

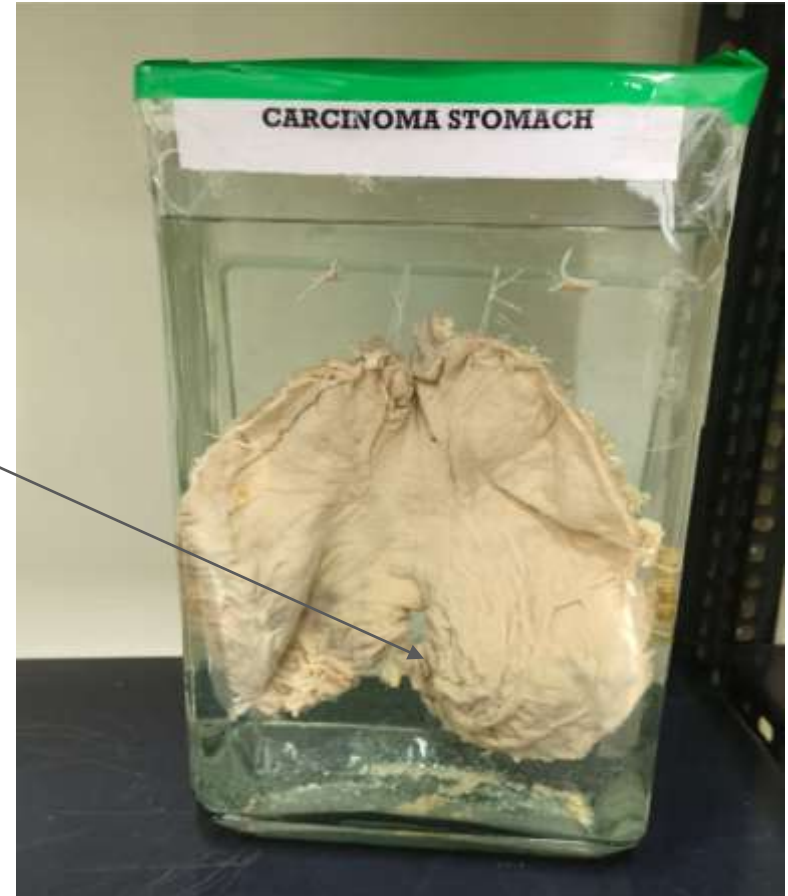
GASTRIC ADENOCARCINOMA

Gross:

- Gastrectomy specimen identified with thickened grey-white outer surface.
- Cut surface reveals a focal area of greyish black tumor mass.
- Remaining areas show normal or thickened rugal folds. Wall of stomach is also thickened.

Microscopy:

- Sections studied reveal tumour cells arranged in glands and tubules.
- Individual tumour cells are columnar with pleomorphic, hyperchromatic nuclei with eosinophilic cytoplasm.
- Few tumour cells show signet ring cell appearance.



