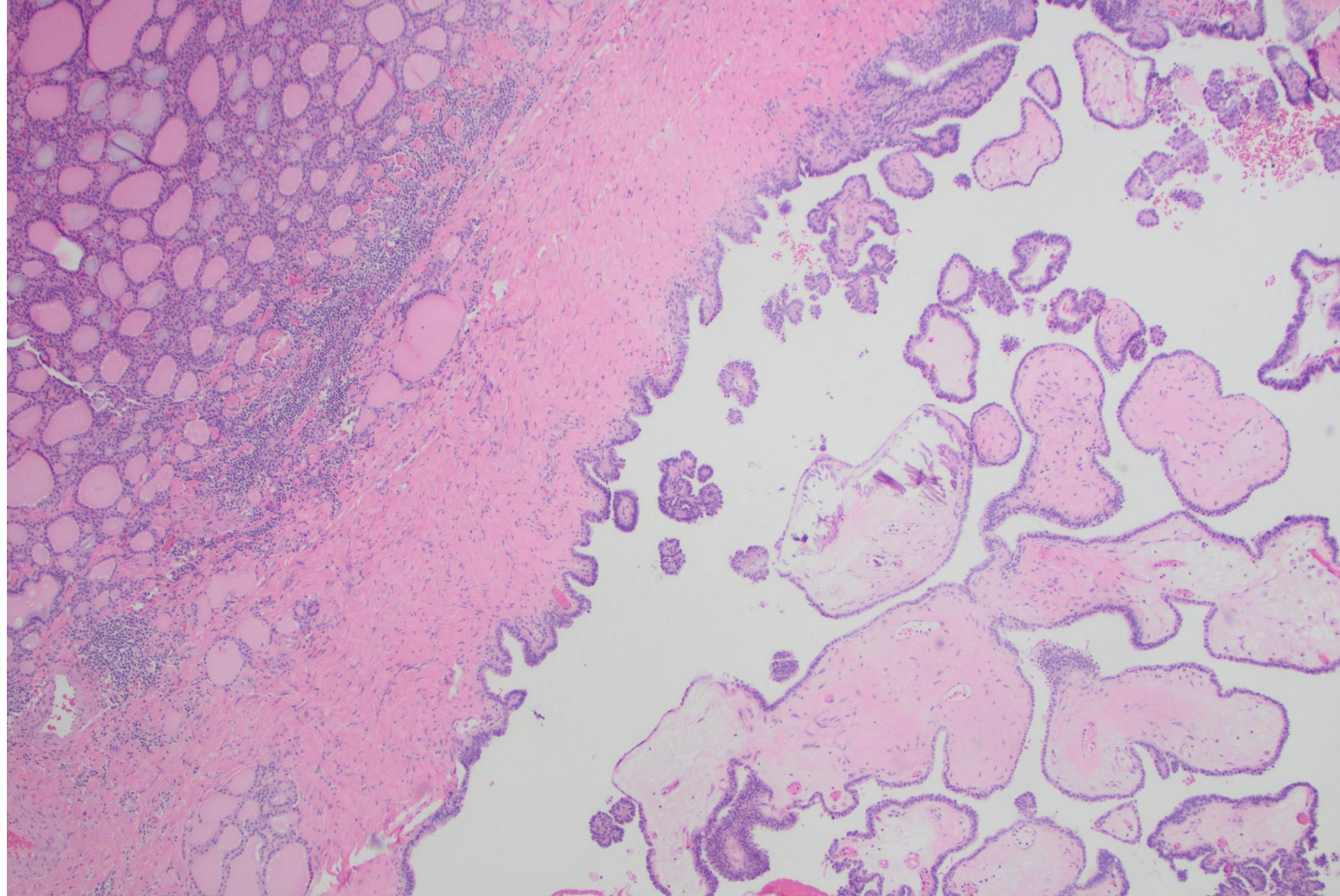
Greg Rumore

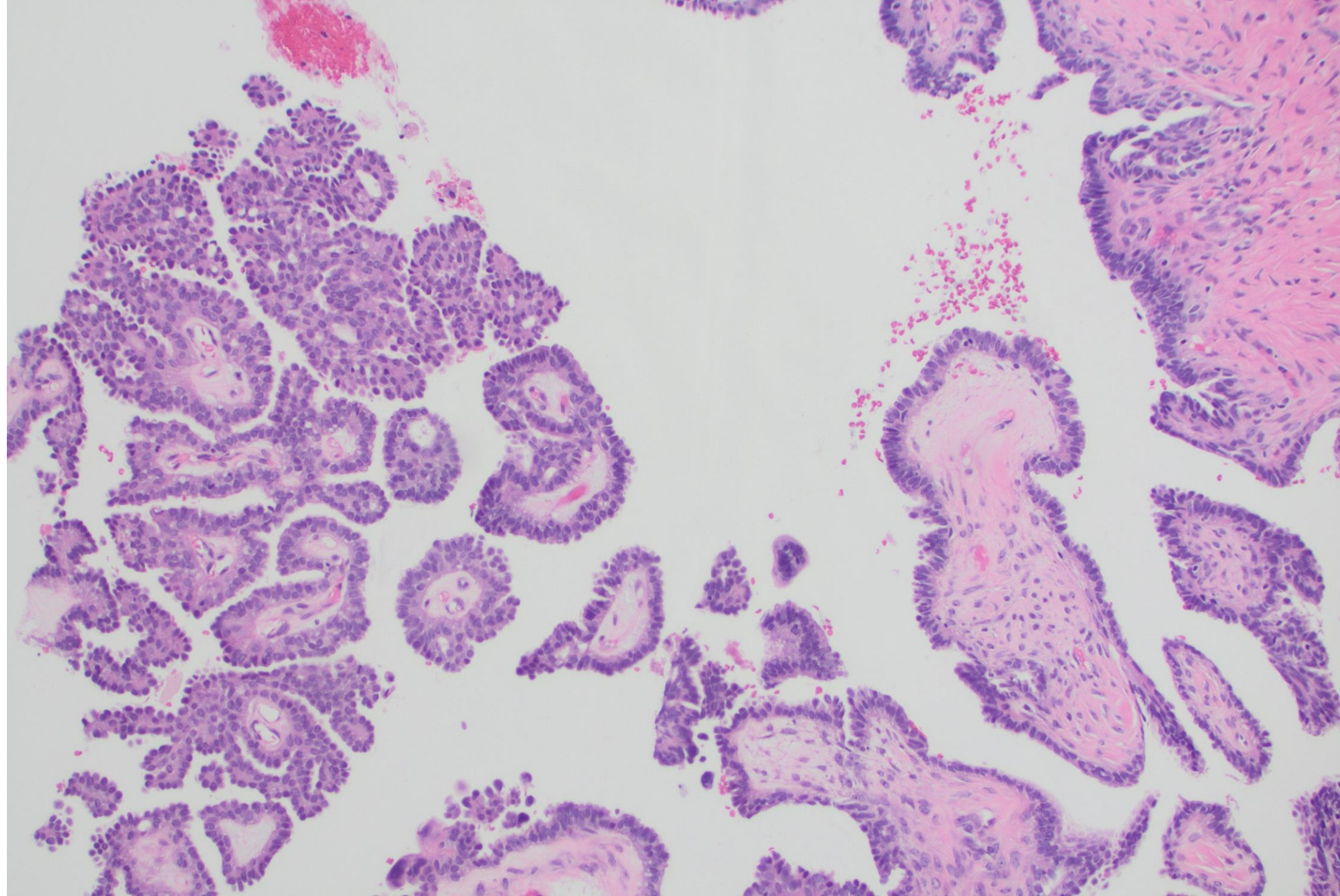
36 y.o. with 18 cm R Ovarian Cyst

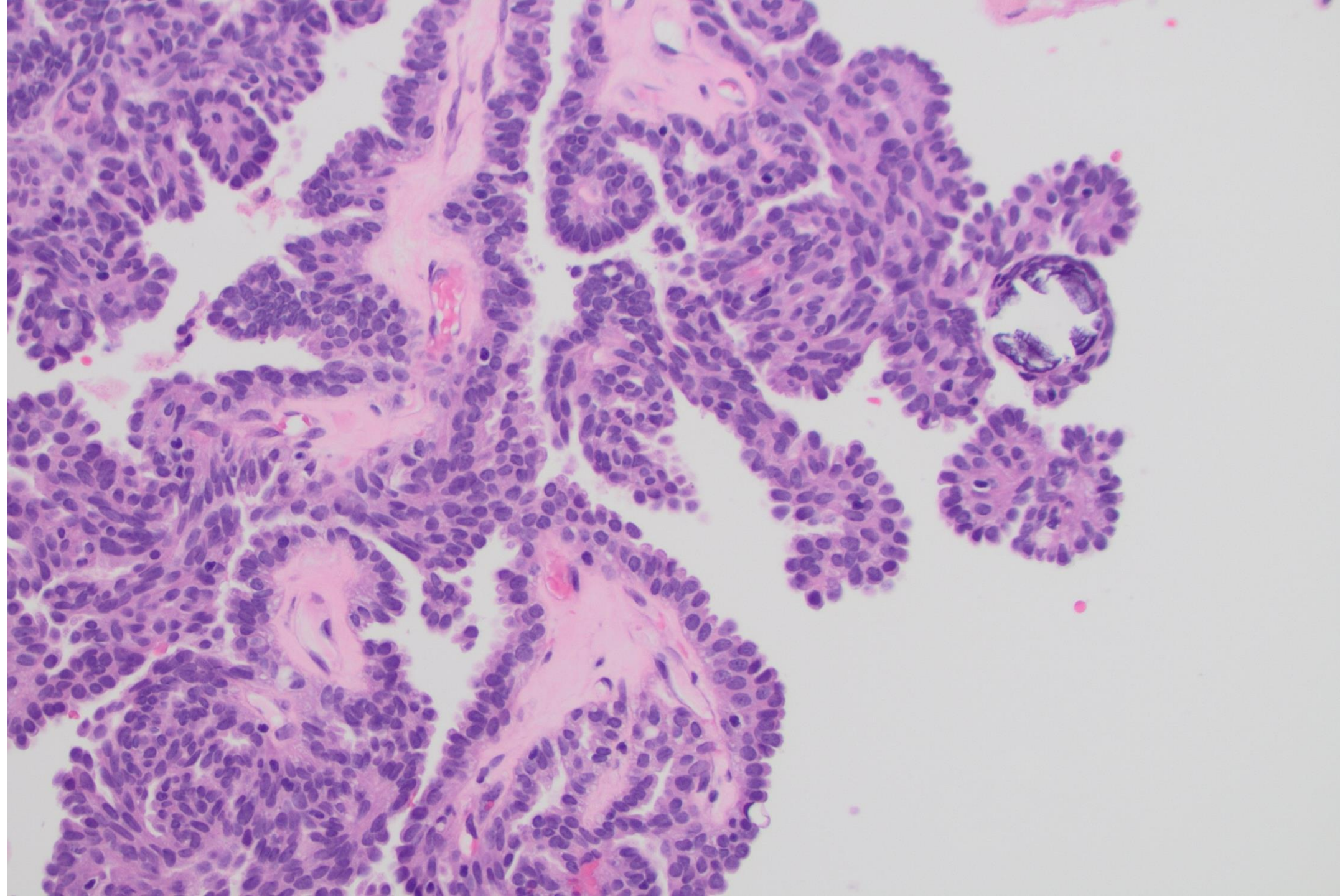


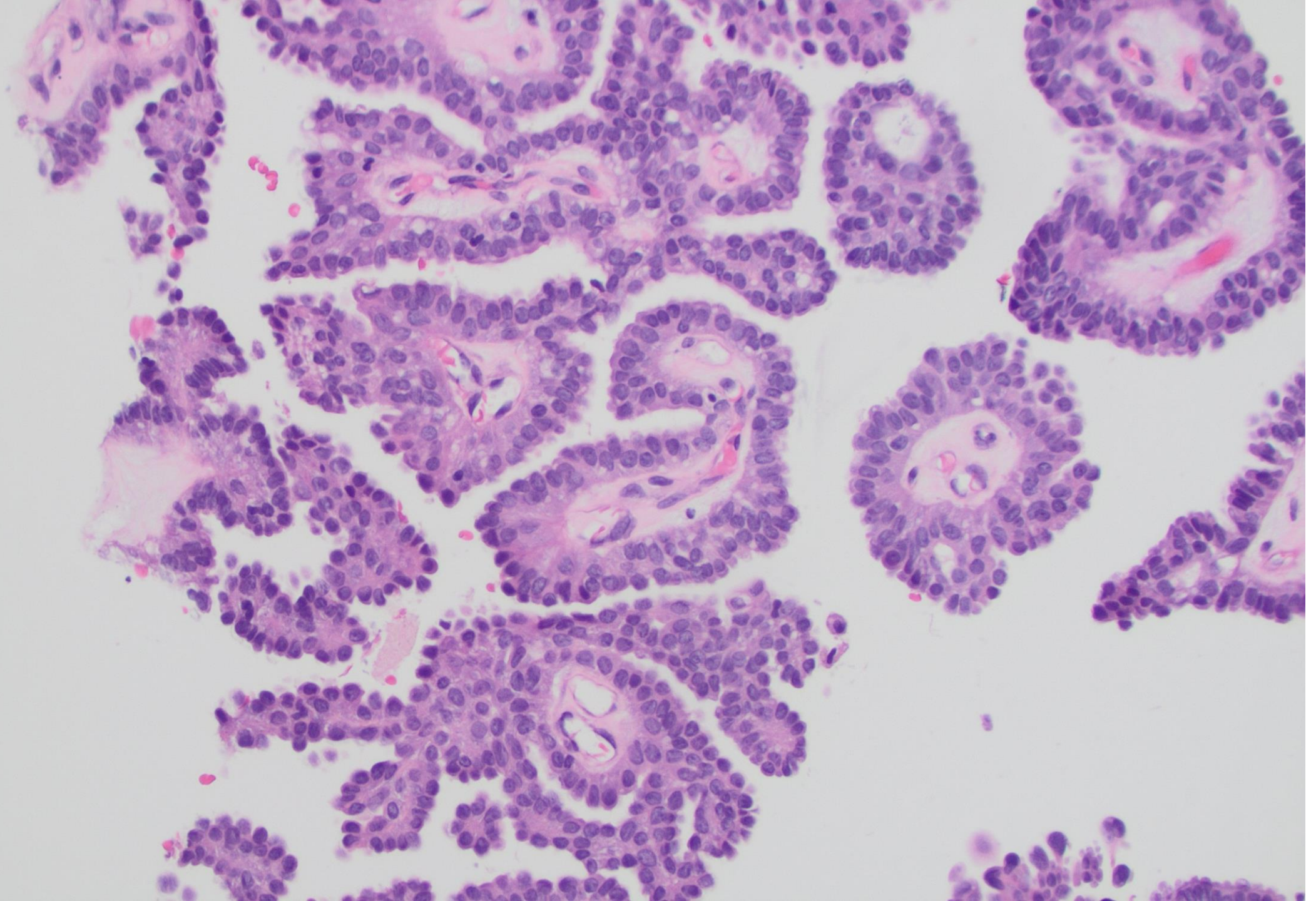


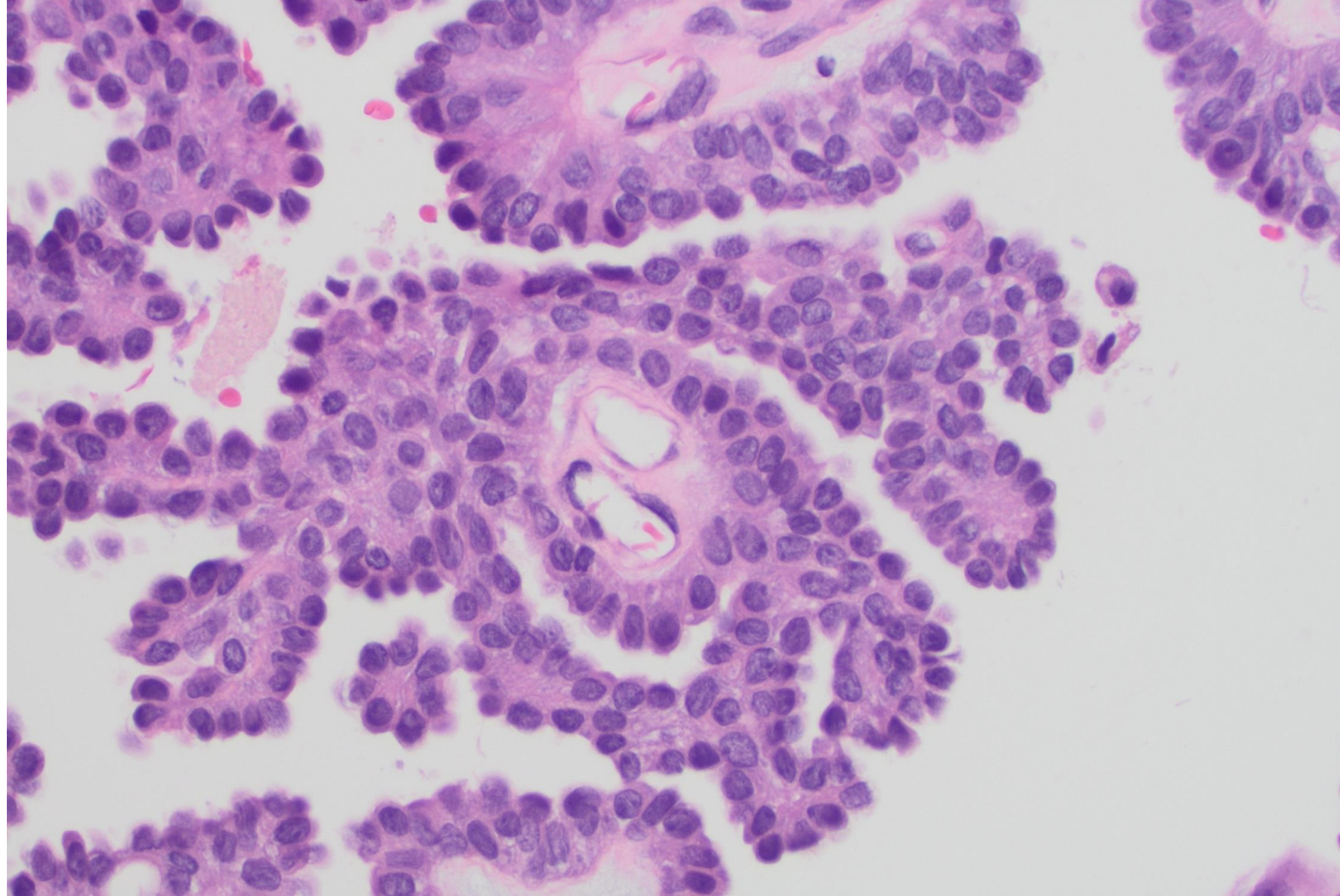




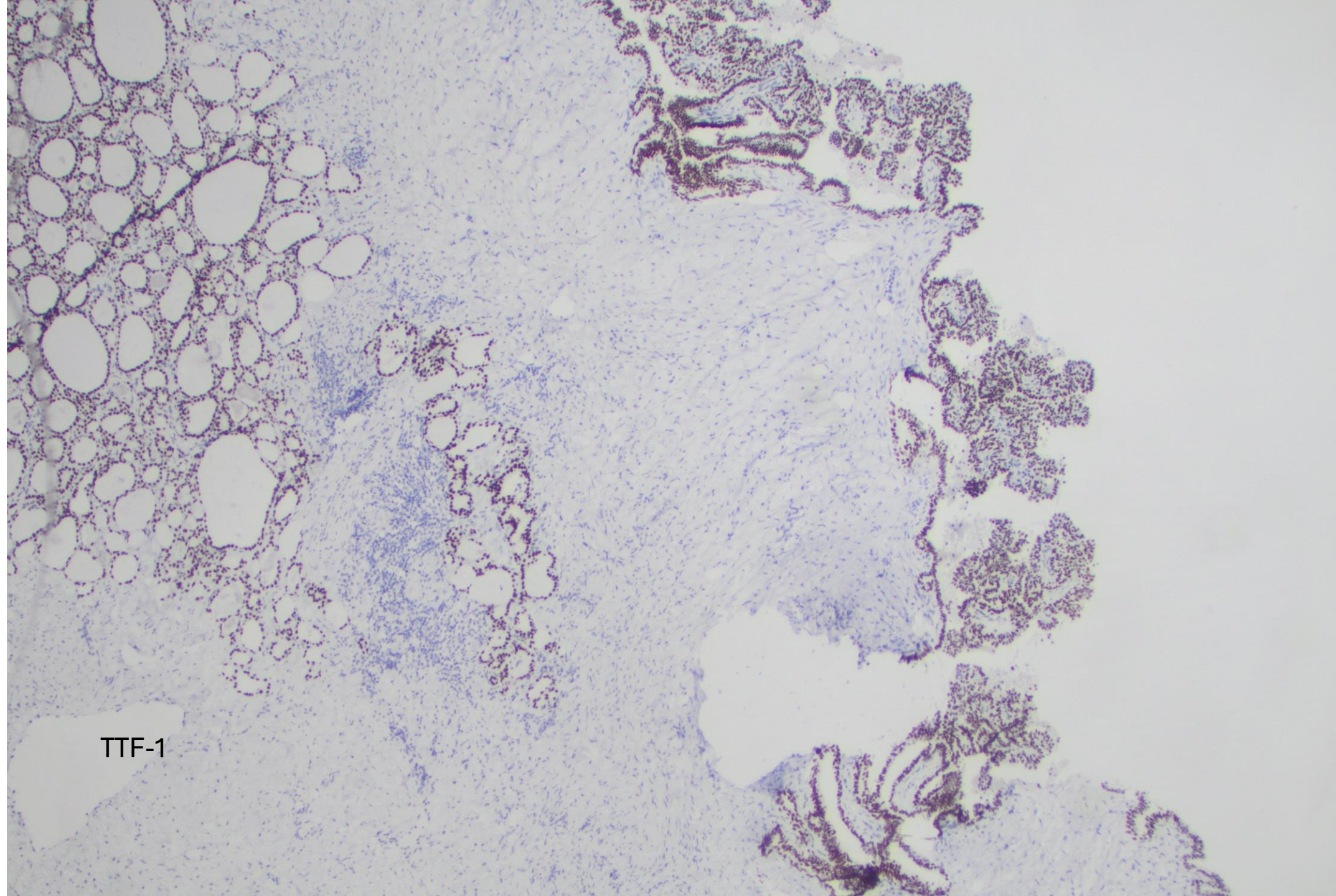








TTF-1



DIAGNOSIS?



