

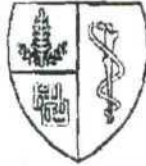
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STANFORD PATHOLOGY CONSULTANTS
 STANFORD UNIVERSITY MEDICAL CENTER
 300 PASTEUR DRIVE, ROOM H2110/ STANFORD, CALIFORNIA 94305
 TEL. # (650) 723-7211 FAX # (650) 725-7409

DANIEL C. PURTZER, M.D.
 444 BRUCE STREET
 YREKA, CA 96097

Patient: **SALANTI, ANNA M.**Med. Record No.: **SHS 16164022**Sex: **F** Age: **79**Date of Birth: **06/27/1922**Account Number: **090002666122**Pathology No.: **SHS-01-29089**

Date of Procedure:

Date Received: **10/02/2001**Social Security No.: **000-00-0000**

SPECIMEN SUBMITTED: S01-2816, 4 SLIDES/4 BLOCKS

IDX # 01-3427

This immunologic test was developed and its performance characteristics determined by Stanford University Immunoperoxidase Laboratory. Unless indicated otherwise, it has not been cleared or approved by the USFDA, although such approval is not required for analyte-specific reagents of this type.

CLINICAL HISTORY: This patient is a 79 year old female with multiple peritoneal implants.

COMMENT: Thank you for sending us this case in consultation.

Histologic sections from the peritoneum show aggregates of tumor cells as well as individual cells admixed within a fibrovascular background. The tumor cells are highly pleomorphic and irregular and many contain large mucin vacuoles displacing and compressing the nucleus, thus giving the impression of signet ring cells. Significant areas of necrosis are also present. While the finding of numerous signet-ring cells raises the possibility of a gastric signet-ring adenocarcinoma, on morphologic grounds the possibility of a colon, breast, or even ovarian primary cannot be entirely excluded.

Immunohistochemical studies have been performed in order to further classify this neoplasm. Cytokeratin 7 and cytokeratin 5/6 show tumor cell reactivity while cytokeratin 20, monoclonal CEA, BRST2, and HepPar 1 are negative. The CK7+/CK20- phenotype is seen more frequently in endometrioid ovarian carcinomas and lobular and ductal breast carcinomas, but it can also be found in gastric adenocarcinomas. Colon carcinomas do not typically have this phenotype. Although the immunophenotype is not ideal, the morphologic appearance is highly suggestive of a gastric primary; nonetheless, clinical correlation to exclude other possible sites is recommended.



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STANFORD UNIVERSITY MEDICAL CENTER
300 PASTEUR DRIVE, ROOM H2110/ STANFORD, CALIFORNIA 94305
TEL (650) 723-9718 • (888) 660-8989 • FAX (650) 498-4989

Patient: **SALANTI, ANNA M.**

Pathology No.: **SHS-01-29089**

DIAGNOSIS:

PERITONEUM, BIOPSY

-- **ADENOCARCINOMA WITH SIGNET-RING FEATURES (SEE COMMENT)**

HAAS/KEMPSON

cih/10/5/01

I have personally reviewed the specimen
and agree with the interpretation above.
RICHARD KEMPSON M.D.
Pathologist
Electronically signed 10/05/2001