

#### LILAC INSIGHTS PRIVATE LIMITED™

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T:+912241841438 F:+912241841448

CIN: U85191MH2011PTC217513

To:

Narayana Hrudayalaya Limited

Sample ID : 2410005293

Patient ID : 10023139691

Collected on : 13-02-2024 Received on : 14-02-2024

Reported on : 20-02-2024

Report of: DUNDAPPA YALLAPPA MAMBRI

Ref By: Dr. Sangeeta

#### MSI BY IHC REPORT

Patient Name: Dundappa Yallappa Mambri Age: 59 Yrs/ Gender: Male

Physician Name: Dr. Sangeeta Specimen Type: FFPE BLOCK

#### **Specimen:**

Hemicolectomy (Blocks for MSI by IHC).

## **Clinical Diagnosis:**

Moderately differentiated adenocarcinoma.

### **Gross Description:**

1 Block is received, labelled as "359/24 B" and relablled as "H24106730".

#### **Microscopic Description:**

MLH1 - Intact nuclear expression.

PMS2 - Intact nuclear expression.

MSH2 - Intact nuclear expression.

MSH6 - Intact nuclear expression.



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# **DUNDAPPA YALLAPPA MAMBRI**

Appropriate internal controls are positive.

IHC staining is suboptimal due to processing and fixation artefacts. Done twice.

#### **Diagnosis:**

This tumour is proficient for MMR proteins.

Interpretation, CAP, October 2015.

MLH-1	PMS-2			IHC interpretation to be confirmed by genetic testing *
+	+	+	+	low probability of microsatellite instability-high (MSI-H)
-	-	+		testing for methylation of the MLH1 promoter and/or mutation of BRAF is indicated **
+	+	-	-	MSH-2/MSH-6 germline mutation (HNPCC)
+	-	+		PMS-2 germline mutation (HNPCC)
+	+	+	-	MSH-6 germline mutation (HNPCC)
HNPCC, hereditary nonpolyposis colorectal carcinoma.				

<sup>\*</sup>Sequencing and/or large deletion/duplication testing of germline MLH-1 or PMS-2 or MSHG-2 or MSH-6 indicated corresponding to IHC results.

\*\* (the presence of BRAF V600E mutation and/or MLH1 methylation suggests that the tumor is sporadic andgermline evaluation is probably not indicated.

Absence of both MLH1 methylation and of BRAF V600E mutation suggests the possibility of Lynch syndrome.

There are exceptions to the above IHC interpretations. These results should not be considered in isolation, and clinical correlation with genetic counseling is recommended to assess the need for germline testing.

DR. RADHIKA MHATRE MD, DM ( NEUROPATH ) NIMHANS Reg. No.- G-83742

END OF REPORT