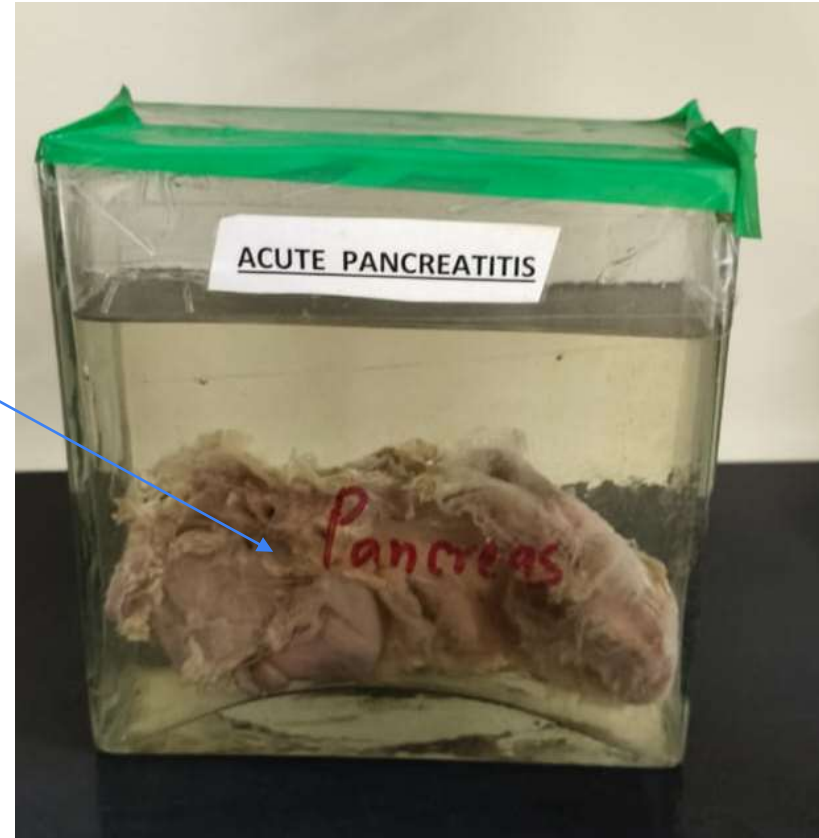
ACUTE PANCREATITIS

Gross:

- Specimen received exhibits red-black hemorrhagic areas interspersed with foci of yellow-white, fat necrosis.
- Cut surface contains brown-tinged fluid with extensive areas of haemorrhage and necrosis.

Microscopy:

- Reveals necrosis of pancreatic parenchyma.
- Acute inflammatory infiltrate comprising of neutrophils seen.
- Proliferation of blood vessels along with interstitial hemorrhage seen.
- Fat necrosis also seen.



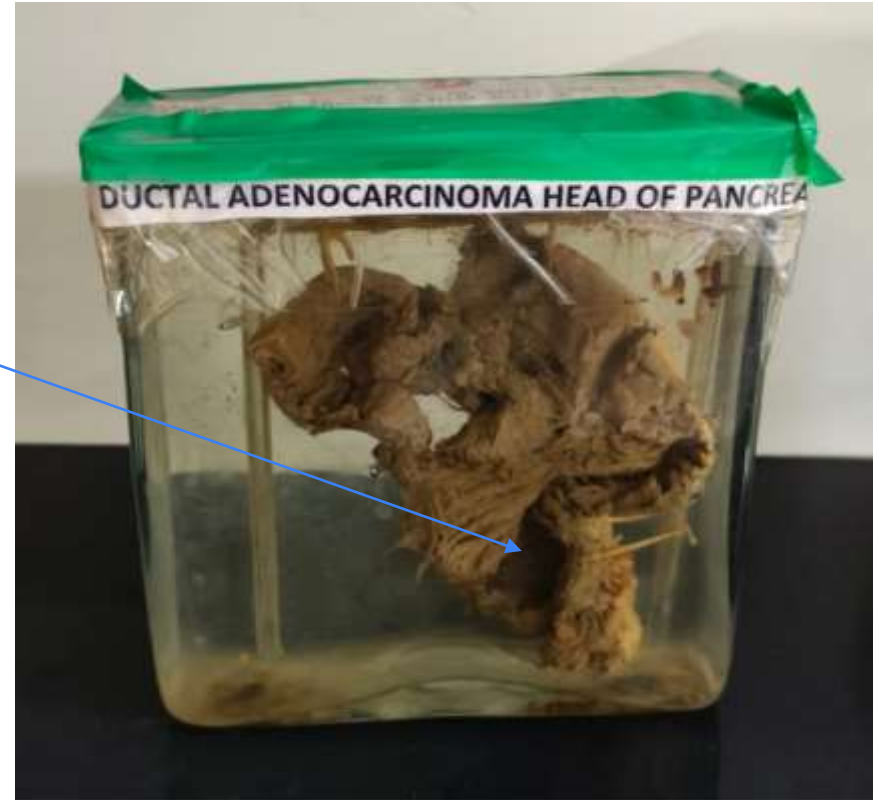
DUCTAL ADENOCARCINOMA HEAD OF PANCREAS

Gross:

- Specimen received shows pancreatic head mass with a segment of bowel and gallbladder.
- Cut surface shows no evidence of direct extension into the bowel or the adherent fatty tissue.

Microscopy:

- Section reveals atypical cells forming tubular and glandular structures within dense stroma.
- At places normal lobular architecture of glands is seen.
- The colon and gallbladder are free of tumour.



