



ST. MARY'S  
HOSPITAL AND  
MEDICAL CENTER

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DEPARTMENT OF PATHOLOGY

[REDACTED] EY, JR. M.D.  
M.D.

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M.D.

84 SM 2884  
ACCESSION NO.

MR# 50 92 93  
KENNETT, TERESA M.  
BD: 2-4-49 Age: 35  
7-18-84 Rm ~~800~~ 808

DOCTOR

J [REDACTED] e, M.D./J [REDACTED] n, M.D.

CLINICAL DIAGNOSIS: Abdominal mass.

TISSUE: Mesentery node. Mesentery node. Needle biopsy, liver. Wedge biopsy, liver. Accessory spleen.

GROSS DESCRIPTION: Several specimens, the first presented at the time of surgery as a lymph node from the mesentery, and this was a discrete, ovoid, moderately soft structure, measuring 16 x 14 x 15 mm. It would appear to have an intact thin membranous capsule, and the cut surface was uniform, bulging slightly and was yellow-tan in color, without localizing or distinguishing gross features. Frozen Section performed upon this specimen was read as showing what was consistent with a lymphoma, having a nodular pattern, being of small cell type. Histological evidence of Hodgkin's could not be defined at the time of this examination.

Later, another specimen was an even larger node, submitted from the mesentery. This measured 2.5 x 2 x 2 cm, and otherwise was quite identical in appearance and character to the earlier smaller lymph node. Initially, material from the lymph node was taken in the sterile condition and submitted for various types of culture, if necessary. Imprints were made from multiple areas of the surface of both nodes, some subsequently stained and others retained for possible immunological studies. A portion of each node was fixed in gluteraldehyde for possible subsequent electron microscopic study. Another portion of each node was quick frozen, retained at a minus-sixty degree centigrade. Finally, a portion of each node is fixed in formalin, Zenker's fixative, and in Carnoy's solution.

The formalin-fixed material was blocked as "A", and the Carnoy's-fixed material as "B", and the Zenker-fixed material as "C".

Still another specimen consists of a needle biopsy of the liver, this being a small tubular strand of granular, yellowish-brown tissue, 16 cm in length and a 0.5 mm in uniform diameter, blocked as "D".

Still another specimen is stated to be a wedge from the liver, and this is a triangular segment of reddish-brown tissue, triangular in outline, measuring 12 x 10 mm and tapered in dimension, two surfaces showing intact thin membranous capsules, and the cut surface of the liver parenchyma finely granular, uniform, and reddish-brown in color. This specimen is trisected and blocked in its entirety. This material is blocked as "E".

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A sixth and final specimen is known to be a small accessory spleen that was also submitted. This consist of a small ovoid dark bluish-black structure measuring 6 mm in greatest dimension, and marginated along one surface by a tuft of lobulated and unremarkable-appearing yellow adipose tissue. On section, the splenic tissue is uniform in appearance and dark bluish-red in color. It is bisected and blocked as "F".

**MICROSCOPIC DESCRIPTION:** The two enlarged lymph nodes, submitted from the mesentery, demonstrate diffuse involvement by a neoplastic process, having a nodular pattern and characterized by the presence of various-sized, prominent follicle-like structures that comprise the entire parenchyma of the node. These structures that mimic follicles occur throughout the entire node structure, and in turn, there is infiltration of the pericapsular tissue by strands of similar lymphocytes. These altered nodular foci or follicles are composed of moderate-sized cells of prominent central nuclei that occasionally are angulated or indented, have fine even nuclear chromatin and inconspicuous nucleoli and very little discernible cytoplasm. A narrow zone of less altered appearing small lymphocytes often occur about the periphery of these prominent nodular and follicular areas. The interesting aspect of the case is the occurrence of irregular bands and deposits of eosinophilic collagenous tissue within some of the larger nodular centers, producing a picture of focal sclerosis and fibrosis.

The accessory splenn, while small, shows scattered altered follicles, also, in which the center of most these follicles consist of cells similar to those seen within the nodular follicles within the lymph nodes. In turn, there are narrow mantles of peripheral small and non-neoplastic-appearing lymphocytes about these altered and neoplastic splenic follicles. The intervening red pulp is hyperemic and the sinusoids engorged and dilated. The parasplenic adipose tissue is without infiltrate.

Both the needle biopsy from the liver, as well as the wedge biopsy of liver parenchyma, fail to show involvement of the liver by the lymphomatous process. The liver displays a normal architecture, in which the lobules are composed of cords of normal hepatic cells, without significant or localized feature or change. The portal areas are not conspicuous and are without fibrosis or cellular infiltrate. In summary, this case demonstrates lymph nodes from the mesentery involved by a non-Hodgkin's type lymphoma that from a cytological standpoint presents features of a small-cell, cleaved type with a nodular or follicular pattern. This working formulation classification correlates with a nodular lymphocytic type of lymphoma of Rappaport's earlier classification. The splenic follicles appear to be involved by a similar process as seen in the resected small accessory spleen. The liver is without demonstrable involvement by the lymphoma.

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KENNETT, TERESA M.

DIAGNOSIS:

LYMPHOMA, LYMPH NODE, MESENTERY, FOCAL (FOLLICULAR,  
PREDOMINANTLY SMALL CLEAVED-CELL TYPE, NODULAR;  
NODULAR FOLLICULAR LYMPHOMA, SMALL CELL TYPE)

558-834

LYMPHOMA, SPLEEN (ACCESSORY SPLEEN), FOLLICULAR  
PREDOMINANTLY SMALL CLEAVED-CELL TYPE  
(NODULAR SMALL CELL LYMPHOCYTIC TYPE)

5501-834

NORMAL TISSUE, LIVE FOCAL (NEEDLE AND WEDGE  
BIOPIES)

680-Y00

7-19-84

[REDACTED SIGNATURE]

y, Jr. M.D.

Pathologist

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