labcorp | Oncology

Correlative CaseView ™

Specimen ID:
Control ID:

SAMPLE, REPORT

Acct #:

Phone: (800) 555-1234 **Rte:**

ABC Medical Center
100 Main Road
Anytown US 12345

Patient Details
DOB: 00/00/1950
Age(y/m/d): 73
Gender: F
Patient ID:

Specimen Details
Date collected:
Date received:
Date entered:
Date reported: 04/28/2023 1349 ET

Physician Details
Ordering:
Referring:
ID:
NPI:

Sassan Rostami, M.D., Medical Director - Phoenix, AZ, CLIA I.D. # 03D2054956

Clinical Information/Indication for Study

73-year-old female patient with history of myelodysplastic syndrome with multilineage dysplasia, diagnosed in 2019, with progression to myelodysplastic syndrome with access blasts-1, status post chemotherapy. The patient was hospitalized on March 15 with shortness of breath and received packed red blood cells for symptomatic anemia.

Summary of Results

Bone marrow, left, core biopsy, aspirate smears and clot sections:
- Markedly hypercellular bone marrow for age (100%) with marked myeloid hyperplasia, increased monocytes, multilineage dysplasia and 4% blasts (see summary comment).
- Marked reticulin fibrosis (grade 3/3).
- Iron is increased, ring sideroblasts are absent.

Summary Comment

The IntelliGEN myeloid study showed variants which are highly associated with chronic myelomonocytic leukemia. These findings support a diagnosis of chronic myelomonocytic leukemia-1 and, per the 5th edition of the WHO classification, this is best classified as myeloproliferative chronic myelomonocytic leukemia-1 (MP-CMML-1). It is of note that chronic myelomonocytic leukemia evolving from pre-existing myelodysplasia has been reported in the literature. Compared to the previous bone marrow collected on February 15th of this year, the blast percentage has only slightly increased (was 3%, now 4%), however, the leukocytosis has more than doubled and the monocytosis has also significantly increased. The marked fibrosis persists. The patient's first bone marrow specimen reviewed at our institution in December 2019 showed 3-4% blasts and no evidence of reticulin fibrosis. Correlation with clinical and laboratory findings is recommended.

Electronically Signed by **at 1349 ET on 04/28/2023 at Accupath Diagnostic Laboratories, Inc.**

Associate Medical Director

Correlative CaseView ™

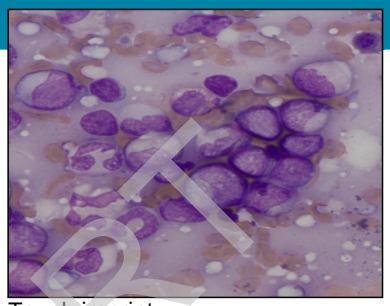
Patient: Sample, Patient
DOB: 00/00/1950
Patient ID:
Control ID:
Specimen ID:
Date collected:

BONE MARROW MORPHOLOGY:

Result Number:

Completed Date:

Signed By:



Touch imprint

Peripheral blood:
- Marked leukocytosis with marked left-shifted dysplastic neutrophilia, marked absolute monocytosis and 1% circulating blasts
- Mild normocytic hypochromic anemia with marked anisopoikilocytosis and 2% circulating NRBCs.
- Moderate to marked thrombocytopenia.

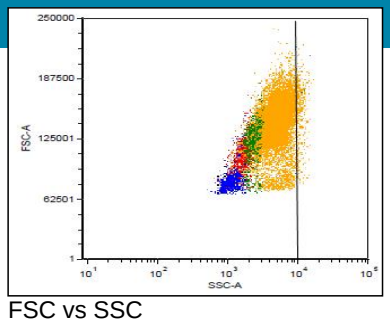
Bone marrow, left, core biopsy, aspirate smears and clot sections:
- Markedly hypercellular bone marrow for age (100%) with marked myeloid hyperplasia, increased monocytes, multilineage dysplasia and 4% blasts (see comment).
- Marked reticulin fibrosis (grade 3/3).
- Iron is increased, ring sideroblasts are absent.

FLOW CYTOMETRY:

Result Number:

Completed Date:

Signed By:



FSC vs SSC

Bone Marrow:
1) Relatively increased atypical blasts (3.9% of sample)
2) Abnormal myeloid maturation (see comments)

CYTOGENETICS:

Result Number:

Completed

Signed By:

Test(s) Performed: Cancer Cytogenetics - Bone Marrow
Result: Normal Female Karyotype
46,XX[20]

REFERRAL TESTING:

Result Number:

Completed

Testing Performed: IntelliGEN® Myeloid
Test Result: Please see individual report and comments.

