LABORATORY DIRECTOR
[redacted]

PACIFIC DIAGNOSTIC LABORATORIES
Guiding Health™

[redacted]

PRACTICE INFORMATION		REPORT INFORMATION		PATIENT INFORMATION		
Provider:	[redacted]	Report status: See Below		**Name:**	**ABRAMS, ROXANN**	
Recipient:		Encounter No.: [redacted]		Phone:	[redacted]	
Phone:	[redacted]	Printed:	[redacted]	[redacted]		AGE: [redacted]
Code:				MRN: [redacted]		SEX: Female
Address:		Comment:				

Surgical Pathology-PDC (Final result)

[redacted]

Authorizing Provider: [redacted]
Ordering Location:
Pathologist:
Ordering Provider:
Collected: 01/07/2025 1330
Received: 01/07/2025 2003

Specimens

A Skin, left axilla skin punch bx
B Skin, left axilla lower skin
C Skin, left chest skin bx
D Skin, left chest skin bx

FINAL DIAGNOSIS

A. Skin, left axilla, punch biopsy:
-- Skin with minimal superficial peri-vascular inflammation (see comment)
-- Negative for carcinoma

B. Skin, left axilla, lower, punch biopsy:
-- Skin with minimal superficial peri-vascular inflammation (see comment)
-- Negative for carcinoma

C. Skin, left chest, punch biopsy:
-- Skin with minimal superficial peri-vascular inflammation (see comment)
-- Negative for carcinoma

D. Skin, left chest, punch biopsy:
-- Skin with minimal superficial peri-vascular inflammation (see comment)
-- Negative for carcinoma

Comment: Skin biopsies have patchy, minimal superficial peri-vascular chronic inflammatory infiltrate with a few scattered eosinophils. The differential diagnosis includes drug reaction and dermal hypersensitivity reaction. Clinical correlation is recommended.

The history of recurrent lobular carcinoma is noted. There is no carcinoma identified in any of the biopsies, including on keratin immunostains and multiple additional levels.

Electronically signed by [redacted]

IHC

Technical component for the stains listed below was performed by Pacific Diagnostic Laboratories at 454 S Patterson Ave, Santa Barbara, CA 93111
Professional interpretation for the stains listed below was performed in-house by an MPC/SBCH pathologist at 400 W Pueblo St. Santa Barbara, CA 93105

Block(s): A1, B1, C1, D1
Population: All areas

Antibody	Patient Results/Comments
Keratin AE1/3	Negative

Interpretation: There is no immunohistochemical evidence of involvement by carcinoma.

Internal and external IHC controls were reviewed and are satisfactory. All above stains are single (non-cocktail/multiplex) unless otherwise indicated.

The reported immunochemical stain(s) were developed and their performance characteristics determined by Pacific Diagnostic Laboratories. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes and should not be regarded as investigational or research. This laboratory is certified under the Clinical Laboratory Improvement Amendment of 1988 (CLIA) as qualified to perform high complexity clinical testing.

GROSS DESCRIPTION

A. Received in formalin labeled "LT axilla skin punch Bx" is a 0.4 x 0.3 cm skin punch, excised to a depth of 0.3 cm. The epidermis is pale-tan and hyper wrinkled. The specimen is submitted entirely in cassette A1.

B. Received in formalin labeled "left axilla lower skin punch" is a 0.3 cm skin punch, excised to a depth of 0.3 cm. The epidermis is white to pale-pink, hyper wrinkled, and irregular. The specimen is submitted entirely in cassette B1.

C. Received in formalin labeled "left chest skin Bx" is a 0.3 cm skin punch, excised to a depth of 0.4 cm. The epidermis is white to pale-pink and hyper wrinkled. The specimen is submitted entirely in cassette C1.

D. Received in formalin labeled "left chest skin" is a 0.3 cm skin punch, excised to a depth of up to 0.5 cm. The epidermis is white to pale-pink, hyper wrinkled, and irregular. The specimen is submitted entirely in cassette D1. jdk

CLINICAL HISTORY

A: left axilla skin punch bx
B: left axilla lower skin
C: left chest skin bx
D:left chest skin bx
Specimen Source: Other
A: left axilla skin punch bx
Specimen Source: Other
B: left axilla lower skin
Specimen Source: Other
C: left chest skin bx
Specimen Source: Other
D:left chest skin bx
CLINICAL HISTORY: 65 yo female Punch Bxs, recent punch skin bx showing ILC

Proposed Charges

Charge Code	Qty	Charge Code	Qty	Charge Code	Qty
88305 (CPT®)	**1**	**88341 (CPT®)**	**1**	**88305 (CPT®)**	**1**
88341 (CPT®)	**1**	**88305 (CPT®)**	**1**	**88341 (CPT®)**	**1**
88305 (CPT®)	**1**	**88341 (CPT®)**	**1**		

Performing Lab [redacted] #: [redacted]

The interpretations of all normal gynecologic specimens and the technical components for all surgical and autopsy pathology as well as cytology specimens, except for flow cytometry or unless otherwise designated as performed by an outside laboratory, were performed at Pacific Diagnostics Laboratory (PDL) Core Laboratory, 454 S. Patterson Avenue, Santa Barbara, CA 93111. The professional interpretations, including intraoperative, microscopic and macroscopic evaluations for all pathology specimens, except for normal gynecologic cytology specimens, were performed at Santa Barbara Cottage Hospital (CLIA# 05D0584831), 400 W. Pueblo Street, Santa Barbara, CA 93105. The diagnosis was made using microscopic evaluation of representative tissue sections unless otherwise specified. All standard and special cellular stains were developed and their performance characteristics were determined by PDL Core Laboratory. For flow cytometry, the performance characteristics as well as the technical and professional components were performed at Santa Barbara Cottage Hospital (CLIA# 05D0584831). Intraoperative evaluations for Goleta Valley Cottage Hospital radiologist-procured specimens were performed at Goleta Valley Cottage Hospital, 351 S. Patterson Ave. Santa Barbara, CA 93111. The Laboratory Medical Director for all of the aforementioned facilities is Monica R. Phillips, MD.

Please note that the CPT codes listed may not reflect final billing.

Legend

BCA BREAST CANCER ADVOCATE