

Patient Account: 10000226-312
Med. Rec. No.: (0000)774333Q
Patient Name: **HILL, KELSEY**
Age: 6 MOS DOB: [REDACTED] 05 Sex: F Race: C
Admitting Dr.: HUANG MD, FREDERICK S
Attending Dr.: ANGEL MD, CARLOS A
Collected: 09/07/05 Received: 09/08/05
Copies to: LESTER MD, STEPHEN PA

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

Deliver to:
ANGEL MD, CARLOS A
301 UNIV BLD RT C53
GALVESTON TX 77555

SURGICAL PATHOLOGY

Office (409) 772-2853 FAX (409) 772-4676

Surg Path No: SP-05-12646

SPECIMEN:

1. LEFT URETER; 2. LEFT ADRENAL MASS AND LEFT KIDNEY; 3. RENAL HILUM LYMPH NODE; 4. MEDIAL MARGIN

CLINICAL HISTORY/CLINICAL DIAGNOSIS:

6 month old female with no PMHX who presents with rash and abdominal mass. CT showed large abdominal mass. Mets noted to be in lungs bilaterally.

CLINICAL DIAGNOSIS: Abdominal mass

FINAL MICROSCOPIC DIAGNOSIS:

1. LEFT URETER, EXCISION:
- NO MALIGNANCY IDENTIFIED
2. LEFT ADRENAL MASS AND LEFT KIDNEY, EXCISION:
- ADRENAL CORTICAL CARCINOMA WITH NECROSIS
- MAXIMUM TUMOR SIZE 10 CM
- VASCULAR INVASION IDENTIFIED (SLIDE 2G)
- COMPLETELY EXCISED
- KIDNEY WITH NO TUMOR INVOLVEMENT
- SEE COMMENT
3. RENAL HILUM LYMPH NODE, EXCISION:
- NO MALIGNANCY IDENTIFIED IN ONE LYMPH NODE
4. MEDIAL MARGIN, EXCISION:
- NO MALIGNANCY IDENTIFIED

By this signature, I attest that I have personally examined the tissue or other material submitted for evaluation, and that the above diagnosis reflects my interpretation.

09/12/05
SP WENDELL W. TANG, M.D., PATHOLOGIST
(Electronic signature)

COMMENT:

This case has been reviewed, and concurred upon, during Surgical Pathology Division Consensus Conference.

These records have been released for public viewing by written permission of the Hill family.

Patient Name: **HILL, KELSEY**
Patient Location: **CHILD CARE CTR 6 NO**
Room/Bed: **6150 - 01**
Discharge Date/Time: **-**
Printed Date / Time: **09/12/05 - 2313**

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SURGICAL PATHOLOGY

GROSS DESCRIPTION:

1. The specimen, received fresh in a container labeled with the patient's name, UH number and designated "ureter margin," is one tan-pink tubular segment measuring 4 cm in length and 0.3 cm in diameter. One margin is inked orange and the other margin is inked black. The specimen is submitted in toto in cassettes 1A and 1B.
2. The specimen, received fresh in a container labeled with the patient's name, UH number and designated "left adrenal mass and left kidney," is a 428 gram left radical nephrectomy specimen (12 x 9 x 6 cm), including kidney (6.5 x 4.5 x 2.5 cm), and left adrenal mass (10 x 9 x 6 cm) and surrounding perirenal fat measuring up to 1 cm in thickness. Upon sectioning the adrenal mass the inside is red, soft, gelatinous, with yellow fibrous bands. The adrenal mass appears to push against the adrenal capsule, but does not appear to invade the capsule. The kidney and renal pelvis appear to be uninvolved although, pushed and distorted by the adrenal mass. The renal cortex is tan-brown with a well defined cortico-medullary junction. The pelvis and calyces are covered by smooth, glistening mucosa. Photographs are taken, touch preps are taken. Representative sections are submitted.
3. The specimen, received fresh in a container labeled with the patient's name, UH number and designated "renal hilum lymph node," is one tan lymph node measuring 1 x 1 x 0.4 cm. The cut surface is tan-pink and homogenous. The lymph node is submitted in toto in cassette 3A.
4. The specimen, received fresh in a container labeled with the patient's name, UH number and designated "medial margin," is on pink-red irregular fragment of fibrous tissue measuring 2 x 1 x 0.2 cm. The specimen is inked completely black. The specimen is submitted in toto as cassette 4A.

