

COLONOSCOPY

Collected on Nov 04, 2025 11:31 AM

Results

Wexford Health + Wellness Pavilion

Patient Name: Gerald Hogenmiller	Procedure Date: 11/4/2025 11:31 AM
Date of Birth: 9/13/1960	Attending MD: HUI WEI CHEN , MD,
1194143453	
Age: 65	Note Status: Finalized
Account Number: 335042795	Instrument Name: PCF-H190L_2405229
MRN: 12470000	

Procedure:	Colonoscopy
Indications:	Chronic diarrhea
Patient Profile:	Last Colonoscopy: none. The patient's first colonoscopy is today.
Providers:	HUI WEI CHEN, MD (Doctor)
Referring MD:	MARTIN GREGORIO, M.D.
Medicines:	Monitored Anesthesia Care
Complications:	No immediate complications.
Procedure:	

Pre-Anesthesia Assessment:

- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered, and informed consent was obtained. Prior Anticoagulants: The patient has taken no anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The endoscope was introduced through the anus and advanced to the terminal ileum, with identification of the appendiceal orifice and IC valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was adequate. The terminal ileum, ileocecal valve, appendiceal orifice, and rectum were photographed. The quality of the bowel preparation was evaluated using the BBPS (Boston Bowel Preparation Scale) with scores of: Right Colon = 2 (minor amount of residual staining, small fragments of stool and/or opaque liquid, but mucosa seen well), Transverse Colon = 2 (minor amount of residual staining, small fragments of stool and/or opaque liquid, but mucosa seen well) and Left Colon = 2 (minor amount of residual staining, small fragments of stool and/or opaque liquid, but mucosa seen well). The total BBPS score equals 6.

Findings:

The perianal and digital rectal examinations were normal.
The terminal ileum appeared normal.
A 2 mm polyp was found in the cecum. The polyp was sessile. The polyp was removed with a jumbo cold forceps. Resection and retrieval were complete.
A 6 mm polyp was found in the ascending colon. The polyp was sessile. The polyp was removed with a cold snare. Resection and retrieval were

complete.

A 3 mm polyp was found in the ascending colon. The polyp was sessile. The polyp was removed with a jumbo cold forceps. Resection and retrieval were complete.

A 5 mm polyp was found in the transverse colon. The polyp was sessile. The polyp was removed with a cold snare. Resection and retrieval were complete.

A 5 mm polyp was found in the descending colon. The polyp was sessile. The polyp was removed with a cold snare. Resection and retrieval were complete.

A 5 mm polyp was found in the sigmoid colon. The polyp was sessile. The polyp was removed with a cold snare. Resection and retrieval were complete.

Multiple medium-mouthed and small-mouthed diverticula were found in the sigmoid colon.

Biopsies for histology were taken with a cold forceps from the entire colon for evaluation of microscopic colitis.

External and internal hemorrhoids were found during retroflexion, during perianal exam and during digital exam.

Impression:

- The examined portion of the ileum was normal.
- One 2 mm polyp in the cecum, removed with a jumbo cold forceps. Resected and retrieved.
- One 6 mm polyp in the ascending colon, removed with a cold snare. Resected and retrieved.
- One 3 mm polyp in the ascending colon, removed with a jumbo cold forceps. Resected and retrieved.
- One 5 mm polyp in the transverse colon, removed with a cold snare. Resected and retrieved.
- One 5 mm polyp in the descending colon, removed with a cold snare. Resected and retrieved.
- One 5 mm polyp in the sigmoid colon, removed with a cold snare. Resected and retrieved.
- Diverticulosis in the sigmoid colon.
- External and internal hemorrhoids.
- Biopsies were taken with a cold forceps from the entire colon for evaluation of microscopic colitis.

Estimated Blood Loss: Estimated blood loss: none.

Recommendation:

- Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.
- Resume previous diet.
- Continue present medications.
- Await pathology results.
- Repeat colonoscopy date to be determined after pending pathology results are reviewed for surveillance based on pathology results.
- Please call my nurse Laura at 412-359-8900, ext 417, if you have not receive your pathology result in 10-14 business days.

Scope Withdrawal Time 0 hours 17 minutes 11 seconds

Attending Participation: I personally performed the entire procedure.

HUI WEI CHEN, MD

11/4/2025 1:25:37 PM

This report has been signed electronically.

