12/22/2023 - Admission (Discharged) in 7-PACU

Media

Pathology Report - [redacted]

Scan (below)

CEDARS-SINAI MEDICAL CENTER
Department of Pathology and Laboratory Medicine

[redacted] Tel: [redacted] Fax: [redacted]

Patient: ABRAMS, ROXANN LYNN **Accession Number:** [redacted]

Hospital No: [redacted]
Date of Birth: [redacted]
Age/[redacted]

Location: [redacted]
AKA:
Outreach Location:
Outreach CPN:

[redacted]
Assistant:
Date of Procedure: 12/22/2023
Date Received: 12/22/2023

[redacted]

SURGICAL PATHOLOGY REPORT
************ AMENDED REPORT ************
Reason for Addendum #1: Breast profile results
Reason for Amendment/Correction #1: Additional breast profile results

DIAGNOSIS:

A. RIGHT BREAST, LUMPECTOMY:
- **Ductal carcinoma in-situ (DCIS) (4.0 mm), low nuclear grade, cribriform type (see synoptic)**
- **Microcalcifications present in the non-neoplastic ducts**
- **Atypical lobular hyperplasia**
- **Negative for invasive carcinoma**

B. LEFT BREAST IMPLANT, EXPLANTED:
- **Breast implant (gross examination only)**

C. LEFT BREAST, SKIN FLAPs, WIDE EXCISION:
- **Invasive lobular carcinoma, grade II (of III), abuts the anterior-superior margin and present 0.2 mm from the deep margin (see synoptic and comment)**
  - **Multiple foci (At least 10), 25.0 mm in greatest dimension**
- **Previous procedure/biopsy site changes are present**

D. LEFT BREAST, INFERIOR MARGIN, EXCISION:
- **Fibroadipose tissue, negative for in-situ or invasive carcinoma**

E. LEFT BREAST, SUPERIOR MARGIN, EXCISION:
- **Fibroadipose tissue, negative for in-situ or invasive carcinoma**

F. LEFT BREAST, MEDIAL MARGIN, EXCISION:
- **Invasive lobular carcinoma, grade II (of III), present 2.0 mm from the final margin**
  - **5.0 mm in greatest dimension**

G. LEFT BREAST, LATERAL MARGIN, EXCISION:

[redacted]

If this report includes immunohistochemical (IHC) test results, please note the following: IHC studies were interpreted in conjunction with appropriate positive and negative controls which demonstrate the expected positive and negative reactivity. Multiple IHC tests were developed and their performance characteristics determined by Cedars-Sinai Medical Center Department of Pathology and Laboratory Medicine. These IHC tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA) and FDA approval is not required. This laboratory is regulated under CLIA as qualified to perform high-complexity testing. IHC tests are used for clinical purposes. They should not be regarded as investigational or research.

Copy For [redacted]

[redacted]

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

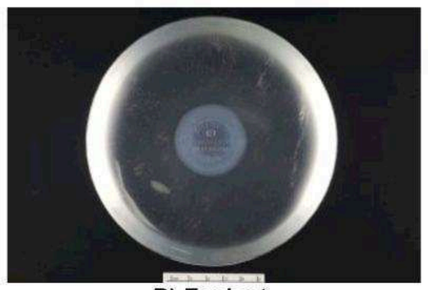
Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

- **Invasive lobular carcinoma, grade II (of III), present 0.5 mm from the final margin**
  - **5.0 mm in greatest dimension**



B) Explant

Applies To:
A : RIGHT BREAST LUMPECTOMY (SHORT-SUPERIOR;LONG-LATERAL)

Ductal Carcinoma In Situ (DCIS) of the Breast

Specimen

Procedure:	Lumpectomy
Specimen Laterality:	Right
Lymph Node Sampling:	No lymph nodes sampled

Tumor Characteristics

Carcinoma In Situ:	
Ductal Carcinoma in Situ (DCIS):	Present
Nuclear Grade:	Grade I (low grade)
Architectural Patterns:	Cribriform
Associated Necrosis:	Not identified
Size (Extent) of DCIS:	Greatest dimension: 4.0 mm
Invasive Carcinoma:	No invasive carcinoma identified

