DEPARTMENT OF CYTOGENETICS

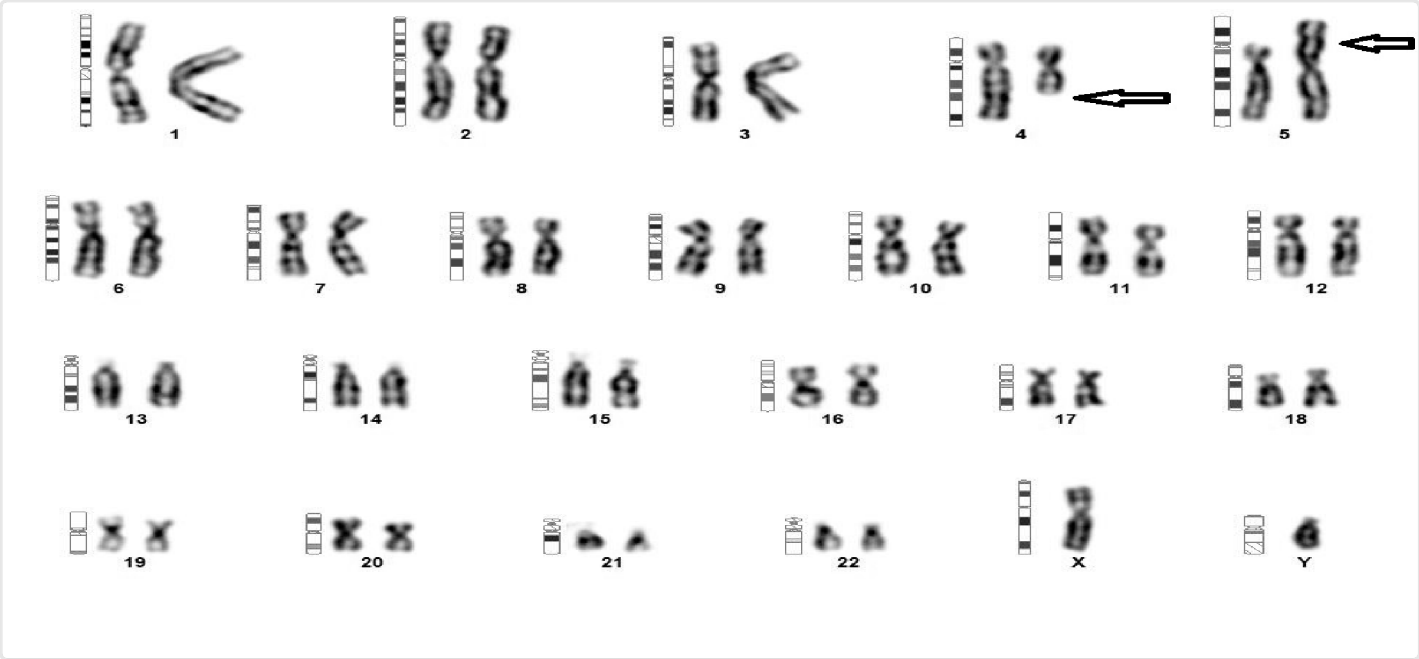
Patient Name	Mr. ANIRUL ISLAM	Visit ID	YOD746673	Barcode	11119488
Age/Gender	56 Y / MALE	UHID/MR No	YOD.0000719700	Collected Date	25-06-2024 10:23 PM
Ref. Doctor	Dr. SELF	Client Name	SAGE PATH LABS PVT LTD	Registration Date	25-06-2024 10:08 PM
Hospital Name		Client Code	YOD-TS-0435	Received Date	26-06-2024 11:36 AM
Sample Type	SODIUM HEPARIN BLOOD	Branch	Ameerpet	Reported Date	03-07-2024 12:43 PM

CHROMOSOMAL ANALYSIS-KARYOTYPING

SAMPLE RESULTS	
Sample Type	Peripheral Venous Blood.
Quality of Sample	Good.
Yoda Cytogenetics Number	CYG-24-PB-1060
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 ☑

CYTOGENETICS REPORT -CYG-24-PB-1060



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CYTOGENETICS REPORT -CYG-24-PB-1060

image widget

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Karyotype

46,XY,t(4;5)(q21;p21)

Interpretation

Chromosome analysis of PHA stimulated Peripheral Blood lymphocytes revealed a male chromosome complement with the presence of translocation between the chromosomes 4 and chromosome5 involving the regions q21 and p21 respectively which appears balanced. Balanced translocations in either of the couple has no effect on development or general health because no genes have been lost or gained. However, the carrier of a balanced translocation has an increased risk of infertility, recurrent abortions and delivery of chromosomally abnormal off spring. In order to establish whether the rearrangement has resulted in loss or gain of genes and clinical outcome recommendations have been provided.

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 *****

Verified by

Sri Sharanam Akhila

MC-6311

Approved by:

Dr. Surya Prakash Rao K.
PhD
HOD - Cytogenetics