

**Bladder Case 1**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
February 17, 2007

Specimen (s) received: Bladder Tumor

Pre-operative Diagnosis: Bladder Cancer  
Post operative Diagnosis: Bladder Cancer

Procedure: Cystoscopy, transurethral resection of bladder tumor (TURBT)

**Gross Examination:**

Specimen consists of multiple irregular fragments of a gray pink soft tissue that in aggregate measure 4.5 x 4.5 x 1 cm. Many of these are soft and friable. Specimen is entirely submitted in six cassettes.

**Microscopic Examination:**

Slides examined: 6 See Diagnosis

**Final Diagnosis:**

Urinary Bladder Tissues (TURBT)

1. Urothelial carcinoma, high grade, non-papillary with extensive squamous differentiation, and focal mucinous component
  - a. Extensive tumor necrosis is present. Bacterial colonies are present.
  - b. Extensive muscularis invasion by tumor is present.
  - c. Vascular invasion is not identified.
2. Chronic follicularis cystitis.

**END Bladder Case 1**

**Bladder Case 2**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
10/25/2007

Preoperative Diagnosis: Hematuria

Postoperative Diagnosis: Bladder tumor

**Gross Description:**

Received in formalin as “bladder tumor” are multiple pieces of firm pink-tan tissue and clotted blood, approximately 2 x 2 x 1 cm in aggregate. The specimen is entirely submitted in cassettes 1-3.

**Frozen Section Diagnosis:**

FSA: Right ureteral margin, excision: No significant dysplasia or carcinoma.

FSB: Left ureteral margin, excision: No significant dysplasia or carcinoma.

**Microscopic Description:**

Sections show a high-grade carcinoma characterized by diffuse sheets and nests of malignant urothelial cells with marked nuclear pleomorphism and numerous mitoses. Many of the neoplastic cells show eccentric nuclear displacement with a signet ring appearance. These latter cells show intracytoplasmic mucin on PAS-diacetate stain. The tumor cells exhibit positive staining for CEA by immunohistochemistry and are negative for PSA and PAP. The urothelium overlying the invasive carcinoma shows urothelial carcinoma in-situ. There is muscle invasion with smooth muscle bundles that are splayed and surrounded by sheets of tumor cells.

**Final Diagnosis:**

Urinary bladder, transurethral resection of tumor: Invasive high-grade urothelial carcinoma with signet ring cell features. Smooth muscle invasion is present.

**END Bladder Case 2**

**Bladder Case 3**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
March 3, 2007

Specimen (s) received: Urinary bladder, transurethral resection (TURBT)

Clinical History: “Very large, necrotic infected bladder carcinoma”

**Gross Examination:**

Received in formalin in one container labeled “bladder tumor” – contains 75 grams of pink, tan and grey, irregular fragments of soft tissue. Representative sections are submitted in 10 cassettes labeled “A1” through “A10”

**Final Diagnosis:**

Bladder tumor: high grade poorly differentiated carcinoma with squamous features, consistent with a primary bladder carcinoma. See comment. Tumor infiltrates bladder wall deep muscle tissue.

**Comment:**

This poorly differentiated carcinoma is composed of predominately diffuse sheets of undifferentiated malignant cells. In addition, there is extensive necrosis. There is notable squamous differentiation. No transitional cell differentiation is identified. Nevertheless, the features are consistent with a primary bladder carcinoma.

**END Bladder Case 3**

**Bladder Case 4**  
**SURGICAL PATHOLOGY REPORT #1**

Pathology Report  
06/27/2007

Clinical History: Bladder cancer

Specimen: Bladder tumors

**Gross Description**

The specimen is received in B-5 fixative and labeled "Bladder tumors". It consists of multiple tan-brown shaggy fragments of tissue aggregating to 7.6 x 5.5 x 1.2 cm. The specimen is entirely submitted in ten cassettes.

**Final Diagnosis:**

Cystoscopy, biopsy, and transurethral resection of bladder tumors: Bladder tumors: Invasive transitional cell carcinoma with papillary and micropapillary features and squamous cell carcinoma, nuclear grade IV accompanied by extensive necrosis. The squamous cell tumor is extensively invasive and although there is extensive necrosis, invasion into muscularis propria is identified.

**Bladder Case 4**  
**SURGICAL PATHOLOGY REPORT #2**

Pathology Report  
07/28/2007

Clinical Diagnosis and History: Not provided

Specimen: Radical cystectomy

**Final Diagnosis:**

Urinary bladder: Multifocal papillary transitional carcinoma, grade II-III of IV, with superficial invasion into bladder wall. Moderately differentiated keratinizing squamous cell carcinoma (4.0 x 3.0 x 1.8 cm), extending through the deep muscle (outer half) into perivesical fat. Surgical resection margins including ureteral margins, free of malignancy. No evidence of lymphovascular space invasion identified.

**END Bladder Case 4**

**Bladder Case 5**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
June 14, 2007

Specimen (s) received: Bladder, transurethral resection (TURB)

Clinical History: Bladder tumor

**Gross Examination:**

Received in formalin are multiple tan, pink focally papillary, mildly cauterized tissues aggregating 12 cc. Specimen is totally submitted in cassettes 1-6.

