Visit ID
 : YOD650017
 UHID/MR No
 : YOD.0000627191

 Patient Name
 : Mr. ZAKER
 Client Code
 : YOD-TS-0129

 Age/Gender
 : 23 Y 0 M 0 D /M
 Barcode No
 : 10963475

DOB: 07/Mar/2024 05:19PMRef Doctor: SELFCollected: 07/Mar/2024 01:00PMClient Name: LAKSHANA MEDICAL DIAGNOSTReceived: 07/Mar/2024 05:53PMClient Add: HYDERABADReported: 15/Mar/2024 12:29PM

Hospital Name :

DEPARTMENT OF CYTOGENETICS

	G BANDED CHROMOSON	ME (BONE MARROW) - KARYOTYP	ING	
DeptRef ID: CYG-24-BM-05		SAMF	SAMPLE TYPE: Bone Marrow	
	CHROMOSOMAL A	ANALYSIS OF BONE MARROW		
Referral reason: ?	CML			
Culture Type	Bone Marrow	Technique	GTG Banding	
Slide Number	ONC-2-2 CELL- 12	Coordinates of Metaphase	123.2/14	
Metaphase Counte	ed 20	Metaphase Analysed	20	
Metaphase Karyot	yped 10	Band Resolution	450bp (ISCN 2020)	
	RESULTS	& INTERPRETATIONS		
Karyotype Result	Caryotype Result 46,XY,t(9;22)(q34.1;q11.2)			
Interpretation	Conventional Karyotype analysis revealed an abnormal pseudodiploid male karyotype with translocation(9;22)(q34.1;q11.2) as a clonal abnormality in all 20 cells. BCR-ABL1 is a result of the fusion of ABL1gene at 9q34 with the BCR gene at 22q11.2, is a hallmark of CML and shows good response to targeted therapy Imatinib as per reported studies.			
	*Interpretation according to ISCN 2020 Guidelines.			

Note:

Recommendations

Note

if any

• It is presumed that the specimen used to perform the test belongs to the individual specified above, such verification having been carried out at the collection level of sample

* This analysis may not necessarily include minor/subtle chromosomal abnormalities(microdeletions), low level mosaicism and single gene disorders.

• Variants with unknown clinical significance are not reported.

• Genetic counselling

Verified By:

A. Sri Sharanam Akhila

A. SII SIId

Dr SURYA PRAKASH HOD Cytogenetics (PhD)

Approved By:

 Visit ID
 : YOD650017

 Patient Name
 : Mr. ZAKER

 Age/Gender
 : 23 Y 0 M 0 D /M

DOB : Ref Doctor : SELF

Client Name : LAKSHANA MEDICAL DIAGNOST

Client Add : HYDERABAD

Hospital Name :

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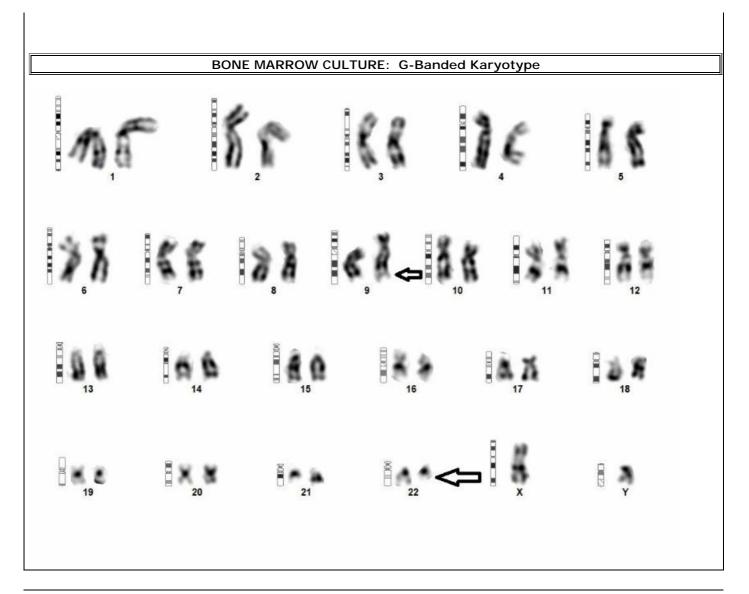
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DEPARTMENT OF CYTOGENETICS



*** End Of Report ***

Verified By : A. Sri Sharanam Akhila



Dr SURYA PRAKASH HOD Cytogenetics (PhD)

Approved By:

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Hospital Name :

DEPARTMENT OF CYTOGENETICS

Verified By :
A. Sri Sharanam Akhila



Dr SURYA PRAKASH HOD Cytogenetics (PhD)

Approved By: