कर्मचारी राज्य बीमा निगम

Employees' State Insurance Corporation

(Ministry of Labour & Employment, Government of India)

DEPARTMENT OF PATHOLOGY

ESIC MEDICAL COLLEGE & HOSPITAL, FARIDABAD

Date: 12/8/24

Lab Ref. No. BMA-203/24

BONE MARROW ASPIRATION REPORT FORM

Name: Chandrawati Age & Sex: 66/F OPD/Ward: ICU Onco

Ref. By: Onco IP. No.: 1314375634

Clinical history & diagnosis & H/o Rx with hematinics &/or blood transfusion/other drugs

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BONE MARROW ASPIRATE

Myelogram		Normal
Myeloblast		0.1-3.5
Promyelo		0.5-5
Myelocyte	10 + Eosinophilic precursors	5.5-22.5
Metamyelocyte		10-30
Neutro	12	7-25
Eosinophils		0-2.3
Basophils		0-0.5
Lymphocytes	15	5-20
Monocytes		0-0.2
Plasma cells	36	0.1-3.5
Erythroid cells	27	10-30

Cellularity: Cellular, particulate marrow

Myeloid cells: Seen in all stages of maturation which are normal in morphology

Erythroid cells: Seen in all stages of maturation with predominantly normoblastic maturation and focal megaloblastic change

M:E Ratio: 1.5:1

Megakaryocytes: normal in number and morphology

Plasma cells: - increased. Approximately 36% with presence of binucleate cells as well as in syncitium.

Parasites:

Abnormal cells:

IMPRESSION:

Findings are consistent with plasma cell dyscrasias.

Advice - Correlate with bone marrow biopsy and IHC findings

[signature] 12/8/24

Dr. DIPTI SIDAM / ASSOCIATE PROFESSOR / DEPT. OF PATHOLOGY / ESIC MEDICAL COLLEGE & HOSPITAL / NH-3, N.I.T. Faridabad (Haryana) / Reg. No. 41753 (DMC)

[signature] AP-Path 12/8/24

PATHOLOGIST

ESIC MEDICAL COLLEGE & HOSPITAL

NH-3, N.I.T. FARIDABAD, HARYANA

BM- 203/24.

DEPARTMENT OF PATHOLOGY

Mo No:- 8168117649

HISTOPATHOLOGY FORM
(ROUTINE/RAPID/FROZEN)

NAME chanderwati AGE/ SEX 66 / F

REGISTRATION NO. WARD/ OPD onco.

IP NO. 1314375634 LAB REFERENCE NO.

DOCTOR INCHARGE Dr sanjay DATE 9/08/2024

SPECIMEN TYPE Bone marrow Aspiration

PROVISIONAL DIAGNOSIS: (?) Multiple myeloma

RELEVANT CLINICAL DETAILS:

C/o - back pain

S. Free light chain - lambda ↑ seel

C/o - bilateral pedal oedema × 2 months

K - 28.28

λ - 566.09

K/λ - 0.05

RADIOLOGICAL FINDINGS:

S. Ab - 1.9

24 hours U. protein - 16 gm/day

Urine Albumin - 3 (+)

10/8 Clinical details

Do myelogram

OPERATIVE FINDINGS:

(200) [Kidney biopsy - AL Amyloidosis involving glomeruli and Interstitium. [9/07/2024]

GB pant

ANA - negative

dsDNA - negative

PANCA, CANCA - negative

PREVIOUS BIOPSY REPORT WITH DATE AND LAB REFERENCE NO.:

Skeletal Survey - Not done

डॉ. आदित्य / Dr. ADITYA
MBBS, DNB (Med.)
DrNB Resident Medical Oncology
ESIC MEDICAL COLLEGE & HOSPITAL
NH-3 N.I.T. Faridabad (Haryana)
Reg. No. DMC/R/21907

P.T.O.

Department of Pathology

G.B. Pant Institute of Post Graduate Medical Education and Research, New Delhi - 110002 (GIPMER)

Biopsy no: KB6868/24 Year: 2024

Name: Chanderwati Age: 65Y Sex: Female

Referred By: Dr Denis, ESIC Hospital Faridabad CR No: 1314375634 Ward No: Nephrology ESI

Receipt Date: 04-07-2024

Specimen Received:
KB6868/24:- Kidney Biopsy

Report:
Gross
LM:- Received single linear core measuring 1.6cm in length.
IF:- Received single linear core measuring 1.1cm in length.

Light Microscopy Report:-
The kidney biopsy show 21 number of glomeruli of which 5 are globally sclerosed. The viable glomeruli show deposition of pink amorphous substance in mesangium which is negative for PAS stain and silver methenamine stain. It is positive for Congo red with apple birefringence on polarized light. There is no evidence of proliferative activity in the form of endocapillary proliferation and crescent formation. Focal cork screw spikes are identified on silver methenamine stain.

