Code	Case	Diagnosis	Comment	Score
109	AP173	Hodgkin lymphoma, nodular sclerosis, grade 2 (BNLI), syncytial variant. (100%)	Immunohistochemical study will show the following results: CD30 and CD15 positive, LCA negative, L26 negative or focally positive with heterogeneous staining pattern, CD3 negative.	100
222	AP173	Classical Hodgkin lymphoma	nil	95
246	AP173	Cervical lymph node - Classical Hodgkin's lymphoma. In favour of nodular sclerosing subtype.	Performing immunostains CD30 and CD15 to confirm.	100
333	AP173	Nodular Sclerosis Hodgkins lymphoma. BNLI grade 1	nil	100
338	AP173	NODULAR SCLEROSIS HODGKIN LYMPHOMA, syncytial variant. 100%	Positivity for CD30 and CD15 etc. can be used to confirm the typing of classical Hodgkin lymphoma.	100
369	AP173	Classical Hodgkin lymphoma. (100%)	DDx between mixed cellularity type and syncytial variant of nodular sclerosis type. Do CD30 stain to highlight Reed-Sternberg cells versus CD30 negative histiocytes.	100
448	AP173	Hodgkin Lymphoma, Nodular sclerosis (BNLI Grade I) 100%	nil	100
515	AP173	Hodgkin's lymphoma, favour nodular sclerosing type, BNL grade 2; 100%	Need more deeper sections or more blocks of the lymph node to look for more definitive sclerosing bands and nodules found in nodular sclerosis. Otherwise, Hodgkin's lymphoma, mixed cellularity type, has to be reconsidered.	100
530	AP173	Classical Hodgkin's lymphoma, nodular sclerosis type.	nil	100
663	AP173	Hodgkin's disease (100%)	nil	95
666	AP173	Hodgkin lymphoma 95% Other malignant neoplasm 5%	Immunopanel: CD30 CD15 EMA CD20 CD3 CD45RB ALK S100	95

Code	Case	Diagnosis	Comment	Score
			EBER	
763	AP173	Classical Hodgkin lymphoma, favor nodular sclerosis type	nil	100
815	AP173	Nodular sclerosing Hodgkin's disease, syncytial variant	nil	100
873	AP173	Nodular sclerosis Hodgkin lymphoma, grade 2. 100% probability	nil	100
888	AP173	Hodgkin lymphoma, nodular sclerosis subtype 100%	nil	100
911	AP173	Hodgkin's Lymphoma, Nodular Sclerosis (100%)	Confirm with immunostains (CD30, LCA, CD15, CD20, ALK1 etc)	100
109	AP174	Undifferentiated (embryonal) sarcoma (100%)	nil	100
222	AP174	Undifferentiated (Embryonal) sarcoma	nil	100
246	AP174	Liver mass - Embryonal sarcoma	nil	100
333	AP174	Embryonal Sarcoma	nil	100
338	AP174	EMBRYONAL SARCOMA(UNDIFFERENTIATED SARCOMA) 100%	SAMPLING AND IMMUNOSTAINS TO LOOK FOR LINES OF DIFFERENTIATION eg. LEIOMYOSARCOMATOUS OR RHABDOMYOSARCOMATOUS DIFFERENTIATION.	100
369	AP174	Embryonal sarcoma. (100%)	nil	100
448	AP174	Liver - Undifferentiated (embryonal) sarcoma 100%	nil	100
515	AP174	Embryonal sarcoma (100%)	Nil.	100
530	AP174	Embryonal sarcoma	nil	100
663	AP174	Embryonal Sarcoma (100%)	nil	100
666	AP174	malignant mesenchymoma 50% hepatoblastoma 10%	Immuno stains cytokeratin, S100, CD34, actin, desmin, HMB45, Heppar1	50

