DEPARTMENT OF CYTOGENETICS

Patient Name	Mr. DEEPAK PRAJAPATI	Visit ID		Barcode	A0624142
Age/Gender	25 Y / MALE	UHID/MR No	0382406170051	Collected Date	17-06-2024 05:00 PM
Ref. Doctor	Dr. SELF	Client Name	SAGE PATH LABS PVT LTD	Registration Date	18-06-2024 03:50 PM
Hospital Name		Client Code	SPL-BP-098	Received Date	18-06-2024 03:50 PM
Sample Type	SODIUM HEPARIN BLOOD	Branch		Reported Date	28-06-2024 03:31 PM

CHROMOSOMAL ANALYSIS-KARYOTYPING

SAMPLE RESULTS	
Sample Type	Peripheral Venous Blood.
Quality of Sample	Good.
Yoda Cytogenetics Number	CYG-24-PB-1004
Clinical Indication	Not provided
Test Requested	Karyotyping on Blood sample.
Test Methodology	Stimulated Peripheral Blood lymphocyte culture.
No of cells counted	20
No of cells Karyotyped	05
Estimated band resolution	400-500 bphs
Banding method	GTG
ISCN	2020

Initial ☑

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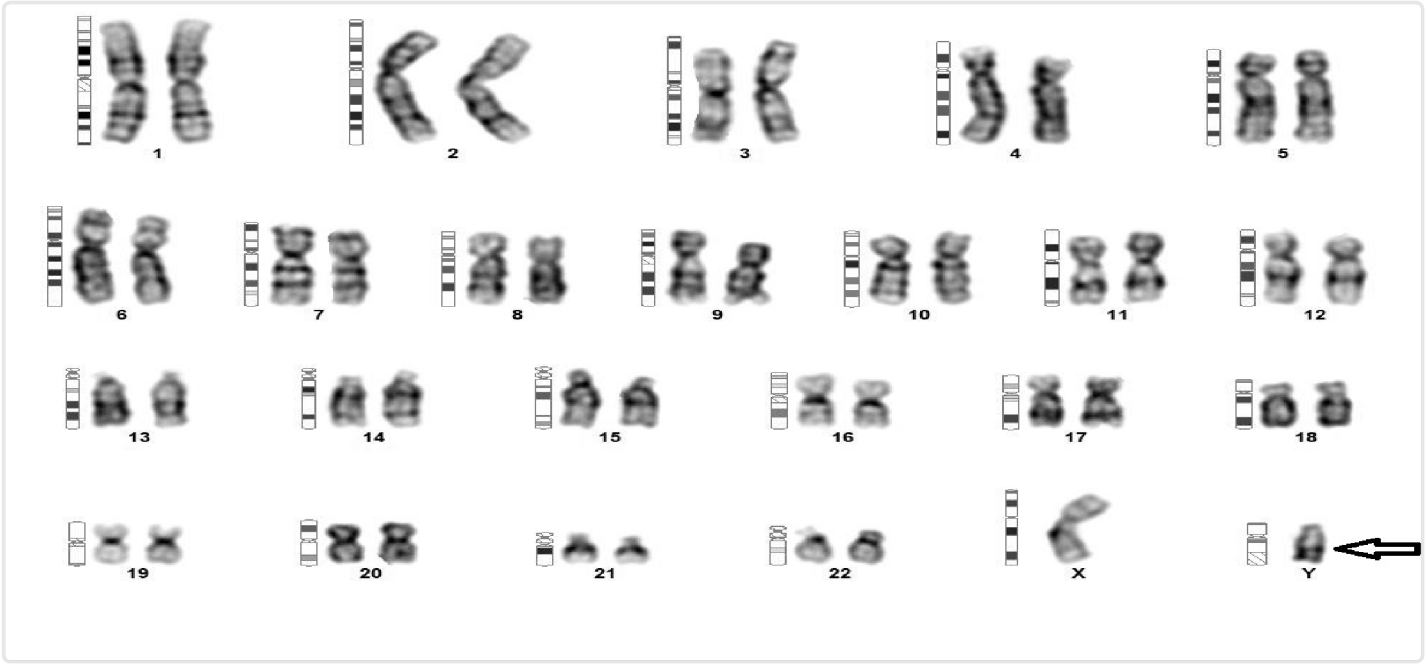

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Karyotype

46,XYqh+

Interpretation

Chromosome analysis of PHA stimulated Peripheral Blood lymphocytes revealed a male karyotype with the presence of an increase in length of constitutive heterochromatin on chromosome Y. The role of heterochromatic variations in length, in couples investigated for sub-fertility is debatable. However, some of the findings indicate towards a probable role and are considered to be implicated in pregnancy outcome. As per some of the studies/findings, the Y chromosome polymorphic variant Yqh+ most likely plays a role in infertility. Published articles identify Yqh+ couples with poor reproductive outcomes in IVF treatment who are then advised to undergo ICSI to improve their reproductive results in the next cycle.(Xiao et al, 2012)Kindly refer to chromosome analysis report of the female partner in planning comprehensive reproductive assistance for the couple.

Recommendations

Genetic Counselling Required.

References

1. An International System for Human Cytogenetic Nomenclature (2020). Karger Publishers.
2. Human Cytogenetics: Constitutional Analysis. A Practical Approach. Third Edition, Edited by Denise Rooney.

Disclaimer

1. This assay allows for microscopic visualization of numerical and structural abnormalities.
   The limitation in size of the chromosomal abnormalities like deletion(interstitial and terminal) , translocation, inversion , duplication(interstitial and terminal) and other structural aberrations size from >5mb to 10mb.
2. Sample received without relevant clinical history , family history , previous medical reports related to cytogenetics and microarray will not be accepted .The lab is not responsible for any deviation in interpretation of the assay as a result of not being provided the necessary relevant clinical information.
3. Sample not received in appropriate containers or not collected optimally may lead to poor GTG banding and low resolution and therefore have high chances of missing structural abnormalities. The lab does not address the problems related to inappropriate sample collection and handling (preanalytic issues)
4. Test results are based on the sample received in the department and the results and interpretation are in the context of the demographic details received along with the sample.
5. Reporting TAT may be delayed due to the unsought circumstances and extra workout and repeat culture and clinical correlation with other parameters.
6. Test results are reported as per updated and current version of ISCN.
7. Partial reproduction of the report is not permitted
8. The content of the report may be used for research purpose without revealing the personal information of the subject.
9. Detection of heterogeneity of the clonal cell population in the specimen (i.e., mosaicism) is limited by the number of cells analyzed and karyotypes per report.

*** End Of Report ***

Sri Sharanam Akhila