Tubules show protein reabsorption granules. Interstitium show focal deposition of amyloid and foam cell collections. Blood vessels show medial sclerosis and prominent duplication of intimal elastic lamina. <5% of tubulointerstitial compartment show chronic parenchymal damage on Masson trichrome stain.
On Immunohistochemistry, SAA is negative.

Immunofluorescence Report:-
The tissue sent for immunofluorescence show 15 glomeruli which show greater intensity of staining of Lambda(2+) over Kappa(negative). There is no other significant immune deposits identified (IgG, IgM, C3, IgA, C1q and fibrinogen are negative).

Impression:
Findings are suggestive of AL Amyloidosis (Lambda light chain) involving glomeruli and interstitium.

Note:
Advised:- Serum electrophoresis for confirmation.

AI1294/24
ANA:- Negative
dsDNA:- 12IU/ml (Negative)
NALA:- dsDNA(+/-)
p ANCA:- 2.7U/ml (Negative)
c ANCA:- 0.5IU/ml (Negative)

Reported by:

Dr V V Batra/ Dr SG(SR)

Verified by: DrSG

Date of Report: 12-07-2024

24/6.

C/S/B - Nephroteam

20/06

Ca = 8

24h urineprotein protein = 1608 mg/day

BU = 24
Cr = 0.6
UA = 4.2
Hb = 13.3
TLC = 8150

Proteinuria ↓ evaluation

B/L Pedal Edema ⊕

. Peri-orbital Edema

Urine = Alb +++

S. Alb = 1.90

No H/O T2DM / HTN

Adv.

① FBS / HBA1C
S. Protein Electrophoresis
[S. Free light chain proteins – ⊕] P1
TFT / USG KUB

② Salt restricted diet

③ Tab. Atorvastatin 10mg HS

④ T. Telma - 20mg OD

⑤ T. Dytor 10mg OD

⑥ Plan USG guided kidney biopsy

Adv.

~~USG doppler B/L lower limb~~

DVT stockings

Surgery opinion for varicose veins

24/6

26/6/24

C-2430

BP - 111/78

1/8/6

HB = 13.30, Creat - Ⓝ

S. Alb = 1.90

. TG/TC = ↑↑

. Urine R/M - Alb (+3)

VM - NR

Blood ; HbA1c = Ⓝ

. 24 hr urinprotein - 1608 mg/day

Plan for Renal Bx

C/S/B Nephroteam

Proteinuria ↓ evaluation

B/L Pedal Edema ⊕

Peri orbital Edema

NO H/O T2DM / HTN

Adv

Continued same treatment as advised on dated 24/6/24

Inv

Serum Free light chain assay → P1.

26/6/24

Dr. DENIS DAWLE TIRKEY
DrNB (Nephrology)
Superspeciality Consultant
ESIC MEDICAL COLLEGE & HOSPITAL

BMA-203/24

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Employees' State Insurance Corporation
(Ministry of Labour & Employment, Government of India)
DEPARTMENT OF PATHOLOGY
ESIC MEDICAL COLLEGE & HOSPITAL, FARIDABAD

Date: 23/8/24
Lab Ref. No. H-6338/24

BONE MARROW BIOPSY REPORT FORM

Name Chanderwati Age & Sex 66/F OPD/Ward Onco
Ref. By Dr. Sanjay IP. No 1314375634
Clinical history & diagnosis & H/o Rx with hematinics&/or blood transfusion/other drugs

? Multiple myeloma

Gross: Received 2 linear cores measuring 2cm and 1cm in length
Adequacy: showing 12 intertrabecular spaces. Biopsy is adequate
Cellularity: Normocellular for age
Trilineage hematopoiesis: Noted
Erythropoiesis: Seen in all stages of maturation with predominantly normoblastic maturation and focal megaloblastic change
Granulopoiesis: Seen in all stages of maturation which are normal in morphology
Megakaryopoiesis: normal in number and morphology

Fibrosis:
Lymphoid cells:
Plasma cells/Mast cells/Macrophages: increased plasma cells are noted in intertrabecular spaces lying singly and in small aggregates.
Necrosis/Granulomas/Others:

Special Stains:
IHC: plasma cells show CD38, CD138 — strong membranous positivity
Lambda — Strong cytoplasmic positivity; kappa — Negative

DIAGNOSIS/IMPRESSION/COMMENTS:
Features are consistent with plasma cell dyscrasia
Kindly correlate with BMA report (BMA-203/24) and clinical findings

PATHOLOGIST

Sanjay
AP-Patel
23/8/24.