Tumor Extension

Nipple:	Not applicable (no nipple present)

Margins

Main Specimen Margins:	Main Specimen(s): Specimen A All margins uninvolved by DCIS Distance from closest margin: 1.0 mm Closest margin: Anterior-superior and deep

Lymph Nodes (Regional)

No lymph nodes submitted or found

Distant Metastasis

Distant Metastasis:	Not applicable

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

Primary Tumor [pT]:	pTis (DCIS): Ductal carcinoma in situ
Regional Lymph Nodes [pN]:	pNX: Regional lymph nodes cannot be assessed (eg, not removed for pathological study or previously removed)

Microcalcifications

Microcalcifications:	Present in nonneoplastic glandular tissue

Additional Pathologic Findings

Columnar cell change
Fibrocystic changes
Biopsy site changes

Ancillary Studies

Breast Biomarker Profile:	Block: A1 - to be reported in an Addendum

Applies To:
C : LEFT BREAST SKIN FLAP (SHORT-SUPERIOR;LONG-LATERAL)
D : LEFT BREAST INFERIOR MARGIN, STITCH ON NEW MARGIN
E : LEFT BREAST SUPERIOR MARGIN, STITCH ON NEW MARGIN
F : LEFT BREAST MEDIAL MARGIN, STITCH ON NEW MARGIN
G : LEFT BREAST LATERALMARGIN, STITCH ON NEW MARGIN

Invasive Carcinoma of the Breast

Specimen

Procedure:	Wide excision
Specimen Laterality:	Left
Lymph Node Sampling:	No lymph nodes sampled

Tumor Characteristics

Invasive Carcinoma:	Present
Tumor Focality:	Multiple foci of invasive carcinoma Number of foci: 10 Nature of multifocality: Two or more separate independent foci of synchronous invasive carcinoma
Tumor Size:	Size of largest focus of invasive carcinoma: Greatest dimension: 25 mm Sizes of individual foci of invasive carcinoma: 25, 20, 15, 15, 6, 5, 3.5, 2.2, 1.0, 1.0 mm
Tumor Site:	dermis, deep dermis
Histologic Type:	Invasive lobular carcinoma
Histologic Grade (Nottingham Histologic Score)	

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: ABRAMS, ROXANN LYNN **ACCESSION #:** [redacted]

Overall Grade:	Grade 2: Intermediate grade
Scoring:	Total Score: 6 (out of 9) Component Scores: Nuclear Pleomorphism: 3 (out of 3) Glandular (Acinar)/Tubular Differentiation: 2 (out of 3) Mitotic Rate: 1 (out of 3)
Lymphovascular Invasion:	Intramammary Lymphovascular Invasion: Not identified Dermal Lymphovascular Invasion: Not identified

Carcinoma In Situ:

Ductal Carcinoma in Situ (DCIS):	No DCIS identified

Tumor Extension

Skin:	Invasive carcinoma directly invades into the dermis or epidermis without skin ulceration
Nipple:	Not applicable (no nipple present)
Skeletal Muscle:	Not applicable (no muscle identified)

Margins

Main Specimen Margins:	Main Specimen(s): Specimen C
Invasive Carcinoma:	See results of separately submitted margin specimens in Additional Margin Specimen(s) section below
DCIS:	DCIS not identified in main specimen(s)
Additional Margin Specimen(s):	Additional Margin(s) Status Summary: Superior Margin: No invasive carcinoma or DCIS identified Inferior Margin: No invasive carcinoma or DCIS identified Medial Margin: Invasive Carcinoma: Invasive lobular carcinoma, present 2.0 mm from the final margin Lateral Margin: Invasive Carcinoma: Invasive lobular carcinoma, present 0.5 mm from the final margin

Lymph Nodes (Regional)

