**Reporting Protocol for the Examination of Gross Autopsy of Adult Decedents**

**Version:** 1.0.0.0

**Protocol Posting Date:** December 2023

The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

The aim of this protocol is to improve the completeness, clarity, and portability of autopsy reporting while being mindful of the wide range of practice settings in which the data in the report is generated and disseminated.   
  
The Autopsy Adult CNS template can be used when reporting CNS results separately from the Adult Autopsy report.

**This protocol may be used for the following procedures AND tumor types:**

|  |  |
| --- | --- |
| **Procedure** | **Description** |
| Adult Autopsy | Patient ID and consent, external examination, autopsy procedure, organ systems, neuropathology findings of the brain and spinal cord, ancillary testing, tissue retention |

**The following should NOT be reported using this protocol:**

|  |
| --- |
| **Procedure** |
| Perinatal Autopsies |
| Pediatric Autopsies |

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With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.  
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**Accreditation Requirements**

The use of this case summary is recommended for clinical care purposes but is not required for accreditation purposes. The core and conditional data elements are routinely reported. Non-core data elements are indicated with a plus sign (+) to allow for reporting information that may be of clinical value.

**Summary of Changes**

**v 1.0.0.0**

* New protocol

**AUTOPSY: Adult Reporting Template**

**Protocol Posting Date: December 2023**

**Select a single response unless otherwise indicated.**

**CASE SUMMARY: (AUTOPSY: Adult)**

*This case summary may be useful for reporting autopsy findings but is not required for accreditation purposes. (Note* [*A*](#N13859)*)*

**PATIENT IDENTIFICATION AND AUTOPSY CONSENT (Note** [**A**](#N13859)**)**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent and Patient ID Reviewed by  (select all that apply)**

\_\_\_ Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unique Patient Identifiers Reviewed  (select all that apply)**

*Select at least two identifiers*

\_\_\_ Patient name

\_\_\_ Date of birth (DOB)

\_\_\_ Medical Record Number (MRN)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autopsy Type**

\_\_\_ Complete with brain

\_\_\_ Complete without brain (limited autopsy)

\_\_\_ Brain only

\_\_\_ Chest only

\_\_\_ Abdomen only

\_\_\_ Restricted autopsy (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to the Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Patient Identification and Autopsy Consent Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIOR POSTMORTEM PROCEDURES**

**Organ or Tissue Donation (required only if applicable) (select all that apply)**

\_\_\_ Not applicable

\_\_\_ Corneas

\_\_\_ Skin

\_\_\_ Bone and soft tissue (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Organ(s) (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funerary Preparation (required only if applicable) (select all that apply)**

\_\_\_ Not applicable

\_\_\_ Eye caps

\_\_\_ Jaws wired or sewn closed

\_\_\_ Evidence of embalming (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTERNAL EXAMINATION (Note** [**B**](#N13860)**)**

**General Appearance**

\_\_\_ Obese

\_\_\_ Well-developed

\_\_\_ Cachectic

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Edema**

\_\_\_ Not identified

\_\_\_ Peripheral (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Generalized (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anasarca (entire body): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**

\_\_\_ Appearance consistent with staged age of (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin Tone**

\_\_\_ Light

\_\_\_ Dark

\_\_\_ Vitiligo (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race**

\_\_\_ Caucasian

\_\_\_ African American

\_\_\_ Hispanic

\_\_\_ Asian

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Unknown

**Sex**

\_\_\_ Male

\_\_\_ Female

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Body Weight in Kilograms (kg)#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg**

*# One pound is equal to 0.454 kilograms*

**Body Length in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Body Mass Index (BMI)#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*# Use formula weight (kg) / [height (cm)]2 x 10,000*

**Scar(s)**

\_\_\_ Not identified

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incision(s)**

\_\_\_ Not identified

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin Abnormalities (select all that apply)**

\_\_\_ Not identified

\_\_\_ Skin graft(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Petechial hemorrhage(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Icterus (yellow jaundice) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Decubitus ulcer(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Tattoo(s)**

\_\_\_ Not identified

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymphadenopathy**

\_\_\_ Not identified

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hair**

\_\_\_ Absent

\_\_\_ Balding (specify pattern, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Short length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Medium length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Long length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hair Color**

\_\_\_ Black

\_\_\_ Brown

\_\_\_ Blond

\_\_\_ Grey

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Eyelids (select all that apply)**

\_\_\_ Unremarkable

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eye Color / Abnormalities (select all that apply)**

\_\_\_ Evidence of corneal donation

\_\_\_ Brown

\_\_\_ Blue

\_\_\_ Hazel

\_\_\_ Green

\_\_\_ Intraocular lens (IOL implant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Excessive corneal clouding / opacification

\_\_\_ Arcus senilis

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pupils**

\_\_\_ Symmetric

\_\_\_ Asymmetric (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sclerae**

\_\_\_ Anicteric (clear without significant discoloration)

\_\_\_ Icteric (yellow jaundice)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ears**

\_\_\_ Unremarkable

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nose**

\_\_\_ Unremarkable

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oral Cavity (select all that apply)**

\_\_\_ Good dentition

\_\_\_ Poor dentition

\_\_\_ Dentures

\_\_\_ Partial denture or bridge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edentulous

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**External Genitalia**

\_\_\_ Phenotypically male

\_\_\_ Phenotypically female

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extremities (select all that apply)**

\_\_\_ Well-developed and symmetric: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Amputation(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Mid-Calf Circumference (greatest calf circumference) (select all that apply)**

\_\_\_ Not examined

\_\_\_ Right (Centimeters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Left (Centimeters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

**Toenails / Fingernails (select all that apply)**

\_\_\_ Unremarkable

\_\_\_ Nail clubbing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hyperkeratosis (thickened): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Onychomycosis (fungus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Koilonychia (indented): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Splinter hemorrhage(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Back**

\_\_\_ Unremarkable

\_\_\_ Decubitus ulcer(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence of Medical Intervention (select all that apply)**

\_\_\_ Not identified

\_\_\_ Recent surgery (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nasogastric tube