Number of Addenda: 0

Note Initiated On: 11/4/2025 11:31 AM

Ordering provider: Dr. H Chen, MD

Collection date: Nov 04, 2025 11:31 AM

Result date: Nov 04, 2025 1:25 PM

Result status: Final

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Name: **Hogenmiller, Gerald**
MR Number: 12470000
DOB/Gender: 9/13/1960, 65 yrs, male

WXS25-10377

Authorizing Provider

Hui-Wei Chen, MD

O: 412-359-8900 F: 412-359-8955

Specimen Details

	Tests	Collected	Received
WXS25-10377-1	Surgical Pathology	11/4/2025 1303	11/4/2025 1345
WXS25-10377-2	Surgical Pathology	11/4/2025 1304	11/4/2025 1345
WXS25-10377-3	Surgical Pathology	11/4/2025 1306	11/4/2025 1345
WXS25-10377-4	Surgical Pathology	11/4/2025 1312	11/4/2025 1345
WXS25-10377-5	Surgical Pathology	11/4/2025 1315	11/4/2025 1345
WXS25-10377-6	Surgical Pathology	11/4/2025 1317	11/4/2025 1345

Specimens

- 1 Large intestine, cecal polyp/forcep
- 2 Large intestine, random colon r/o MC
- 3 Large intestine, ascending colon polypsx2 /forcep/cold snare
- 4 Large intestine, transverse colon polyp/cold snare
- 5 Large intestine, descending colon polyp/cold snare
- 6 Large intestine, sigmoid colon polyp/cold snare

Final Diagnosis

1. CECUM, POLYP, POLYPECTOMY:

- A. TUBULAR ADENOMA
- B. BACKGROUND LYMPHOCYTIC COLITIS

2. COLON, RANDOM BIOPSY:
LYMPHOCYTIC COLITIS

3. ASCENDING COLON, POLYPS X2, POLYPECTOMY:

- A. FRAGMENTS OF TUBULAR ADENOMA
- B. BACKGROUND LYMPHOCYTIC COLITIS

4. TRANSVERSE COLON, POLYP, POLYPECTOMY:

- A. COLONIC MUCOSA WITH SUPERFICIAL HYPERPLASTIC CHANGES
- B. BACKGROUND LYMPHOCYTIC COLITIS

5. DESCENDING COLON, POLYP, POLYPECTOMY:
TUBULAR ADENOMA

6. SIGMOID COLON, POLYP, POLYPECTOMY:
TUBULAR ADENOMA

This signature is my attestation that I have personally conducted a microscopic examination (gross only exam if so stated) of the described specimen(s) and rendered the above diagnosis(es).

Unless otherwise designated, these results have been released simultaneously to the patient and clinical care team. The clinical care team will contact the patient within several business days, or at the patient's next follow up appointment, to discuss the significance of the findings and to determine the need, if any, of follow up care.

Clinical Information

Procedure: Colonoscopy with polypectomies/biopsy

Pre-op diagnosis: Diarrhea, unspecified type, chronic diarrhea

Post-op diagnosis: Diarrhea, unspecified type

Gross Description

Part 1 is received in formalin, labeled with the patient identifiers (GH) and designated as "cecal polyp/forceps".

Special instructions/notes to lab: None

Number of pieces: 2

Measurement: Each 0.4 cm

Color, consistency: Pink-tan, soft

Submitted en toto in cassette 1A

Formalin exposure time: 14 hours

Part 2 is received in formalin, labeled with the patient identifiers (GH) and designated as "random colon rule out MC".

Special instructions/notes to lab: Rule out microscopic colitis

Number of pieces: 14

Measurement: 0.2-0.6 cm

Color, consistency: Pink-tan, soft

Submitted en toto in cassettes 2A-2B

Formalin exposure time: 14 hours

Part 3 is received in formalin, labeled with the patient identifiers (GH) and designated as "ascending colon polyps x2/forceps/cold snare".

Special instructions/notes to lab: None

Number of pieces: 4

Measurement: 0.3-1.3 cm

Color, consistency: Pink-tan, soft

Submitted en toto in cassette 3A

Formalin exposure time: 14 hours

Part 4 is received in formalin, labeled with the patient identifiers (GH) and designated as "transverse colon polyp/cold snare".

Special instructions/notes to lab: None

Number of pieces: 2

Measurement: Each 0.4 cm

Color, consistency: Pink-tan, soft

Submitted en toto in cassette 4A

Formalin exposure time: 14 hours

Part 5 is received in formalin, labeled with the patient identifiers (GH) and designated as "descending colon polyp/cold snare".

Special instructions/notes to lab: None

Number of pieces: 1

Measurement: 0.9 x 0.3 x 0.2 cm
Color, consistency: Pink-tan, soft
Submitted en toto in cassette 5A
Formalin exposure time: 14 hours

Part 6 is received in formalin, labeled with the patient identifiers (GH) and designated as "sigmoid colon polyp/cold snare".
Special instructions/notes to lab: None
Number of pieces: 1
Measurement: 0.6 x 0.5 x 0.2 cm
Color, consistency: Pink-tan, soft
Submitted en toto in cassette 6A
Formalin exposure time: 14 hours (CGL)

Resulting Labs

WEXFORD HOSPITAL LAB, 12351 Perry Highway,
Wexford PA 15090
Director: Stacey B Miller, MD

878-332-4289