Attachment 21 – 42 CFR 37.203 Pathologist Report of Autopsy – Sample

03/006

## "" UNITED HOSPITAL CENTER

Je	partment of Pathology and Laboratory Medicine
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#### AUTOPSY REPORT

Specimen(s) Submitted:

#### FINAL DIAGNOSIS:

POORLY DIFFERENTIATED SMALL CELL CARCINOMA AT THE HILUM OF THE LUNG; INFARCTIONS OF THE LUNGS WITH MILD TO MODERATE ANTHRACOSIS.

Autopsy

MYOCARDIUM - SHOWING NO SIGNIFICANT HISTOPATHOLOGICAL CHANGE.

#### CAUSE OF DEATH: THE AUTOPSY IS LIMITED TO THE CHEST ONLY FOR BLACK LUNG. IN MY OPINION, THE CAUSE OF DEATH OF THIS INDIVIDUAL IS PROBABLY DUE TO SMALL CELL CARCINOMA OF THE LUNG.

#### CLINICAL HISTORY:

This 58-year-old white male was sent from Hosp ce for autopsy. The consent was signed by his son. Autopsy was performed by Doctor Chinmay Datta at United Hospital Center on July 21, 2008 at 2:15 p.m. Patient had stage IV primary lung carcinoma. In the past patient had myocardial injury with stent insertion.

#### EXTERNAL EXAMINATION:

The body is that of a woll developed, well nourished white man measuring about 6 feet and weighing 315 pounds. No scar or any abnormalities are found on the skin surfaces. The autopsy is limited to chest only.

A Y-shaped Inclsion was made on the chest revealing yellowish panniculus of 2 cm in thickness.

Hea:t – The heart weighs 700 grams and shows arteriosclerotic changes in the coronary vessels. No apparent scar is identified on gross examination. Atrial appendages are within normal limits. The tricuspid valve measures 14 cm, mitral valve 8 cm, pulmonic valve 7 cm and

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### AUTOPSY REPORT

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aortic valve 8 c ventricular wall pericardial cav	cm. The left ventricular wall measures 1.5 cm in thickness and the right l is 0.8 cm in thickness. About 500 cc of straw colored fluid is identified in the ity.
measuring 10 o both lungs. Le	lung weighs 400 grams and the left lung 550 grams. Both lungs show hilar mass cm in greatest dimension. Both lungs are congested. Cut section shows fluid in ft pleural cavity shows about 300 cc of straw colored fluid. There is no definite Imonary embolism.
Block 5 and 6 Block 7 and 11 Block 8 and 9 Block 10 and 1	<ul> <li>heart.</li> <li>upper lobe of right lung.</li> <li>lower lobe of right lung.</li> <li>middle lobe of right lung.</li> <li>upper lobe of left lung.</li> <li>2 - lower lobe of left lung.</li> </ul>
MICROSCOP	<u>יוכ</u> :
	yocardium shows no significant histopathological change. The coronary vessel I arteriosclerotic change.
	ungs show infarctions and mild to moderate anthracosis. Sections taken from eals poorly differentiated small cell carcinoma of the lung.

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