

T-12345

Test Patient

165 Burwood Rd
HAWTHORN VIC 3122
DOB: 01-Jan-1999

Doctor, John
1345 Burwood Rd
HAWTHORN
VIC

Specimen: Tissue

Episode No: 07T0012345N

Collection: 23-AUG-2007

Lab No: 07H99002

HISTOPATHOLOGY REPORT

CLINICAL NOTES:

Biopsy left colon and rectum. ?ulcerative colitis ?Crohn's disease.

MACROSCOPIC:

Specimen 1. Labelled left colon biopsy. Three pale fragments up to 3 mm. A1
Specimen 2. Labelled rectum biopsy. Two pale fragments up to 2 mm. A1 (ra)

MICROSCOPIC:

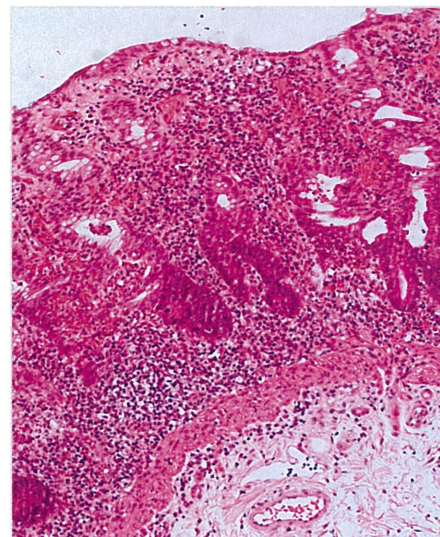
Specimens 1 and 2: All fragments show a diffuse active colitis, with focal crypt architectural distortion. There is a generalised reduction in goblet cell mucin, patchy cryptitis and scattered crypt abscesses. The lamina propria shows a heavy infiltrate of lymphocytes and plasma cells with lymphoid aggregates. There are small superficial erosions present. The inflammation appears to be largely confined to the mucosa, with minimal inflammation seen in the submucosa included in the biopsies. No granulomas are identified.

COMMENT: The left colonic and rectal biopsies show a diffuse active colitis of moderate severity with superficial erosions and focal crypt architectural distortion. The histological features are consistent with inflammatory bowel disease and the pattern of inflammation would favour ulcerative colitis.

CONCLUSION:

Specimens 1 and 2: Left colonic and rectal biopsies -- diffuse active colitis of moderate severity with superficial erosions (see comment).

Reported by Dr John Pedersen.



Biopsy of left colon
Diffuse active colitis with
crypt abscesses and
architectural distortion.

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