

## **Genitourinary Grossing Guidelines**

**Specimen Type:** NEPHRECTOMY (non tumor) –pyelonephritis, hydronephrosis, polycystic, allograft nephrectomy

**Case Assignment:** These cases should be assigned to the medical RENAL service and **NOT** the GU service

### **Procedure:**

\* Prior to fixation, please discuss with renal pathologist on service to ensure that no IF, EM, or other ancillary studies are required

1. Measure overall dimensions of specimen (may include kidney and perinephric fat).
2. Measure kidney alone
3. Describe: Smooth, granular (finely or coarsely), scars or depressions, cysts, hemorrhage.
4. Locate ureter (in general, there is a staple or a suture at the distal end).
5. Remove ureter margin and place in cassette.
6. Place probe into ureter, and extend it into renal pelvis. Open ureter along its length, cutting towards the pelvis.
7. At renal hilum, push one probe through renal pelvic/calyceal system (usually very easily done as this is a “cavity”) and push through parenchyma of superior pole of kidney.
8. Place second probe in renal pelvic/calyceal system and push through parenchyma of inferior pole of kidney.
9. Using probes as guides, divide kidney in half. Completely open pelvis and calyces with scissors if necessary.
10. Describe cortex (thickness, color). Is the corticomedullary junction well-defined? Describe, if present, cysts (approximate number, range of size, type of fluid within, lining), infarcts, hemorrhage, abscesses, crystals in medulla, etc.
  - a. Carefully examine cysts for solid areas, including thickened walls, or papillary areas. These may contain areas of neoplasia. If there is concern for neoplasia, process per neoplastic nephrectomy grossing guidelines.
11. Describe pelvis/calyces: Dilated or blunted, stones, mucosa smooth and glistening or dull, granular, erythematous, etc.
12. Describe ureter: Length, diameter, dilated or constricted.
13. Measure length of attached renal artery and vein; look for hilar lymph nodes.
14. Describe adrenal, if present.
15. Gross photos are required for all nephrectomy cases

### **Gross Template:**

**MMODAL Command:** “INSERT NEPHRECTOMY”

It consists of a [right, left\*\*\*], [weight\*\*\*] gram, [measure in three dimensions\*\*\*] cm total nephrectomy. The kidney alone measures [measure in three dimensions \*\*\*] cm. The ureter measures [\*\*\*] cm in length

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x [\*\*\*] cm in diameter. The renal artery measures [\*\*\*] cm in length x [\*\*\*] cm in diameter. The renal vein measures [\*\*\*] cm in length x [\*\*\*] cm in diameter.

The renal capsule is [*unremarkable OR remarkable for defects/adhesions/fibrosis/granular\*\*\**]. The corticomedullary junction is [*distinct/not distinct\*\*\**]. The cortex [*describe thickness, cysts, other\*\*\**]. The medulla [*describe color and shape of pyramids, cysts\*\*\**]. The pelvicalyceal system [*is/ is not\*\*\**] dilated. The sinus adipose tissue [*is/ is not\*\*\**] decreased. Calculi [*are/ are not present, and if present, describe obstruction and/or dilation of calyces\*\*\**]. The mucosa of the collecting system is [*smooth, roughened, granular, thickened, other\*\*\**]. The ureter [*describe stenosis, dilation, lesions present\*\*\**]. The vessels are remarkable for [*plaque, thrombus, other, unremarkable\*\*\**]. No lesions or masses are identified. Gross photographs are taken. Representative sections are submitted.

### **Cassette Submission:** 3-4 cassettes

- Include 1 section of normal kidney. **This should be placed in cassette A1 (It will be a pink block which includes 1 PAS stain).**
  - o You may be able to include a full thickness section from capsule to calyceal mucosa
- 1-2 sections of pathologic alterations (including areas of scarring or other lesions in any areas including cortex, medulla, collecting system, ureter, and blood vessels as needed)
- 1 cassette to include ureter, artery, and vein margins
- 1 section of adrenal gland, if present
- Lymph nodes, if present