\_\_\_ Percutaneous endoscopic gastrostomy (PEG) tube

\_\_\_ Endotracheal tube

\_\_\_ Foley catheter

\_\_\_ Urine collection bag (specify volume and color of urine, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fecal collection bag (specify volume, color, and consistency of stool, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Electrocardiogram pad(s) (specify number, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Defibrillator pad(s) (specify number, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Single lumen intravascular catheter (specify number and location(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Triple lumen intravascular catheter (specify number and location(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Peripherally inserted central catheter (PICC) line (specify location, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pulse oximeter sensor (specify location, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Implantable cardiac device (specify type, serial number, model number, and location, if possible): \_\_\_

\_\_\_ Chemotherapy port (specify location, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Effects (select all that apply)**

\_\_\_ Not present

\_\_\_ Glasses

\_\_\_ Dentures

\_\_\_ Hearing aids

\_\_\_ Jewelry (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+External Exam Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTOPSY PROCEDURE**

**+Approach to Autopsy Dissection Method**

\_\_\_ Rokitansky (removal of organs as one block)

\_\_\_ Virchow (removal of organs one by one)

\_\_\_ Modified (en block approach to specific organ(s)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Special Dissection**

\_\_\_ None

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Autopsy Incision**

\_\_\_ Standard Y-shape

\_\_\_ Modified Y-shape

\_\_\_ I-shape

\_\_\_ T-shape

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BODY CAVITIES**

**Organs in Normal Anatomic Positions**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Yes

\_\_\_ No

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Greatest Abdominal Panniculus Thickness (specify in Centimeters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Peritoneal Fluid**

\_\_\_ Not examined (autopsy limited)

\_\_\_ None

\_\_\_ Volume (Milliliters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml

**Appearance**

\_\_\_ Serous (clear)

\_\_\_ Cloudy

\_\_\_ Serosanguineous (blood-tinged)

\_\_\_ Sanguineous (bloody)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peritoneal Surfaces (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Smooth

\_\_\_ Adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Pleural Fluid**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not identified

\_\_\_ Volume (Milliliters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml

**Appearance**

\_\_\_ Serous (clear)

\_\_\_ Cloudy

\_\_\_ Serosanguineous (blood-tinged)

\_\_\_ Sanguineous (bloody)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Pleural Cavity (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Smooth

\_\_\_ Adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Pleural Fluid**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not identified

\_\_\_ Volume (Milliliters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml

**Appearance**

\_\_\_ Serous (clear)

\_\_\_ Cloudy

\_\_\_ Serosanguineous (blood-tinged)

\_\_\_ Sanguineous (bloody)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Pleural Cavity (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Smooth

\_\_\_ Adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Body Cavity Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CARDIOVASCULAR SYSTEM (Note** [**C**](#N13861)**)**

*Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Heart Weight in Grams (g) (specify) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Pericardium (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a tan, smooth, intact pericardium.*

\_\_\_ Unremarkable#

\_\_\_ Disrupted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pericardial Fluid**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not identified

\_\_\_ Volume in Milliliters (ml): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml

**Appearance**

\_\_\_ Serous (clear)

\_\_\_ Cloudy

\_\_\_ Serosanguineous (blood-tinged)

\_\_\_ Sanguineous (bloody)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Epicardial Fat**

*# Unremarkable includes a normal amount of yellow adipose tissue.*

\_\_\_ Unremarkable#

\_\_\_ Increased

\_\_\_ Decreased

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Epicardial Surface (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a smooth, glistening, intact epicardial surface.*

\_\_\_ Unremarkable#

\_\_\_ Roughened (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic (specify, if possible) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronary Ostia**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normally positioned, patent right and left ostia.*

\_\_\_ Unremarkable#

\_\_\_ Occluded (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Foramen Ovale**

\_\_\_ Closed

\_\_\_ Probe patent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronary Arteries Anatomic Course**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes the two primary arteries; the right coronary artery (RCA) and the left main coronary artery (LMCA) both originate from the root of the aorta.*

\_\_\_ Unremarkable#

\_\_\_ Anomalous (abnormality or malformation) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronary Circulation**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Right dominant

\_\_\_ Left dominant

\_\_\_ Co-dominant

**Left Main Coronary Artery (LMCA)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent, non-calcified vessel.*

\_\_\_ Unremarkable#

\_\_\_ Coronary atherosclerosis present

**Percent Stenosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

**+Pattern of Stenosis**

\_\_\_ Focal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Multifocal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diffuse

**Acute Plaque Changes**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

**+Lesion Type**

\_\_\_ Eccentric

\_\_\_ Concentric

**Thrombus**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Circumflex Artery (LCX)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent, non-calcified vessel.*

\_\_\_ Unremarkable#

\_\_\_ Coronary atherosclerosis present

**Percent Stenosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

**+Pattern of Stenosis**

\_\_\_ Focal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Multifocal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diffuse

**Acute Plaque Changes**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

**+Lesion Type**

\_\_\_ Eccentric

\_\_\_ Concentric

**Thrombus**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Anterior Descending Artery (LAD)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent, non-calcified vessel.*

\_\_\_ Unremarkable#

\_\_\_ Coronary atherosclerosis present

**Percent Stenosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

**+Pattern of Stenosis**

\_\_\_ Focal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Multifocal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diffuse

**Acute Plaque Changes**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

**+Lesion Type**

\_\_\_ Eccentric

\_\_\_ Concentric

**Thrombus**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Coronary Artery (RCA)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent, non-calcified vessel.*

\_\_\_ Unremarkable#

\_\_\_ Coronary atherosclerosis present

**Percent Stenosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

**+Pattern of Stenosis**

\_\_\_ Focal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Multifocal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diffuse

**Acute Plaque Changes**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

**+Lesion Type**

\_\_\_ Eccentric

\_\_\_ Concentric

**Thrombus**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Right Posterior Descending Artery (RPDA)**

*# Unremarkable includes patent, non-calcified vessel.*

\_\_\_ Unremarkable#

\_\_\_ Coronary atherosclerosis present

**+Percent Stenosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

**+Pattern of Stenosis**

\_\_\_ Focal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Multifocal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diffuse

**+Acute Plaque Changes**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

**+Lesion Type**

\_\_\_ Eccentric

\_\_\_ Concentric

**+Thrombus**

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronary Artery Procedures (required only if applicable) (select all that apply)**

\_\_\_ Not applicable

\_\_\_ Coronary artery bypass graft(s) (specify type(s), number, and location(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Coronary stent(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chamber Dilation**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Present

