



**Case 1: Haiyan Chen MD, PhD, PGY II, Stefan Pambuccian MD and Razan Massarani-Wafai MD**

A 68-year-old man presented with two months of right nasal congestion. His past medical history and family history were not contributory. He was a banker. He did not smoke. A CT scan showed a mass involving the right nasal cavity and maxillary sinus. Endoscopic resection of this mass was performed and a representative section is submitted for your review.

**Case 2: Timothy VandenBoom MD, PGY II and Kelli A Hutchens MD**

A 28-year-old female with well-controlled hypothyroidism presented with a four day history of fever, nausea, and vomiting. Physical examination revealed painless cervical and submandibular lymphadenopathy, hyperpigmented macules with central scarring involving bilateral helices, and an erythematous plaque with central hyperpigmentation involving the right nasal sidewall. An initial CBC revealed pancytopenia and the patient was subsequently admitted to our institution. A bone marrow biopsy and skin biopsy were performed and representative images of the skin biopsy are provided for your review on the Chicago Pathology Society website.

**Case 3: Ian Hughes MD, PGY II and Stefan Pambuccian MD**

A 68-year-old female with chronic cough and throat irritation since December 2012 and a history of hypothyroidism presents for follow up of a CT scan which revealed thyroid enlargement and a dominant nodule in the left lobe. Per the patient, her last thyroid function studies done one year previously were normal and a biopsy of her thyroid performed 30 years ago showed benign findings. She denies any local symptoms of neck pressure, dysphagia, or voice change and has no history of radiation exposure or symptoms of thyroid dysfunction. After three fine needle aspirations with unsatisfactory cytology, the patient underwent left thyroid lobectomy and a representative section is submitted for your review.

**Case 4: Reeba Omman MD, PGY III, Woodlyne Roquiz DO and Milind Velankar MD**

A 69 year-old male with a history of follicular lymphoma and prostate cancer presented with a syncopal episode and hypotension. On admission, the patient was noted to have fever, hepatosplenomegaly, new onset pancytopenia (WBC 0.7 K/ $\mu$ L, hemoglobin 8.3 g/dL, platelets 13 K/ $\mu$ L, with no circulating blasts on peripheral blood smear), elevated LDH of 1106 IU/L (normal: 98 - 192 IU/L), and elevated ferritin level of 11960 ng/mL (normal: 22 - 322 ng/mL). CT scan showed multiple subcentimeter hypodense lesions in the liver and spleen. A liver biopsy was performed and representative images are provided for your review on the Chicago Pathology Society website.

**Case 5: Payal Sojitra MD, PGY II and Ewa Borys MD**

A 71 year old man is being evaluated for progressive left sided hearing loss. The brain MRI performed as part of his work-up revealed multiple intra-axial and extra-axial, supratentorial and infratentorial minimally enhancing lesions including lesions at the level of the foramen magnum causing crowding of the cerebellar tonsils with deformity of cervicomedullary junction. Biopsy was obtained from the lesion at the foramen magnum and representative images are provided for your review on the Chicago Pathology Society website.

**Case 6: Mohanad Shaar MD, PGY III and Stefan Pambuccian MD**

A 63 year old man with history of coronary artery disease and hypertension is being evaluated for light headedness and blood per rectum. Upper GI endoscopy showed a 32 mm well-defined, polypoid lesion in the gastric antrum. Partial gastrectomy was performed and a representative section is submitted for your review.