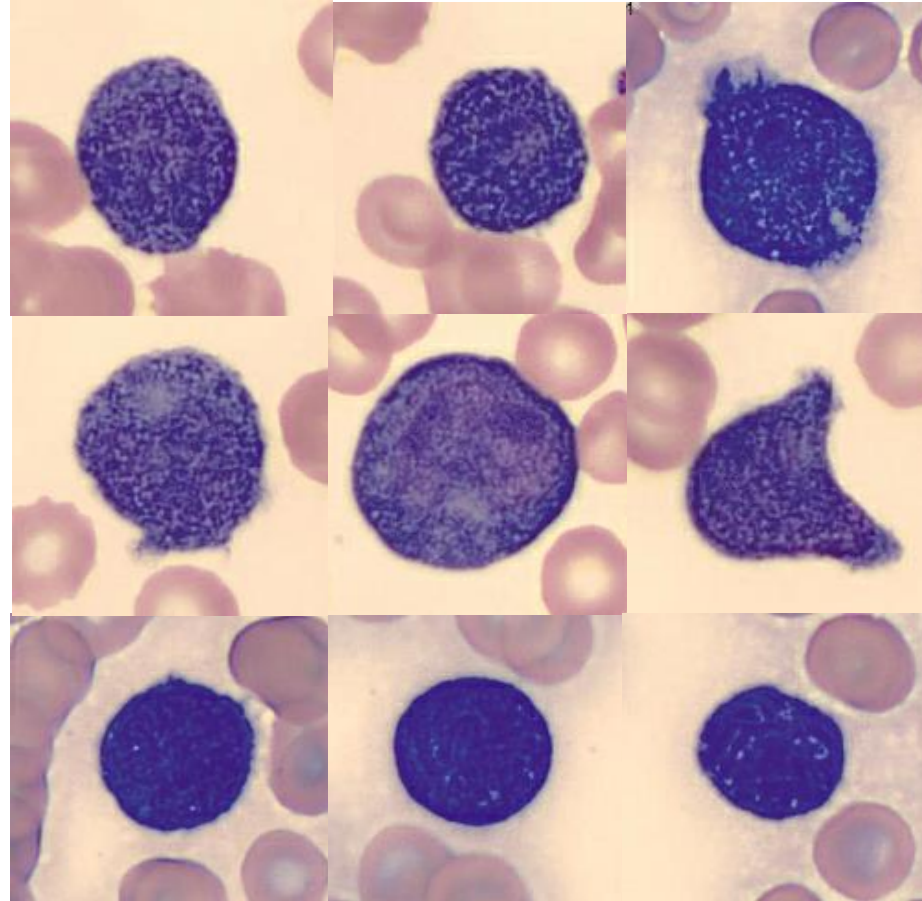
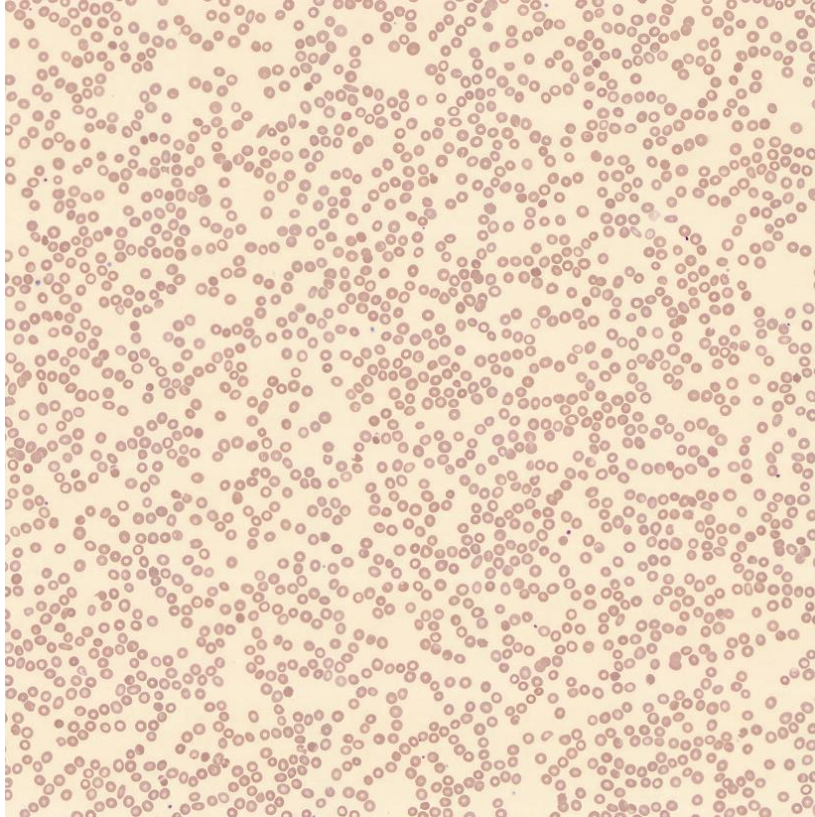
26-0805

Aaron Wilk, Sebastian Fernandez-Pol; Stanford

A 4 year old female presents to the emergency department with recurrent fevers. Found to have pancytopenia, splenomegaly, and laboratory findings concerning for hemophagocytic syndrome.