**Specify Chamber Location(s) (select all that apply)**

\_\_\_ Right atrium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Left atrium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Right ventricle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Left ventricle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Absent

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tricuspid Valve**

**Leaflets (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, delicate, intact leaflets with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Disrupted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vegetations

**+Specify Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

\_\_\_ Valve replacement / repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chordae Tendinae (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, pliable, intact chordae with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Thickened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annulus**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Tricuspid valve circumference in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pulmonic Valve**

**Leaflets (cusps) (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, delicate, intact leaflets (cusps) with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Disrupted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cusp abnormality (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vegetations

**+Specify Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

\_\_\_ Valve replacement / repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annulus**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Pulmonic valve circumference in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mitral Valve**

**Leaflets (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, delicate, intact leaflets with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Disrupted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vegetations

**+Specify Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

\_\_\_ Valve replacement / repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chordae Tendinae (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, pliable, intact chordae with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Thickened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annulus**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Mitral valve circumference in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aortic Valve**

**Leaflets (cusps) (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes thin, delicate, intact leaflets (cusps) with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Disrupted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cusp abnormality (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vegetations

**+Specify Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

\_\_\_ Valve replacement / repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annulus**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Aortic valve circumference in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Myocardium (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes firm, red-brown appearance with no gross area of softening, fibrosis, hemorrhage, or discoloration.*

\_\_\_ Unremarkable#

\_\_\_ Discoloration

+\_\_\_ Gross appearance (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Location (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Hemorrhage

+\_\_\_ Gross appearance (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Location (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Size in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Fibrosis

+\_\_\_ Gross appearance (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Location (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+\_\_\_ Size (Centimeters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Endocardium**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a smooth, glistening, thin appearance.*

\_\_\_ Unremarkable#

\_\_\_ Thickened

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ventricular Measurements**

**Left Ventricular Free Wall in Centimeters (cm) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Right Ventricular Ventricular Free Wall in Centimeters (cm) (required only if applicable): \_\_\_ cm**

**Intraventricular Septum in Centimeters (cm) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Pulmonary Artery (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*

\_\_\_ Unremarkable#

\_\_\_ Embolus present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Atherosclerosis present (specify mild, moderate, or severe, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ascending Aorta (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis present (specify mild, moderate, or severe, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Ascending thoracic aneurysm (specify size and type, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Arteries Arising from Aortic Arch (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis present (specify mild, moderate, or severe and involved vessel(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thoracic Aorta (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis present (specify mild, moderate, or severe, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Descending thoracic aneurysm (specify type and size, if possible) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Abdominal Aorta (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis present (specify mild, moderate, or severe, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Abdominal aortic aneurysm (specify type and size, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Repair (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venae Cavae (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal caliber and configuration, and patent.*

\_\_\_ Unremarkable#

\_\_\_ Obstructed (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stenotic (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thin-walled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thrombus present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Inferior vena cava filter (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Cardiovascular System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESPIRATORY SYSTEM (Note** [**D**](#N13862)**)**

*Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Epiglottis, Larynx, Trachea**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic configuration and no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Lung Weight in Grams (g) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Left Lung Weight in Grams (g) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**+Lung Fixation**

\_\_\_ Airway formalin perfusion technique

\_\_\_ Vascular formalin perfusion technique

\_\_\_ Cut fresh

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Pleural Surface (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan-pink, smooth pleural surfaces with minimal anthracosis.*

\_\_\_ Unremarkable#

*## Specify location as Right Upper Lobe (RUL), Right Middle Lobe (RML), and / or Right Lower Lobe (RLL).*

\_\_\_ Adhesions (specify, if possible)## : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anthracosis (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Area of retraction (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Bleb(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Lung Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan-pink and crepitant parenchyma with no gross abnormalities.*

\_\_\_ Unremarkable#

*## Specify location as Right Upper Lobe (RUL), Right Middle Lobe (RML), and / or Right Lower Lobe (RLL), and whether the involvement is central or peripheral.*

\_\_\_ Congested (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Consolidated (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cavitation (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mass or masses (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Emphysematous change (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Pleural Surface (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan-pink, smooth pleural surfaces with minimal anthracosis.*

\_\_\_ Unremarkable#

*## Specify location as Left Upper Lobe (LUL) and / or Left Lower Lobe (LLL).*

\_\_\_ Adhesions (specify, if possible)## : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Plaque(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Exudate (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anthracosis (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Area of retraction (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Bleb(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Lung Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan-pink and crepitant parenchyma with no gross abnormalities.*

\_\_\_ Unremarkable#

*## Specify location as Left Upper Lobe (LUL), and / or Left Lower Lobe (LLL), and whether the involvement is central or peripheral.*

\_\_\_ Congested (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Consolidated (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cavitation (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mass or masses (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Emphysematous change (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bronchi (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan, smooth, and patent with no branching anomalies.*

\_\_\_ Unremarkable#

\_\_\_ Congested (specify lung(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous (specify lung(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic (specify lung(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Obstructed (specify lung(s), if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pulmonary Arteries**

**Atherosclerosis**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not identified

\_\_\_ Present (specify extent, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pulmonary Emboli**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not identified

\_\_\_ Present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Respiratory System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIGESTIVE SYSTEM (Note** [**E**](#N13863)**)**

**+Tongue**

\_\_\_ Not examined

*# Unremarkable includes papillated, smooth appearance with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Esophagus (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic configuration, tan-white, intact mucosa with the usual longitudinal folds and a well-demarcated squamocolumnar junction.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal flattening (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal autolysis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stricture (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Esophageal varices (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anastomosis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Adventitial exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stomach (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic configuration, tan mucosa with normal rugal folds, and a tan, smooth serosa.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal flattening (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal autolysis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Obstruction (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hiatal hernia (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Bypass (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anastomosis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gastric Contents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a vermiform appendix with a tan, smooth unremarkable mucosa and serosa, and the absence of luminal mucin.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Small Bowel (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic configuration, tan to tan-green mucosa with normal folds, and a tan, smooth serosa.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal flattening (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal autolysis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Meckel's diverticulum (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stricture (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Bypass (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anastomosis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Ischemic change(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Small Bowel Contents (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Large Bowel (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic configuration, tan mucosa with normal folds, and tan, smooth serosa.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal flattening (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Mucosal autolysis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Diverticula (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stricture (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Anastomosis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Ischemic change(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Large Bowel Contents (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Liver Weight in Grams (g) (required only if applicable)#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

*# Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Liver (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a brown, smooth, glistening, and intact capsule with brown, homogeneous, solid parenchyma.*

\_\_\_ Unremarkable#

\_\_\_ Congested parenchyma (nutmeg liver): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fatty parenchyma (pale tan-yellow): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodular parenchyma (specify quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Indurated parenchyma (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Capsular defect (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Capsular nodularity (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gallbladder (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes an intact wall without evidence of thickening, and tan-green velvety mucosa, viscous bile, with a patent cystic duct.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Indurated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Wall thickened (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal adhesions (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serosal exudate (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gallbladder Contents (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Extrahepatic Biliary System**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patency of the common hepatic duct, common bile duct, and cystic duct.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hepatic Vasculature**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patency of the portal vein, hepatic arteries, and hepatic veins.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pancreas (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes tan, lobular parenchyma and probe patent duct(s).*

\_\_\_ Unremarkable#

\_\_\_ Fat necrosis present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Autolysis present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Indurated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Occluded duct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Digestive System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**URINARY SYSTEM (Note** [**F**](#N13864)**)**

*The kidneys should be weighed after the removal of the capsule and perinephric adipose tissue. Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Right Kidney Weight in Grams (g) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Right Kidney Cortical Surface (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a red-brown, smooth appearance. Fetal lobulations may be present.*

\_\_\_ Unremarkable#

\_\_\_ Granular / pitted (specify degree, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Scar(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Kidney Cortex Thickness in Centimeters (cm) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Right Kidney Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes red-brown appearance and well-demarcated to ill-defined corticomedullary junctions.*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Kidney Calyces (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes no dilation, lesion or calculi.*

\_\_\_ Unremarkable#

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Calculus or calculi (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Ureter (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a patent lumen of normal caliber and a tan, smooth urothelium.*

\_\_\_ Unremarkable#

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stricture (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Calculus or calculi (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Renal Vasculature (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent renal vein and artery, with no gross evidence of arterial atherosclerosis.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis (specify degree, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thrombus (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Embolus (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Kidney Weight in Grams (g) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Left Kidney Cortical Surface (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a red-brown, smooth appearance. Fetal lobulations may be present.*

\_\_\_ Unremarkable#

\_\_\_ Granular / pitted (specify degree, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Scar(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Kidney Cortex Thickness in Centimeters (cm) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_ cm**

**Left Kidney Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes red-brown appearance and well-demarcated to ill-defined corticomedullary junctions.*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Kidney Calyces (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes no dilation, lesion, or calculi.*

\_\_\_ Unremarkable#

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Calculus or calculi (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Ureter (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes patent lumen of normal caliber and a tan, smooth urothelium.*

\_\_\_ Unremarkable#

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Stricture (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Calculus or calculi (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Renal Vasculature (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a patent renal vein and artery, with no gross evidence of arterial atherosclerosis.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis (specify degree, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thrombus (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Embolus (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bladder (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic contour and size with a tan, smooth mucosa.*

\_\_\_ Unremarkable#

\_\_\_ Congested mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Edematous mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic mucosa (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Contracted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Specify Volume of Urine in Milliliters (ml): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml**

**+Urinary System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MALE REPRODUCTIVE SYSTEM**

**Male Reproductive Organs (required if applicable)**

\_\_\_ Not applicable

\_\_\_ Present

**Prostate (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a prostate gland of normal size and contour with tan, smooth, fibromuscular stroma, and normal appearing vasa differentia and seminal vesicles.*

\_\_\_ Unremarkable#

\_\_\_ Nodular stroma (specify nodule quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Brachytherapy seeds (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Prostate Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Right Testis (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes normal anatomic contour and size, tan seminiferous tubules that string with ease, and normal appearing epididymis, tunica, and spermatic cord.*

\_\_\_ Unremarkable#

\_\_\_ Seminiferous tubules string with difficulty (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Atrophic (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hydrocele present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Right Testis Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Left Testis (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes normal anatomic contour and size, tan seminiferous tubules that string with ease, and normal appearing epididymis, tunica, and spermatic cord.*

\_\_\_ Unremarkable#

\_\_\_ Seminiferous tubules string with difficulty (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Atrophic (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hydrocele present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Left Testis Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Male Reproductive System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEMALE REPRODUCTIVE SYSTEM**

**Female Reproductive Organs (required if applicable)**

\_\_\_ Not applicable

\_\_\_ Present

**Uterus (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes normal anatomic contour and size with a tan, smooth to granular endometrium, and tan, smooth serosa. Uterine size varies with age and menopausal status but a uterus extending beyond pelvic brim may be considered enlarged.*

\_\_\_ Unremarkable#

\_\_\_ Thickened endometrium (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thickened myometrium (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Leiomyoma or leiomyomata present (specify, if possible) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Adenomyosis (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Intrauterine device (IUD) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Uterus Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Cervix (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a tan, smooth ectocervix with a patent os, and a tan, corrugated endocervical canal with a well-demarcated squamocolumnar junction.*

\_\_\_ Unremarkable#

\_\_\_ Stenotic os (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Patulous os (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Ectocervical erythema (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nabothian cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Vagina**

\_\_\_ Surgically absent

\_\_\_ Not examined

*# Unremarkable vaginal mucosa varies with age. In younger patients, the vaginal mucosal surface appears wrinkled and with increasing age and in menopause, it is smooth.*

\_\_\_ Unremarkable#

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Ovary (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a tan, lobular, serosa, and a tan stroma with variable follicular cysts (corpora lutea and albicantia), with decreasing size and increasing number of corpora albicans with age and in the postmenopausal setting).*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Right Ovary Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Right Fallopian Tube (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes normal fimbriae, a smooth tan-pink serosa, and a stellate lumen.*

\_\_\_ Unremarkable#

\_\_\_ Paratubal cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Evidence of tubal ligation (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Ovary (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a tan, lobular, serosa, and a tan stroma with variable follicular cysts (corpora lutea and albicantia), with decreasing size and increasing number of corpora albicans with age and in the postmenopausal setting).*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Left Ovary Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Left Fallopian Tube (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes normal fimbriae, a smooth tan-pink serosa, and a stellate lumen.*

