PATIENT DETAILS

Visit ID	**YOD988365**	UHID/MR No	**YOD.0000948911**
Patient Name	**Baby. AISHA**	Client Code	**YOD-TS-0435**
Age/Gender	**5 Y 0 M 0 D / FEMALE**	Barcode	**11551004**
Ref Doctor	**Dr. SAGE PATH LABS PVT LTD**	Collected Date	**14-04-2025 12:14 PM**
Client Add	**Hyderabad**	Registration Date	**14-04-2025 12:06 PM**
Hospital Name		Received Date	**14-04-2025 01:22 PM**
Client Name	**SAGE PATH LABS PVT LTD**	Reported Date	**23-04-2025 04:35 PM**
Sample Type	**SODIUM HEPARIN BLOOD**		

DEPARTMENT OF CYTOGENETICS

KARYOTYPING

SAMPLE RESULTS	
Sample Type	Peripheral Venous Blood.
Quality of Sample	Good.
Yoda Cytogenetics Number	CYG-25-PB-684
Clinical Indication	Not provided
Test Requested	Karyotyping
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	2024

Initial ☑

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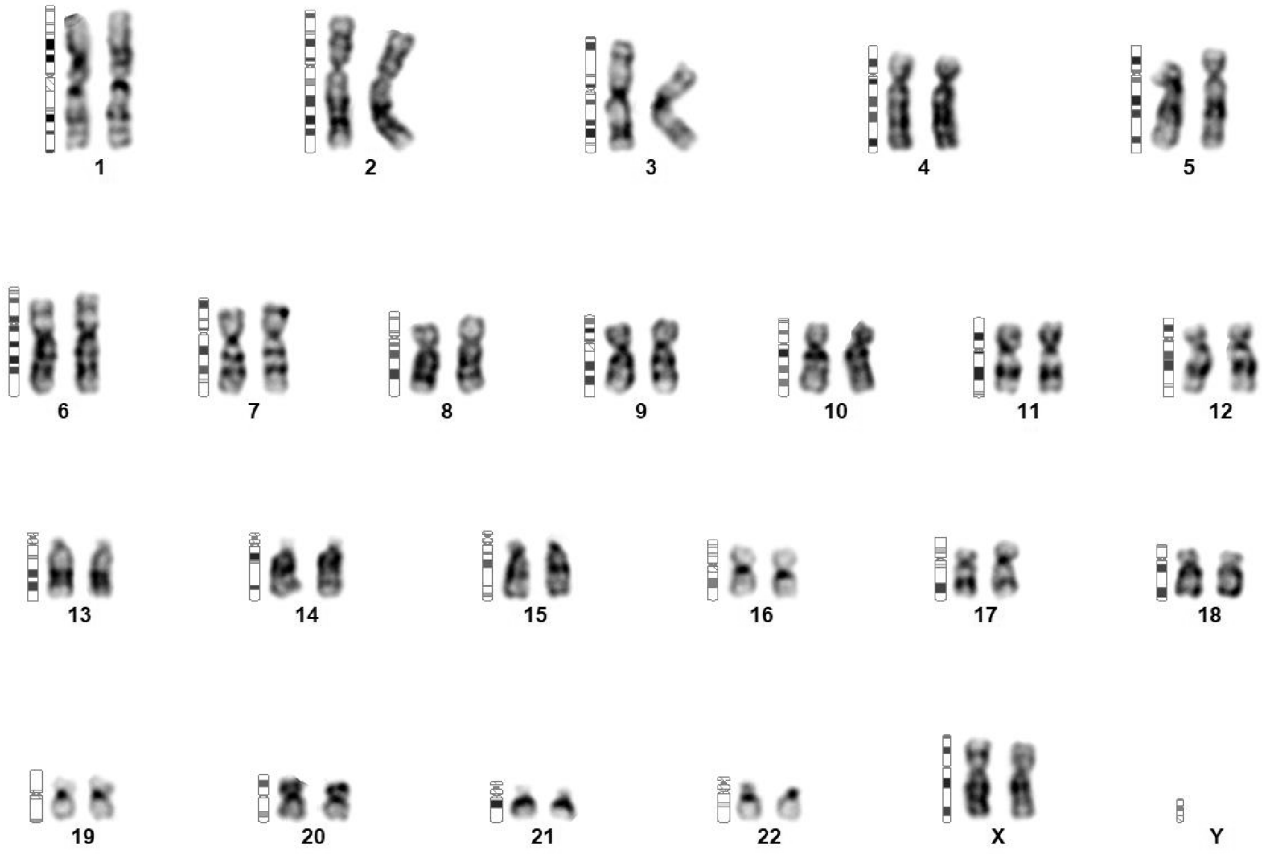
KARYOTYPING IMAGE



Karyotype - ISCN(2020)

46,XX

Interpretation

Chromosomal analysis of PHA stimulated Peripheral Blood lymphocytes revealed a normal female chromosomal complement without any structural and numerical chromosomal abnormalities in all the cells examined from multiple cultures, within the limits of the current technology.

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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 ***

Suggested clinical correlation & follow-up

Analyzed by
Sri Sharanam Akhila

Approved by

DR SUJATHA MADIREDDY
MBBS, DCH , PhD