No lymph nodes submitted or found

Treatment Effect

Treatment Effect in the Breast:	No known presurgical therapy

Distant Metastasis

Distant Metastasis:	Not applicable

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

Additional TNM Descriptor(s):	m: (multiple foci of invasive carcinoma)
Primary Tumor [pT]:	pT2: Tumor >2.0 cm but <=5.0 cm in greatest dimension
Regional Lymph Nodes [pN]:	pNX: Regional lymph nodes cannot be assessed (eg, not removed for pathological study or previously removed)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** AMENDED REPORT **********

PATIENT: ABRAMS, ROXANN LYNN ACCESSION #: [redacted]

Microcalcifications

Microcalcifications: None identified in histologic sections

Additional Pathologic Findings

Biopsy site changes

Ancillary Studies

Breast Biomarker Profile: Block: C2 - to be reported in an Addendum

Comment(s)

The invasive lobular carcinoma is present 0.2 mm from the deep margin in specimen C and the next closest margin is lateral margin (specimen G) by 0.5 mm.

HISTORY:
Bilateral malignant neoplasm of breast in female, unspecified estrogen receptor status, unspecified site of breast.

MICROSCOPIC FINDINGS:
See diagnosis.

SPECIAL STUDIES:
X-ray (A, C)

IMMUNOHISTOCHEMISTRY:

Antibody (Clone) / Probe	Block	Result
Cytokeratin 5/6 QL (D5 & 16B4)	A1	Loss of staining in DCIS
Estrogen Receptor QL (SP1)	A1	Strong staining in DCIS
P63 (4A4)	A1	Retained myoepithelial cells around DCIS
Pancytokeratin (AE1/AE3)	C1	Positive in tumor cells
Pancytokeratin (AE1/AE3)	C4	Positive in tumor cells
E-cadherin (36B5)	C1	Loss of membranous staining supporting lobular differentiation
P63 (4A4)	C1	Loss of myoepithelial cells
P63 (4A4)	C4	Loss of myoepithelial cells
Pancytokeratin (AE1/AE3)	F2	Positive in tumor cells
E-cadherin (36B5)	F2	Loss of membranous staining supporting lobular differentiation
P63 (4A4)	F2	Loss of myoepithelial cells

These IHC studies were interpreted in conjunction with appropriate positive and negative controls which demonstrated the expected positive and negative reactivity.
*IHC stain was performed at an approved outside reference laboratory with appropriate positive and negative controls. Interpretation of the stain is performed by Cedars-Sinai Pathologists.
DS=Multiplex IHC stain

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

GROSS:
A. RIGHT BREAST LUMPECTOMY SHORT STITCH SUPERIOR LONG STITCH LATERAL
Labeled: "Abrams, Roxann", designated "right breast lumpectomy short stitch superior long stitch lateral"
Received: In formalin
Cold ischemic time: 20 minutes
Duration of formalin fixation: Approximately 9 hours
Specimen type: Lumpectomy
Localization: None
Skin ellipse: Absent
Orientation:
Long suture: Lateral
Short suture: Superior
Inking (for margin assessment)
Black: Deep posterior margin
Green: Inferior half of anterior
Blue: Superior half of anterior
Weight: 6 gm
Size of specimen:
Medial-lateral dimension: 4.3 cm
Superior-inferior dimension: 3.1 cm
Anterior-posterior dimension: 1.3 cm
Total number of slices: 12
First slice (slice 1): Lateral margin
Last slice (slice 12): Medial margin
X-ray of slices: Ribbon-shaped biopsy clip in slice 3
Gross pathology:
Lesion: None

Entirely submitted.

Slide Key:
A1. Slice 1 perpendicularly sectioned - 3
A2. Slice 2 - 1
A3. Slice 3 - 1
A4. Slice 4 - 1
A5. Slice 5 - 1
A6. Slice 6 - 1
A7. Slice 7 - 1
A8. Slice 8 - 1
A9. Slice 9 - 1
A10. Slice 10 - 1
A11. Slice 11 - 1
A12. Slice 12 perpendicularly sectioned - 3

B. LEFT BREAST EXPLANT
Patient name, label: "Abrams, Roxann", designated "left breast explant"
Received: Unfixed
Specimen Type: Silicone implant
Integrity: Intact
Weight: 566 grams
Dimensions: 13.9 x 13.9 x 3.9 cm
Surface: Smooth
Contents: Viscous fluid

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

Inscription: "Style SCF, lot 3592699, Allergan, 605 cc"
Soft Tissue: Not identified

A gross photograph is taken. The specimen is for gross examination only.

