

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mrs. SEEMA	PATIENT ID	: 1541145
AGE/ GENDER	: 39 YRS/FEMALE	REG. NO./LAB NO.	: 012407070035
COLLECTED BY	:	REGISTRATION DATE	: 07/Jul/2024 11:58 AM
REFERRED BY	:	COLLECTION DATE	: 07/Jul/2024 12:05PM
BARCODE NO.	: 01512687	REPORTING DATE	: 13/Jul/2024 03:53PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HISTOPATHOLOGY

HISTOPATHOLOGY/BIOPSY SPECIMEN (MEDIUM)

TEST NAME:

HISTOPATHOLOGY/BIOPSY SPECIMEN

CLINICAL HISTORY (IF ANY):

Neck swelling

SPECIMEN INFORMATION/RECEIVED:

Curetting

GROSS EXAMINATION:

1. Received (in formalin) multiple pale-brownish soft tissue fragments, aggregate measuring 0.9x0.7x0.2 cm.
2. Entire tissue is submitted for processing in 1 cassette.

MICROSCOPIC EXAMINATION:

Sections examined show fibrocollagenous tissue with mixed inflammatory cell infiltrate comprising of numerous histiocytes, lymphocytes, scattered eosinophils and neutrophils along with granulation tissue formation. In addition, few aggregates of epithelioid cells forming ill-defined granulomas and occasional giant cells are identified. Few fragments of squamous epithelium are present caught amidst inflammatory infiltrate.



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Ziehl Neelsen stain for acid fast bacilli: Negative.

No fungal organism is identified.

There is no evidence of malignancy in the specimen submitted.

INTERPRETATION/RESULT:

Inflammatory granulation tissue along with scattered few ill-define granuloma.

Remarks: Recommended correlation with clinical findings and relevant ancillary investigations for tuberculosis.




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Test Name	Value	Unit	Biological Reference interval
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MOLECULAR PATHOLOGY

POLYMERASE CHAIN REACTION (PCR) FOR MYCOBACTERIUM

TYPE OF SAMPLE : FLUID (Midline Neck Swelling)

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

MYCOBACTERIUM TUBERCULOSIS COMPLEX : NEGATIVE (-ve)

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

NON TUBERCULOUS MYCOBACTERIUM : NEGATIVE (-ve)

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

INTERNAL CONTROL : POSITIVE (+ve)

by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)

INTERPRETATION:

RESULT	COMMENTS
MYCOBACTERIUM TUBERCULOSIS - IF DETECTED	Infection likely with any of the following species: <i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. microti</i> & <i>M. africanum</i> .
NON TUBERCULOUS MYCOBACTERIA- IF DETECTED	Infection likely with <i>M. avium</i> complex and <i>M. kansasii</i> causing pulmonary disease or <i>M. abscessus</i> , <i>M. chelonae</i> , <i>M. marinum</i> & <i>M. fortuitum</i> which causes skin and soft tissue infections.
INHIBITORS- IF DETECTED	Inhibitors detected in the sample provided. Repeat sample is Recommended
MYCOBACTERIUM TUBERCULOSIS COMPLEX & NON TUBERCULOUS MYCOBACTERIA- NOT DETECTED	Mycobacteria not detected in the sample provided.

COMMENTS:

1. Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis*, *M. Microti* & *M. africanum*) are the only mycobacteria that are transmitted from person to person and therefore are of public health importance.
2. Non Tuberculous Mycobacteria most commonly encountered are *M. avium* Complex and *M. kansasii* which causes pulmonary disease; *M. abscessus*, *M. chelonae*, *M. marinum* & *M. fortuitum* which causes skin and soft tissue infections.
3. Many of the non tuberculous mycobacteria are environmental contaminants. Nucleic acid amplification tests provide direct detection of various Mycobacteria.

NOTE:




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- 1.This test does not differentiate between Mycobacterium species.
- 2.Mycobacterium culture is recommended in case inhibition is detected.

*** End Of Report ***




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