

**DRS. TRIBEDI & ROY****DIAGNOSTIC LABORATORY**

93, Park Street, Kolkata-700 016  
Phones : 033 4067-5290 / 4801-2512 / 2515  
E-mail : mail@tribediandroy.com  
NABL ACCREDITED (ISO 15189 : 2012)

Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (Path)



Certificate No. : MC-2702

**Collection Centres :**

- 48A, Diamond Harbour Rd. Kolkata - 27  
(8 A.M. - 4 P.M.) ☎ 033-24484613
- 17, Sarat Chatterjee Ave. Kolkata - 29  
(8 A.M. - 5 P.M.) ☎ 7596884045
- 6, Dover Lane, Kolkata - 700 029  
(8 A.M. - 5 P.M.), Ph. : 8584895490
- 11A, East Topsia Rd. Kolkata - 46  
(8 A.M. - 4 P.M.) ☎ 033-40605408

**TEST REPORT**

Name Aniruddha Chakraborty 48 yrs. Lab No. KAY682  
Referred By Dr. S. Mukherjee Date of Receipt 15.04.2023  
Address \_\_\_\_\_ Date of Report 15.04.2023

**IMMUNOPHENOTYPING (FLOWCYTOMETRY)**  
**CHRONIC LYMPHOPROLIFERATIVE DISORDER**

**SPECIMEN TYPE** : Blood (Total leucocyte count : 97120/cmm)

**INSTRUMENT** :- Navios Ex Flow Cytometer.

**SOFTWARE** :- Navios Ex.

**REAGENTS** :-

CD5-PC5.5, CD23-APC, CD19-ECD, CD20-FITC, CD10-PE, CD45-APC700, FMC7-FITC, CD38-APC750, CD22-PE, Kappa light chain-FITC, Lambda light chain-PE, CD200-PC7.

**CELL PREPARATION** :- Stain-lyse-wash.

**FLOWCYTOMETRY** :-

CD45/SSC scatter plot shows a population of cells (90% maximum gated among a total of 30,000 events acquired) with low side scatter and bright CD45 expression in the lymphoid area. Gated on these cells, CD19/FSC scatter plot shows a cell population (92%) with intermediate forward scatter and dim CD19 expression.

On gating and further analysis, these cells express the following immunophenotypic findings -

|                          |                          |
|--------------------------|--------------------------|
| CD5                      | : 100% (dim)             |
| CD5/CD19 (co-expression) | : 100%                   |
| CD23                     | : 100% (dim to moderate) |
| CD5/CD23 (co-expression) | : 100%                   |
| CD20                     | : 85% (dim)              |
| CD10                     | : Negative               |
| CD22                     | : 30% (dim)              |
| FMC7                     | : Negative               |
| CD38                     | : Negative               |
| Kappa light chain        | : 10% (dim)              |
| Lambda light chain       | : Negative               |
| CD200                    | : 100% (moderate)        |

The gated CD19 positive cells express CD5, CD20, CD22, CD23, CD200 and kappa light chain (only 10%). CD5/CD19 co-expression and CD5/CD23 co-expression are present in 100% of these cells. CD10, CD38, FMC7 and lambda light chain are negative.

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The results relate only to the items tested.  
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DR. DEBASIS BANERJEE M.D.(Path.)



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Name Aniruddha Chakraborty 48 yrs. Lab No. KAY682  
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Address \_\_\_\_\_ Date of Report 15.04.2023

## COMMENTS :-

The above findings are consistent with Chronic lymphocytic leukemia.

