

Holy Cross Hospital

LABORATORY

1045 EAST 1st SOUTH SALT LAKE CITY, UTAH 84102

PATHOLOGY REPORT

PATHOLOGISTS

CYRIL FULLMER, M.D.

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Chapman,	Brian E. 5/24/68	76-2536
206/B	2296382	4/7/76
CLINICAL DIAGNO Right Rer	osis nal Tumor	A.W.Middleton, Jr.
Rt Kidne	ey	CODE
Wilms's margins)	tumor of right kid	
	_ (\mathcal{L}

RML/mf

GROSS:

The specimen labelled "right kidney," consists of a kidney and subcutaneous tissues weighing 285 grams. The kidney has been opened and reveals a large yellow centrally necrotic tumor measuring 6 cm. in diameter. There is a maximum of 12 mm. of renal tissue surrounding this lesion. The tumor, itself, is yellow-tan and appears to have cystic areas within it. There is a central area of hemorrhage and necrosis. The tumor appears to be well surpounded by renal tissues. The ureter is identified and no gross evidence of tumor seen within it although the tumor almost totally fills the renal pelvis. A representative section of the distal end will be submitted and labelled #1. When opened from the ureteral surface the lesion is seen to sit within the calyceal and pelvic structures causing a dilatation in some of the calyceal areas. The artery and vein are also identified and are found to be free of tumor grossly. There are occasional small lymph nodes within the hylar adipose tissues. None of these contain tumor grossly. Also within the adipose tissue on the capsule is the right adrenal measuring $4 \times 2.4 \times 10^{-2}$ 420 1.0 cm.

MICROSCOPIC:

Microscopically the sections of tumor reveal essentially two cellular types. The majority of the cells are large spindle shaped cells with vesicular nuclei. The other cell type is mainly around the small vascular structures and is composed of smaller cells with more densely hyperchromatic nuclei. Definite embryonic glomeruli ex tubular structures are not identified although multiple sections of the lesion are taken. In many areas there are small pseudotubular type formations and some linear pattern of cell nuclei suggestive an attempt at tubular formation. The majority of the lesion reveals the immature spindle cell stroma. There are large areas of necrotic tissues and prominent vascular structures throughout the lesion. On the microscopic sections the tumor appears to be definitely enclosed within the kidney. The narrowest margin is in the renal pelvis where the tumor extends to within an estimated 2 mm. or the thickness of the pelvis wall to separate it from the surrounding perirenal fat. Sections of the ureter are free of malignancy. Benign transitional celbasseen to line the fibromuscular structure. The sections of the renal artery and vein also are free of tumor as are the surrounding adipose and fibrous tissues. The sections of the lymph nodes found within the hilar area reveal hyperplastic lymph nodes with no evidence of any malignancy. The section of the adrenal reveals unremarkable adrenal tissue with no evidence of malignancy within the adrenal or within the surrounding adipose tissues.

The wections are shown at the weekly pathologist's conference because of the failure of the tumor to form the embryonic glomeruli and tubular structures. (contd).

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UD/ 447 UO Unapman, Brian L. ADDRESS 4/7/76 2296382 206/B CLINICAL DIAGNOSIS A. Middleton, Jran refer to page 1 refer to page I CODE PATHOLOGIC DIAGNOSIS diagnosis on page 1.

CROSS

COMMENT: continued.

The department is in agreement that although these features are missing the attempt at forming the structures seen within the stroma and the characteristic appearance of the stroma, that this is, indeed, a Wilms's tumor.

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