- CBC:
 - WBC 0.3 K/uL
 - Hgb 5.3 g/dL
 - Platelets 24 K/uL
- AST 841 U/L (Ref <53)
- ALT 158 U/L (Ref 10-35)
- Ferritin >100,000 ng/mL
- Fibrinogen <30 mg/dL
- Triglyceride 856 mg/dL (Ref <150)
- sCD25 >20,000 (Ref 214-1,910)
- CXCL9 >121,000 (Ref <769)

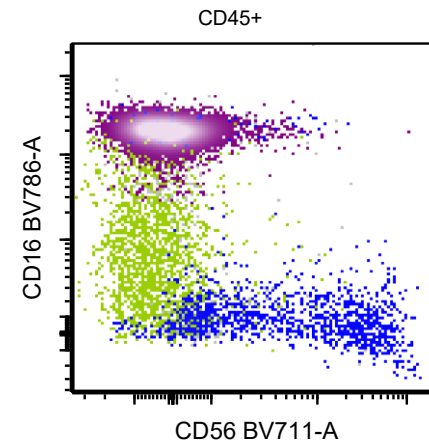
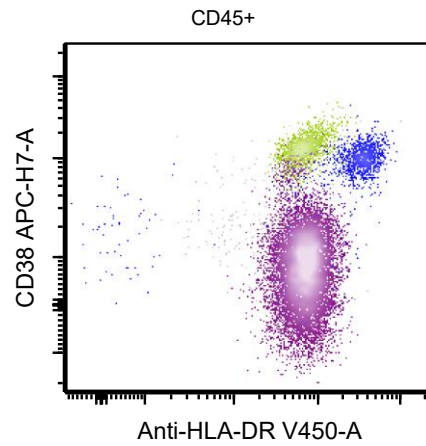
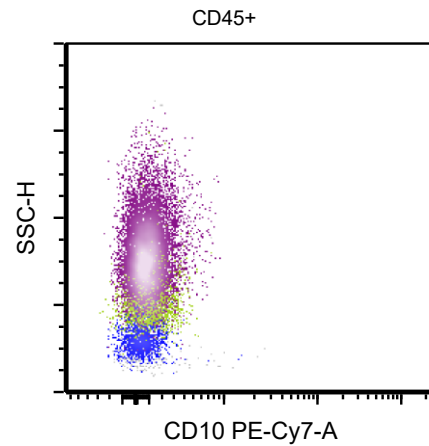
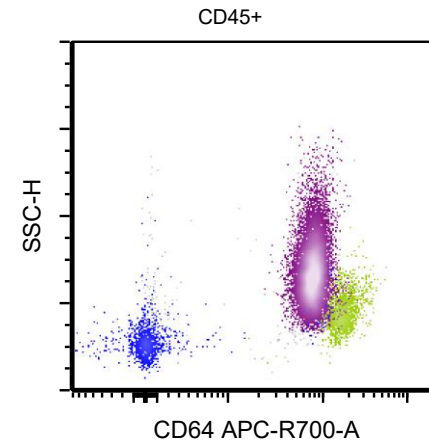
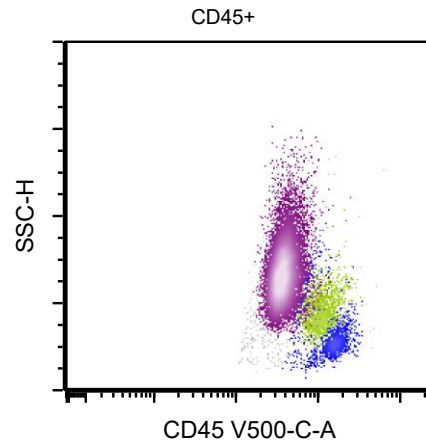
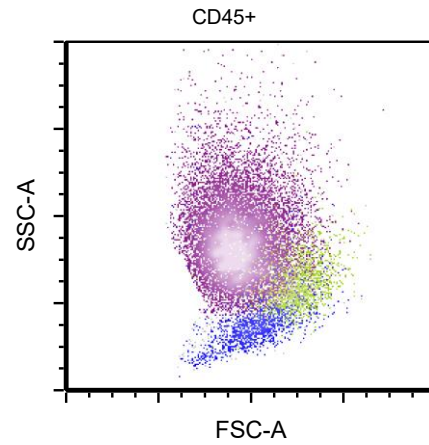
Peripheral blood smear



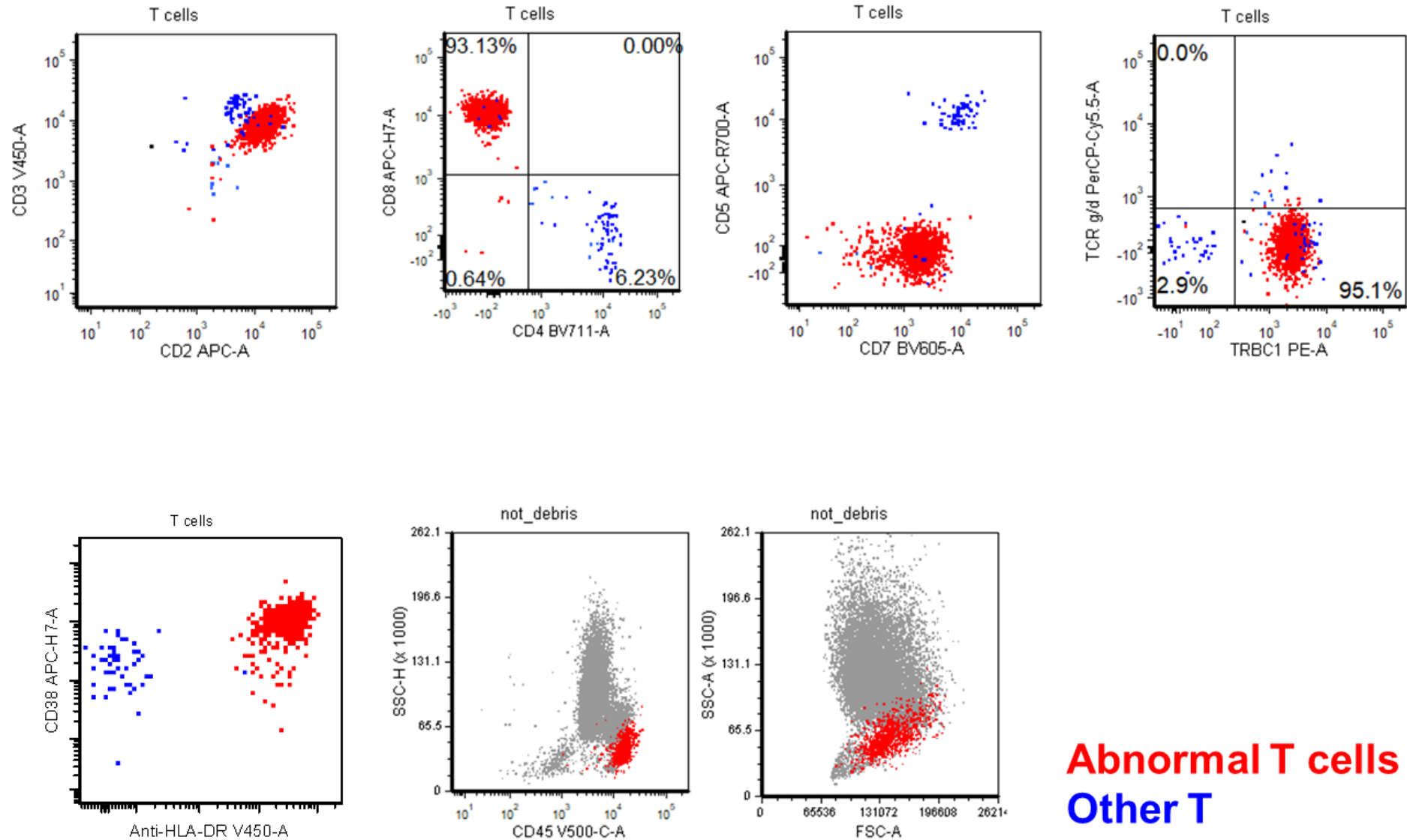
Wright stained peripheral blood smear

Peripheral blood flow cytometry

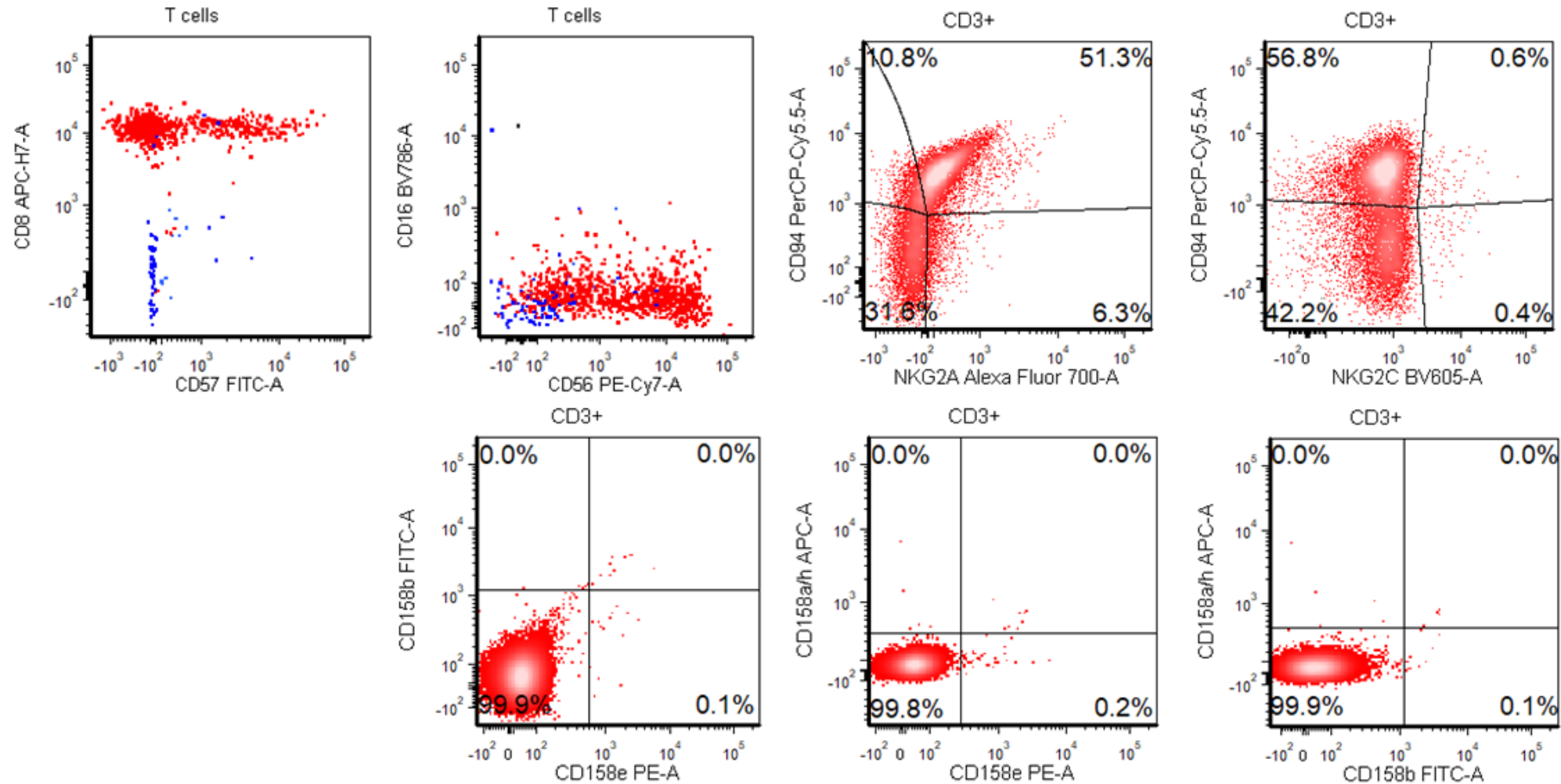
- Granulocytes
- Monocytes
- Lymphocytes



