

Case#	History
Surgical pathology	
1	68 Y/O male presenting to the urologist for hematuria. He has hypertension and is otherwise healthy. He has a family history of breast carcinoma and colon carcinoma.
2	75 Y/O male with an elevated PSA of 5.97 ng/ml. He has a history of chronic renal disease and hypertension. No family history of carcinoma.
3	51 Y/O male, previously healthy, with lower urinary tract symptoms, including frequency and urgency up to every 15 minutes. His PSA was 5.1. Family history of skin cancer in the mother.
4	67 Y/O male with history of end stage renal disease and renal transplant found to have a 1.9 cm mass in the left native kidney
5	67 Y/O male with painful non-healing ulcer along the ventral left coronal sulcus of the penis.
6	52 Y/O female with irregular uterine bleeding. US shows thickened endometrial stripe. Endometrial biopsy was performed.
7	56 Y/O female presented with vaginal bleeding. US shows an endometrial lining of 4.0 mm. Endometrial biopsy was performed.
8	72 y/o female presented with postmenopausal bleeding. Endometrial biopsy was performed.
9	60 Y/O female presented for surgical management of biopsy proved endometrioid adenocarcinoma, Endometrial biopsy showed Figo grade 1 endometrioid adenocarcinoma. Hysterectomy was performed.
Hematopathology	
10	37 Y/O female with stage IIA invasive ductal carcinoma of the left breast. After lumpectomy and adjuvant chemotherapy, she underwent bilateral mastectomy and breast reconstruction surgery. Years after surgery, patient presented with right breast swelling and fine needle aspiration was performed to rule out recurrent disease. Whole slide digital images of the fine needle aspiration cytospin smear and cell block section are provided for review.
11	77 Y/O male with persistent cervical lymphadenopathy for over 1 year.
12	46 Y/O female with abdominal pain. Ultrasound of abdomen found a small mass, confirmed by MRI demonstrating a well circumscribed T2 hyperintense mass measuring 2.5 x 4.2 cm cranial to an abutting junction of the pancreatic body and tail. Mass was resected. Follow up 4 years later: No clinical presentation; no new adenopathy.
13	44 Y/O male with no past medical history presented with a long standing asymptomatic lump in front of his left ear. PET scan displayed mild left axillary and right inguinal lymphadenopathy with SUV-MAX up to 5.
14	89 Y/O male with history of necrotic ulcerating lesions.
15	77 Y/O male with history of "non-Hodgkin lymphoma" (not otherwise specified based on clinical record) and recent pulmonary small cell carcinoma with axillary lymphadenopathy. Core needle biopsy was obtained. Flow cytometry analysis on core biopsy: No monotypic B-cell population or abnormal T-cell population seen.
16	12 Y/O child with submandibular lymphadenopathy (core needle biopsy H&E sections is provided). Flow cytometry was not performed.