



State University of New York  
Health Science Center  
Syracuse

DEPARTMENT OF PATHOLOGY

12/20/96  
08:54

NEUROPATHOLOGY CONSULTATION  
F [REDACTED] Y, MD, CHAIRMAN

RECEIVED JAN 30 1997

NAME: GETTINO, SOPHIA B  
PAT#: 000837304  
ACCT: 5815268

PATHOLOGY NO.: NS96-240  
PATIENT LOCATION: 4328  
ATTENDING PHYSICIAN: R [REDACTED] D  
ORDERING PHYSICIAN : R [REDACTED] D

HC

DATE OF SURGERY: 12/18/96  
DATE RECEIVED : 12/19/96  
REPORT DATE : 12/23/96  
AGE/SEX: 10M F  
DOB : 01/29/1996

SPECIMEN: PINEAL LESION (ALL USED FOR TOUCH PREP).

CLINICAL HISTORY:

10 month old female with pineal lesion and obstructive hydrocephalus.

OPERATING ROOM CONSULTATION:

Frozen Section Gross:

Pineal lesion 0.1 x 0.1 x 0.1 cm aggregate of light tan tissue. Touch prep made.

Frozen Section Diagnosis:

PRIMITIVE (SMALL BLUE CELL) NEUROECTODERMAL TUMOR CONSISTENT WITH PINEALOBlastoma.

Signed By: ANN MARIE KAZEE, M.D. and CHRISTINE FULLER, M.D. 12/18/96

DIAGNOSIS:

Pineal gland, biopsy:

MALIGNANT NEOPLASM CONSISTENT WITH PINEALOBlastoma.

CF/GHC/AMK/amp

SCR CODE: I

T92000 M93623

GROSS DESCRIPTION:

The specimen is received in formalin labeled "pineal lesion" and consists of a 0.1 x 0.1 x 0.1 cm aggregate of light tan tissue. Note the entire specimen was used in preparation of the touch prep. PG/mjs

MEDICAL RECORD  
COPY



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GETTINO, SOPHIA B (Continued)

NS96-240

Page 2

**MICROSCOPIC DESCRIPTION:**

The entire specimen was used in the cytology touch preparation at the time of frozen section. No tissue for paraffin embedded histology remains. The touch preparation reveals a hypercellular tumor composed of small blue cells with high nuclear-to-cytoplasmic ratio, slight nuclear pleomorphism, and scant cytoplasm. There is a prominent pattern of rosette formation. Mitoses are identified; no necrosis is present.

[REDACTED] R, M.D.  
Resident in Pathology

[REDACTED] E, M.D.  
Attending Pathologist

Also Seen By: GEORGE H. COLLINS, M.D.  
Copy To: Not applicable

I have reviewed the pertinent gross findings, microscopic slides and (in applicable cases) the resident's/trainee's/fellow's interpretation. I have made appropriate editorial changes and have rendered the final diagnosis (HCFA compliance statement).

*AMK*

D16.05

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