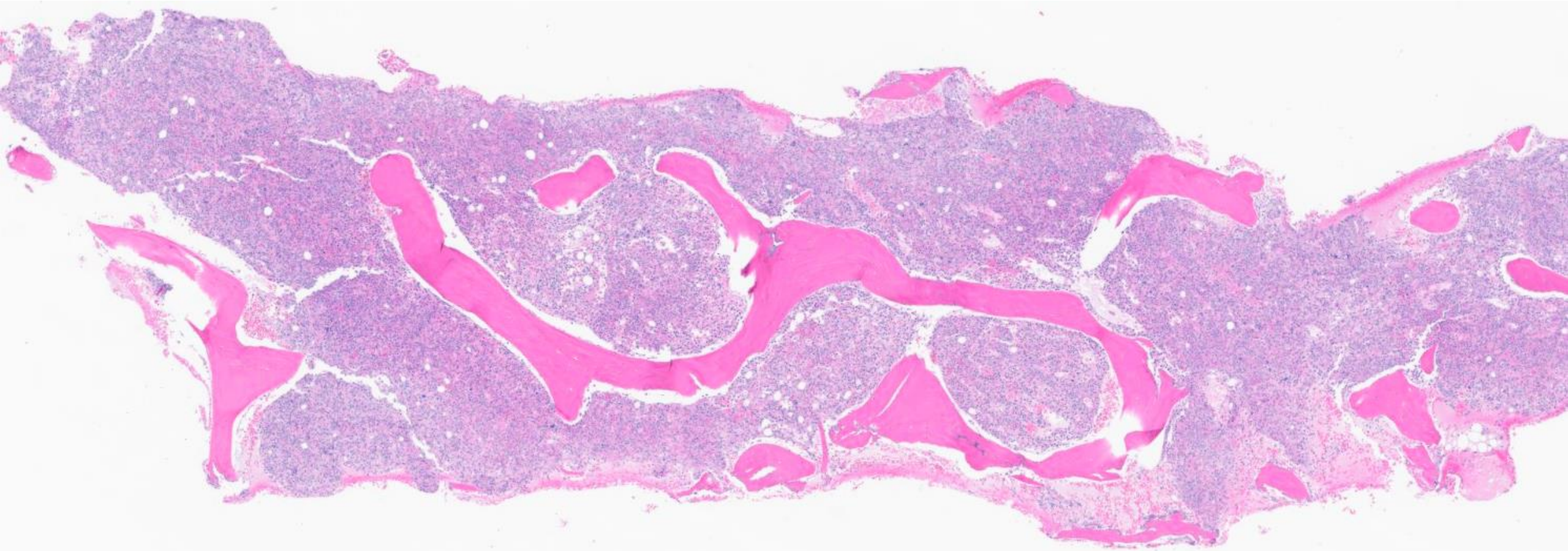
Peripheral blood flow cytometry



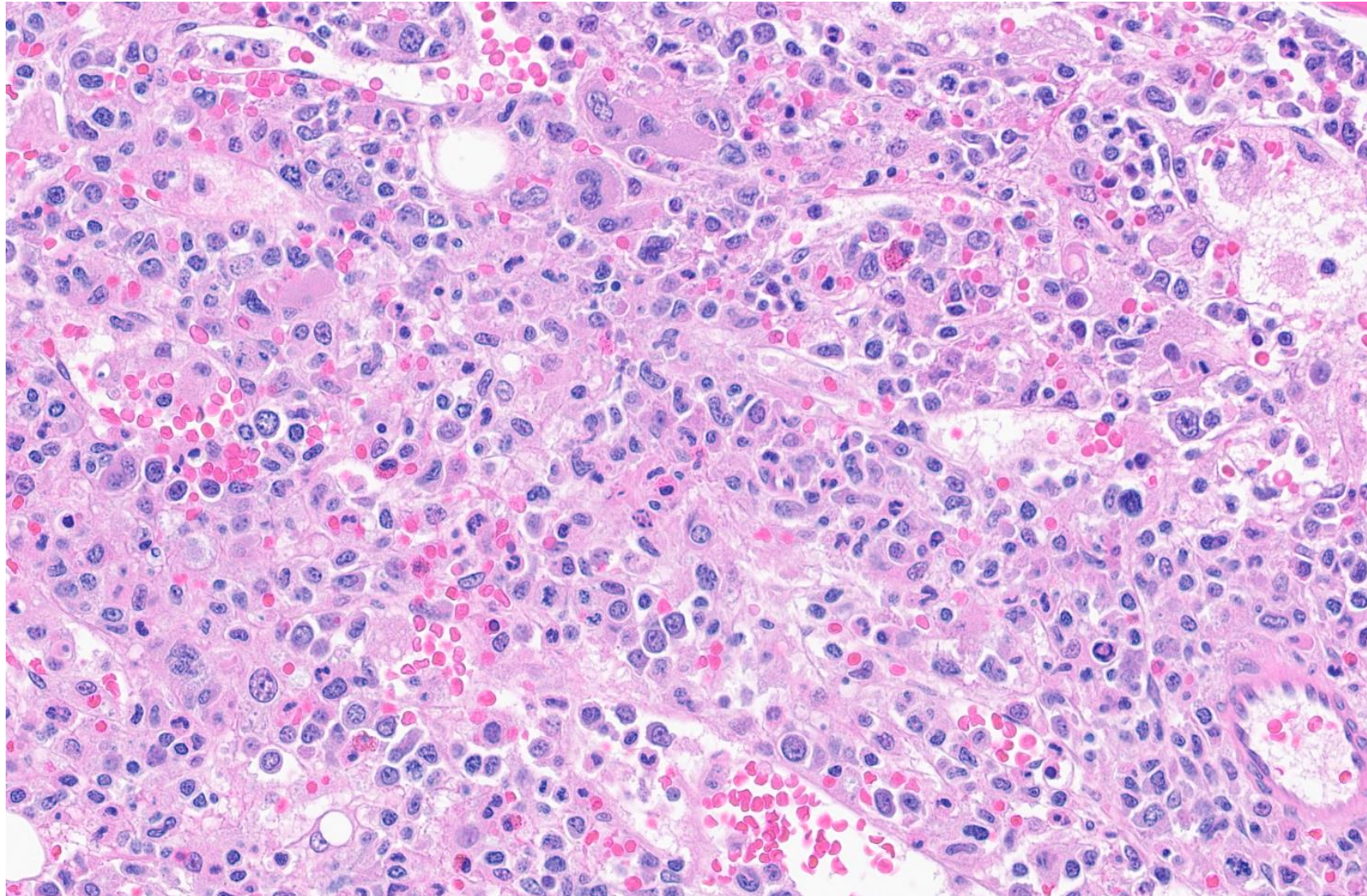
Peripheral blood flow cytometry



Bone marrow biopsy

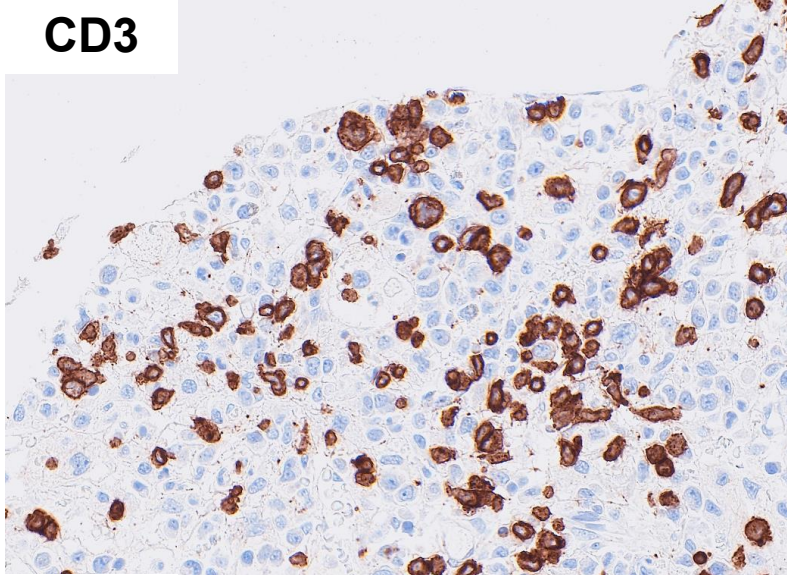


Bone marrow biopsy

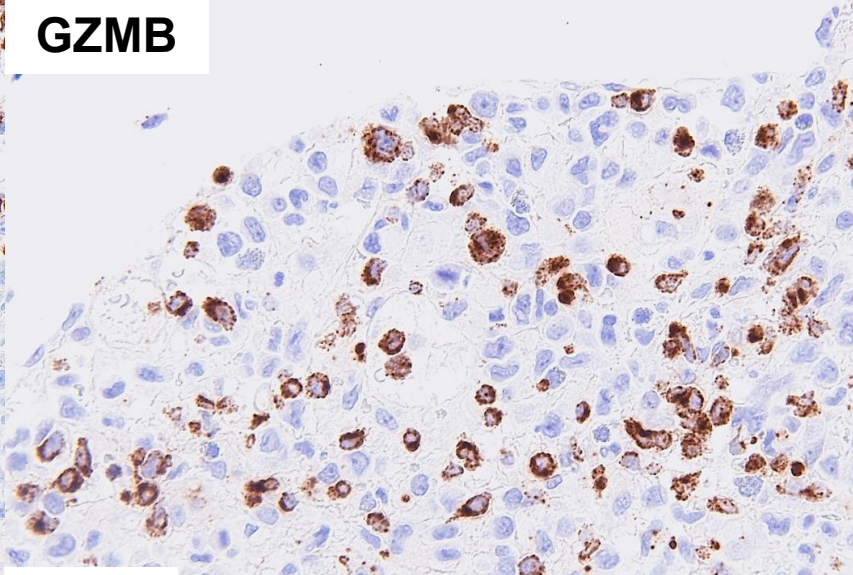


Bone marrow biopsy

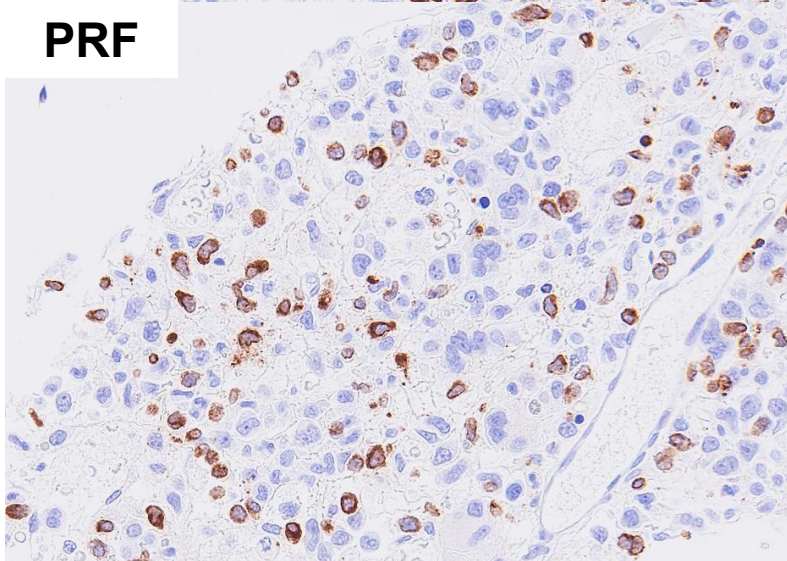
CD3



