

Patient ID SA00105722	Patient Name VALIDATIONTESTING, TESTINGBHISI	Birth Date 1983-01-01	Gender F	Age 35
Order Number SA00105722	Client Order Number SA00105722	Ordering Physician CLIENT, CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 10 Apr 2018 08:00		

Bone HistoMorph Interp Only

Case Number HR - 18 - 34

Interpretation

MCR

Aluminum stain: Not applicable

Marrow fibrosis: Positive

This left iliac crest bone biopsy was obtained from a 45-year-old female with a left iliac crest lesion. Her University of Minnesota Hospitals pathology report indicated that the findings were consistent with Paget's disease of bone, with disorganized thickened irregular bony trabeculae and prominent cement lines involving the cortex as well as the medulla. Polarized light microscopic examination showed areas of woven architecture. Foci of irregular scalloped bone with increased osteoclastic activity and marrow fibrovascular tissue were also noted. These morphologic features were felt to be consistent with Paget's disease of bone.

Light microscopic review of the specimen shows fragments of thickened trabecular bone mostly, without obvious cortical surfaces. Unfortunately, the bone is mostly fragmented, with marrow elements disrupted. Some peritrabecular fibrosis appears to be present. Scalloping of trabecular surfaces is prominent, suggesting increased osteoclast activity. The bone has been stained with H and E staining only, without Goldner-Masson-trichrome staining to clearly distinguish between mineralized and unmineralized bone. Large multinucleated actively resorbing osteoclasts are noted in several locations, again consistent with Paget's disease. Some evidence for mineralizing matrix is present, suggesting active bone formation. Quantitative histomorphometry was not performed.

In summary, the patient's dense, thickened, and irregular bony trabeculae and probable cortical surfaces and actively resorbing multinucleated osteoclasts is consistent with Paget's disease of bone. No other clear pathology to indicate another cause for her left iliac crest lesion. Osteosclerosis may be caused by other disorders, however. No evidence of significant marrow fibrosis.

Participated in the Interpretation

MCR

Bone interpretation provided in consultation with Dr. Jones.

Report electronically signed by

MCR

JAMES HERRICK

Bone marrow interpretation provided in consultation with Dr. Robinson.

Disclaimer

MCR

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Received: 12 Apr 2018 15:16

Reported: 12 Apr 2018 15:49

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292