C. LEFT BREAST SKIN FLAP SHORT STITCH SUPERIOR LONG LATERAL
Labeled: "Abrams, Roxann" and "left breast skin flap short stitch superior long stitch lateral"
Received: In formalin
Cold ischemic time: 6 minutes
Duration of formalin fixation: Approximately 9 hours
Specimen type: Wide excision of left mastectomy skin flaps
Skin ellipse: Present (18.0 x 9.7 cm)
Nipple: Absent
Orientation:
Long suture: Lateral
Short suture: Superior
Inking (for margin assessment)
Black: Deep posterior margin (on capsule)
Green: Inferior half of anterior
Blue: Superior half of anterior
Weight: 195 gm
Size of specimen:
Medial-lateral dimension: 18.0 cm
Superior-inferior dimension: 9.7 cm
Anterior-posterior dimension: 1.5 cm
Axillary dissection: Absent
Total number of slices: 20
First slice (slice 1): Medial margin
Last slice (slice 20): Lateral margin
X-ray of specimen: Biopsy clip in slice 15
Gross pathology:
Lesion: Approximately 5 skin and subcutaneous nodules
Size: Ranging from 0.5 to 2.5 cm in greatest dimension
Circumscription: Ill-defined
Color: Tan-white
Consistency: Firm
Location: Skin and subcutaneous tissue
Distance to margins: 0.2 to deep, 0.2 to inferior, 0.1 to superior, >5 to medial and 1.6 to lateral
Relationship to other lesions: Distance and direction/Not applicable
Axillary lymph nodes: Not identified

Representative sections submitted.

Slide Key:
C1. Slice 2
C2. Slice 4
C3. Slice 7
C4. Slice 9 superior margin - 1
C5. Slice 10 - 1
C6. Slice 11 closest inferior margin - 1
C7. Slice 14 - 1
C8. Slice 15 previous biopsy site - 1
C9. Slice 18 - 1
C10. Slice 19 - 1

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

D. LEFT BREAST INFERIOR MARGIN STITCH ON NEW MARGIN
Labeled: "Abrams, Roxann", designated "left breast inferior margin stitch on new margin"
Received: In formalin
Specimen type: Margin re-excision
Orientation:
Suture: New margin
Inking (for margin assessment)
Black: New margin
Size of specimen: 3.5 x 3.1 x 1.5 cm
Total number of slices: 5
Gross pathology: None

Entire true margin submitted and representative sections submitted.

Slide Key:
D1. True margin of slice 1 and slice 2 - 2
D2. True margin of slice 3 and slice 4 - 2
D3. True margin of slice 5 - 1

E. LEFT BREAST SUPERIOR MARGIN STITCH ON NEW MARGIN
Labeled: "Abrams, Roxann", designated "left breast superior margin stitch on new margin"
Received: In formalin
Specimen type: Margin re-excision
Orientation:
Suture: New margin
Inking (for margin assessment)
Black: New margin
Size of specimen: 1.7 x 1.3 x 0.8 cm
Total number of slices: 3
Gross pathology: None

Entirely submitted.

Slide Key:
E1. 3

F. LEFT BREAST MEDIAL MARGIN STITCH ON NEW MARGIN
Labeled: "Abrams, Roxann", designated "left breast medial margin stitch on new margin"
Received: In formalin
Specimen type: Margin re-excision
Orientation:
Suture: New margin
Inking (for margin assessment)
Black: New margin
Size of specimen: 1.7 x 2.1 x 1.0 cm
Total number of slices: 4
Gross pathology: None

Entirely submitted.