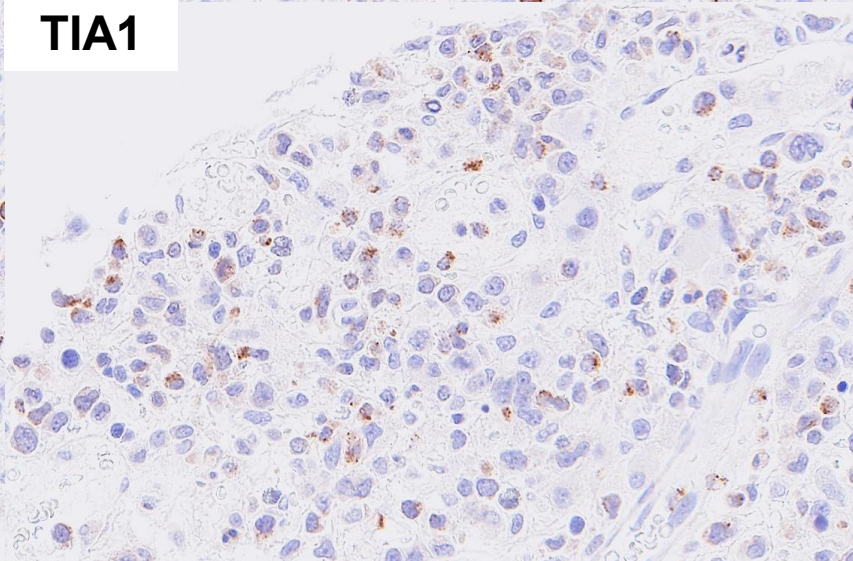
GZMB



PRF

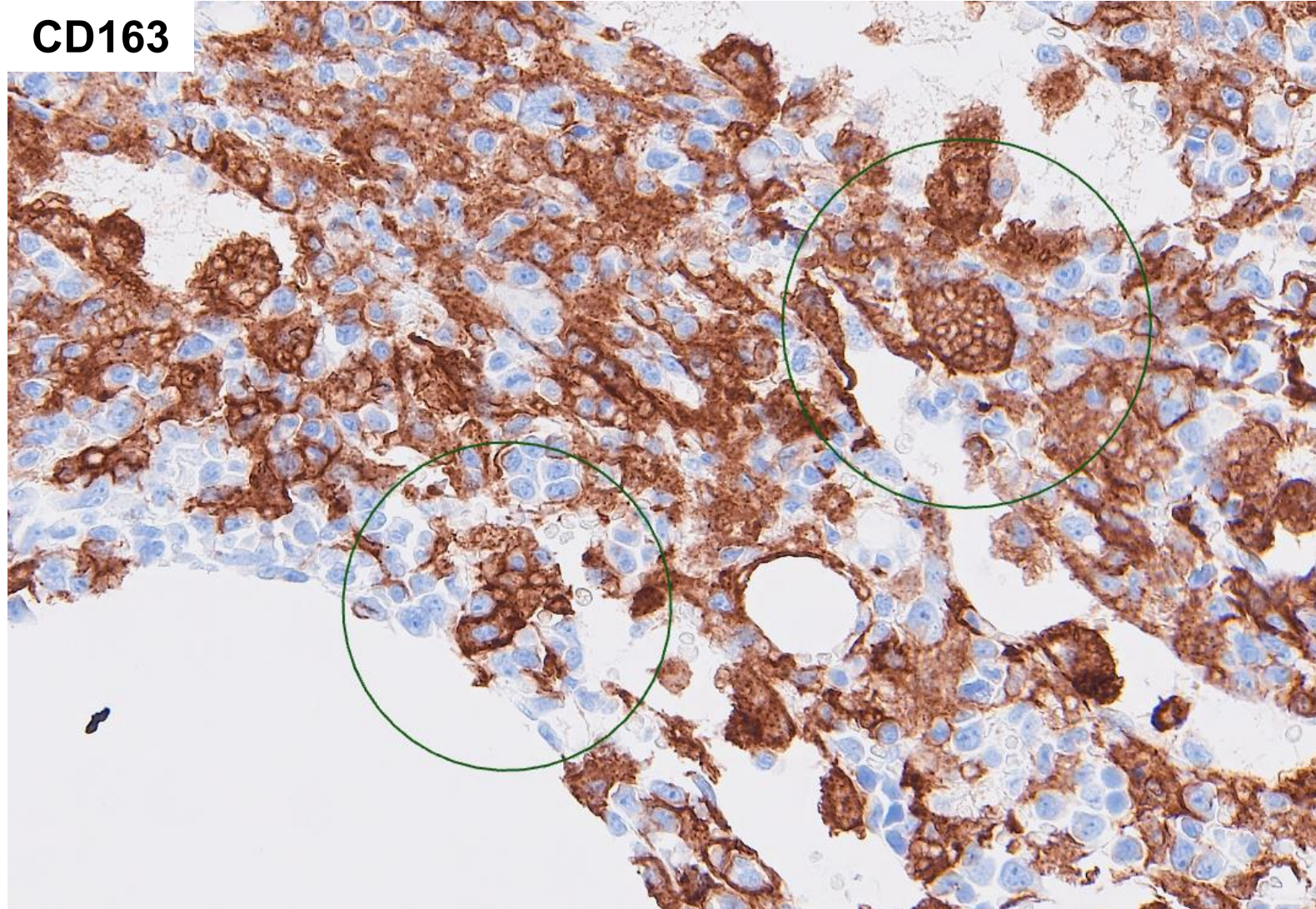


TIA1



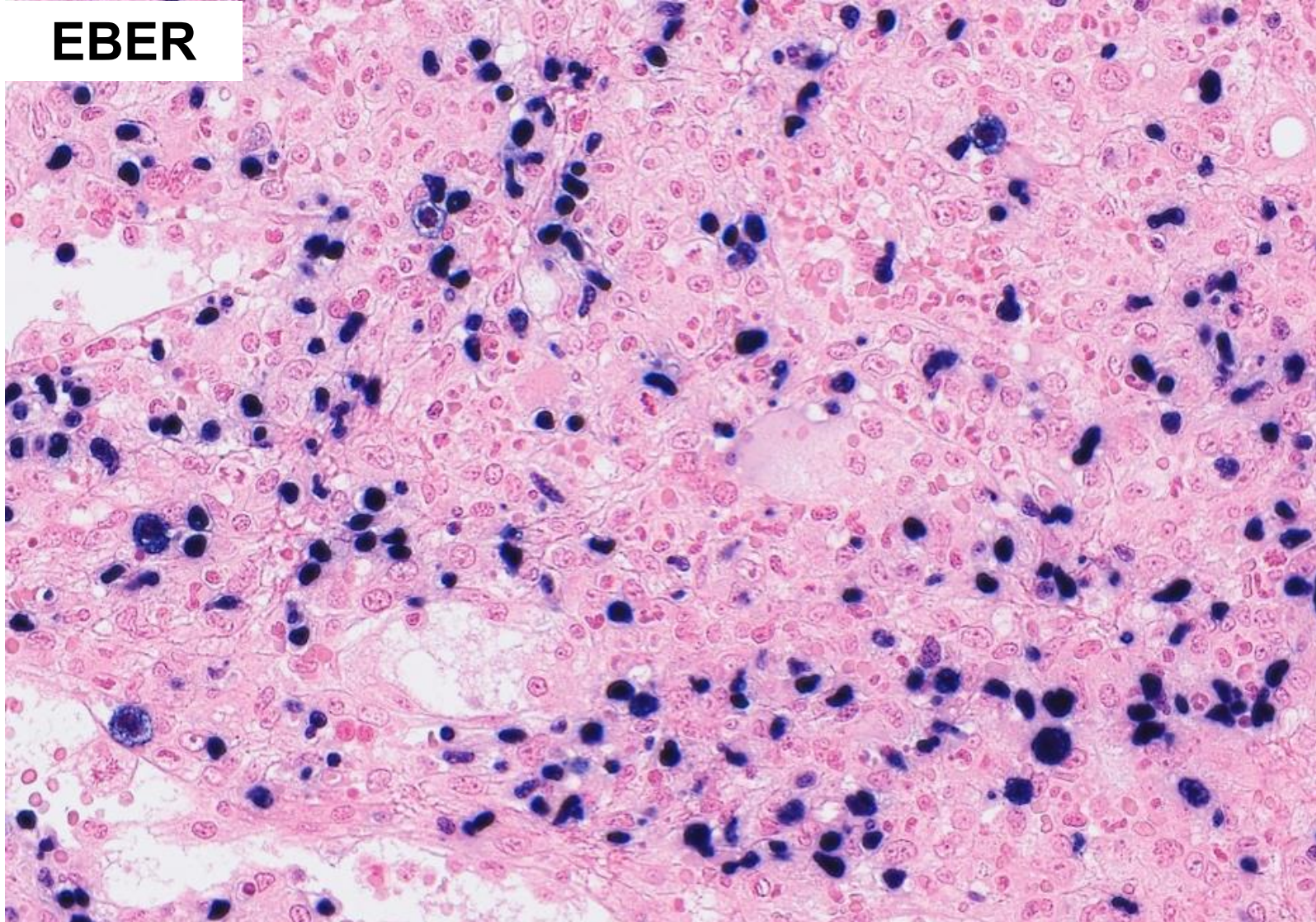
Bone marrow biopsy

CD163



Bone marrow biopsy

EBER



DIAGNOSIS?

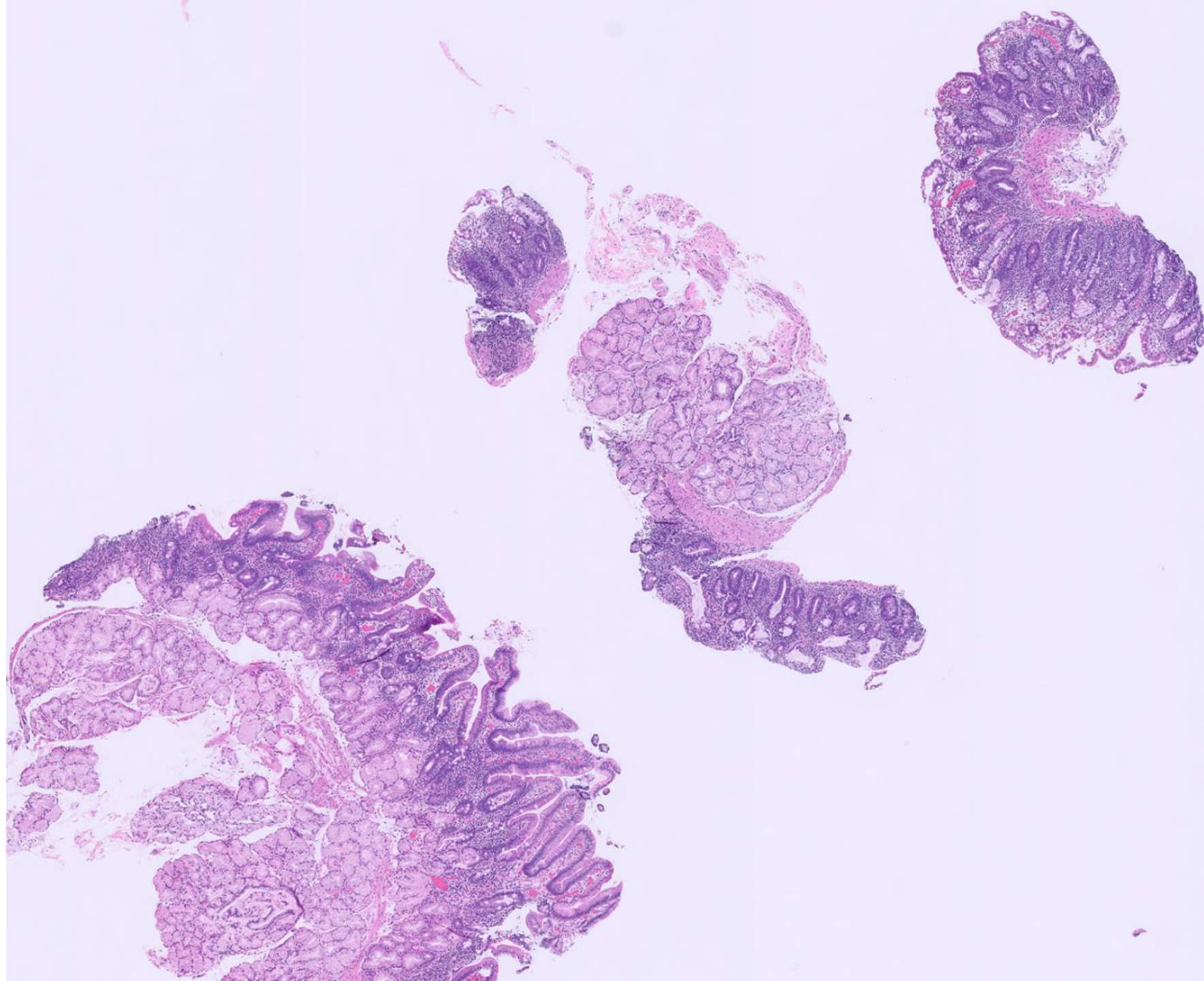


26-0806

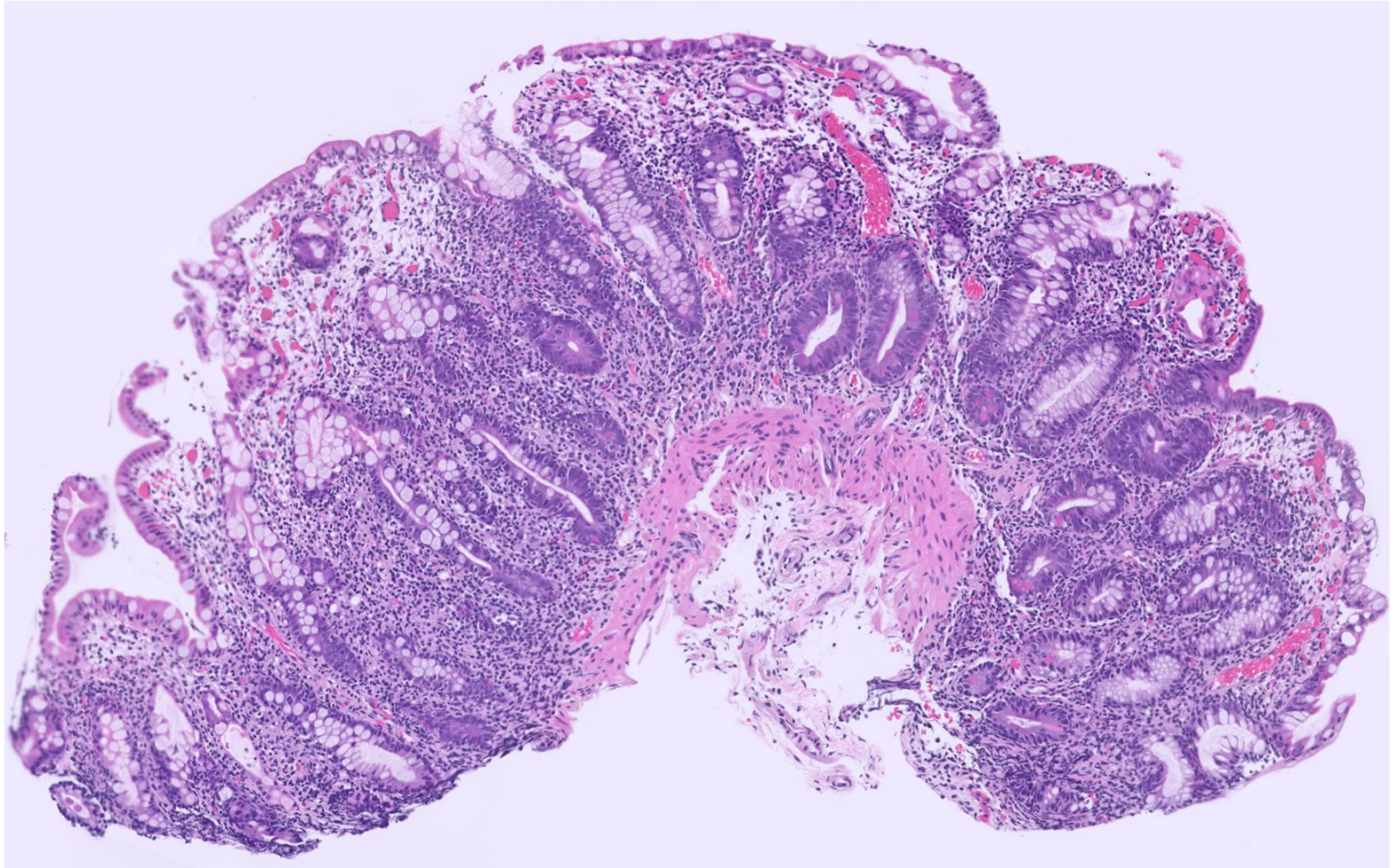
Mohamed Eltahir, Sebastian Fernandez-Pol; Stanford