Code	Case	Diagnosis	Comment	Score
		pleomorphic sarcoma 30% angiomyolipoma 10%		
763	AP174	Undifferentiated sarcoma (embryonal sarcoma)	nil	100
815	AP174	Undifferentiated (embryonal)sarcoma	nil	100
873	AP174	embryonal sarcoma. 100% probability	nil	100
888	AP174	Embryonal sarcoma 100%	nil	100
911	AP174	Embryonal Sarcoma (100%)	nil	100
109	AP175	Necrotizing pneumonia with presence of viral inclusions suggestive of adenovirus. (100%)	Correlate with serology result and EM study. Also need to exclude other infections like tuberculosis, fungal or bacterial infections.	100
222	AP175	Desquamative interstitial pneumonia	nil	0
246	AP175	Lung - Necrotizing pneumonia. Likely viral aetiology and favouring adenovirus.	Immunostains for adenovirus. Should exclude co-existing infections with other special stains (CMV, ZN, Grocott).	100
333	AP175	Necrotizing pneumonia with nuclear inclusion suggestive of adenovirus pneumonia.	Confirm diagnosis with immunostaining and culture. Also perform acid-fast & grocott stain to exclude secondary infection	100
338	AP175	INFLAMMATION suspicious of ADENOVIRUS infection. 100%	Viral culture and PCR to look for adenovirus. Culture, special stains, immunostains etc. to look for other infective agents. Correlate with clinical and radiological findings to exclude congenital abnomalies eg. pulmonary sequestration.	100
369	AP175	Necrotizing pneumonia, consistent with adenovirus infection. (100%)	nil	100
448	AP175	Lung - Pneumonia 100%	Intralobar type of pulmonary sequestration could be the underlying cause leading to pneumonia. Viral aetiology is suggested	100

Code	Case	Diagnosis	Comment	Score
			as a few pneumocytes with smudged nuclei are seen. Special stains (Gram stain, immunostain against adenovirus antigen) may be helpful. To correlate with microbiological culture results (of lung tissue)and serology.	
515	AP175	Necrotizing pneumonia, with cytopathic effect of virus, in favour of adenovirus; 100%	To be confirmed by immunohistochemical studies (antibody against adenovirus) and/or electron microscopy (to look for viral particles).	100
530	AP175	Pneumonia by Adenovirus (Interstitial pneumonia).	nil	100
663	AP175	Necrotizing pneumonia consistent with viral infection. (100%)	Possible etiologic agents include CMV, herpes virus and adenovirus. Suggest immunohistochemical studies for viruses.	100
666	AP175	Organizing pneumonitis 100%	Organism stains and culture: PAS gram Grocott	50
763	AP175	Necrotising pneumonia with viral inclusion bodies suggestive of adenovirus infection	Suggest correlation with clinical and microbiological findings for definitive diagnosis and reason for lobectomy	100
815	AP175	Cytomegaloviral pneumonia	nil	50
873	AP175	necrotizing pneumonia with cells of smudged nuclei,suggestive of adenoviral infection. 100% probability	nil	100
888	AP175	Necrotising pneumonia 100%	Adenovirus infection has to be considered. Correlation with clinical and radiological findings to exclude bronchopulmonary sequestration.	100
911	AP175	Necrotizing pneumonitis, secondary to viral infection; adenovirus (80%), HSV.	Correlate with microbiology studies. Immunostain with adenovirus, HSV, CMV.	100
109	AP176	Osteosarcoma (100%), need to exclude metastasis	Correlate with clinical history and other investigation result	100