Slide Key:
F1, F2. 2, 2

Media (continued)

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********** **AMENDED REPORT** **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

G. LEFT BREAST LATERAL MARGIN STITCH ON NEW MARGIN
Labeled: "Abrams, Roxann", designated "left breast lateral margin stitch on new margin"
Received: In formalin
Specimen type: Margin re-excision
Orientation:
Suture: New margin
Inking (for margin assessment)
Black: New margin
Size of specimen: 3.8 x 2.8 x 1.5 cm
Total number of slices: 7
Gross pathology: None

Entirely submitted.

Slide Key:
G1. 2
G2-G6. 1 each

Gross dictated by [redacted]
12/22/2023

***** ADDENDUM *****
(12/28/2023)

BREAST BIOMARKER PROFILE FOR DUCTAL CARCINOMA IN SITU
BLOCK: A1

Prognostic/Predictive Marker	Antibody	Results of IHC (DCIS cells)		Test Result
		% Positive	Staining intensity	
Estrogen Receptor	Ventana clone SPI	98%	3+	Positive
Progesterone Receptor	Ventana Clone 1E2	89%	1+	Positive

BREAST BIOMARKER PROFILE FOR INVASIVE CARCINOMA
BLOCK: C2

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** AMENDED REPORT **********

PATIENT: ABRAMS, ROXANN LYNN ACCESSION #: [redacted]

Prognostic/Predictive Marker	Antibody	Results of IHC (invasive tumor cells)		Test Result
		% Positive	Staining intensity	
Estrogen Receptor	Ventana Clone SPI	82%	3+	Positive
Progesterone Receptor	Ventana Clone 1E2	48%	1+	Positive

HER2 Overexpression		Score	Test Result
Her2 IHC Test (Pathway)	Ventana Clone 4B5	1+	Negative

HER2 (FISH)	Average Her2 copies/tumor cell	Average Chr17 copies/tumor cell	Her2/Chr17 ratio	Test Result
No. of tumor cells analyzed: 20	2.3	2.0	1.2	Negative

Prognostic/Predictive Marker	Antibody	% Positive
Ki-67 Antigen	Ventana Clone 30-9	17%

DETAILS (IHC and FISH):

Human breast cancer tissues processed at CSMC are fixed in 10% neutral buffered formalin and paraffin-embedded. They are handled according to ASCO/CAP recommendations unless otherwise specified. For Outside Consult Cases, see original outside report for specimen fixation specifics.

ImmunoHistoChemical (IHC) Stains:

- are digitalized by the Hamamatsu Nano Zoomer S360 scanner and analyzed using the computer assisted Visiopharm Imaging System. Positive and negative controls are performed showing appropriate reactivity.
- use Polymer and/or SA-HRP Detection System. These assays have not been validated on decalcified tissues. Results on decalcified specimens should be interpreted with caution given the possibility of false negative results on decalcified specimens.

IHC Interpretation:

- Estrogen and progesterone: <1% tumor nuclei staining is negative, ≥ 1% tumor nuclei staining is positive. The intensity of nuclear immunohistochemical staining for hormone receptors is graded: *0 for negative; 1+ weak; 2+ moderate; 3+ strong.*
- Low level (1-10%) ER expression in invasive carcinoma may benefit from endocrine treatment based on limited data although there are data that suggest invasive cancers with these results are heterogenous both in behaviour and biology and often have gene expression profiles more similar to ER-negative cancers.
- If internal controls are not present but external controls are appropriately positive, testing another specimen that contains internal controls may be warranted for confirmation of ER status.

HER2 PATHWAY TEST INTERPRETATION (2018 ASCO/CAP criteria)

TEST RESULTS

Staining Pattern	Score	HER2 Overexpression
No staining observed or membrane staining that is incomplete and is faint/barely perceptible in ≤ 10% of tumor cells	0	Negative

Media (continued)

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********** AMENDED REPORT **********

PATIENT: **ABRAMS, ROXANN LYNN** **ACCESSION #:** [redacted]

Incomplete membrane staining that is faint/barely perceptible in >10% of tumor cells	1+	Negative
Weak to moderate complete membrane staining in >10% of tumor cells or intense circumferential membrane staining in ≤ 10% of tumor cells	2+	Equivocal
Complete, intense, circumferential membrane staining in >10% of tumor cells	3+	Positive

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All Fluorescence in situ Hybridization (FISH) tests:

- are analyzed with Abbott probes specific for the centromere of chromosome 17 (control probe) and HER2 (17q12). It was performed and scored by a technologist, and results interpreted by a pathologist.
- use Abbott PathVysion HER-2 DNA Probe kit for amplification
- are analyzed with adequate number of tumor cells.
- the nuclei counted were within the region selected by a pathologist.
- are run with positive controls that gave expected results.