BLOCK SUMMARY:

- 1A, 1B - Ureter margin
- 2A-H - Left adrenal mass and kidney
- 3A - Renal hilum lymph node
- 4A - Medial margin

Prosected by: Mary Wahbah, M.D.

SP RESIDENT:

Patient Name: HILL, KELSEY
Patient Location: CHILD CARE CTR 6 NO
Room/Bed: 6150 - 01
Discharge Date/Time: -
Printed Date / Time: 09/12/05 - 2313

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END OF REPORT

Tamtron Print by MRDMAF at 10/10/2005 8:21:50 AM

660722 - HILL, KELSEY Oyo F [REDACTED] 2005

Accession: S-05-051214

Specimen Date/Time: 9/21/2005

MATERIALS RECEIVED

<u>Accession #</u>	<u>Collected</u>	<u>Received</u>	<u>Slides</u>	<u>Blocks</u>	<u>UnstSlides</u>
SP-05-12646	09/07/2005	09/21/2005	12	0	0

DIAGNOSIS

Twelve outside slides (SP-05-12646), designated as follows:

Left ureter excision:

Ureter, no tumor present.

Left renal mass and left kidney, excision:

ADRENAL NEOPLASM, CONSISTENT WITH ADRENAL CORTICAL CARCINOMA. (SEE COMMENT)

Kidney, no tumor present.

Renal hilum lymph node, excision:

One lymph node, no tumor present.

Medial margin, excision:

Ganglia, nerves and adipose tissue, no tumor present.

Entire report and diagnosis completed by Pheroze Tamboli MD 10143

COMMENT

According to the outside pathology report, the tumor in the left adrenal gland measures 10.0 x 9.0 x 6.0 cm.

The adrenal mass is composed of sheets of cells with abundant eosinophilic cytoplasm. Numerous giant cells are also present. There is extensive necrosis. The tumor is invasive into the periadrenal adipose tissue. Although the morphologic features are those of an adrenal cortical carcinoma, additional material will be requested to perform immunohistochemical stains to confirm the diagnosis. A supplemental report will be issued if additional material is received.

PXT/msm

DD: 9/26/2005

9/26/2005 1:45 PM

CONSULTANT(S)

HLE, VGP

660722 - HILL, KELSEY 0yo F [REDACTED] 2005

Accession: S-05-051214

Specimen Date/Time: 9/21/2005

SNOMED CODES

T-B3000, M-82703

"Some tests reported here may have been developed and performance characteristics determined by UT MD Anderson Pathology and Laboratory Medicine.

These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

Released by: Pheroze Tamboli MD Sep 29, 2005

-----END OF REPORT-----



This is certainly an interesting note, as one of the biggest excuses given to discredit Burzynski's work is that his methods "have not been cleared and approved by the US Food Administration."

UT M.D. Anderson Cancer Center:
Radiology Print by MRDJG at 10/12/2005 10:27:48 AM

660722 - HILL, KELSEY 0yo F [REDACTED] 2005

CT THORAX W/CONTRAST 10/5/2005 11:26:00 AM
Accession: 5033101

PRELIMINARY REPORT

FULL RESULT:

Examination: CT of the Chest, 10-5-05.

Clinical History: Adrenal cortical carcinoma.

Findings: CT was done with IV contrast. Comparison is made to September 2, 2005. There are numerous metastases seen predominantly in the right lung. The nodules measure on the average of a centimeter. They have increased significantly in size and number when compared to an outside CT of September 2, 2005. There is no adenopathy.

IMPRESSION:

Pulmonary metastases with rapid progression when compared to an outside CT of September 2, 2005.

573 - LOYER, EVELYNE M.

