

**D-PATH Dermatology** is committed to delivering the highest quality dermatopathology diagnoses, made exclusively by one of our board-certified dermatopathologists. Founded in 2008, D-PATH is one of the only physician owned laboratories in the United States dedicated solely to the practice of dermatopathology. D-PATH offers a comprehensive test menu and strives to deliver the broadest range of services available. Our commitment to quality, service and innovation is delivered in a number of ways:

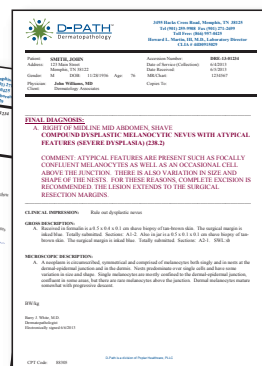
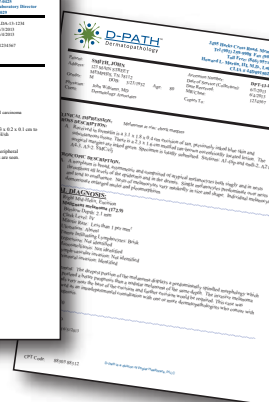


### QUALITY:

- 100% board-certified dermatopathologists
- Internal review of all melanomas and unusual cases
- In-house hematopathology work-up on lymphomas

### SERVICE:

- 48 hour turnaround time on most results
- Comprehensive menu of IHC and special stains
- Immunofluorescence testing
- Immediate access to dermatopathologists




### INNOVATION:

- Customized diagnostic report formats
- Electronic pathology requisition software
- TC-only support for dermatologists reading slides
- Interfacing available with most of the leading EMR companies

## CHOOSE THE DIAGNOSTIC FORMAT THAT FITS YOUR NEEDS

- Add photomicrographs to your reports
- Diagnoses in bold
- Request significant diagnoses in red

		3495 Hacks Cross Road, Memphis, TN 38125 Tel (901) 259-9908 Fax (901) 271-2699 Toll Free: (866) 957-8425 Howard L. Martin, III, M.D., Laboratory Director CLIA # 44D0915029	
Patient:	<b>SMITH, JOHN</b>	Accession Number:	LDA-13-1234
Address:	123 MAIN STREET MEMPHIS, TN 38112	Date of Service (Collection):	6/3/2013
		Date Received:	6/4/2013
Gender:	M DOB: 9/15/1932 Age: 78	MR/Chart:	1234567
Physician:	John Williams, MD	Copies To:	
Client:	Dermatology Associates		


**FINAL DIAGNOSIS:**  
 A. Left Dorsum Hand, Punch  
**Basal cell carcinoma, nodular type (173.9)**

**SOURCE OF SPECIMEN:** Left dorsum hand, punch  
**CLINICAL IMPRESSION:** 2 cm keratotic plaque; rule out basal cell carcinoma; squamous cell carcinoma

**GROSS DESCRIPTION:**  
 A. Received in formalin are multiple fragments of irregular red-tan skin ranging from 0.3 x 0.2 x 0.1 cm to 0.5 x 0.3 x 0.2 cm. The margin is inked green. Totally submitted. Sections: A1-5. CH/sh

**MICROSCOPIC DESCRIPTION:**  
 A. A poorly circumscribed neoplasm is comprised of basaloid cells in nests exhibiting peripheral palisading and clefting between neoplastic cells and the surrounding stroma. Mitoses are seen.

AF/clj




Left dorsum hand, punch (001)

Alyssa Feiner, MD  
 Dermatopathologist  
 Electronically signed 6/5/2013

CPT Code: 88305

Diagnosis Up Front

		3495 Hacks Cross Road, Memphis, TN 38125 Tel (901) 259-9908 Fax (901) 271-2699 Toll Free: (866) 957-8425 Howard L. Martin, III, M.D., Laboratory Director CLIA # 44D0915029	
Patient:	<b>SMITH, JOHN</b>	Accession Number:	<b>DRE-13-01234</b>
Address:	123 Main Street Memphis, TN 38122	Date of Service (Collection):	6/4/2013
		Date Received:	6/5/2013
Gender:	M DOB: 11/28/1936 Age: 76	MR/Chart:	1234567
Physician:	John Williams, MD	Copies To:	
Client:	Dermatology Associates		