HER2 FISH Interpretation:

HER2 FISH is considered:

a. Positive if:
- HER2/CEP 17 ratio ≥ 2.0 with an average HER2 copy number ≥ 4.0 signals/cell
- HER2/CEP 17 ratio <2.0 with an average HER2 copy number ≥ 6.0 signals/cell and IHC 3+ or 2+
- HER2/CEP 17 ratio ≥ 2.0 with an average HER2 copy number <4.0 signals/cell and IHC 3+
- HER2/CEP 17 ratio < 2.0 with an average HER2 copy number ≥ 4.0 and <6.0 signals/cell and IHC 3+

b. Negative if:
- HER2/CEP 17 ratio <2.0 with an average HER2 copy number < 4.0 signals
- HER2/CEP 17 ratio ≥ 2.0 with an average HER2 copy number <4.0 signals/cell and IHC 2+,1+, or 0 (SEE COMMENT)
  - COMMENT: Evidence is limited on the efficacy of HER2-targeted therapy in the small subset of cases with HER2/CEP17 ratio ≥ 2.0 and an average HER2 copy number < 4.0/cell. In the first generation of adjuvant trastuzumab trials, patients in this subgroup were randomized to the trastuzumab arm did not appear to derive an improvement in disease free or overall survival, but there were too few such cases to draw definitive conclusions. IHC expression for HER2 should be used to complement ISH and define HER status. IF IHC is not 3+ positive, it is recommended that the specimen be considered HER2 negative because of the low HER2 copy number by ISH and lack of protein overexpression.
- HER2/CEP17 ratio < 2.0 with an average HER2 copy number ≥ 4.0 and <6.0 signals/cell and IHC 2+, 1+ or 0 (SEE COMMENT)
  - COMMENT: It is uncertain whether patients with ≥ 4.0 and < 6.0 average HER2 signals/cell and HER2/CEP17 ratio < 2.0 benefit from HER2 targeted therapy in the absence of protein overexpression (IHC 3+). If the specimen test result is close to the ISH ratio threshold for positive, there is a high likelihood that repeat testing will result in different results by chance alone. Therefore, when IHC results are not 3+ positive, it is recommended that the sample be considered HER2 negative without additional testing on the same specimen.
- HER2/CEP17 ratio < 2.0 with an average HER2 copy number ≥ 6.0 signals/cell and IHC 1+ or 0 (SEE COMMENT)
  - COMMENT: There are insufficient data on the efficacy of Her2-targeted therapy in cases with HER2 ratio <2.0 in the absence of protein overexpression because such patients were not eligible for the first generation of adjuvant trastuzumab clinical trials. When concurrent IHC results are negative (0 or 1+), it is recommended that the specimen be considered HER2 negative

References:

- Allison K. et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Guideline Update. Arch Pathol Lab Med:do1:10.5858/arpa.2019-0904-SA
- Wolff A, et al. Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Clinical Practice Guideline Focused Update. Arch Pathol Lab Med 2018; 142: 1364-1382

I, the pathologist of record on the above addendum, personally examined the material described in the addendum, interpreted the results, reviewed this addended report and signed it electronically.

[redacted]
12/28/2023

12/22/2023 - Admission (Discharged) in 7-PACU (continued)

Media (continued)

CEDARS SINAI MEDICAL CENTER

********** AMENDED REPORT **********

PATIENT: ABRAMS, ROXANN LYNN ACCESSION #: [redacted]

[redacted]
12/29/2023

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.
[redacted]
Electronically signed 12/27/2023 10:26:35AM
Electronically signed 12/29/2023 8:13:02AM
Electronically signed 12/29/2023 3:26:04PM

End of Report