\_\_\_ Unremarkable#

\_\_\_ Paratubal cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Evidence of tubal ligation (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Female Reproductive System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENDOCRINE SYSTEM**

**Right Adrenal Gland (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a uniform yellow cortex and well-demarcated brown medulla.*

\_\_\_ Unremarkable#

\_\_\_ Hemorrhagic (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Autolyzed

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Right Adrenal Gland Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Left Adrenal Gland (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a uniform yellow cortex and well-demarcated brown medulla.*

\_\_\_ Unremarkable#

\_\_\_ Hemorrhagic (specify, if possible)

\_\_\_ Autolyzed

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Left Adrenal Gland Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Thyroid (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent or partial surgical absence (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*# Unremarkable includes a symmetrical, normally sized gland consisting of a right and left lobe with red-brown reticulated cut surfaces.*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Nodule(s) (specify quantity, size, and distribution, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Asymmetrical (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thyroid Gland Weight in Grams (g) (required only if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**+Parathyroid Glands (select all that apply)**

\_\_\_ Not identified

\_\_\_ Number identified (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Size(s) (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Uniform small glands

\_\_\_ Diffusely enlarged glands

\_\_\_ Color (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Breast Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not examined

\_\_\_ Surgically absent

*# Unremarkable includes minimal white fibrous tissue intermixed with yellow glistening adipose tissue, with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Increased fibrous tissue (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Inverted nipple: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Breast implant present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Breast Parenchyma (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Not examined

\_\_\_ Surgically absent

*# Unremarkable includes minimal white fibrous tissue intermixed with yellow glistening adipose tissue with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Cyst(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Increased fibrous tissue (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Inverted nipple: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Breast implant present (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Endocrine System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LYMPHORETICULAR SYSTEM (Note** [**G**](#N13865)**)**

**Spleen  (select all that apply)**

\_\_\_ Not examined (autopsy limited)

\_\_\_ Surgically absent

*# Unremarkable includes a dark red, intact, smooth capsule, dark red pulp with inconspicuous white pulp, and a normal size.*

\_\_\_ Unremarkable#

\_\_\_ Diffluent (extremely soft and friable)

\_\_\_ Congested pulp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hemorrhagic pulp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pronounced Malpighian corpuscles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Capsular defect (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spleen Weight in Grams (g) (required only if applicable)#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

*# Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Bone Marrow (select all that apply)**

\_\_\_ Not sampled

*# Unremarkable includes dark red-yellow soft marrow.*

\_\_\_ Unremarkable#

\_\_\_ Gelatinous transformation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Hardened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymph Nodes (select all that apply)**

\_\_\_ Not sampled

*# Unremarkable includes the absence of lymphadenopathy and no gross evidence of metastasis or primary tumor in lymph nodes.*

\_\_\_ Unremarkable#

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Gross evidence of tumor (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Matted (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Lymphoreticular System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MUSCULOSKELETAL SYSTEM (Note** [**H**](#N13866)**)**

**Diaphragm**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a red-brown, smooth, domed contour with no defects or lesions.*

\_\_\_ Unremarkable#

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skeletal Muscle (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a red-brown, firm appearance appropriate for age and gender.*

\_\_\_ Unremarkable#

\_\_\_ Atrophy (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Calvarium (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a tan, hard, smooth, intact surface and normal thickness.*

\_\_\_ Unremarkable#

\_\_\_ Thickening (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Thinning (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vertebral Column (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes a normal curvature and hard bone with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Kyphosis (rounded upper back): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Scoliosis (right or left curvature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lordosis (sway back with a significant inward curve of the lower back): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fracture(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ribs and Sternum (select all that apply)**

\_\_\_ Not examined (autopsy limited)

*# Unremarkable includes normal anatomic curvature and hardness of twelve pairs of ribs and stertum with no gross abnormalities.*

\_\_\_ Unremarkable#

\_\_\_ Pectus excavatum (sternal bone depression): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pectus carinatum (sternal bone protrusion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Sternotomy wire / sutures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fracture(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Musculoskeletal System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CENTRAL NERVOUS SYSTEM**

*Please consider use of the Autopsy Adult CNS Reporting Template if CNS results will be reported separately.*

*Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.*

**Brain (required only if applicable)**

\_\_\_ Not applicable (not examined)

\_\_\_ Examined

\_\_\_ Fresh

\_\_\_ Post-formalin fixation

**Brain Weight in Grams (g): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g**

**Cerebral Hemispheres (select all that apply)**

*# Unremarkable includes symmetric right and left hemispheres with no gross abnormalities.*

\_\_\_ Unremarkable#

\_\_\_ Asymmetric (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Atrophic

\_\_\_ Edematous

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cerebellum (select all that apply)**

*# Unremarkable includes symmetry and no gross abnormalities of the anterior, posterior, and flocculonodular lobes.*

\_\_\_ Unremarkable#

\_\_\_ Asymmetric (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Atrophic

\_\_\_ Edematous

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brainstem (select all that apply)**

*# Unremarkable includes symmetry of the brainstem with no gross abnormality of the midbrain, pons, or medulla.*

\_\_\_ Unremarkable#

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Infarct(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Pituitary Gland**

\_\_\_ Not examined

*# Unremarkable includes normal size and appearance consistent with age and sex.*

\_\_\_ Unremarkable#

\_\_\_ Enlarged (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ventricles (select all that apply)**

*# Unremarkable includes normal anatomic contour of lateral, third, and fourth ventricles with no abnormalities.*

\_\_\_ Unremarkable#

\_\_\_ Dilated (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Obstructed (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hemorrhage (select all that apply)**

\_\_\_ Not identified

\_\_\_ Epidural (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Subdural (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Subarachnoid (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Intraparenchymal (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle of Willis (select all that apply)**

*# Unremarkable includes normal configuration of major cerebral and communicating arteries with no gross abnormality.*

\_\_\_ Unremarkable#

\_\_\_ Atherosclerosis (specify degree and arteries, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Malformation / variant pattern (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*## Specify aneurysm type as berry (saccular) or fusiform, and intact or ruptured.*

\_\_\_ Aneurysm (specify, if possible)##: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Herniation**

\_\_\_ Not identified

\_\_\_ Subfalcine (midline shift): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Transtentorial (uncal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Tonsillar (coning): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meninges (select all that apply)**

*# Unremarkable includes tan, smooth meninges with no gross abnormalities. Reflection of the dura mater should reveal no body abnormalities.*