**FINAL DIAGNOSIS:**  
 A. RIGHT OF MIDLINE MID ABDOMEN, SHAVE  
**COMPOUND DYSPLASTIC MELANOCYTIC NEVUS WITH ATYPICAL FEATURES (SEVERE DYSPLASIA) (238.2)**

**COMMENT:** ATYPICAL FEATURES ARE PRESENT SUCH AS FOCALLY CONFLUENT MELANOCYTES AS WELL AS AN OCCASIONAL CELL ABOVE THE JUNCTION. THERE IS ALSO VARIATION IN SIZE AND SHAPE OF THE NESTS. FOR THESE REASONS, COMPLETE EXCISION IS RECOMMENDED. THE LESION EXTENDS TO THE SURGICAL RESECTION MARGINS.

**CLINICAL IMPRESSION:** Rule out dysplastic nevus

**GROSS DESCRIPTION:**  
 A. Received in formalin is a 0.5 x 0.4 x 0.1 cm shave biopsy of tan-brown skin. The surgical margin is inked blue. Totally submitted. Sections: A1-2. Also in jar is a 0.5 x 0.1 x 0.1 cm shave biopsy of tan-brown skin. The surgical margin is inked blue. Totally submitted. Sections: A2-1. SWL:sb

**MICROSCOPIC DESCRIPTION:**  
 A. A neoplasm is circumscribed, symmetrical and comprised of melanocytes both singly and in nests at the dermal-epidermal junction and in the dermis. Nests predominate over single cells and have some variation in size and shape. Single melanocytes are mostly confined to the dermal-epidermal junction, confluent in some areas, but there are rare melanocytes above the junction. Dermal melanocytes mature somewhat with progressive descent.


BW/kg

Barry J. White, M.D.  
 Dermatopathologist  
 Electronically signed 6/6/2013

CPT Code: 88305

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Significant Diagnoses in Red

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Patient:	<b>SMITH, JOHN</b>	Accession Number:	<b>DPT-13-1234</b>
Address:	123 MAIN STREET MEMPHIS, TN 38112	Date of Service (Collection):	6/3/2013
		Date Received:	6/4/2013
Gender:	M DOB: 3/23/1932 Age: 80	MR/Chart:	1234567
Physician:	John Williams, MD	Copies To:	
Client:	Dermatology Associates		

**CLINICAL IMPRESSION:** Melanoma *in situ*; check margins

**GROSS DESCRIPTION:**  
 A. Received in formalin is a 3.1 x 1.8 x 0.4 cm excision of tan, previously inked blue skin and subcutaneous tissue. There is a 2.3 x 1.6 cm mottled tan-brown eccentrically located lesion. The surgical margins are inked green. Specimen is totally submitted. Sections: A1-(tip and end)-2, A2 thru A4-3, A5-2. SMC/clj

**MICROSCOPIC DESCRIPTION:**  
 A. A neoplasm is broad, asymmetric and comprised of atypical melanocytes both singly and in nests throughout all levels of the epidermis and in the dermis. Single melanocytes predominate over nests and tend to confluence. Nests of melanocytes vary markedly in size and shape. Individual melanocytes demonstrate enlarged nuclei and pleomorphism.

**FINAL DIAGNOSIS:**  
 A. Right Mid-Heel, Excision  
**Malignant melanoma (172.9)**  
 Breslow Depth: 2.1 mm  
 Clark Level: IV  
 Mitotic Rate: Less than 1 per mm<sup>2</sup>  
 Ulceration: Absent  
 Tumor Infiltrating Lymphocytes: Brisk  
 Regression: Not identified  
 Microsatellitosis: Not identified  
 Lympho-vascular invasion: Not identified  
 Perineural invasion: Identified

**Comment:** The deepest portion of the melanoma displays a predominantly spindled morphology which may portend a better prognosis than a nodular melanoma of the same depth. The invasive melanoma extends very near the base of the excision and further excision would be required. This case was reviewed as an intradepartmental consultation with one or more dermatopathologists who concur with the diagnosis.

BW/kg 1493610

Barry J. White, M.D.  
 Dermatopathologist  
 Electronically signed 6/5/2013

CPT Code: 88305 88312

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Standard Surgical Report