



To: NHMMI Narayana Superspeciality Hospital-

Raipur

New Dhamtari Road,

Lalpur,

Raipur- 492001 Chhattisgarh

Report Of: Mr. SATYA PRAKASH AGRAWAL



Sample ID : 2400116677 Patient ID : 1002428378

Collected on: 03-06-2024

Disease Status: N.A.

Received on: 04-06-2024 16:15:00 Reported on: 12-06-2024 05:40:58

NHMMI Narayana

Ref By : Superspeciality Hospital-

Raipur

#### **CONVENTIONAL KARYOTYPING REPORT**

Patient Name : Mr. SATYA PRAKASH Age : 74 Years

AGRAWAL Gender : Male

Physician Name : Dr. MUKESH SHARMA Specimen : Ok

Provisional : TO R/O Leukemia Status

Diagnosis

Specimen Type : Bone Marrow Aspirate (BMA)

Haematopathology: CML

Report

Test Requested : Conventional Karyotype

Test : Conventional Karyotype Analysis.

**Method** : 24-48 hr unstimulated culture of bone marrow aspirate followed

by metaphase cells preparation, GTG Banding, karyotype

analysis.

No. of Metaphase Cells

Analyzed : 20

No. of Metaphase Cells

karyotyped : 20

**Result** :46,XY[20]

**ISCN** : 2020

**Band Resolution** : 350





### Mr. SATYA PRAKASH AGRAWAL

**Interpretation:** Conventional Karyotype analysis revealed normal diploid male karyotype 46,XY in all 20 cells.

**Note:** 4-5% CML cases may show cryptic *BCR::ABL1* fusion as per reported lit. Therefore, Fluorescence in situ hybridization (FISH) and molecular studies to rule out *BCR::ABL1*, are recommended.

#### **References:**

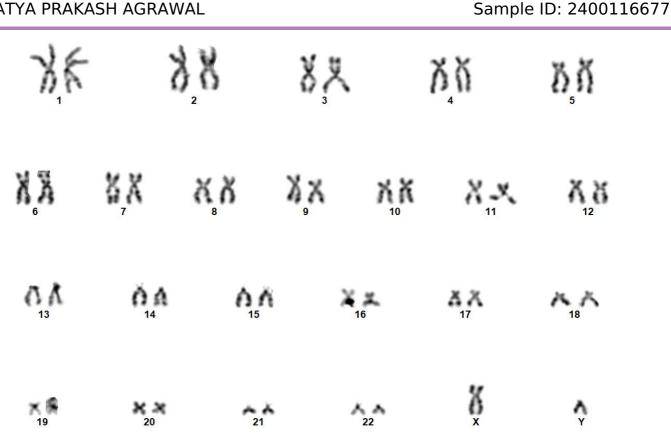
- 1. Mitelman F, Johansson B, Mertens F (eds). Mitelman Database of Chromosome Aberrations and G ene Fusions in Cancer,2013, http://cgap.nci.nih.gov/Chromosomes/Mitelman.
- 2. Daniel A. Arber, Attilio Orazi, Robert Hasserjian, Jurgen Thiele, et al.The 2016revision to the Worl d Health Organization classification of myeloid neoplasms and acute leukemia. Blood 127:2391-2 405, 2016; doi: https://doi.org/10.1182/blood-2016- 03-643544.
- 3. Steven H. Swerdlow, Elias Campo, et al.THE UPDATED WHO CLASSIFICATION OF HEMATOLOGICA L MALIGNANCIES. The 2016 revision of the World Health Organization classification of lymphoid n eoplasms. Blood. 2016;127(20):2375-2390.

Sample ID: 2400116677





# Mr. SATYA PRAKASH AGRAWAL



46,XY

Prepared By: Snehal Kaskar

Verified By : Dr. Hrushikesh Lele

Dr. P. S. Kadam Amare **Oncogeneticist** Chief & Lab Director "Cancer & **Clinical Genetics**" Lilac Insights Pvt. Ltd.

Dr. Hrushikesh Lele Sr. Scientific Officer **Oncocytogenetics Dept.** Lilac Insights Pvt. Ltd.





#### Mr. SATYA PRAKASH AGRAWAL

Sample ID: 2400116677

# - End of Report -

# Conditions of Reporting/Disclaimer:

- The report relates only to the specimen submitted to the lab which was verified and confirmed at the time of specimen collection. Also it is presumed that the specimen belongs to the patient named or identified, such verification being carried out at the point of generation of the said specimen.
- Although Conventional karyotyping is a gold standard method of cytogenetics which gives a global whole genomic view of
  multiple known, unknown chromosomal abnormalities, small cryptic, subtle aberrations below 7-8 Mb resolution can be
  missed.
- In spite of known sensitivity and efficiency of the genetic test, the test results have to be correlated with other clinical and pathological finding for conclusive diagnosis and disease management.
- A test request may be revised or generated by Lilac geneticist with an intimation to an Oncologist if: 1) Incomplete requisition 2) After haematopathology Update.
- In 1-2 % of APL cases, FISH may turn out to be negative due to PML/RARA probe design which unable to detect cryptic insertion of PML to RARA. In such rare cases, It is advisable to check PML-RARA by molecular methods.
- In case of Multiple Myeloma, flowcytometry report indicating abnormal plasma cell population is important for reference, as small abnormal clones may get deduced as per limit of detection policy in FISH analysis.
- In case of FFPE FISH, if H & E stained slides &/or histopathology report is not provided by customer, LILAC proceed with H & E staining followed by histopathology remarks along with marking of tumor area by our consultant pathologist.
- Assays are performed in accordance with standard procedure on receipt. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity and quality of specimen(s) received.
- Lilac Insights Pvt. Ltd. has policy to return the FFPE blocks within one month after final reporting with proper documentation of the dispatch of the block to customer from accession dept, Lilac. After dispatch, if there is no intimation from customer within two weeks, Lilac will not be responsible for the Dispatched FFPE block.
- Soft copies of oncocytogenetics reports are sent to customer by office mail ID. Also, Hardcopies are sent to customer only on the address provided by client.