

CLIA #: 31D2026917

PATIENT DEMOGRAPHICS

PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:
Patient, Test DOB: 1/1/1960 Gender/Age: M/66	Test Physician, MD Test Practice 300 Columbus Circle Suite A, Edison, NJ 08837 (866) 909-7284, Fax:(908) 272-1478	ACCESSION #: TS26-0031X PROCEDURE DATE: 4/19/2026 DATE RECEIVED: 4/20/2026 REPORTED ON: 4/20/2026

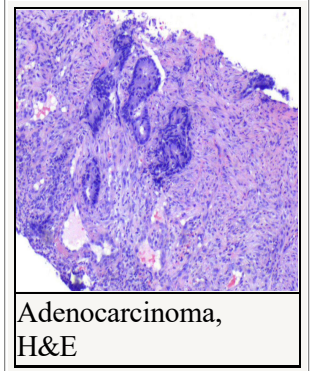
CLINICAL INFORMATION

CLINICAL HISTORY: Diarrhea, Endoscopic Findings: 4cm non-obstructing mass at 25cm from anal verge. Single small polyp in the proximal transverse colon

OPERATIVE PROCEDURE: EGD

FINAL DIAGNOSIS

- A: COLON, ASCENDING, 25 CM MASS, BIOPSY:**
- Invasive adenocarcinoma, moderately differentiated, arising in a background of a Tubulovillous adenoma (see comment).
- B: COLON, PROXIMAL TRANSVERSE, POLYP, POLYPECTOMY:**
- Focal high grade dysplasia arising in a Tubular adenoma, negative for invasive malignancy.



COMMENTS

For part A, results of immunohistochemical staining for DNA mismatch repair enzyme protein expression:

- MLH1: intact
- PMS2: intact
- MSH2: intact
- MSH6: intact

The immunohistochemical study of DNA mismatch repair protein expression reveals presence of MLH1, MSH2, MSH6 and PMS2 expression in the tumor (internal controls stain appropriately). The findings do not completely exclude underlying Lynch Syndrome since some mutations may result in intact protein expression. If there are strong clinical findings suggesting possible Lynch Syndrome, additional MSI by PCR testing is available and can be ordered on the resection specimen.

No lymphovascular or perineural invasion seen. The tumor is negative for significant tumor budding (<5 buds/0.785 mm²).

For quality assurance purposes, this case has been reviewed by Dr. XYZ, who concurs with the above diagnosis. The findings were discussed with Dr. ABC on 5/14/2025 at 2:00PM.

GROSS EXAMINATION

A: "Patient, Test, Mass, Ascending Colon 25 cm" received in formalin is a soft tan tissue fragment measuring 0.1 x

0.5 cm. The specimen is entirely submitted in a single cassette.

B: "Patient, Test, Polyp, Proximal Transverse Colon" received in formalin is a soft tan tissue fragment measuring 0.4 x 0.6 cm. The specimen is entirely submitted in a single cassette.

MICROSCOPIC EXAMINATION

Tissue blocks: 2

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.