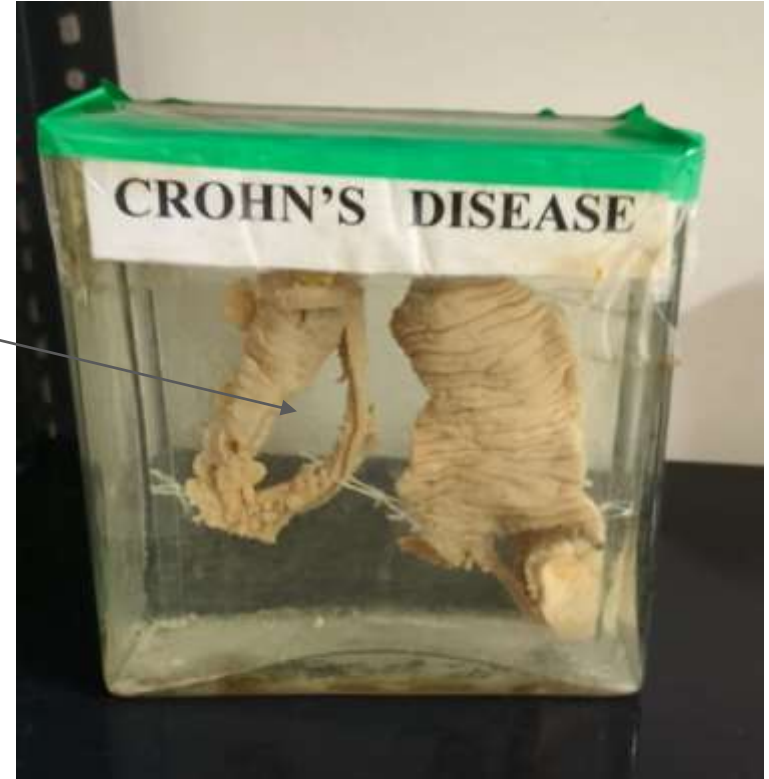
CROHN'S DISEASE

Gross:

- Specimen received shows two segments of ileum with multiple lesions.
- Cut surface shows thickened and rubbery mucosa with cobblestone appearance.

Microscopy:

- Sections of small intestine showing ulcerated surface epithelium with marked inflammatory cells infiltrate.
- Lamina propria shows distorted crypt architecture.
- Foci of micro-granulomas are seen in the lamina propria.



SIGMOID VOLVULUS

Gross:

- Specimen received shows a twisted bowel loop.
- On cutting open, one end of the bowel loop is dilated with thinned out mucosa.
- Other end of the bowel loop is constricted.

Microscopy:

- Sections reveal atrophy of the surface epithelium and fibrotic lamina propria.
- There is presence of chronic inflammatory cells like macrophages, lymphocytes and few eosinophils.



OMENTAL METASTASIS

Gross:

- Specimen of fibrofatty tissue received.
- Cut section shows several nodular growths.

Microscopy:

- Reveals fibroadipose tissue with tumour cells arranged in trabecular pattern.
- Individual tumour cells are cuboidal to columnar with pleomorphic, hyperchromatic nuclei and eosinophilic cytoplasm.



