To: Sehgal Path Lab Private Limited
103, Yashodhan Bldg 2, Four Bungalows,
Andheri West,
Mumbai- 400053
Maharashtra
Report Of: HASMUKHI BABULAL SOLANKI

Sample ID	:	2400094528
Patient ID	:	1002425595
Collected on	:	25-05-2024
Received on	:	28-05-2024 16:30:00
Reported on	:	12-06-2024 05:39:36
Ref By	:	Sehgal Path Lab Private Limited

CONVENTIONAL KARYOTYPING REPORT

Patient Name	: **HASMUKHI BABULAL SOLANKI**	**Age**	: **63 Years**
		Gender	: **Female**
Physician Name	: **-**	**Specimen**	: **Ok**
Provisional Diagnosis	: **Anemia under evaluation**	**Status**	
		Disease Status	: **At Diagnosis**
Specimen Type	: **Bone Marrow Aspirate (BMA)**		
Test Requested	: **Myelodysplastic Syndromes(MDS) panel Karyotyping+FISH**		

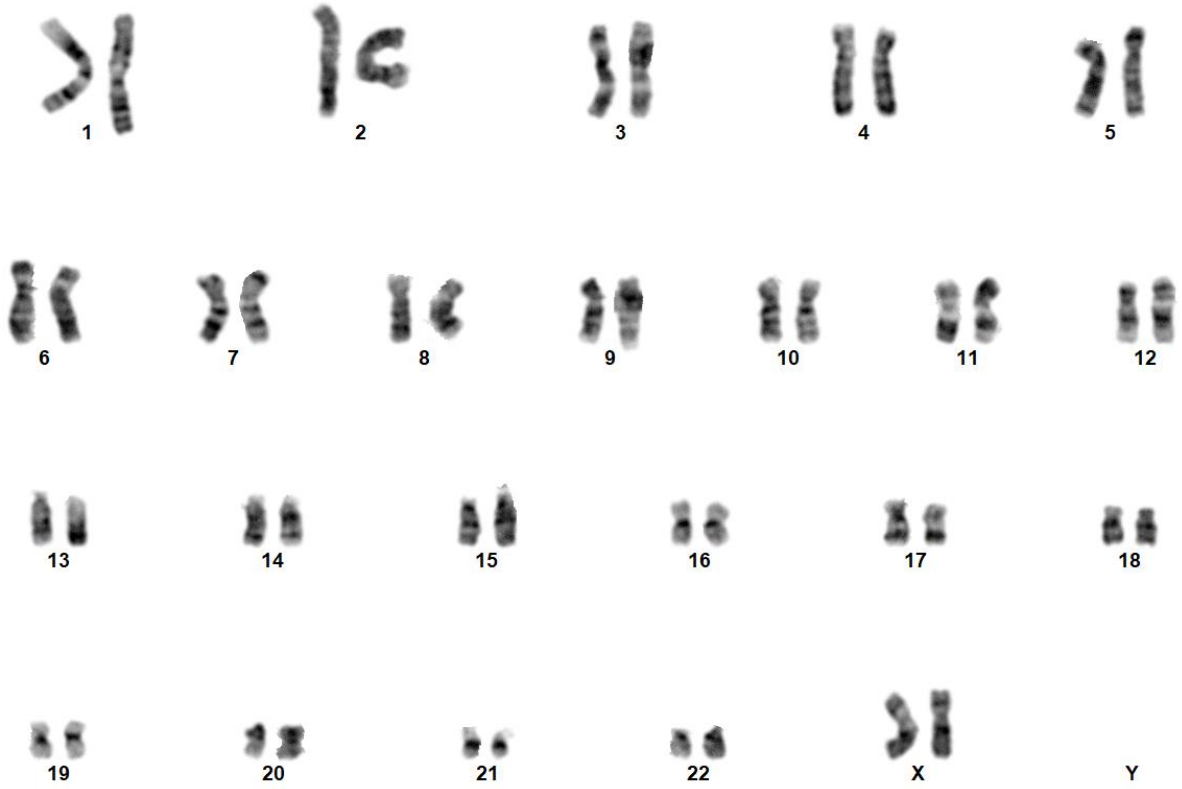
Test	:	**Myelodysplastic Syndrome Karyotyping Analysis.**
Method	:	24-48 hr unstimulated culture of bone marrow aspirate followed by metaphase cells preparation, GTG Banding, karyotype analysis.
No. of Metaphase Cells Analyzed	:	20
No. of Metaphase Cells karyotyped	:	15
Result	:	46,XX[20]
ISCN	:	2020
Band Resolution	:	350

Interpretation: Conventional Karyotype analysis revealed normal diploid female karyotype 46,XX in all 20 cells.

FISH: Showed no evidence of -5/del(5q), -7/del(7q), del(20q), 17p deletion and trisomy 8.

References:

1. Daniel A. Arber, Attilio Orazi, Robert Hasserjian. The 2016 revision to the World Health Organizati on classification of myeloid neoplasms and acute leukemia Blood. 2016; 127(20):2391-2405.
2. Atlas of Genetics and Cytogenetics in Oncology and Hematology. http://atlasgeneticsoncology.or g/Anomalies, accessed 28 January 2014.
3. Greenberg P etal .Revised prognostic scoring system for Myelodysplastic syndromes. Blood 120, 2454, 2012.
4. Grant E. Nybakken and Adam BaggThe Genetic Basis and Expanding Role of MolecularAnalysis in the Diagnosis, Prognosis, and Therapeutic Design for Myelodysplastic Syndromes.The Journal of Molecular Diagnostics, Vol. 16, No. 2, March 2014.
5. Kadam P R, K.D. Dadabhoy, A. Bhise, Athale U, Nair C, Nair R, Advani S. H. Chromosome investig ation and clinical outcome in patient with myelodysplastic syndromes.



46,XX

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.

- 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.