67-year-old male with a history of kappa light chain multiple myeloma, status-post nine lines of therapy, who presented for a follow up visit post cilta-cel CAR-T therapy. The post CAR-T course was complicated by grade II cytokine release syndrome and persistent diarrhea. Duodenal biopsy (pictures below) are obtained on day 196 post-CAR-T infusion

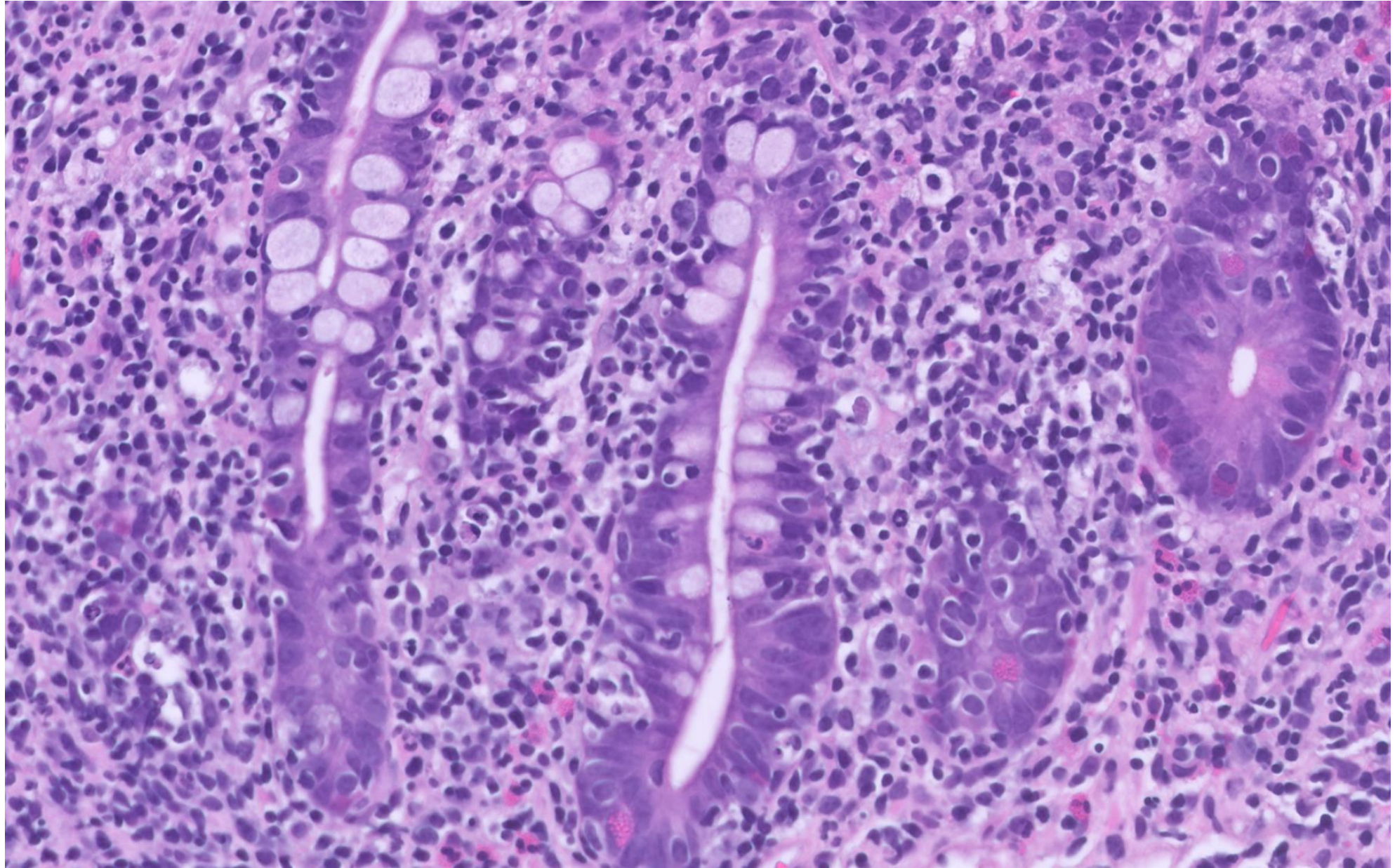
Duodenum – Day 196
post Cilta-cel



Duodenum – Day 196 post Cilta-cel



Duodenum – Day 196 post Cilta-cel



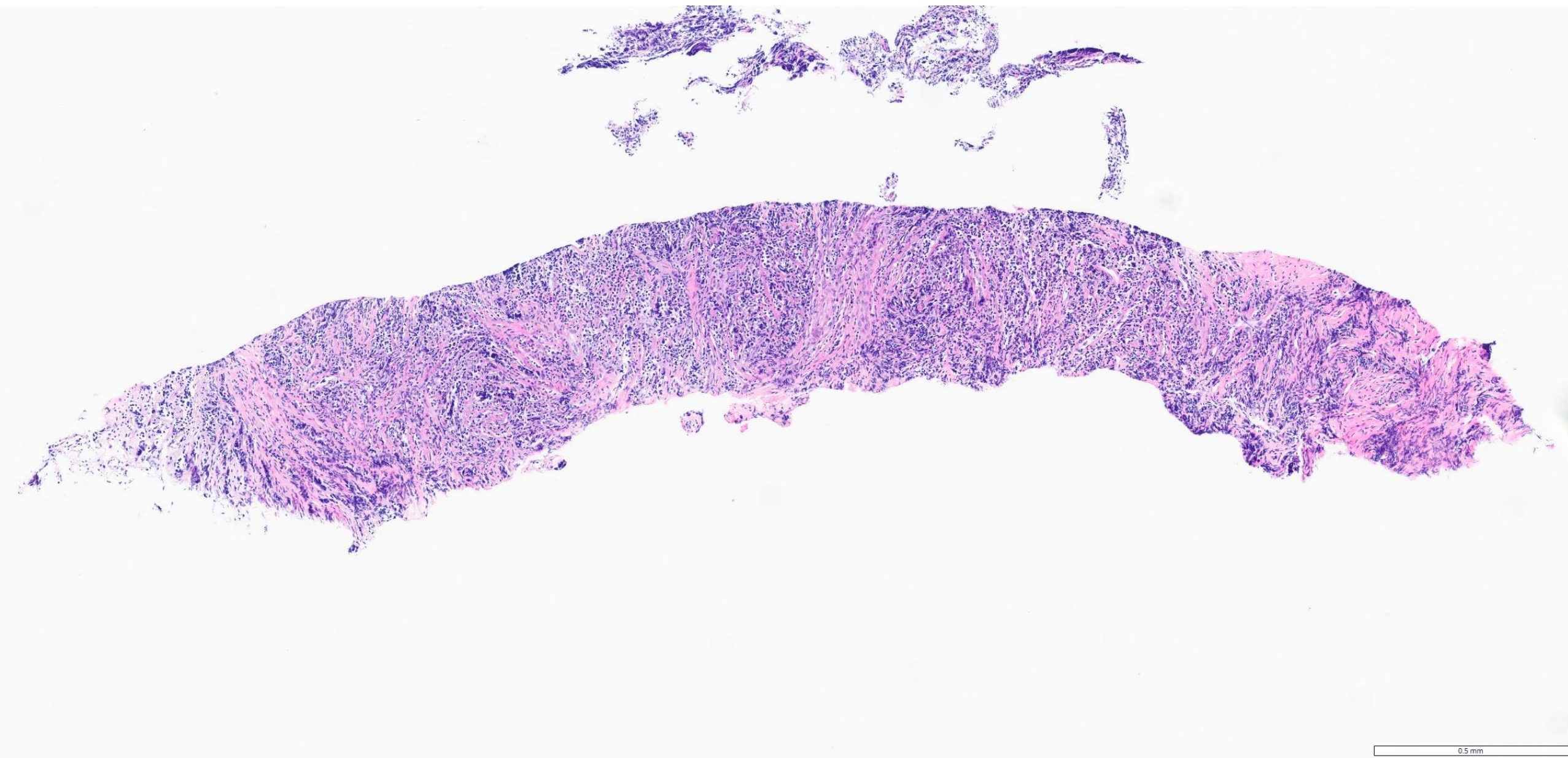
DIAGNOSIS?