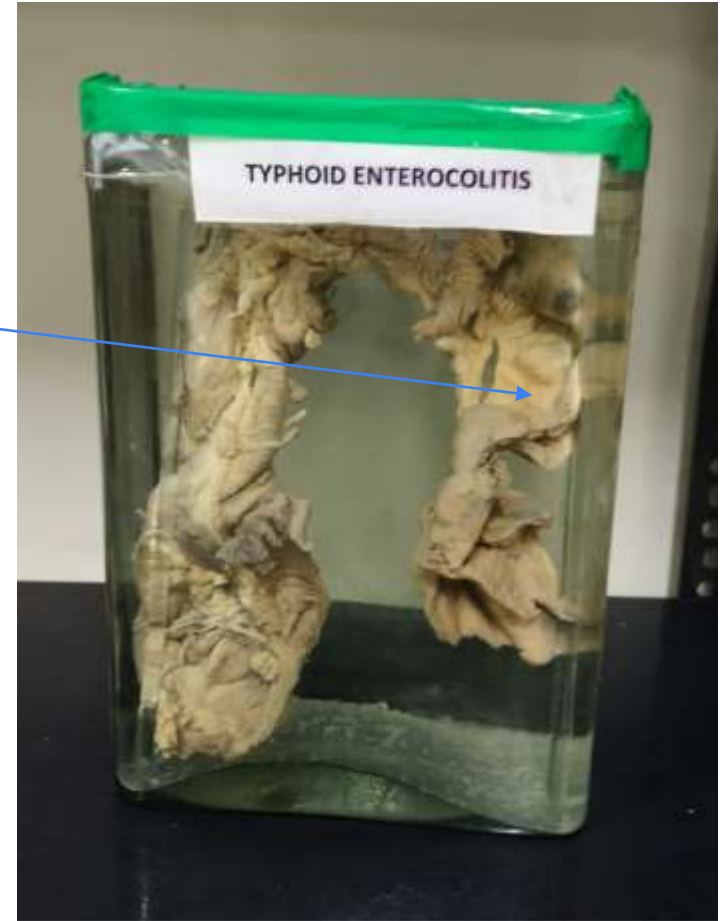
TYPHOID ENTEROCOLITIS

Gross:

- Specimen of ileum measuring 27 cm long. Part of the intestine shows longitudinal ulceration and perforation.

Microscopy:

- Sections of small intestine show mucosal shedding with ulceration.
- Lamina propria shows enlarged peyer's patches.
- Lymphocytes, plasma cells and macrophages containing RBC, nuclear debris seen.



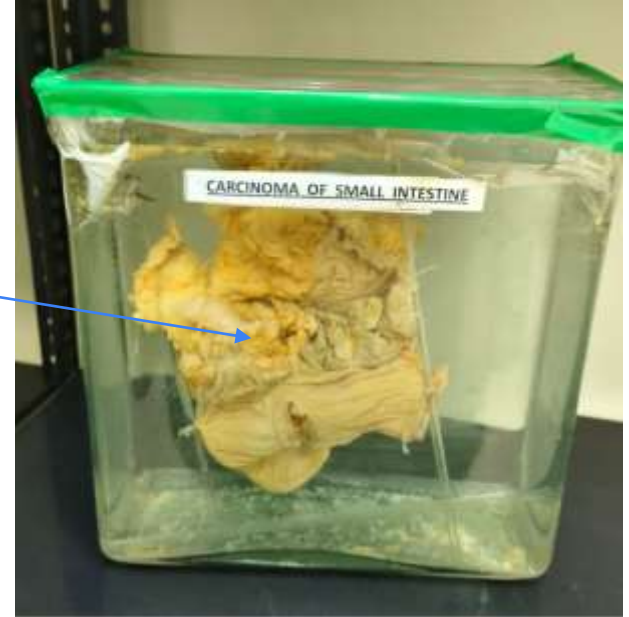
CARCINOMA OF SMALL INTESTINE

Gross:

- Specimen received shows intestine with a polypoid, exophytic mass.
- Cut surface shows constriction caused by the mass and dilated proximal part.

Microscopy:

- Sections show tumour cells arranged in glands and tubules.
- Individual tumour cells are cuboidal to columnar with pleomorphic, hyperchromatic nuclei, inconspicuous nucleoli and moderate amount of cytoplasm.
- Areas of necrosis can be seen.



ADENOCARCINOMA INTESTINE

Gross:

- Specimen received shows polypoid, exophytic mass seen in the intestine.

Microscopy:

- Sections show tumour cells arranged in glands and tubules.
- Individual tumour cells are cuboidal to columnar with pleomorphic, hyperchromatic nuclei, inconspicuous nucleoli and moderate amount of cytoplasm.
- Areas of necrosis can be seen.



BOWEL STRICTURE

Gross:

- Specimen received shows invariably luminal narrowing and bowel wall thickening.
- Cut surface reveals areas of constrictions.

Microscopy:

- Sections show disrupted mucosal lining.
- Muscularis propria is thickened and shows chronic inflammatory infiltrates.



