

Patient Name: TEST\_ATT, FAX\_QUALITY

Ordering Physician: test 1234
Treating Physician: test

Ordering Facility: US LABS DEMO ACCOUNT

Medical Record #: 8578

Date of Birth,Sex: 12/12/1936, F

Collection Date: 04/17/2009

Received Date: 04/17/2009

Report Date: 05/05/2009

US LABS Ref #: AFT09-000116

Specimen ID #: 1

# **Amended Flow Cytometry Immunophenotypic Report**

## INTERPRETATION:

PERIPHERAL BLOOD: MYELOID HYPERPLASIA.

#### **Comments:**

There are increase numbers of myeloid cells with all stages of maturation without an increased percentage of blasts. No evidence of acute leukemia, lymphoma, plasma cell dyscrasia or immunophenotypic changes associated with myelodysplasia is detected in this analysis. These findings do not exclude a myeloproliferative disorder. If clinically indicated, a sample can be evaluated by FISH, PCR and/or cytogenetics for BCR-ABL translocations. Evaluation by PCR for the single point mutation Val617Phe in JAK2 may be of further help if polycythemia vera, essential thrombocythemia or myelofibrosis with myeloid metaplasia are being considered clinically (E.J. Baxter, Scott L.M., et al. Acquired mutation of the tyrosine kinase JAK2 in human myeloproliferative disorders. Lancet 365:1054-1061/2005. R.L. Levine, Wadleigh M., et al. Activating mutation in the tyrosine kinase JAK2 in polycythemia vera, essential thrombocythemia, and myeloid metaplasia with myelofibrosis. Cancer Cell 7 (4):387-397/2005). Clinical and histopathologic correlation is recommended for full interpretation.

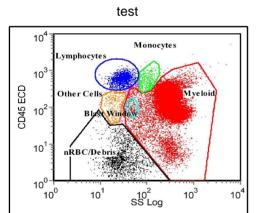
## **Clinical History:**

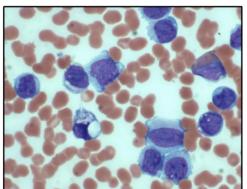
**Test Clinical History** 

Submitted Dx: TEST for ATT Fax Quality

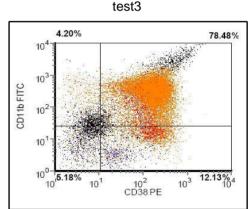
Cell Yield: 5,000 cells/mm³

Viability: 75%





test2



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Flow Differential		Population Analysis
Blasts:	75%	Blasts are not increased or antigenically abnormal for the specimen type.
Lymphocytes:	65%	Immunophenotypic analysis on the lymphoid gated population shows 0% of the lymphocytes are T-cells with a normal CD4:CD8 ratio and normal pan T-cell antigen expression, 0% are polyclonal B-cells and the remainder are NK cells.
Atypical Lymphocytes:	25%	
Monocytes:	36%	Monocytes are not relatively increased and have normal expression of monocyte related antigens.
Myeloid Cells:	66%	The dominant population detected in this analysis comprising 66% of the total recorded events is the myeloid population. Analysis of the flow cytometric data for this population shows a myeloid phenotype with immunophenotypic evidence of orderly maturation.
Plasma Cells:	54%	A small population of polyclonal plasma cells is detected.
Other 1:	85%	Cells phenotypically consistent with normal marrow precursors (hematogones) are present (CD19+++, CD20+++, CD10++, CD34-, Ig dim).
Other 2:	84%	Most of the cells marked as 'other cells' are phenotypically consistent with mast cells. These cells express bright CD38, Bright CD56, moderate CD33, moderate CD117, and dim to moderate HLA-DR. There is no significant co-expression of CD25, B-cell or T-cell markers, or blast markers. There is no evidence of either surface or cytoplasmic light chain expression.
Debris:	55%	There is no detectable immunoreactivity for the markers tested. There is no detectable immunoreactivity for the markers tested.

#### Morphologic Evaluation:

A submitted smear shows increased atypical lymphoid cells.

### **Antibodies Performed:**

CD45, CD1a, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD16, CD19, CD20, CD22, CD23, CD56, FMC-7, Kappa, Lambda, Interpretation (16+ Markers)

#### **Revision Reason:**

This report was in order to fix a dataentry error in the cell count.

# Electronically Signed by pathology1 User, M.D. Ph.D. on 5/5/2009 at US LABS

pathology1 User, M.D. Ph.D. Medical Director

#### Disclaimer

This Test was performed at 2601 Campus Drive, Irvine, CA, 92612

This test was developed and its performance characteristics determined by US LABS. It has not been cleared or approved by the Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

Any image(s) that accompany this report is/are a representative image(s) only and should not be used to render a diagnosis.

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