Code	Case	Diagnosis	Comment	Score
			to exclude metastasis.	
222	AP176	Pulmanary sarcoma,favor osteosarcoma	Takes more blocks and sections to rule out sarcomatoid carcinoma	95
246	AP176	Lung - Metastatic osteosarcoma	nil	100
333	AP176	Osteosarcoma	Clinical and radiologic correlation for possible primary site.	100
338	AP176	OSTEOSARCOMA. 100%.	To look for a primary elsewhere eg. the long bones.	100
369	AP176	Osteosarcoma. (100%)	The lesion is likely metastatic, suggest clinical correlation.	100
448	AP176	Lung - metastatic osteosarcoma 100%	nil	100
515	AP176	Metastatic osteosarcoma, 100%	Please correlate with history of osteosacroma.	100
530	AP176	1) Osteosarcoma (90%), metastatic? 2) Carcinosarcoma (10%)	By clinical and microscopic aspects, favors Osteosarcoma. Whereas Carcinosarcoma has to be excluded by more tissue sampling and ancillary immunohistochemistry studies.	100
663	AP176	Metastatic Osteosarcoma (100%)	nil	100
666	AP176	Malignant spindle cell tumour 100%	DD synovial sarcoma, osteosarcoma, angiosarcoma, leiomyosarcoma Immunopanel Mic2, S100, actin, desmin, CD31, CD34, cytokeratin	90
763	AP176	Osteogenic sarcoma	Suggest correlation with clinical history to exclude metastatic osteogenic sarcoma	100
815	AP176	Osteosarcoma	In this patient metastatic osteosarcoma from bone should be excluded. Other possibilities include carcinosarcoma with an	100

Code	Case	Diagnosis	Comment	Score
			inconspicuous epithelial component, pulmonary artery sarcoma with osteosarcomatous differentiation and primary pulmonary osteosarcoma.	
873	AP176	metastatic osteosarcoma. 100% probability	nil	100
888	AP176	Osteosarcoma 100%	nil	95
911	AP176	Metastatic osteosarcoma.	nil	100
109	AP177	Sclerosing adenosis, small intraduct papilloma (100%)	nil	100
222	AP177	Sclerosing adenosis with focal intraductal papilloma	nil	100
246	AP177	Breast - Fibrocystic change, sclerosing adenosis	nil	100
333	AP177	Tubular adenosis	nil	100
338	AP177	BENIGN, consistent with sclerosing adenosis. 100%	nil	100
369	AP177	Sclerosing adenosis. (100%)	nil	100
448	AP177	Breast mass - Benign, Sclerosing adenosis 100%	nil	100
515	AP177	Proliferative fibrocystic change with sclerosing adenosis and intraduct papilloma, 100%	Nil.	100
530	AP177	Complex sclerosing lesion.	nil	80
663	AP177	Tubular adenosis (100%)	nil	100
666	AP177	Benign 100%	Pseudoangiomatous stromal hyperplasia	80
763	AP177	Sclerosing adenosis	nil	100
815	AP177	Sclerosing adenosis	nil	100
873	AP177	benign,favour sclerosing adenosis. 100% probability	nil	100
888	AP177	Benign 100%, with features of sclerosing adenosis	nil	100
911	AP177	Fibrocystic disease with sclerosing adenosis.	nil	100
109	AP178	Plexiform schwannoma (100%)	nil	100

Code	Case	Diagnosis	Comment	Score
222	AP178	Plexiform schwannoma	nil	100
246	AP178	Occipital nodules - Plexiform schwannoma	nil	100
333	AP178	Plexiform Schwannoma	There is a rare association with neurofibromatosis type II. Suggest clinical correlation.	100
338	AP178	PLEXIFORM NEURILEMOMA. 100%	nil	100
369	AP178	Plexiform neurilemmoma. (100%)	nil	100
448	AP178	Plexiform schwannoma 100%	nil	100
515	AP178	Plexiform schwannoma, 100%	Controversial association with neurofibromatosis.	100
530	AP178	Plexiform Schwannoma	nil	100
663	AP178	Plexiform schwannoma (100%)	nil	100
666	AP178	Benign plexiform neurofibroma 100%	nil	80
763	AP178	Plexiform schwannoma	This tumor may be associated with type 2 neurofibromatosis	100
815	AP178	Plexiform neurilemmoma	nil	100
873	AP178	plexiform neurilemmoma. 100% probability	nil	100
888	AP178	Plexiform schwannoma 100%	nil	100
911	AP178	Plexiform neurilemmoma.	nil	100