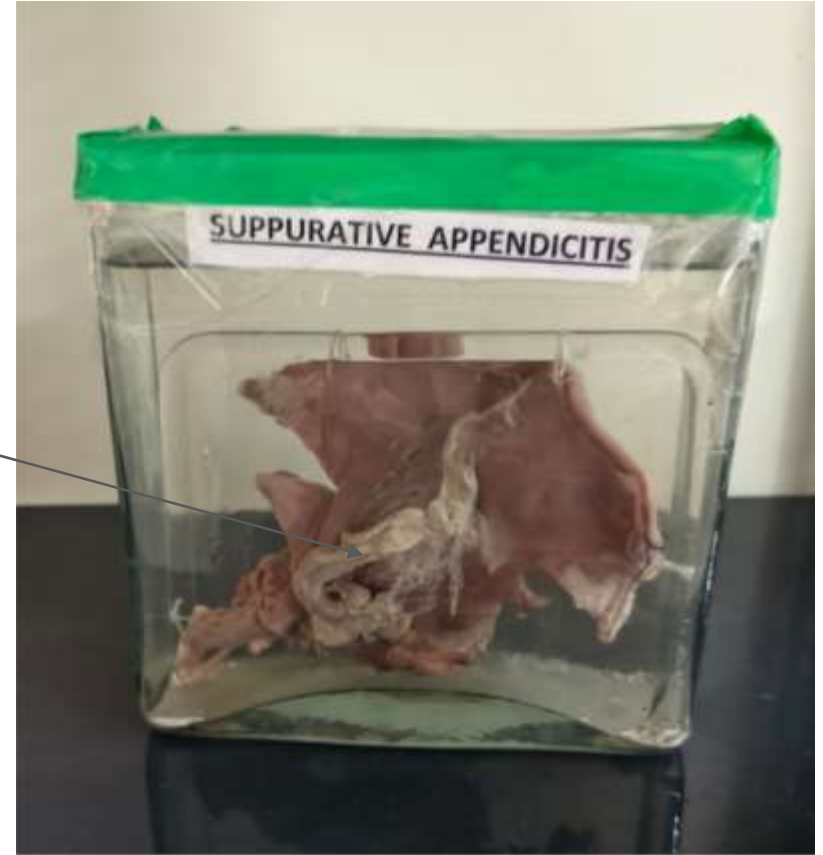
SUPPURATIVE APPENDIX

Gross:

- Specimen received shows a swollen appendix.
- Cut surface shows shows areas of hemorrhage and necrosis. Perforation present.

Microscopy:

- Section of appendix shows ulcerated mucosa.
- Neutrophilic infiltration is seen in muscularis propria extending upto the serosa.
- Hemorrhagic areas can be seen.



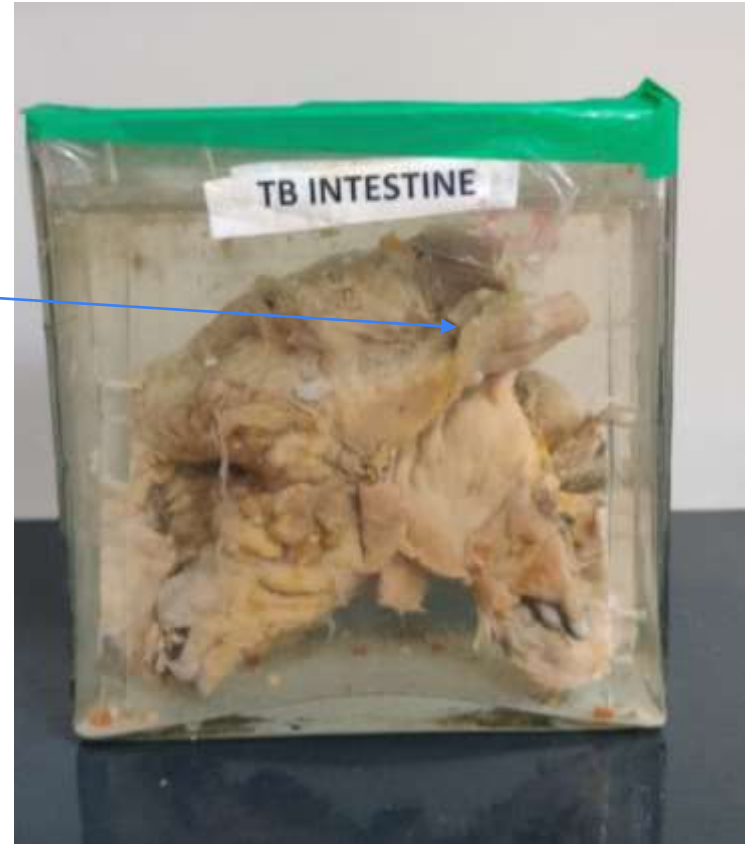
TB INTESTINE

Gross:

- Specimen received shows narrowing of intestinal lumen.
- Cut surface shows transverse ulcers.
- A lymph node is also identified.