\_\_\_ Unremarkable#

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spinal Cord (required only if applicable) (select all that apply)**

\_\_\_ Not applicable (not examined)

*# Unremarkable includes no gross abnormalities of the cervical, thoracic, and lumbar cord.*

\_\_\_ Unremarkable#

\_\_\_ Defect(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Lesion(s) (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Central Nervous System Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANCILLARY TESTING**

**+Samples Taken (select all that apply)**

\_\_\_ Blood (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vitreous humor

\_\_\_ Tissue (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Urine

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Ancillary Testing (select all that apply)**

\_\_\_ None

\_\_\_ Radiology (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Blood cultures (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Tissue cultures (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Flow cytometry (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Toxicology (specify, if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Ancillary Testing Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TISSUE RETENTION**

**+Tissue Retention (select all that apply)**

\_\_\_ Stock jar (retain for one year)

\_\_\_ All organs retained entirely (disposal of tissue following pathologist sign-out)

\_\_\_ Part of all organs retained (disposal of tissue following pathologist sign-out)

\_\_\_ Organs returned in body cavity following autopsy completion

\_\_\_ Brain (disposal of tissue following neuropathology sign-out)

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Tissue Retention Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS**

**Comment(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explanatory Notes**

**A. Introduction**

The aim of this protocol is to improve the completeness, clarity, and portability of autopsy reporting while being mindful of the wide range of practice settings in which the data in the report is generated and disseminated. Autopsy reporting has traditionally been entirely in prose, a methodology that complicates real-time dictation in many cases, and which does not make data easily retrievable, particularly across institutions.    
  
The protocol is based upon input from past and present members of the CAP Autopsy Committee, CAP Neuropathology Committee, and input from Katie Flickinger, MS, PA(ASCP)CM as well as the references below.  
  
The construction of this protocol does allow for the insertion of sentences where desired and thus combines the best of templating and traditional description. It is recommended that it be used as a paper copy or electronic tool directly in the autopsy suite while a case is being completed, though its use can be adapted as needed at different centers and depending on the information technology environment. Portions of the template may also be used in limited autopsies. Though this template represents the Autopsy Committee’s recommendations for inclusion in an autopsy report, some sections with a plus sign “+” are considered more readily optional in practice and could be omitted.  
  
Not only will the template provide more easily reproducible and extractable data, but it may also be used as a guide for trainees and pathologists who may only perform a limited number of autopsies in their practice. The committee hopes this is a first step in providing a general framework for more standardized quality autopsy practice.  
  
The content of the protocol represents the consensus opinion of the CAP Autopsy Committee. It was ordered by organ system rather than order of the block dissection in recognition of variations in dissection practices across institutions, as well as to create the most intelligible final report. Recognizing that the order of elements may be adjusted by users, it is the Committee’s recommendation that all elements be included in the Gross Description. Microscopic sampling can also be institution-dependent, but the Committee recommends the use of broad histologic evaluation for complete autopsy investigation.  
  
While there are explanatory notes attached to this document, this is not meant to be an atlas or textbook of autopsy pathology. The user is guided to many excellent texts, atlases, and online resources for review of autopsy pathology and dissection techniques.[1,](#R63873)[2,](#R63874)[3,](#R63875)[4,](#R63876)[5,](#R63877)[6,](#R63878)[7,](#R63879)[8](#R63880)

We support the routine weighing of organs at autopsy in a standard fashion, and the use of normative tables, such as that published by the CAP autopsy committee.[4](#R63876) It is strongly recommended that this reference be used to guide the autopsy practitioner in the proper preparation of organs prior to weighing for the best application of the reference tables.

**CAP Organ and Weight Tables**[4](#R63876):

<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>

References

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3. Hanzlick R. The autopsy lexicon: suggested headings for autopsy reports. In: Collins K, editor. Autopsy Performance and Reporting. 3rd ed. Chicago: CAP Press;2017. 377-382.
4. Bell MD, Long T, Roden AC, et al, on behalf of the Autopsy Committee of the College of American Pathologists; Updating Normal Organ Weights Using a Large Current Sample Database. Arch Pathol Lab Med. 2022; doi: https://doi.org/10.5858/arpa.2021-0287-OA
5. Collins K. Special Autopsy Dissection. 2010 CAP. ISBN: 978-0-930304-97-3
6. Connolly AJ, Finkbeiner WE, Ursell PC, Davis RL. Autopshttps://www.scvp.net/heart-dissection/y. Pathology: A manual and Atlas. 3rd ed. 2016. Elsevier, Philadelphia PA.
7. Fishbein M., Geffen D., Society for Cardiovascular Pathology. Heart Dissection. https://www.scvp.net/heart-dissection/
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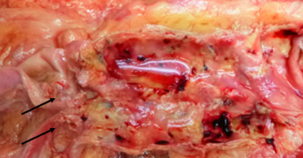
**B. External Examination**

Please see conversion tools for BMI Calculation and metric conversion.

***Metric conversion resource***:  https://www.metric-conversions.org/weight/pounds-to-kilograms.htm

**C. Cardiovascular System**

**AORTA**  
Aortic atherosclerosis is almost ubiquitous at autopsy. Characteristically, atherosclerotic disease in the abdominal aorta is most severe in the portion of the vessel distal to the takeoff of the renal arteries (the infrarenal aorta). There are no validated pathologic scoring schemas for the grading of aortic atherosclerosis but disease that demonstrates involvement and obstruction of major branches, plaque ulceration, with or without adherent thrombus, should be considered severe disease because of the potential for embolic and other complications.

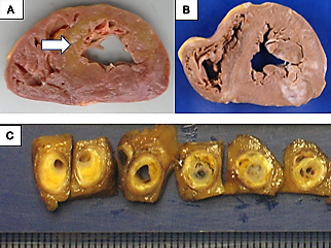


**Figure 1.** Severe aortic atherosclerosis involving the infrarenal aorta. Note the bifurcation of the iliac vessels with significant atherosclerotic plaque burden in addition to diffusely ulcerated plaques.

**HEART:** Selected common gross autopsy findings

**Myocardial Infarction**: In cases of fatal myocardial infarction in which the patient survives the acute event by less than 24 hours, there may be no reliable gross evidence of infarction. If an acute ischemic event is suspected but no gross changes are seen, random samples of the left ventricle (anterior, lateral, posterior, septum) should be submitted for histology.

