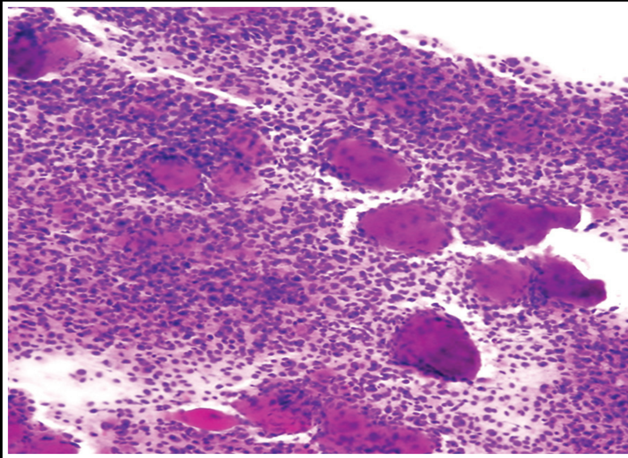
Figure 2

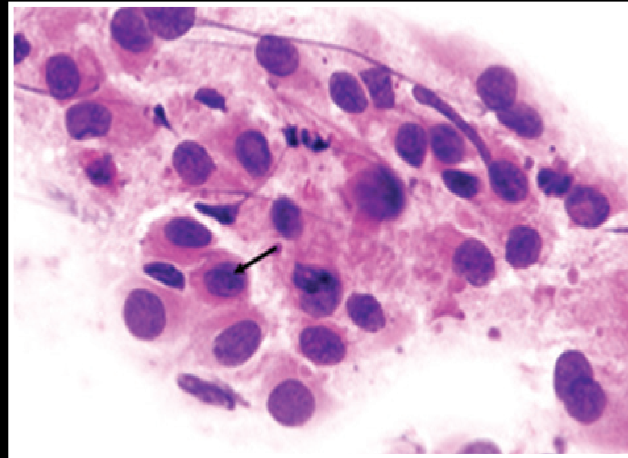
Figure 3

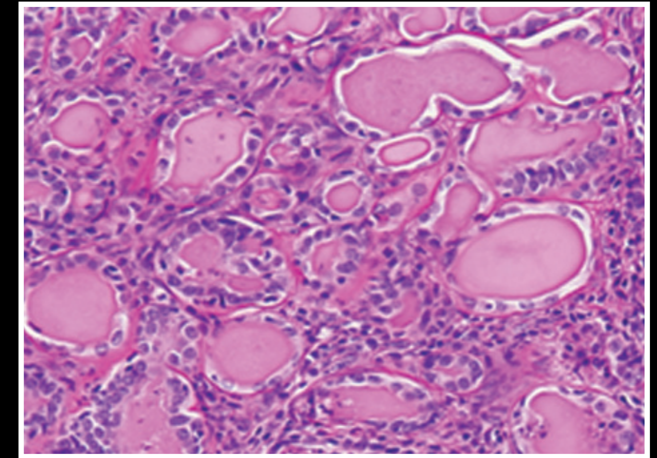
Figure 4

low power examination was the presence of multiple foci of acellular eosinophilic material with neoplastic cells wrapped around them (Figure 2). Individual tumor cell were oval to round to plasmacytoid with mild nuclear pleomorphism, finely stippled chromatin, and inconspicuous nucleoli with moderate amount of eosinophilic cytoplasm. Rare nuclear grooves were present (arrow, figure 3). Tumor cell necrosis, mitosis or significant cytologic atypia were absent (Figure 3). Based on the cytological features, the differential diagnosis included metastatic thyroid carcinoma, carcinoid tumor, and a thyroid-like follicular carcinoma of the kidney (TLFCK). The parenchymal resection margin was negative on intraoperative assessment.

**Histopathologic Features:** Sections showed an encapsulated mass with predominantly follicular architecture. The follicles varied in size from microfollicles to macrofollicles and contained dense, pink, and colloid-like material. The follicles were lined by cuboidal to low columnar cells containing scant to moderate amount of eosinophilic cytoplasm (Figure 4). The differential diagnoses on histological sections were thyroidization of renal tubules that is present in end-stage renal disease (ESRD), metastatic thyroid carcinoma, and TLFCK. A diagnosis of thyroidization of renal tubules present in ESRD was excluded since the lesion formed a well-circumscribed mass and was exclusively composed of tubular units containing eosinophilic secretions within them. Thyroidization of renal tubules in ESRD is composed of glomeruli and other normal components of renal parenchyma admixed with thyroidized tubules. This change affects both the kidneys simultaneously and usually does not form a discrete renal mass. A metastatic thyroid cancer was ruled out as review of the patient's clinical chart did not show any