Microscopy:

- Sections studied show granulomas consisting of a central area of caseation, surrounded by epithelioid cells, lymphocytes and Langhans type of multinucleated giant cells.
- Lymph nodes also show the presence of caseating granulomas with chronic inflammation.



ADENOCARCINOMA OF COLON

Gross:

- Specimen received shows polypoid, exophytic mass seen in the intestine
- Cut surface shows solid growth and areas of hemorrhage and necrosis.

Microscopy:

- Sections show tumour cells arranged in glands and tubules.
- Individual tumour cells are cuboidal to columnar with pleomorphic, hyperchromatic nuclei, inconspicuous nucleoli and moderate amount of cytoplasm.
- Areas of haemorrhage and necrosis can be seen.



HYPERPLASTIC POLYP-ILEUM

Gross:

- Specimen received shows a polypoidal mass in intestine.

Microscopy:

- Section from polyp reveals proliferated and widely separated hyperplastic and irregular glands lined by columnar epithelium showing serrations.
- The stroma is edematous.
- Underlying stalk including the muscle fibers are unremarkable.



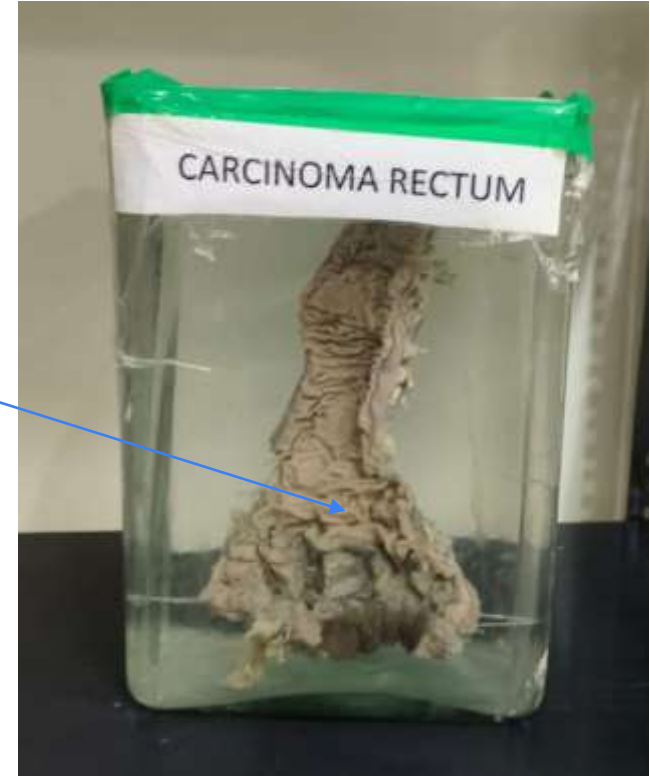
CARCINOMA RECTUM

Gross:

- Specimen received shows a portion of colon; greyish-white in color.
- Cut section shows cauliflower like growth in the lower portion of rectum with areas of necrosis.

Microscopy:

- Section studied reveals tumour cells arranged in glands and tubules.
- Individual tumour cells are cuboidal to columnar with pleomorphic, hyperchromatic nuclei, inconspicuous nucleoli and moderate amount of cytoplasm.



MECKEL'S DIVERTICULUM

Gross

- Specimen received is a tubular tissue piece. Externally congested.
- Cut surface shows congested mucosa.

Microscopy:

- Microscopic feature of a Meckel's diverticulum is the potential presence of ectopic mucosa within intestinal lining epithelium, most commonly gastric, within a diverticular structure that otherwise resembles the wall of the ileum.
- When complications like inflammation (diverticulitis) occur, the microscopic appearance will also show inflammatory cells, edema, and potentially necrosis within the wall of the diverticulum and surrounding tissues

