



Adrenal Mass

Adria Hartman, MD
 Cytopathology Fellow, The Methodist Hospital
 Houston, Texas

 Rollover to enlarge images

Figure 1: Cellular specimen with admixed fat droplets; Diff-Quik, 4X

Figure 2: Granulocytes, nucleated red cells, eosinophils, and lymphocytes; Diff-Quik, 20X

Figure 3: Scattered large cells were seen with abundant cytoplasm and large, hyperchromatic, multilobated nuclei; Diff-Quik, 40X

Disclosure: I do not have any affiliations or financial interests in any of the corporate organizations involved with the products to which my case study will refer.

The American Society of Cytopathology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

[Disclosure for Education Planners](#)

AMA Physician's Recognition Award

The American Society of Cytopathology designates this educational activity for a **maximum of 1 AMA PRA Category 1 credit(s)**.TM Physicians should only claim credit commensurate with the extent of their participation in the activity.

The ASC designates these activities for the indicated number of Continuing Medical Laboratory Education (CMLE) credit hours. The CMLE credit hours meet the continuing education requirements for the ASCP Board of Registry Certification Maintenance Program.

This program is approved for continuing education credits in the State of Florida for one credit and the State of California for ½ credit.

Review the [Case Study](#) and visit the [ASC Web site](#) to take the test for Continuing Education Credits.

Clinical History

A 60-year old female presented to the emergency department with a two-day history of colicky left flank pain that radiated to her groin. Her past medical history was significant for a breast mass that she was told was “benign,” and hypertension. A CT abdomen/pelvis showed a 6 mm left ureteral calculi and an incidental 5 cm right adrenal mass. A fine needle aspiration of the right adrenal mass was performed.

Cytopathology Features

The fine needle aspiration yielded a cellular specimen with admixed fat droplets (*Figure 1*). Granulocytes, nucleated red cells, eosinophils, and lymphocytes were seen (*Figure 2*), as well as much larger cells with abundant foamy cytoplasm and hyperchromatic, multilobated nuclei (*Figures 2-3*).

