

# LABORATORY DIAGNOSIS SERVICES, INC.

Doña Anita Building, Room 2G  
204 E. Rodriguez Ave., Q. C.  
(In Front of St. Luke's Hospital)  
Tel. No. 78-84-91

## TISSUE REPORT (DOCTOR'S COPY)

PATIENT: FAMILY NAME <b>SING</b>	FIRST NAME <b>Kio</b>	MIDDLE (OR MAIDEN) NAME	LAB. NO. <b>SP 16,669</b>
ADDRESS: <b>Out Patient</b>		AGE <b>58 Years</b>	SEX
		DATE <b>December 22, 1991</b>	
REFERRED BY: <b>Dr. Daniel Tan</b>		SPECIMEN (S) <b>A= Bronchial Washings B= Bronchial Biopsy Tissues</b>	
CLINICAL DATA OR DIAGNOSIS			

### FINAL PATHOLOGICAL DIAGNOSIS

- A. POSITIVE FOR WELL DIFFERENTIATED LARGE CELL KERATINIZING SQUAMOUS CARCINOMA CELLS (Bronchial Washings).
- B. SEVERE DYSPLASIA ON TOP OF GRANULOMATOUS BRONCHITIS WITH SQUAMOUS METAPLASIA AND PSEUDO-EPITHELIOMATOUS HYPERPLASIA.

Remark: The granulomatous lesion is consistent with *Granuloma*  
tuberculosis. **Felix B. Marcelo, Jr., M.D.**

PATHOLOGISTS

JUANITO B. BILLOTE, M.D.  
FELIX B. MARCELO, JR., M.D.  
JAIME T. ZAMUCO, M.D.

### MACROSCOPIC AND MICROSCOPIC EXAMINATION:

A. (Bronchial Washings.) Specimen consists of about 10ml. of turbid, slightly slimy, slightly tenaceous, moderately viscid and cloudy-white fluid. For Pap's smears and cell blocks.

B. (Bronchial Biopsy Tissues.) Specimen consists of four small, irregularly-shaped, light-brown, finely raw-looking to roughened and soft-solid adequately formalin-fixed tissues with an aggregate diameter of 0.3cm. Block all for semi-serial sectioning.

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A. Moderately cellular smears and cell blocks show these:

Respiratory Epithelia=	2+
Squamous Epithelia=	2+
Columnar Epithelia=	few
Reserve Cells=	few
Neutrophils=	3+ (47 to 55 per high power field)
Lymphocytes=	3+
Macrophages=	3+ (with Dust Cells)
Erythrocytes=	3+
Fibroblasts=	1+

Moderately pleomorphic keratinizing squamous carcinoma cells= few

B. Sections show multiple fragments of mucous membrane covered by respiratory epithelia in very scanty surface-regions but showing extensive squamous metaplasia in most regions with markedly elongated rete pegs interdigitating with the underlying tissues in scanty areas. There is transition from this benign squamous metaplasia with pseudo-epitheliomatous hyperplasia to actual severe dysplasia in some segments with the dysplastic regions exhibited by the moderate to severe lack of maturation and loss of polarity of the squamous cells from top to bottom of the epithelial layer or with the cells showing mature adequate cytoplasm and vesicular nuclei indicative of young karyokinetics to the topmost layer of the epithelia. Granulomatous lesions with multinucleated Langhans type of giant cells plus non-specific acute and chronic inflammation is in the subepithelial connective tissues.