SIGNED BY:

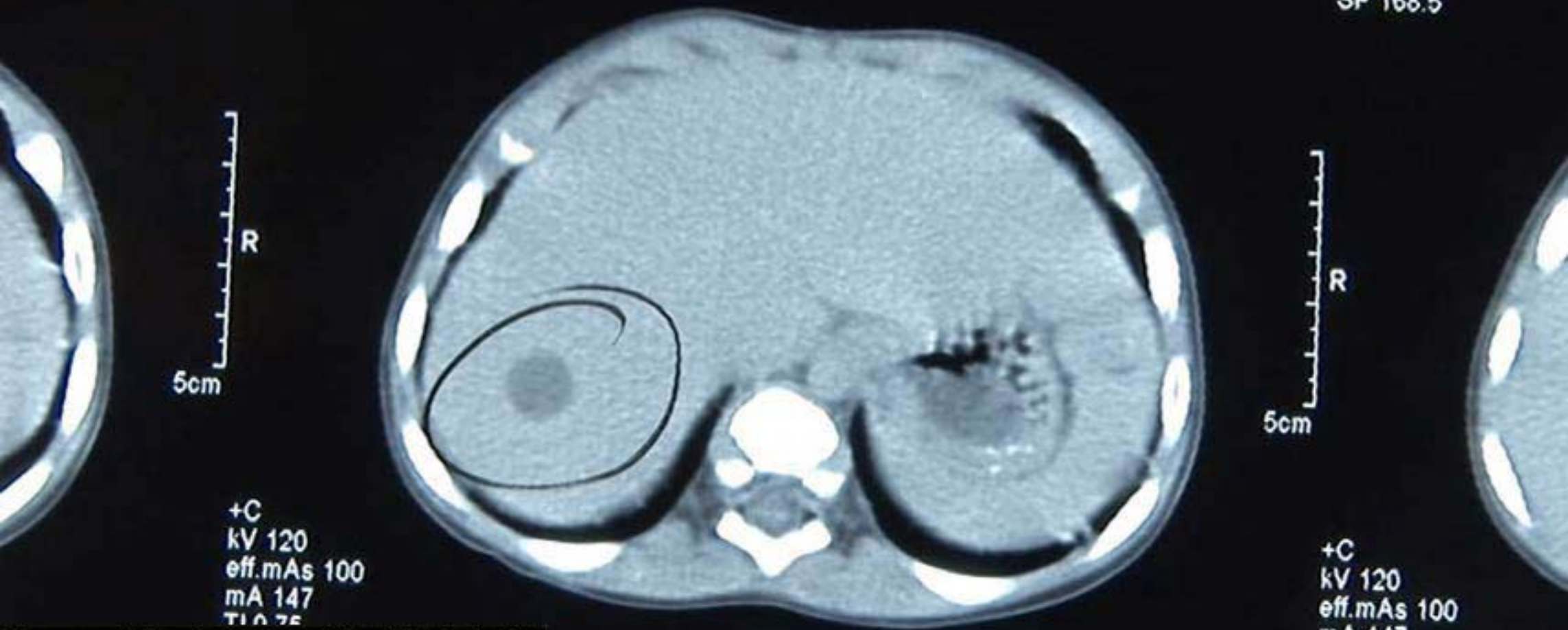
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SL 5.0/2.5/11.0
W 450 221/2/0
C 40 B40s L3C0
IMAGING HILL, KELSEY
Sensation 4 234110
VA47C
F-SP-CR 4/26/06
09:08:22.61
4 IMA 26
SPI 4
SP 163.5

A

GT 0.0
SL 5.0/2.5/11.0
W 450 221/2/0
C 40 B40s L3C0
GREATER
IMAGING HILL, KELSEY
Sensation 4 234110
VA47C
F-SP-CR 4/26/06
09:08:22.95
4 IMA 27
SPI 4
SP 168.5

LIVER SCAN



R
5cm

R
5cm

+C
kV 120
eff.mAs 100
mA 147
TI 0.75

+C
kV 120
eff.mAs 100
mA 147
TI 0.75