

Accession No. UH0000000	Chart No. 1400000	Sex M	D.O.B. 01/01/1900	Page 1 of 2
Patient Name SAMPLE, PATIENT			Lifetime ID: ***-**-0000 Collected 01/10/13	
Requesting Physician SAMPLE, PHYSICAN, MD			Received 01/11/13	
Referring Physician			Reported 01/14/13	
Clinical Data No clinical data specified No therapy				

DR00000

DIAGNOSTIC REPORT

**DIANON SYSTEMS
840 RESEARCH PARKWAY**

OKLAHOMA CITY, OK 73041

CYTOLOGIC DIAGNOSIS

SPECIMEN TYPE: Voided Urine

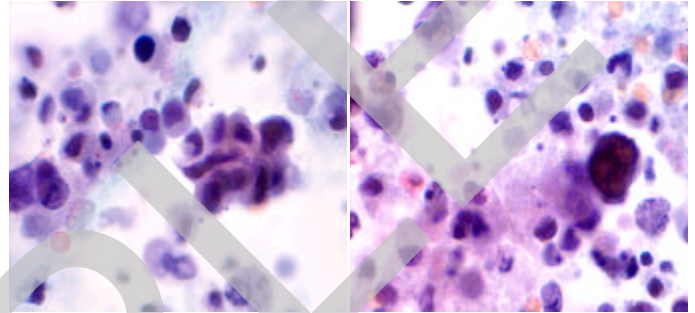
MICROSCOPIC DESCRIPTION:

Highly abnormal urothelial cells with markedly atypical nuclear features: severe hyperchromasia, coarsened chromatin texture, pleomorphism and increased nucleocytoplasmic ratio.

DIAGNOSIS:

Positive for malignancy. High-grade urothelial carcinoma and/or carcinoma in situ. Urothelial fragment(s) noted. Hematuria with isomorphic erythrocytes indicating lower urinary tract, uro-epithelial bleeding. Calcified concretions consistent with microurolithiasis. Proteinuria. Elevated microalbuminuria.

PHOTOMICROGRAPH



INTRARENAL FINDINGS



MACROSCOPIC DESCRIPTION

Received is 30ml of yellow, clear, preserved urine.
Specific Gravity: 1.019 (1.000 - 1.035)

MICROSCOPIC DESCRIPTION

Background: Moderately dirty Cellularity: Hypercellular

POST RENAL FINDINGS

Erythrocytes per /10 HPFs:
Isomorphic: 760
Epithelial Fragments:
Urothelial Fragment



URINE CHEMISTRY

Qualitative

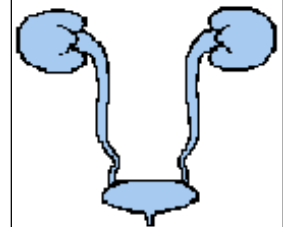
	Abnormal	Normal	Reference Range
pH		6.5	5-9
Macroalbumin		25	< 30 mg/dL
Glucose		NEG	< 50 mg/dL
Ketone		NEG	NEGATIVE
Bilirubin		NEG	NEGATIVE
Blood	25		< 5 ery/uL
Nitrite		NEG	NEGATIVE
WBC Esterase		NEG	NEGATIVE
Urobilinogen		NEG	<= 1 mg/dL

Quantitative

Total Protein	270		0-150 mg/L
Microalbumin	87		0-38.6 mg/L
B2 Microglobulin		100	0-160 ug/L

NONSPECIFIC FINDINGS

Concretions:
Calcified (Lithiasis)



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Referring Physician				Reported 01/16/13

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DIAGNOSTIC REPORT

CYTOLOGIC DIAGNOSIS (Continued)

Comments:

Examination of Feulgen stained slides contributes to the diagnosis.

SAMPLE

Carolyn R Pulliam E Poole MD

Carolyn R Pulliam, SCT

Edward C. Poole, M.D.