* **Acute Myocardial Infarction**: Tan-yellow to dark-red, hemorrhagic myocardium. The acutely infarcted area may be softer than the surrounding intact myocardium. The affected myocardium is often found in the distribution of a stenotic/occluded coronary artery.
* **Remote or Healed Myocardial Infarction**: Gray-white, firm scar tissue ordinarily replaces the infarcted myocardium after 6 to 8 weeks.

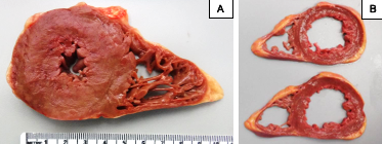


**Figure 2**. Ischemic myocardial injury

**A**. Acute myocardial infarction: There is an ill-defined area of tan-yellow discoloration in the anteroseptal region. **B**. Remote myocardial infarction: Gray-white scar in posterolateral LV. **C**. Cross sections of coronary artery with marked atherosclerotic stenosis.

**Left Ventricular Hypertrophy**: Along with the heart weight and wall thickness, the geometry of the left ventricle can provide valuable information about disease processes. Bear in mind that cases do not always fit neatly into categories.

* **Eccentric Hypertrophy**: The heart is typically heavy and shows ventricular dilatation (typically 5 cm diameter or more). This pattern is characteristically seen with volume overload (e.g., congestive heart failure, valvular dysfunction). Associated findings often include heavy, wet lungs.
* **Concentric Hypertrophy**: The heart is heavy and shows left ventricular wall thickening (typically greater than 1.5 cm). The thickened left ventricle encroaches on the ventricular chamber. These changes are characteristic of increased afterload (e.g., systemic hypertension, aortic stenosis).



**Figure 3**. **A**. Concentric left ventricular hypertrophy  **B**. Eccentric left ventricular hypertrophy

**D. Respiratory System**

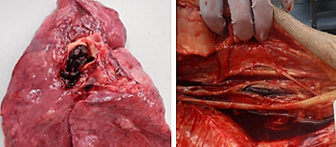
**LUNGS:** Selected Common Gross Autopsy Findings

**Pulmonary edema:** The lungs are heavy, and the cut surfaces ooze a clear fluid. There are many potential causes, but pulmonary edema is most often seen in the setting of left-sided congestive heart failure. There is often a serous pleural effusion as well.

**Thromboemboli**: It is particularly important to examine the pulmonary artery and its bifurcation before separating the heart from the lungs to rule out saddle emboli, a cause of sudden death. It is important to distinguish postmortem clots from thromboemboli (see Table 1 below). Thrombi in the deep veins of the legs are the most common origin of large pulmonary emboli. A dissection of the deep leg veins may be useful if the autopsy permit allows it.

|  |  |  |
| --- | --- | --- |
|  | Postmortem Clot | Thromboembolus |
| Color | Yellow (chicken fat) and dark red (currant jelly) | Dark red; gray-white streaks on section |
| Consistency | Gelatinous | Firm |
| Shape | Conforms to the shape of the vessel where it is located | Retains the shape of the vessel of origin |
| Attachment | Not attached to vessel wall | Often attached to vessel wall |

**Table 1.** Gross features of thromboemboli and postmortem clots



**Figure 3.** Pulmonary thromboembolic disease

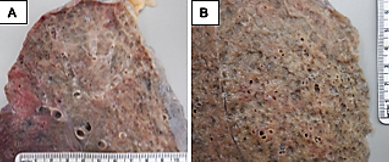
**Pulmonary infarcts:** These are typically dark red, firmer than surrounding tissue, wedge-shaped, and pleural-based. The apex may point to an obstructing thrombus/thromboembolus.

**Pneumonia:** Pneumonia may be difficult to appreciate grossly. At the time of autopsy, areas of consolidation may be more readily appreciated on palpation than on inspection. Areas of consolidation may become more readily visible after formalin fixation. Areas of bronchopneumonia are centered on airways and typically a few centimeters in diameter. Studies suggest that pathologists’ gross impressions regarding pneumonia are often inaccurate. So, while the gross appearance of the lung is a useful guide, histology is a critical check. Note the location of the consolidation as well as any associated features (e.g., abscess formation, necrosis). Note the appearance of the hilar and mediastinal lymph nodes.



**Figure 4.** Pneumonia of the right upper and right lower lobes

**Emphysema:** Emphysema is characterized by the destruction of alveolar septa and enlarged airspaces. Airspaces that are greater than 1 cm are bullae and are often located at the lung apices. On sections, the cut surface will show lacy pulmonary parenchyma with prominent bronchi which project slightly above the cut surface like tent poles.



**Figure 5.** Emphysema

**Pulmonary Metastases:** The lung is one of the most common sites of hematogenous metastasis for a wide variety of tumors. Single metastatic tumors are possible, but the characteristic appearance of lung metastases is of multiple, widely scattered nodules of variable size.



**Figure 6.** Diffuse lung metastases. Numerous nodules of varying sizes are scattered throughout the lung.

**E. Digestive System**

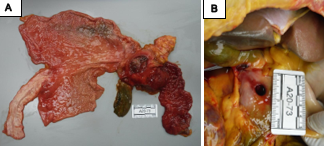
**Esophagus**

**Esophageal Varices:** Venous esophageal varices, typically seen in the setting of hepatic cirrhosis and portal hypertension, may be the source of massive upper gastrointestinal hemorrhage. But detecting them grossly may be difficult. Varices that are obvious endoscopically often collapse postmortem and may be imperceptible at autopsy. Inverting the esophagus may make the varices more visible.



**Figure 7.** Esophageal varices

**Peptic Ulcer:** These tend to be round to ovoid ulcers with regular smooth borders that arise in the stomach or duodenum. Unlike ulcerated malignant tumors, they lack raised, heaped-up edges.



**Figure 8.** Peptic ulcer. **A.** Duodenal ulcer **B.** Perforated gastric ulcer in situ

**Pancreatitis:** The normal pancreas is tan-pink and lobulated. The inflamed pancreas is firm and may show nodular yellow areas of fat necrosis and may show calcifications.