Released By:

Testing Performed at Labcorp, RTP
Professional component: 1904 TW Alexander Drive, RTP, NC 27709-0153

Correlative CaseView ™

Patient: **Sample, Patient**
DOB: 00/00/1950
Patient ID:
Control ID:
Specimen ID:
Date collected:

Technical component: 1912 TW Alexander Drive, RTP, NC 27709-0150/1904 TW Alexander Drive, RTP, NC 27709-0153

Patient: Sample, Report
DOB: 00/00/1950
Patient ID:
Control ID:
Specimen ID:
Date collected:

04/07/2023 (Specimen ID: xxxxx)	**02/16/2023** (Specimen ID: xxxxx)
SUBMITTED CBC	
Result Number: WBC 44.6 K/uL HGB 9.5 g/dL PLT 58 K/uL	*Result Number:* WBC 17.4 K/uL HGB 8.6 g/dL PLT 68 K/uL
BONE MARROW MORPHOLOGY	
Result Number: Peripheral blood: - Marked leukocytosis with marked left-shifted dysplastic neutrophilia, marked absolute monocytosis and 1% circulating blasts - Mild normocytic hypochromic anemia with marked anisopoikilocytosis and 2% circulating NRBCs. - Moderate to marked thrombocytopenia. Bone marrow, left, core biopsy, aspirate smears and clot sections: - Markedly hypercellular bone marrow for age	*Result Number:* Bone Marrow Core Biopsy, Clot Section, Aspirate Smears, Touch Imprint and Peripheral Blood Smear: - Persistent Myelodysplastic Neoplasm. Please see comment. - Hypercellular Marrow for age (98-100%) with Myeloid and Megakaryocytic Hyperplasia, Trilineage Dysmaturation and Myeloid left shift with minimal increase in blasts (~3%) - Marked Reticulin Fibrosis. No significant collagen fibrosis.
FLOW CYTOMETRY	
Result Number: Bone Marrow: 1) Relatively increased atypical blasts (3.9% of sample) 2) Abnormal myeloid maturation (see comments)	*Result Number:* Other, Left Iliac: - An increased population of myeloblasts (6.5%) is identified. See comments. - Increased monocytic cells (12%). See comments. - No evidence for a B-cell or T-cell lymphoproliferative disorder.
CYTOGENETICS	
Result Number: Test Performed: Cancer Cytogenetics - Bone Marrow Result: Normal Female Karyotype 46,XX[20]	*Result Number:* Test Performed: Cancer Cytogenetics - Bone Marrow Result: No metaphases available for chromosome analysis No Growth
REFERRAL TESTING	
Result Number: Test Performed: IntelliGEN Myeloid - Please see individual report and comments	

Patient: SAmple, Patient
DOB: 00/00/1950
Patient ID: 08/31/2022
Control ID:
Specimen ID:
Date collected:

	(Specimen ID:)	**04/09/2022** (Specimen ID:)
BONE MARROW MORPHOLOGY		
	Result Number: BM22-000 Bone Marrow Core Biopsy, Clot Section, Aspirate Smears, Touch Imprint and Peripheral Blood Smear: - Persistent Myelodysplastic Neoplasm. Please see comment. - No significant increase in blasts in the current sample (1-3%). - Hypercellular Marrow for age (95-98%) with Myeloid and Megakaryocytic Hyperplasia, Trilineage Dysmaturation and Myeloid left shift - Moderate reticulin fibrosis.	*Result Number: BM22-0000* Bone Marrow Core Biopsy, Clot Section, Aspirate Smears, Touch Imprint and Peripheral Blood Smear: -Myelodysplastic Syndrome with excess blasts -1 (~5% blasts by differential count). Please see comment. -Hypercellular marrow for age (95-98%) with trilineage hyperplasia and dysmaturation, myeloid left shift and ~5% Blasts. - Mild reticulin fibrosis. - Multiple small reactive lymphoid aggregates.
FLOW CYTOMETRY		
	Result Number: AFT22-00 Bone Marrow Aspirate, Left Iliac Crest: - Atypical myeloid findings (see comments) - Blasts (1.9%) with increased CD7 (38%)	*Result Number: AFT22-000* Bone Marrow Aspirate, Left Iliac Crest: - Relatively increased atypical blasts (3.3% of sample) - Abnormal myeloid maturation (see comments)
CYTOGENETICS		
	Result Number: AGC22-0000 Test Performed: Cancer Cytogenetics - Bone Marrow Result: Normal Female Karyotype 46,XX[20]	*Result Number: AGC22-0000* Test Performed: Cancer Cytogenetics - Bone Marrow Result: Normal Female Karyotype 46,XX[20]
FISH		
	Result Number: AGT22-0000 Test Performed: MDS Panel Result: No assay specific abnormalities detected by MDS FISH panel	*Result Number: AGT22-0000* Test Performed: MDS Panel Result: No assay specific abnormalities detected by MDS FISH panel
REFERRAL TESTING		
	Result Number: AGX22-0000 Test Performed:IntelliGEN Myeloid Please see individual report and comments.	

Disclaimers
This summary may include prior hematopathology test results for the patient that were obtained through the laboratory's result archives based on certain demographic information provided with the current test order. While every effort is made to provide a complete list of prior hematopathology results, certain results may be omitted because the demographic criteria was not met.
For fully detailed interpretations, methodology, intended use, and assigned signature information regarding the individual tests referenced in this correlative summary, please refer to the previously distributed reports for the tests listed.
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