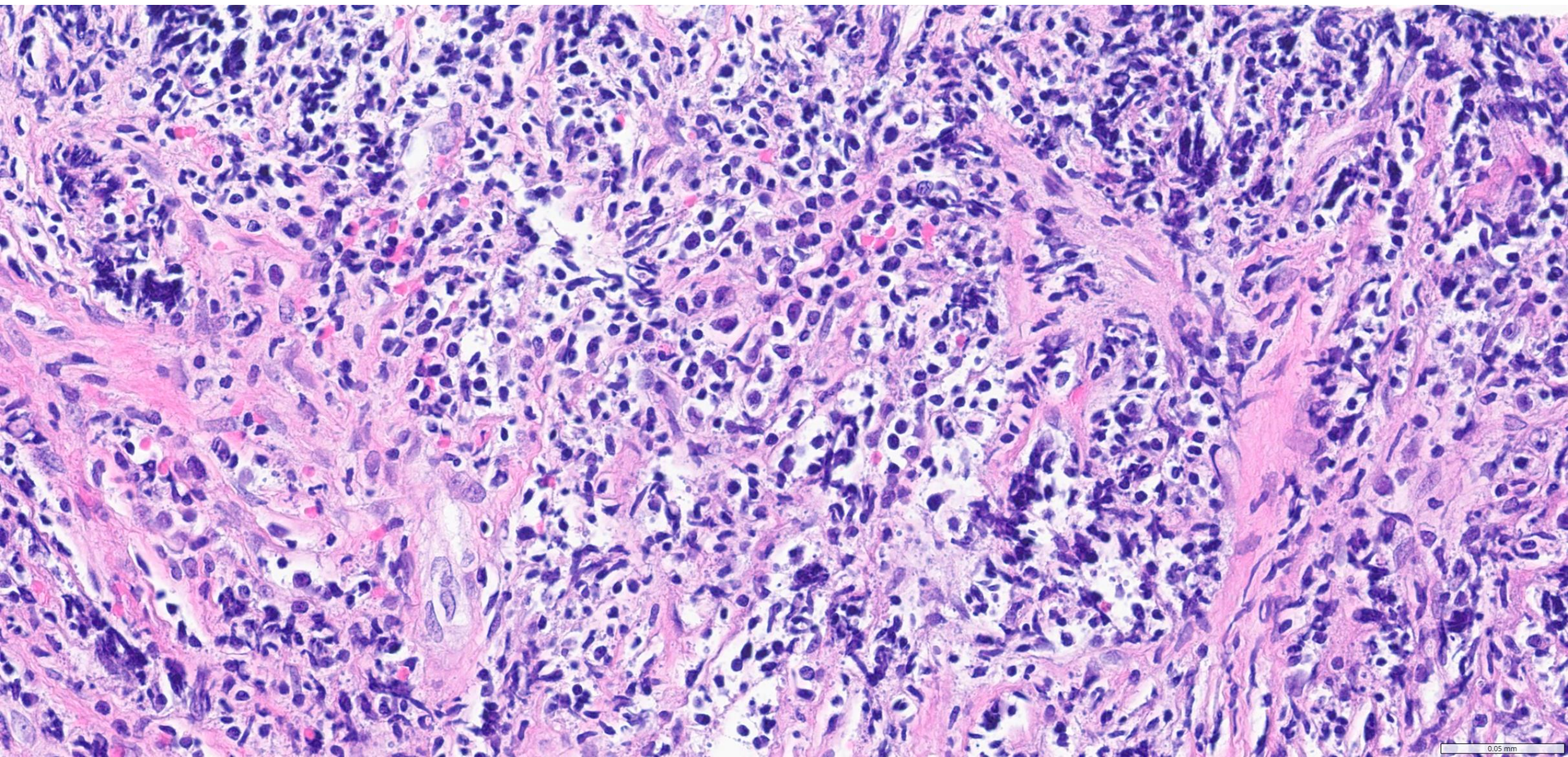
26-0807

Alyssa Mathew-Joseph, Hubert Lau; VA Palo Alto

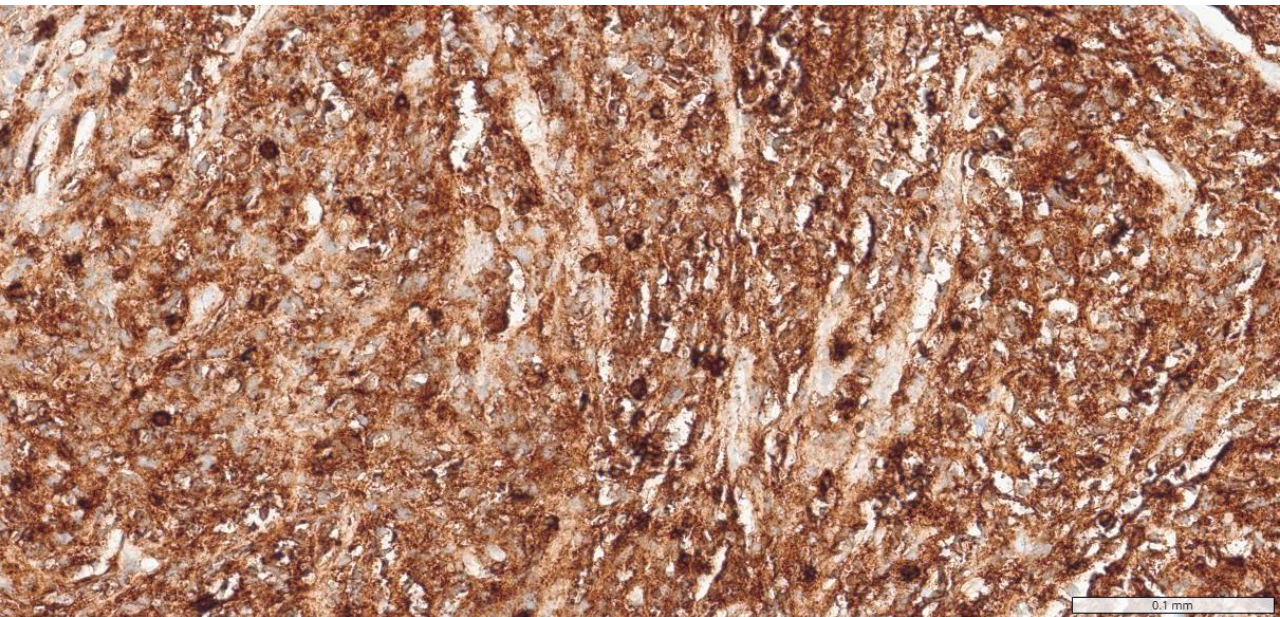
75-year-old man with bilateral kidney stones, presenting with bilateral flank pain, abdominal pain, and fatigue. Incidentally found to have multiple lytic bone lesions with associated pathologic fractures, as well as enlarged cardiophrenic and upper abdominal lymph nodes and solid pulmonary nodules. L1 lesion biopsied.



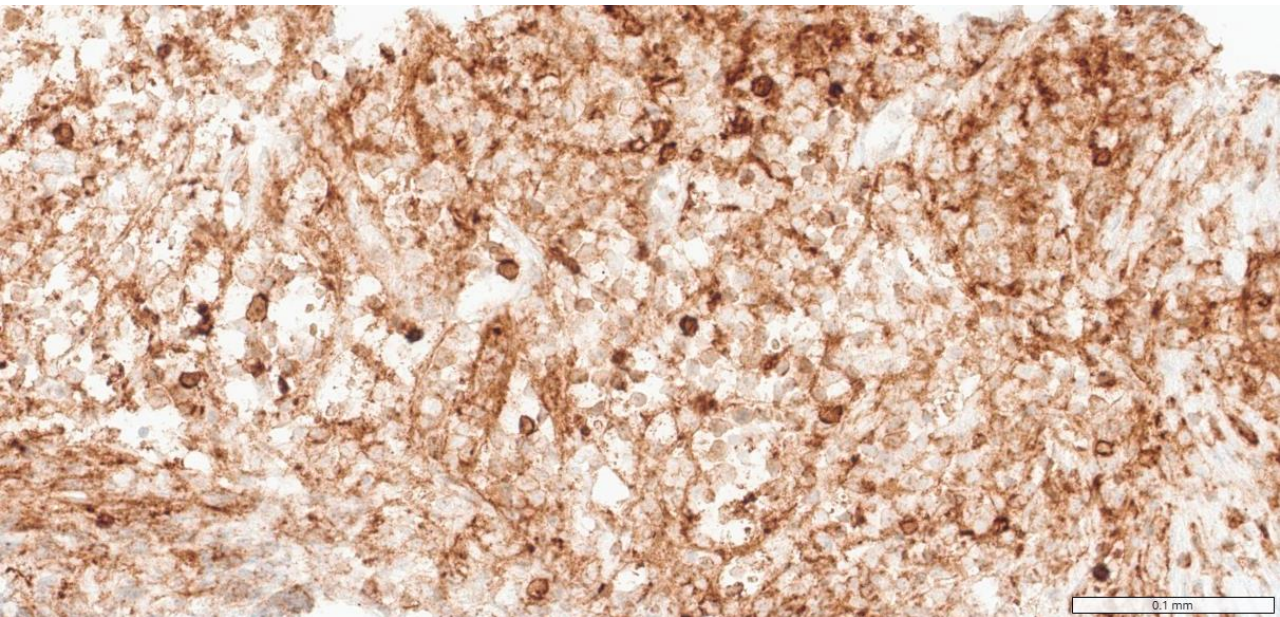
0.5 mm



CD45



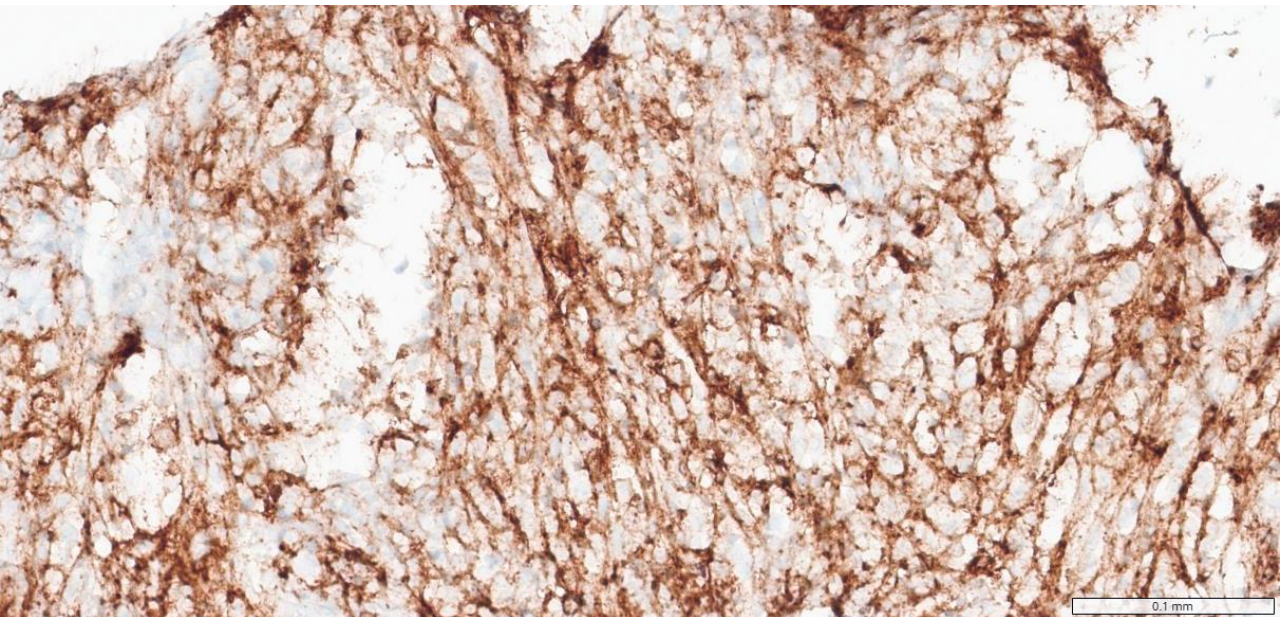
CD4



CD30



CD43



Negative stains:

ALK, CD3, CD5, CD8, CD10, CD15, CD20, CD21, CD34, CD68, CD79a, CD138, EBER ISH, HHV8, LEF1, myeloperoxidase, PAX5, pankeratin, and synaptophysin

Differential diagnosis? Additional stains you'd perform? Unfortunately, no fresh tissue for flow cytometry.

DIAGNOSIS?



26-0808

Sanjay Kakar; UCSF

12/M, previously healthy, presented with a 5-day history of abdominal pain, jaundice, fever and rash (diffuse pruritic, erythematous, and papular rash suggestive of a viral exanthem)

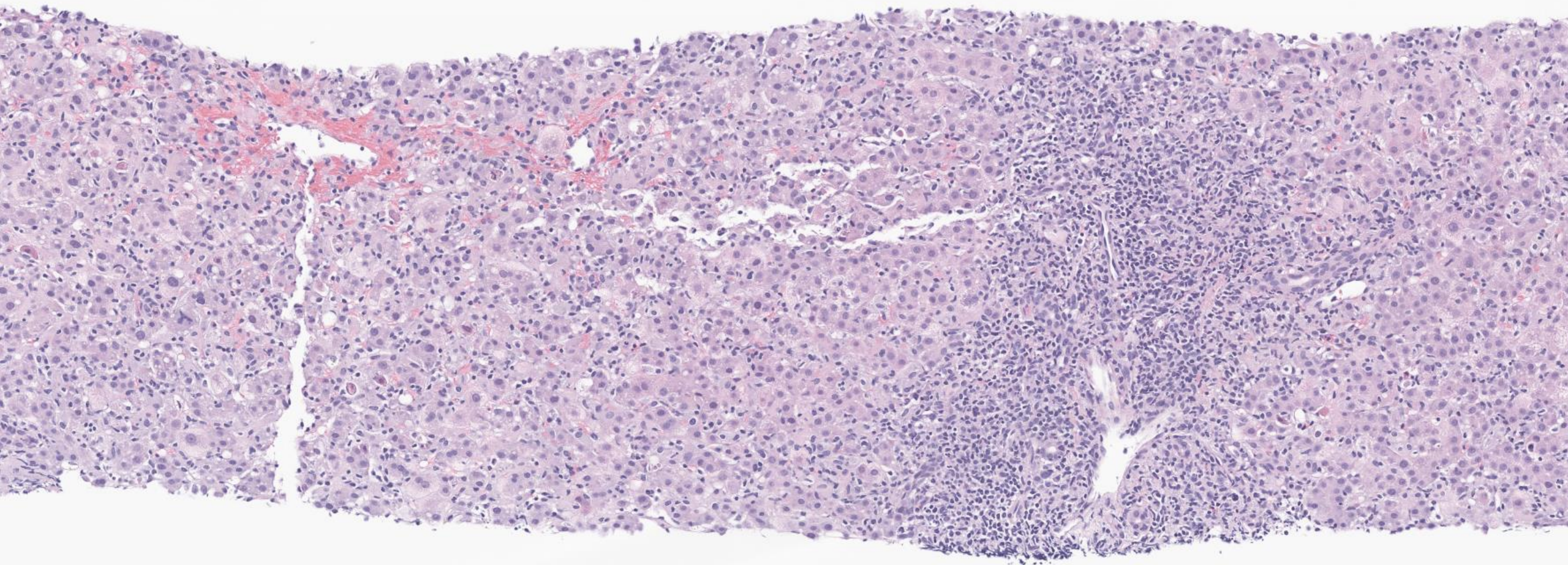
ALT, AST >1500, ALP 526, T Bili 9.6

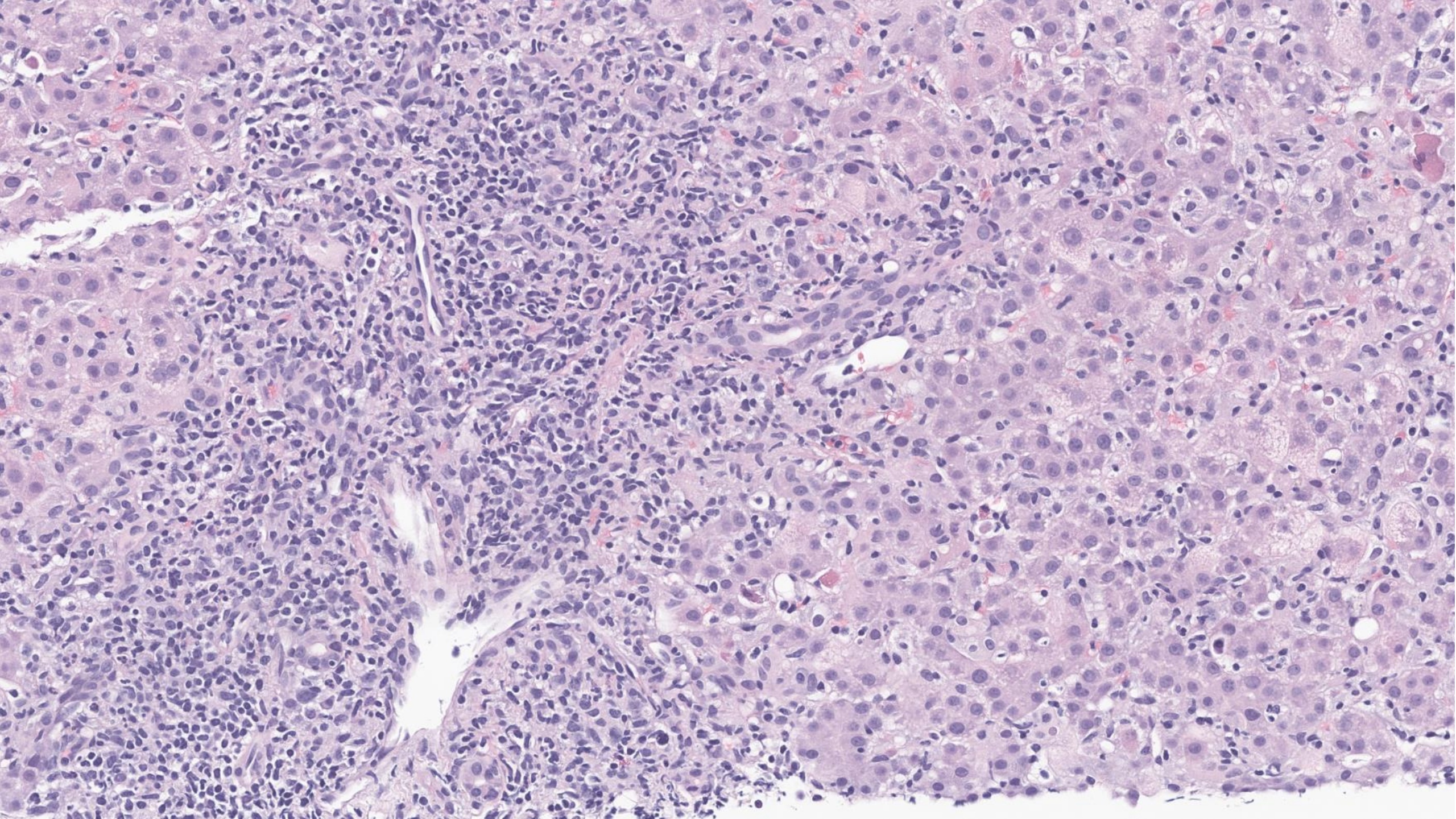
HAV IgM negative, HBV core Ab/surface Ag negative, HCV Ab negative. HEV, EBV and CMV PCR negative