**Microscopic Examination:**

Sections show a poorly differentiated urothelial carcinoma arising within the urothelial surface and extensively infiltrating the underlying mucosal lamina propria and muscularis propria. The in-situ component exhibits papillary and non-papillary growth patterns. The invasive component, which extensively involves virtually all of the biopsy fragments, exhibits moderate nuclear pleomorphism, increased mitotic activity and extensive involvement of the muscularis propria. Foci suggestive of lymphovascular invasion are noted. These features represent urothelial carcinoma, mixed papillary and non-papillary type; grade III/IV, with extensive invasion and involvement of the muscular wall.

**Final Diagnosis:**

Bladder transurethral resection. Urothelial carcinoma, mixed papillary/non-papillary type, grade III/IV, with extensive involvement of the muscularis propria and foci suggestive of lymphovascular invasion.

**END Bladder Case 5**

## **Bladder Case 6 Surgical Pathology Report**

Surgical Pathology Report  
07/02/2007

Clinical History: Bladder cancer

Specimen: Radical cystectomy

### Final Diagnosis:

- A. Urethral surgical margin (biopsy): No dysplasia or carcinoma identified.
- B. Lymph nodes, pelvic right (resection): Two of 15 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 2.6 cm in greatest diameter) (2/15)
- C. Lymph nodes, pelvis left (resection): Two of 13 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 1.7 cm in greatest dimension) (2/13)
- D. Bladder (resection):
  - Poorly differentiated transitional cell carcinoma of the bladder involving right and left ureter bladder junction, right and left bladder wall.
  - The tumor invades into the perivesicular soft tissue microscopically (pT3b).
  - Carcinoma in situ associated with invasive carcinoma.
  - Vascular invasion identified.
  - Perineural invasion identified.
  - Urethral margins are free of tumor.
  - Perivesicular soft tissue margin is free of tumor and less than 1 mm from the invasive tumor.
  - Right and left urethral margins show carcinoma in situ.
- E. Lymph nodes, sacral area (resection): Three of 10 lymph nodes positive for metastatic urothelial carcinoma (largest involved lymph node is 1 cm in greatest dimension) (3/10)

**END Bladder Case 6**

**Bladder Case 7**  
**Surgical Pathology Report**

Surgical Pathology Report

Specimen (s) received: Bladder tumor

Pre-operative Diagnosis: Bladder tumor

Post operative Diagnosis: Same

Procedure: Transurethral resection bladder tumor (TURBT)

Gross Examination:

The specimen is labeled bladder tumor. Specimen consists of multiple (>20) fragments of tan to brown irregularly shaped tissue fragments varying in size from 0.1 x 0.1 x 0.1 cm, to a greatest cross dimension of 0.7 x 0.5 x 0.3 cm. Specimen submitted in toto in three cassettes.

Final Diagnosis:

Bladder tumor/TURBT

Invasive papillary urothelial carcinoma, high grade

Comment:

Scattered loci show squamous and adenomatous differentiation (less than 5%). Negative for lymphovascular involvement. Neoplastic components show focal involvement of lamina propria. Smooth muscle tissue fragments are negative for neoplastic components.

**END Bladder Case 7**

**Bladder Case 8**  
**Surgical Pathology Report #1**

Surgical Pathology Report  
September 14, 2007

Specimen (s) received:

- A. Urethra – prostatic urethra.
- B. Bladder tumor, transurethral resection.

Gross Examination:

- A. Labeled prostatic urethra. Specimen is received in formalin and consists of a polypoid fragment of tan tissue measuring 0.6 x 0.4 x 0.3 cm in overall dimensions. Specimen is bisected and submitted in toto in one cassette as a rush.
- B. Labeled bladder tumor. Specimen is received in formalin and consists of multiple fragments of pinkish grey tissue measuring 3.0 x 2.5 x 0.5 cm in aggregate size. Specimen is submitted in toto in two cassettes as a rush.

Final Diagnosis:

- A. Benign prostatic urethral tissue.
- B. Transurethral resection of bladder with invasive high grade urothelial carcinoma (grade 3) with squamous features.

**Bladder Case 8**  
**Surgical Pathology Report #2**

Surgical Pathology Report  
September 27, 2007

Specimen (s) received: Radical cystectomy, prostatectomy

Final Diagnosis:

- A, B. Left and right ureter resection margins, negative for dysplasia or tumor.
- C. Radical cystectomy specimen with – ulcerated and focally necrotic moderately differentiated, invasive squamous cell carcinoma, extending superficially into the perivesical tissue. See note. Perivesical soft tissue margin and prostatic urethra resection margins are negative for tumor. Site of previous resection negative for residual urothelial carcinoma.

Comment: Invasive carcinoma is predominately squamous carcinoma, with a very minute poorly differentiated carcinoma component at one edge.

**END Bladder Case 8**

**Bladder Case 9**  
**SURGICAL PATHOLOGY REPORT**

Surgical Pathology Report  
July 28, 2007

Specimen (s) received:  
A. Bladder tumor

Pre-operative Diagnosis: Bladder tumor  
Post operative Diagnosis: Same

Clinical History: Gastrostomy tube, chronic renal insufficiency, chronic dementia

Procedure: Cystoscopy, transurethral resection of bladder tumor (TURBT).

Gross Examination:

Specimen is labeled bladder tumor and consists of multiple (>50) fragments of soft tan tissue measuring up to 5.0 cm in aggregate dimension. The specimen is submitted en toto in five cassettes.

Final Diagnosis:

Bladder tumor, TUR: Urothelial carcinoma, high grade, with extensive squamous component – predominantly squamous cell carcinoma. Tumor is invasive with involvement of muscularis propria.

**END Bladder Case 9**