

CLIA #: 31D2026917

PATIENT DEMOGRAPHICS

PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:
Patient, Test DOB: 1/1/2012 Gender/Age: F/14	Test Physician, MD Test Practice 300 Columbus Circle Suite A, Edison, NJ 08837 (866) 909-7284, Fax:(908) 272-1478	ACCESSION #: TS26-000X7 PROCEDURE DATE: 4/19/2026 DATE RECEIVED: 4/20/2026 REPORTED ON: 4/20/2026

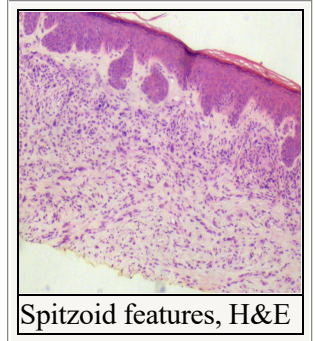
CLINICAL INFORMATION

CLINICAL HISTORY: 13-year-old female with recently enlarging mole R/O dysplastic nevus vs congenital nevus vs Spitz lesion vs APL

OPERATIVE PROCEDURE: Shave biopsy

FINAL DIAGNOSIS

A: SKIN, THIGH, LEFT PROXIMAL POSTERIOR, SHAVE BIOPSY:
- Compound melanocytic nevus with moderate dysplasia and "Spitzoid" features, irritated, narrowly removed. (See comment and description)



GROSS EXAMINATION

A: Received in formalin is a shave of tan skin measuring 0.9 cm in greatest dimension. A dome-shaped brown-pink lesion is centrally located, measuring 0.6 cm in greatest dimension. The specimen is bisected and entirely submitted in a single cassette.

MICROSCOPIC EXAMINATION

Tissue blocks: 1

Histomorphologic examination of the "left proximal posterior thigh" shave biopsy demonstrates a moderately sized, well-circumscribed, and asymmetrical compound melanocytic proliferation. The junctional melanocytes show moderate cytologic atypia with nuclear enlargement and enlarged nests. Occasional epithelioid and multinucleated forms with nuclear pseudo-inclusions are seen (i.e. "Spitzoid" features). Nests are predominantly centered at the tips and sides of retia. Architectural disorder is present, including frequent bridging of nests across retia, papillary dermal fibroplasia, and "shouldering" of the junctional component. Neither confluent growth or Pagetoid scatter are appreciated. The dermal component shows descent maturation without mitotic activity. SOX-10 immunohistochemistry was used to highlight the number and distribution of melanocytes. No definitive junctional confluence or Pagetoid scatter is appreciated.

Immunostains were performed to highlight the melanocyte distribution. SOX-10 and Melan-A highlight the lesion, showing demarcated growth without confluency. The lesion appears narrowly contained within the plane of sections examined. All controls show appropriate reactivity.

COMMENTS

Conservative re-excision to ensure complete removal may be considered if clinically feasible.

Physician: Test Physician, MD

Medical Director: Reema Jaffar, MD

Electronically signed out by: Test Pathologist, MD

• 300 Columbus Circle, Suite A, Edison, NJ 08837 • Tel: 1-866-909-7284 • Fax: (908) 272-1478

A positive control for each stain has been reviewed and accepted.
Any immunostain(s) used were validated and their performance characteristics determined by LabGenomics. They may not be cleared or approved by the U. S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory has been approved by CLIA 88, designated as a high-complexity laboratory and is qualified to perform these tests.