LABORATORY REPORT

Name	:Baby(F) SATVIKI PATIDAR	Sex/Age	: Female/ 6 Years	H.ID	: 256H01322	Case ID	: 50401607121
Ref By	:DR ROOPESH KUMAR V R	Dis.Loc.	:			Pt ID	: 5879038
Bill. Loc.	:					Pt. Loc.	:

Registration Date & Time	: 24-Apr-2025 13:35	Sample Type	: Biopsy	Ph #	: 8826533558
Sample Date & Time	: 24-Apr-2025 13:35	Sample Coll. By	:	Ref Id	: 12345
Report Date & Time	: 05-May-2025 11:37	Acc. Remarks	:	Ref Id2	:

Histopathology Report

Specimen :
A Biopsy from brain for histopathological examination.

Macroscopic Examination :
A Received single pinkish and reddish irregular soft to firm fragments of tissue measuring 0.5x0.5 cm. Whole processed.
B Received single pinkish and reddish irregular soft to firm fragments of tissue measuring 0.8x0.5 cm. Whole processed.
C Received multiple pinkish and reddish irregular soft to firm fragments of tissue measuring 1X1 cm. All processed.
Section key-
A,B,C-Brain biopsy.

Microscopic Examination :
Section studied reveal diffuse type low grade infiltrating glial tumor comprising of increased cellularity with mild nuclear atypia. No mitosis, necrosis or microvascular proliferation seen. Adjacent normal brain parenchyma also included.

Impression :
Brain biopsy- Morphological Features suggestive of Low grade glial tumor.

Grossing By : Dr. Chetana Bora

Dr. Chetana Bora
MD Pathology

Dr. Soma Yadav
M.D. (Pathology)

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Immunohistochemistry advised for further histogenesis and categorization.

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Histopathology Report

Specimen :
IHC Panel study: Brain tumor - ICSOL biopsy.

Clinical Data :
K/C/O ICSOL on follow up, MRI brain - Persistent large, poorly marginated , intra-axial space occupying lesion involving basal ganglia, thalamus, midbrain and the medial temporal lobe on the left side.

Macroscopic Examination :
Nature of material : Received three blocks and slides labeled as 256H01322-A to C.
Block number on which test performed :256H01322/C
Fixation time : Unknown
Specimen immersion time (Cold ischaemia time) : unknown
Antigen retrival by : Epitope retrieval solution ER2/ ER1/ Envision FLEX Target retrieval solution high PH 50x/ DAKO PT link.
Detection system : Bond polymer refine detection kit/ Envision FLEX +mouse, high PH (Link)

Grossing By : Dr. Vipal Parmar

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Dr. Vipal Parmar
M.D. Pathologist G-14727

Dr. Bhavna Mehta
M.D. (P.D.C.C) G-56686
(Histo & Renal pathologist)

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Microscopic Examination :

Morphology - Low grade glial neoplasm (mitosis, necrosis or microvascular proliferation are not seen)

GFAP, S100, Synaptophysin , SOX 10 - All positive

IDH1 R132H- Negative

ATRX- Partially retained nuclear expression

P53 - focal weak , wild type expression.

Olig 2, chromogranin, CD 34, TTF1, H3K27M & BRAF - All Negative

Ki 67- < 1 %

Impression :

Brain tumor - ICSOL biopsy :

Overall immunomorphological profile suggests diagnosis of Pediatric type diffuse low grade glioma , NOS.

Adv: Co-relation with clinico-radiological findings and molecular work up is suggested for further

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characterization of tumor according to WHO 2021.

Note : NOS terminology to be used when molecular information is insufficient, either because testing cannot be fully performed or because the results don't fit within a defined category.

Reference : Based on 2021 WHO classification of CNS tumours.

IDH1 and IDH2 status of glioma has diagnostic and prognostic significance.
IDH mutant astrocytic tumours with ATRX and p53 mutation supports diagnosis in absence of 1p19q co-deletion.
Oligodendroglioma are IDH mutant and have 1p19q co-deletion.
p53 mutation/ATRX mutation and 1p19q co-deletion are mutually exclusive.
IDH1 and IDH2 negative (wild type) gliomas are clinically more aggressive and may follow course similar to glioblastoma.

Diagnostic modalities available on request:

Sequencing (NGS, Onco-cept Solid panel): IDH1 & IDH2 mutation.
FISH: 1p/19q co-deletion.

---------- End Of Report ----------

All controls show appropriate reactivity.

False negative results can occur due to poor antigen preservation.

Grossing By : Dr. Vipal Parmar

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