



ISO 9001 : 2008 CERTIFIED LAB

# KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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



**Mrs. ANJANA WO DEELIP SINGH**

PID NO: P33724540000680  
Age: 32 Year(s) Sex: Female



Reference: **DR.VINAY KUMAR CHOPRA**

**Sample Collected At:**  
Dr Vinay Kumar Chopra  
Dr Vinay Kumar Chopra Kos Diagnostic  
Lab 6349/i Nicholson Road Ambala Cantt  
Hry 133001. 06-hr 13  
Processing Location:- Metropolis  
Healthcare Ltd,Unit No409-416,4th  
Floor, Commercial Building-1,Kohinoor  
Mall,Mumbai-70

**VID: 24011500361471**

Registered On:  
03/02/2025 08:54 AM  
Collected On:  
02/02/2025 8:53AM  
Reported On:  
11/02/2025 01:32 PM

## FISH for Aneuploidy in POC - Chromosomes 13,18,21, X,Y

INTERNAL LAB NO.

461-25-F



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2139

*Talat Nakeyal*

**Dr. Talat Khan**  
MD PATHOLOGY

*Gadgaonkar*

**Ms. Gajri Gadgaonkar**  
Sr Analyst, Cytogenetics & FISH Medical  
Genetics, Metropolis-Mumbai.

### NOTE:

*This Sample was outsourced*



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### Trisomy (Aneuploidy) for Chromosome (13, 18, 21, X, Y), POC

**INTERNAL LAB NO.** : 461-25-F

**SPECIMEN** : Products of conception

**FISH INVESTIGATION FOR METHOD** : Aneuploidy detection of chromosome 13,18,21, X and Y.  
: Fluorescence in situ hybridization (FISH) was performed using fluorescent probes on cells obtained from short planned cultures. The analysis was done on an Olympus BX43 fluorescent microscope with appropriate filters using the Applied Spectral Imaging Software.

**PROBE(S) USED** : ZytoLight Aneuploidy Panel SPEC 13/CEN 18/SPEC 21/ CEN X/Y.

RESULTS:	
TEST	RESULT
CEP 18/X/Y	Normal
LSI 13/21	Abnormal

**INTERPRETATION** : FISH studies revealed Trisomy for chromosome 13 and normal diploid status for chromosomes 18, 21 and Sex chromosome (XY) in 100% of the cells analysed.  
Kindly note that due to poor cellularity, only 25 cells could be analysed.

**FISH RECOMMENDATION(S)** : Kindly correlate clinically. In view of history provided and present findings, couple Karyotype (if not done) is suggested. For any queries please feel free to contact at Department of Medical Genetics on 022-43560767.



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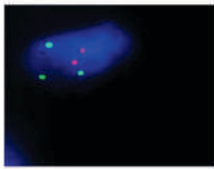
**Ms. Gauri Pradhan**  
Sr Analyst, Cytogenetics & FISH Medical  
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**Dr. Vinay Chopra**  
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**RESULTS:**

<b>Probe Name:</b> LSI 13/21		
The probe hybridizes to chromosome region 13q14 (Green) and 21q22.13-22.2 (Orange) with a normal signal pattern of two orange and two green, and 3 green or 3 orange in cells with trisomy of 13 and 21 respectively.		
SIGNAL PATTERN	NO.OF CELLS	RESULT TYPE
2O3G	25	Abnormal
	Signal pattern showing 2 Orange, 3 Green signals indicative of Trisomy for chromosome 13 and normal diploid status for chromosome 21.	

O=orange (chromosome 21 signal); G=green (chromosome 13 signal)



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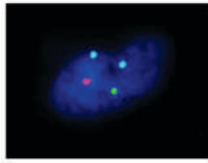
Reported On:

11/02/2025 01:32 PM

**Probe Name: CEP 18/X/Y**

CEP 18 (Aqua) / X (Green) / Y (orange) probe hybridizes to centromeric regions of chromosomes 18, X and Y and aid in identification and enumeration of these chromosomes. Apart from the signal patterns mentioned, other variant patterns may also be observed.

SIGNAL PATTERN	NO.OF CELLS	RESULT TYPE
2A1O1G	25	Normal



Signal pattern showing 2 Aqua, 1 Orange, 1 Green signals indicative of normal diploid status for chromosome 18 and sex chromosome (XY).

O=orange ( chromosome Y signal); G=green (chromosome X signal); A= aqua (chromosome 18 signal)



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**Note:**

- FISH is performed on the tissue that has been provided to the laboratory.
- FISH is used as an adjunct to conventional karyotyping and rules out the most common chromosomal abnormalities i.e. Trisomy of chromosomes 13, 18, 21 and numerical sex chromosome disorders. The accuracy of this test is 99%.
- The report should be correlated with the clinical history and routine fetal scan by USG.
- The results are not to be used as sole means for clinical diagnosis or patient management decisions.
- Whenever the FISH results show presence of XX sex chromosome pattern then there is likely possibility of presence of maternal decidua. Possibility Of placental mosaicism/ maternal contamination though small cannot be ruled out. Maternal cell populations may be increased in culture and therefore result in misdiagnosis (Rodgers et al, 1996).

**Test Indication:** Aneuploidy detection by FISH on products of conception sample is indicated in cases of bad obstetric history, recurrent pregnancy loss, abnormal prenatal diagnosis results, and/or abnormal USG findings or as deemed by the referring physician.

**Cut Off Values:** The cut off for numerical and structural abnormalities for chromosomes 13, 18, 21 and sex chromosomes in normal individuals is 5%.

**Limitation of Assay:**

- FISH is a rapid and precise molecular diagnostic technique that identifies only probe specific numerical disorders.
- Structural abnormalities like translocations, deletions, duplications and abnormalities of other chromosomes, single gene disorders related to birth defect cannot be ruled out by FISH.
- Turbid and contaminated samples, samples with very low cell count and poor cell viability may yield either poor quality hybridization or unsuccessful test results.

**References:**

- Human Chromosome Preparation- Essential Techniques, Ed:- Rooney D E and Czepulkowski B H, 1997.
- Rodgers CS, Creasy MR, Fitchett M, Maliszewska CT, Pratt NR, Waters JJ. Solid tissue culture for cytogenetic analysis: a collaborative survey for the Association of Clinical Cytogeneticists. J ClinPathol (1996); Aug;49(8):638-41.
- Zhang T, Sun Y, Chen Z, Li T. Traditional and molecular chromosomal abnormality analysis of products of conception in spontaneous and recurrent miscarriage. BJOG (2018);125:414-420.
- Shearer BM, Thorland EC, Carlson AW, Jalal SM, Ketterling RP. Reflex fluorescent in situ hybridization testing for unsuccessful product of conception cultures: a retrospective analysis of 5555 samples attempted by conventional cytogenetics and fluorescent in situ hybridization. Genet Med (2011)Jun;13(6):545-52.

-- End of Report --



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