

Dermatopathology

Delivering Superior Quality with a Personalized Touch

Quality

- Highly experienced board certified team of dermatopathologists using advanced technologies, with a support staff that is dedicated to serving you and your patients
- Expert interpretation and analysis of malignant neoplasms
- Our dermatopathologists specialize in autoimmune diseases, blistering disorders, melanomas, carcinomas, cutaneous lymphomas, benign tumors including adnexal neoplasms, inflammatory conditions, alopecia, nail disorders, infectious diseases and oral pathology
- Unusual or complicated cases, or a case with a new diagnosis of melanoma, undergo review by a second dermatopathologist
- We are supported by numerous pathology subspecialties at PathLogic and NeoGenomics

Services

- Routine specimen reports are customarily finalized within 24 to 48 hours of receipt in our lab
- Our clear, concise, easy-to-read reports employ consistent, uniform diagnostic language. Our diagnostic terminology can be customized for your practice
- Photomicrographs enhance and illustrate our eye-catching reports
- Finalized cases are available online for your review within minutes through our secure, password-protected client portal. Customized EMR solutions are available
- Broad consultative services, second opinions, and office visits from our pathologists can be easily arranged

Test Highlights

- Our vast array of IHC stains and special stains allow us to efficiently and quickly diagnose complex cases and tumors
- Appropriate, cost-effective use of special stains, immunohistochemistry, immunofluorescence, molecular diagnostics and FISH
- Specimens submitted for direct immunofluorescence are usually reported within 24 to 48 hours
- Our CAP-certified laboratories are state-of-the-art facilities with the latest diagnostic equipment and testing methodologies

Test, Patient - PL15-999999

Patient: **Test, Patient** Date of Birth: **11/01/1964** Gender: **Male**

Physician: **Samuel Doctor, M.D.** Facility Code: **Sample #1**
 1234 Medical Way, 1234 Medical Group
 City, ST 99999 555-555-1234 fax 999-999-1234 fax

Finalized: **04/01/2011**

Diagnosis

A. Skin Excision Right Back:
 1. Ulcerated Basal Cell Carcinoma, 7 mm
 2. Scar, Completely Excised

B. Skin Excision Right Chest:
 Invasive Melanocytic Neoplasm, Cave Ulcerated, 4.50 mm In Extension This cm From The Closest Peripheral Me

Received: **03/30/2011**

Collected: **03/30/2011**

Photomicrographs: A, B

Test, Patient - PL15-999999

Patient: **Test, Patient** Date of Birth: **01/01/1964** Gender: **Male**

Physician: **Samuel Doctor, M.D.** Facility Code: **Sample #1**
 1234 Medical Way, 1234 Medical Group
 City, ST 99999 555-555-1234 fax 999-999-1234 fax

Finalized: **05/31/2015**

Diagnosis

A. Skin Biopsy, Right Upper Back:
 Focal Neutrophilic Spongiosis, Compatible With Incipient Pemphigus

B. Skin Biopsy, Right Chest:
 Pemphigus Vulgaris, Site Comment

Received: **05/29/2015**

Collected: **05/30/2015**

Photomicrographs: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Comments:

A. The histologic changes are very mild and focal. Please refer to Specimen B.
 B. The light microscopic features include suppurative crusting and acantholysis, with associated spongiosis and occasional neutrophils. There is mild perivascular mononuclear inflammation and occasional eosinophils, including foci of eosinophilic spongiosis. These features are not suggestive of pemphigus vulgaris, but the definitive diagnosis is established by the direct immunofluorescence studies, as described below.

Direct Immunofluorescence Analysis: IgG and IgM (C3) were detected from multiple sites and examined by light microscopy and demonstrate locally disrupted epidermal DAPI staining by performed with the following FITC-conjugated anti-human antibodies: IgG, IgA, IgM, and C3. There is significant specific granular IgG (3+) on a scale of 0 to 3+). IgG (1+) and C3 (2+) all in a staining pattern within the intercellular spaces of the dermal epithelium. There is no significant or specific staining with fibrinogen. This staining pattern is diagnostic of an immune complex mediated dermatitis of the pemphigus vulgaris type.

Dermatopathologist Spotlight

Henry (Kelly) McNeely, M.D.

Director of Dermatopathology

Dr. McNeely began providing services to PathLogic as a dermatopathologist in 2007, and now serves as the Director of Dermatopathology. He focuses exclusively on the examination of dermatologic specimens, including melanomas, carcinomas, lymphomas, sarcomas, inflammatory dermatoses, other benign and malignant tumors, and alopecia. He is expert in the utilization of histochemical stains, immunohistochemistry, skin immunofluorescence and molecular diagnostics to achieve an efficient and accurate diagnosis in a timely fashion. Dr. McNeely has over 27 years of experience in pathology, including fourteen years with Diagnostic Pathology Medical Group where his primary focus was on dermatopathology. During this time, Dr. McNeely served as the Laboratory Medical Director at Sutter Davis Hospital from 1993 to 2006. Prior to this, he was in private practice at the Woodland Clinic Medical Group, where half of his full-time practice consisted of dermatopathology. In his career, Dr. McNeely has examined more than 200,000 dermatologic specimens. Dr. McNeely received his medical degree and completed his internship at the University of California, Davis. He then finished his pathology residency at Kaiser San Francisco, where he was Chief Resident for two years. Dr. McNeely has received training from or worked alongside esteemed dermatopathologists such as Bernard Ackerman, Philip LeBoit, Timothy McCalmont, Beth Ruben, Scott Binder, Oliver Stanton, Robert Ghiselli, Robert Wisner and David Guillen. Dr. McNeely is board certified in Anatomic Pathology and Clinical Pathology by the American Board of Pathology.