**Figure 9.** Acute and chronic pancreatitis

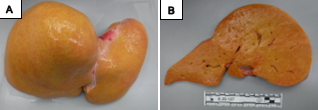
**LIVER:** Selected Common Gross Autopsy Findings

**Central Passive Congestion** (“Nutmeg Liver”): The cut surfaces of the liver show a finely mottled look (reminiscent of the cut surface of a nutmeg), the result of vascular congestion of the central veins. This is most often the result of right-sided congestive heart failure.



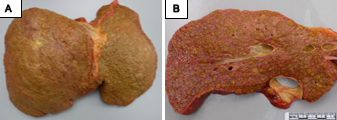
**Figure 10.** Centrilobular congestion

**Steatosis:** As a result of the accumulation of fat, the liver is diffusely orange or yellow instead of the normal dark red. The cut surfaces may be greasy. There are many potential causes of fatty liver changes, but the most common cause in the United States is non-alcoholic fatty liver disease often seen in conjunction with obesity, insulin resistance, and hyperlipidemia (metabolic syndrome).



**Figure  11.** Hepatic steatosis. **A.** Intact liver **B.** Section of liver

**Cirrhosis:** The cirrhotic liver is typically diffusely nodular, very firm, and offers more resistance to sectioning than normal liver. Unlike a normal liver, sections of cirrhotic liver are difficult to push a gloved finger through. Cirrhosis is the common endpoint of many types of hepatic insult (alcoholic, metabolic, autoimmune, drug-induced, infectious, etc.), and anatomical analysis alone may not reveal the etiology. Correlation with clinical and laboratory data is essential. Sequelae of cirrhosis and portal hypertension may be seen on external examination (jaundice, scleral icterus, caput medusa) and on internal examination (esophageal varices, portal gastropathy, splenomegaly).



**Figure 12.** Hepatic cirrhosis **A.** Intact liver **B.**Section of the liver

**Liver Masses:**

**Primary Tumors:**

**Benign**

* **Hemangiomas:** The most common benign hepatic tumor.
* **Focal Nodular Hyperplasia:** Second most common benign hepatic tumor.
* **Biliary Duct Hamartomas**

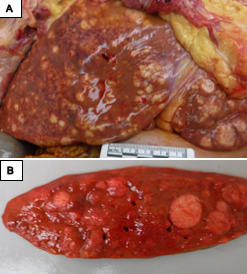
**Malignant**

* **Hepatocellular carcinoma:** Not a common tumor in the United States. It usually (but not always) presents as a single mass that may have adjacent satellite masses, often in a background of cirrhosis.
* **Cholangiocarcinoma**



**Figure 13.** Hepatic hemangioma

**Metastases:** Like the lung, the liver is a common recipient of a wide variety of metastatic tumors, and metastatic tumors are more common than primary hepatic tumors. Single or few hepatic metastases are possible and may be difficult to distinguish from primary hepatocellular carcinoma grossly. Widely disseminated hepatic nodules of various sizes are more likely to be metastases.



**Figure 14.** Hepatic metastases **A.** Intact liver in situ. **B.** Section of liver

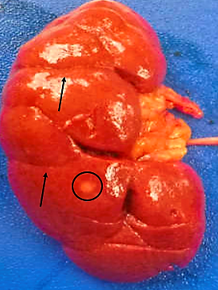
**F. Urinary System**

**Congenital anomalies:** Up to 25% of autopsies on adults with end-stage renal disease will show congenital anomalies. Some of the most commonly encountered anomalies are fused kidneys (including horseshoe kidney, double collecting systems, and unilateral cystic renal dysplasia).

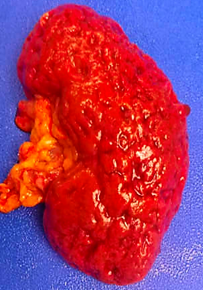
Simple renal cysts are also a common autopsy finding.



**Figure 15.**This kidney has a small cyst that is now collapsed but contained clear fluid. Benign renal cysts such as this are very common autopsy findings.



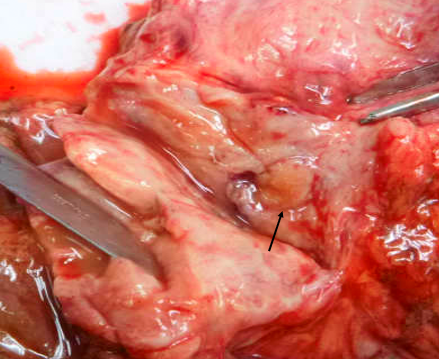
**Figure 16**. **Retained fetal lobulation**: The creases (arrows) noted on this kidney represent retained fetal lobulation, a common anatomic variant noted at autopsy and an incidental finding. There is also a small yellow nodule (circle) that likely represents a benign adenoma but lesions such as this should be sampled at autopsy in addition to the normal parenchyma.



**Figure 17.** A common pathologic finding in the kidney, very accentuated in this sample, is granularity and small scars along the cortical parenchyma representing small vascular scars of nephrosclerosis, usually related to hypertension. Also, note the small size of the kidney.



**Figure 18.** Somewhat dilated but smooth bladder on left with mild congestion and hematoma from Foley catheterization. Compare this to a dilated bladder with muscular trabeculations spanning its width on the right. This detrusor muscle hypertrophy is due to obstruction at the urethra from prostatic hyperplasia. Note the nodular prostate tissue around the urethra.



**Figure 19.** Prostatic nodules are not an uncommon finding at autopsy and while most are benign and related to prostatic hyperplasia, be careful to sample yellow, soft, or more firm-appearing nodules. The arrow demonstrates a nodule that was a low-grade prostatic adenocarcinoma.

**G. Lymphoreticular System**

**Lymphadenopathy:** Although there are site-specific size criteria, in general, lymph nodes greater than 1 cm in the short axis are considered pathologic. Disseminated lymphadenopathy and matted lymph nodes require evaluation.



**Figure 20**. Abdominal lymphadenopathy. The patient was diagnosed with diffuse large B-cell lymphoma.

**H. Metastases**

**Vertebral metastases:** The vertebral bodies, particularly the thoracolumbar vertebrae, are a common site of epithelial metastases. The most common sources of vertebral metastases include breast, lung, prostate, kidney, and thyroid. The cut surfaces of involved vertebrae show tan-white to yellow masses replacing the normally dark red marrow.



**Figure 21**. **Lumbar vertebral metastases**. The patient was diagnosed with prostatic adenocarcinoma.