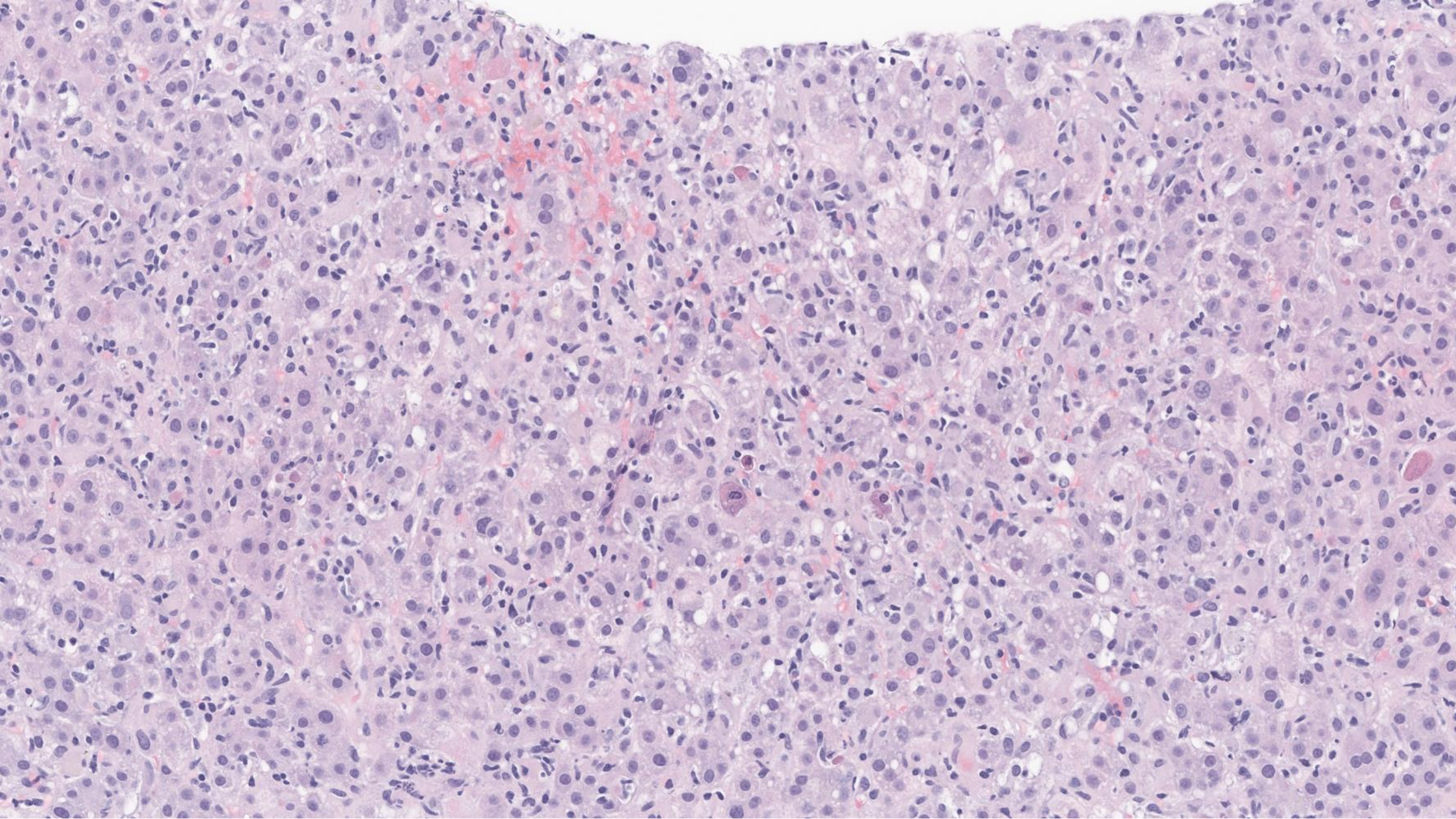
Autoimmune workup negative (ANA/SMA/LKM/SLA/dsDNA negative), serum IgG normal

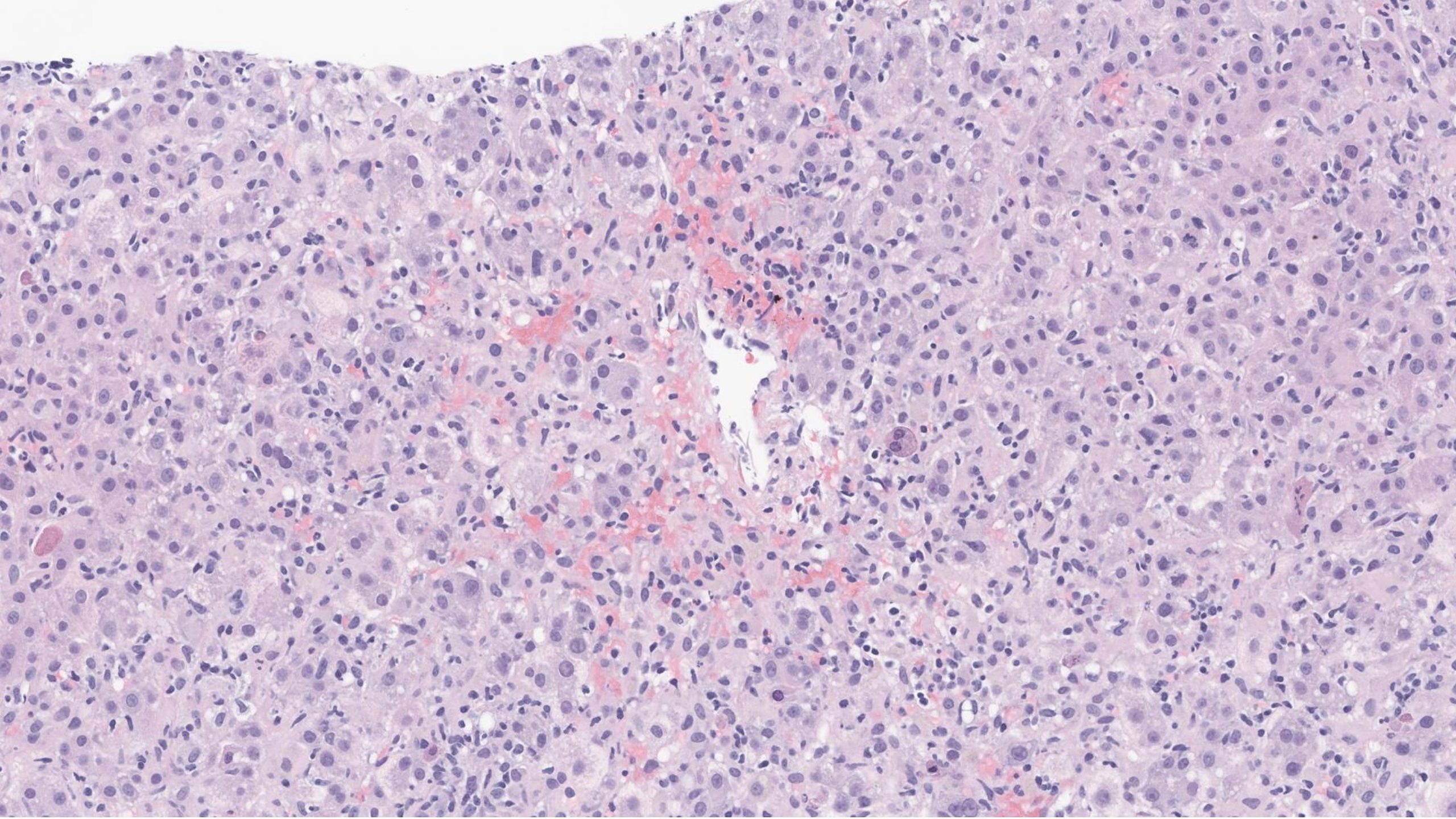
Ceruloplasmin normal, TTG negative

No significant medications/supplements

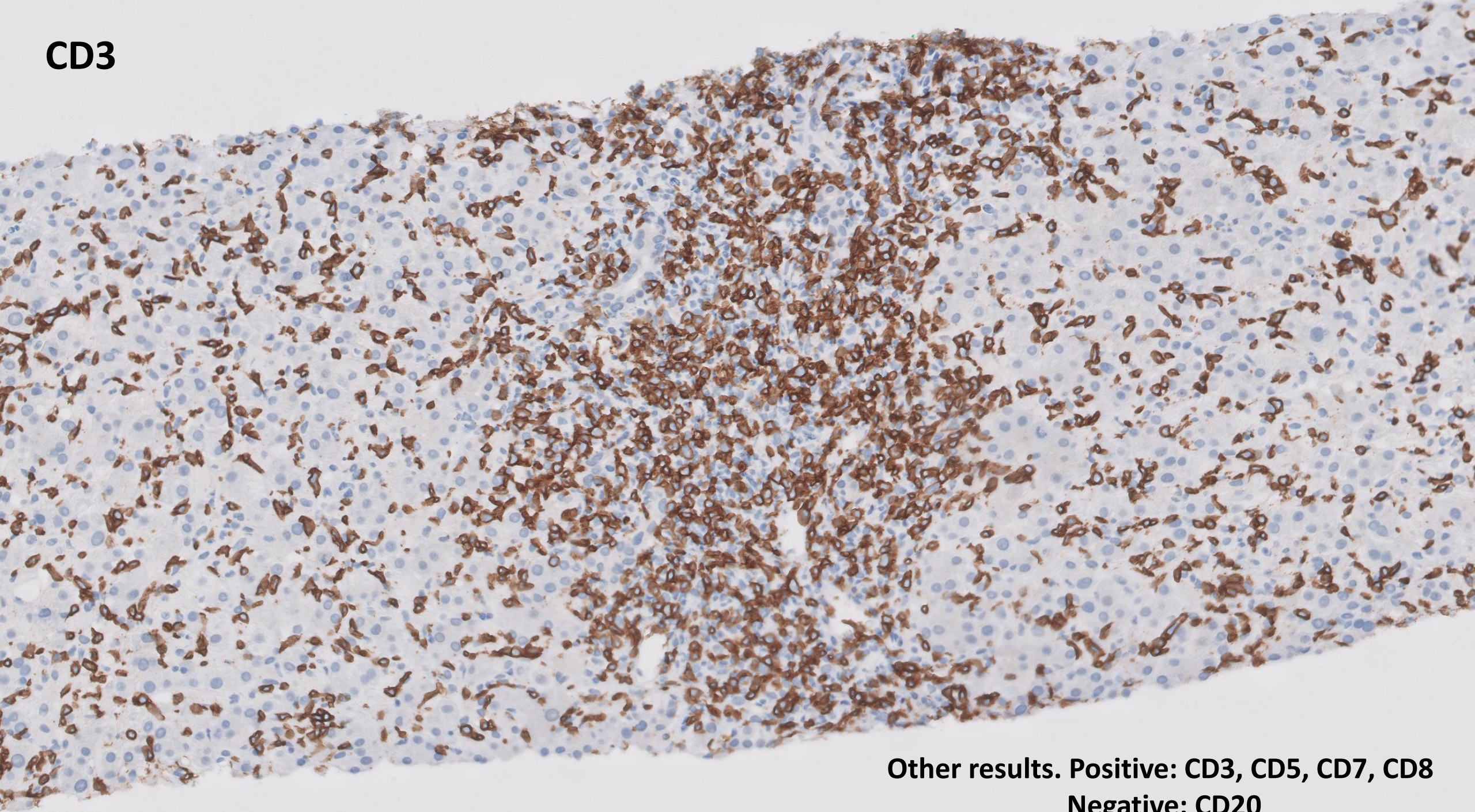








CD3



**Other results. Positive: CD3, CD5, CD7, CD8
Negative: CD20**

Clonality analysis

- Clonal peaks in the TCRB gene with no dominant clone

DIAGNOSIS?