## INTERPRETATION :-

### Immunophenotypic Profile of Chronic Lymphocytic Leukemia and other Chronic B-cell Disorders

| Disease Type                              | SIgM | CD5 | CD10 | CD11c | CD19 | CD20 | CD22 | CD23 | CD25 | CD103 | FMC7 |
|---|------|-----|------|-------|------|------|------|------|------|-------|------|
| CLL                                       | Dim  | ++  | -    | -/+   | ++   | Dim  | -/+  | ++   | +/-  | -     | -/+  |
| Waldenström's macroglobulinemia           | ++   | -   | -    | -/+   | ++   | ++   | +    | -    | -/+  | -     | +    |
| Prolymphocytic leukemia                   | +++  | -/+ | -/+  | -/+   | ++   | +++  | ++   | ++   | -/+  | -     | +    |
| Hairy-cell leukemia                       | +++  | -   | -    | ++    | +++  | +++  | +++  | -    | +++  | +++   | +++  |
| Hairy-cell leukemia variant               | +++  | -   | -    | ++    | +++  | +++  | +++  | -    | -    | +++   | +++  |
| Splenic lymphoma with villous lymphocytes | ++   | -/+ | -/+  | +/-   | ++   | ++   | ++   | +/-  | -/+  | -/+   | ++   |
| Marginal zone B-cell lymphoma             | ++   | -   | -    | +/-   | ++   | ++   | +/-  | +/-  | -    | -     | +    |
| Mantle cell lymphoma                      | ++   | ++  | -/+  | -     | ++   | ++   | ++   | -    | -    | -     | ++   |
| Follicular lymphoma                       | ++   | -/+ | ++   | -     | ++   | ++   | ++   | -/+  | -    | -     | ++   |

-, not expressed ; -/+, usually is not expressed ; +/-, usually is expressed ; + to +++, varying degree of strength of expression.

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**TEST REPORT**

Patient's Name : ANIRUDDHA CHAKRABORTY

Age : 48 YRS

Referred By : Dr. S. MUKHERJEE

Date of Receipt : 15-Apr-2023  
09:14:00

Date of Report : 15-Apr-2023

Lab No : KAY682

Detection of HIV p24 antigen and antibodies to HIV type  
1 and/or type 2 (HIV Ag/Ab Combo test)

**Non reactive.**

(Chemiluminescent Microparticle Immunoassay (CMIA))  
(Architect/Alinity i, Abbott)

(This is a screening test and there may be false positive or  
false negative results in a small percentage of cases due to  
various reasons)

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9:14:00 AM

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**DIRECT COOMBS TEST**

**Negative.**

(Method : Gel Technology)  
(DiaMed-ID Microtyping System)

**Interpretation**

Normal : Negative

Positive in: Autoimmune hemolytic anemia, hemolytic disease of the newborn, alloimmune reactions to recently transfused blood, and drug-induced hemolysis.

Drugs may induce the formation of antibodies, either against the drug itself or against intrinsic red cell antigens. This may lead to a positive Direct Coombs Test, immune red cell destruction, or both. Some of the antibodies produced appear to be dependent on the presence of the drug (eg, penicillin, quinidine, ceftriaxone), whereas others are independent of the continued presence of the inciting drug (eg, methyldopa, levodopa, procainamide, cephalosporins, fludarabine).

A positive Direct Coombs Test implies in vivo red cell coating by immunoglobulins or complement. Such red cell coating may or may not be associated with immune hemolytic anemia.

The Direct Coombs Test can detect a level of 100-500 molecules of IgG per red cell and 400-1100 molecules of C3d per red cell, depending on the reagent and technique used. Positive DATs without clinical manifestations of immune-mediated red cell destruction are reported in the range of 1 in 1000 to 1 in 14,000 blood donors and 1-15% of hospitalised patients.

A false-positive Direct Coombs Test is often seen in patients with hypergammaglobulinemia and in some HIV-positive patients.

DR. BARUN THAKUR M.B.B.S., DTM&H. D.C.P.

DR. SAIKAT SARKAR M.B.B.S., D.C.P.

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SERUM LDH

:

230 units/L.

(Method : IFCC)

(Reference Range :-

Males : 135 - 225 units/L.

Females : 135 - 214 units/L.

Children (2-15 years) : 120 - 300 units/L.

New born (4-20 days) : 225 - 600 units/L.)

SERUM URIC ACID

:

5.0 mg/100 ml.

(Method : Uricase)

(Reference Range :-

Males : 3.5 - 7.2 mg/100 ml.

Females : 2.6 - 6.0 mg/100 ml.)

Sample : Serum

HBsAg

:

Non reactive.

(Chemiluminescent Microparticle Immunoassay)

(Architect/Alinity i, Abbott)

(This is a screening test and there may be false positive or false negative results due to various reasons)

Sample : Serum

Anti-HCV

:

Non reactive.

(Chemiluminescent Microparticle Immunoassay)

(Architect/Alinity i, Abbott)

(This is a screening test and there may be false positive or false negative results due to various reasons)

[Automated Analysers : AU5800 (Beckman Coulter) / Alinity c (Abbott) / Cobas 6000 (Roche)]

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