Cairo Diagnostics

Medical Director
Sherif Ibrahim, M.D. PhD.

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CLIA# 33D2047314

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Specimen	FRESH TISSUE			**Final Report**	01/20/21, 0805 hr
Your No	WC21-61	**Requisition**	T-60843	**Case No.**	**CD21-00275**
Collected	01/15/21, 1230 hr			**Received**	01/15/21, 1429 hr

Patient			
Name	**Test, Test**		
DOB	06/21/1942 (78 yrs.)	**Sex**	Male
ID#	xxx-xx-xxxx	**Tel.**	123-456-7890

Physician					
Facility	Cairo Diagnostics LLC			**Account No.**	10604-2-SI
Attending	Sherif Ibrahim, MD	**Tel.**	914-339-5000	**Fax**	914-468-6172
Corresponding	Ibrahim,Sherif M.D.	**Tel.**	914-681-1244	**Fax**	914-681-2904

DIAGNOSIS

PART A, SALIVARY GLAND, FINE NEEDLE ASPIRATION, AND CELL BLOCK:
- CD30+ T-CELL LYMPHOMA, CONSISTENT WITH ANAPLASTIC LARGE T-CELL LYMPHOMA, ALK-NEGATIVE. SEE COMMENTS. SEE COMMENT.

PART B, SALIVARY GLAND, FINE NEEDLE ASPIRATION, AND CELL BLOCK:
- HYPOCELLULAR SAMPLE COMPOSED OF MYXOID DEBRIS AND FEW INFLAMMATORY CELLS WITH NO EVIDENCE OF LYMPHOMA.

PART C, LYMPH NODE, FINE NEEDLE ASPIRATION AND CELL BLOCK:
- CD30+ T-CELL LYMPHOMA, CONSISTENT WITH ANAPLASTIC LARGE T-CELL LYMPHOMA, ALK-NEGATIVE. SEE COMMENTS. SEE COMMENT.

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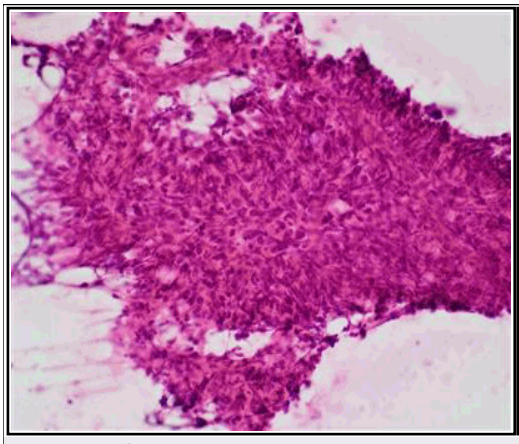
COMMENT

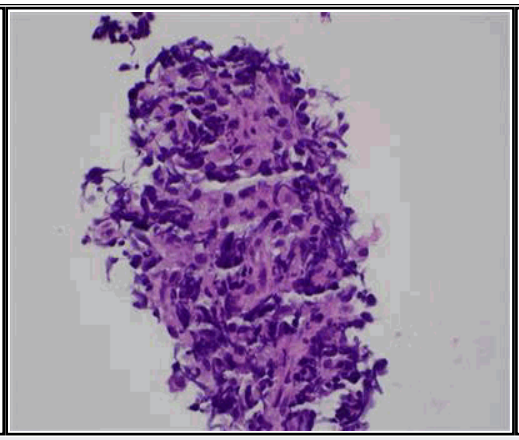
Excisional biopsy of the enlarged lymph node is recommended.

CLINICAL HISTORY

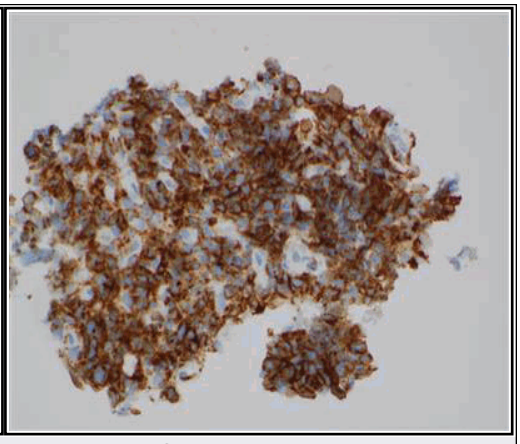
78 year-old male with bilateral parotid gland enlargement and large right level 4 lymph node, rule out lymphoma. R59.9



Crushed Lymphoid Tissue



Large Cell Lymphoma



CD30+ Lymphoma

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FRESH TISSUE

GROSS DESCRIPTION

Received from WPH on 01/18/2021 are 3 blocks, 5 PAP stains, and 12 H&E stains all labeled with patient name and WC21-61.

MICROSCOPIC DESCRIPTION

Part B, (cytology and cell block) shows a hypocellular sample with myxoid debris.

Parts A/C, The cytology smears show multiple small fragments of lymphoid tissue with significant crush artifacts. Some of the cells are large in size with prominent eosinophilic nucleoli.

The HE sections (blocks A/C) show similar findings, small fragments of lymphoid tissue. The latter is composed of sheets of large lymphocytes with abundant amphophilic cytoplasm and large nuclei with prominent eosinophilic nucleoli.

We performed immunohistochemical stains (on tissue sections of blocks A/C) for CD2, CD3, CD4, CD5, CD7, CD8, CD20, CD30, and ALK-1. The large cells are positive for CD2, CD4, and CD30 and negative for ALK-1 and CD3, CD5, CD7, and CD8. These cells are negative for CD20.

In summary, the findings are consistent with CD30+ T-cell lymphoma, anaplastic large T-cell lymphoma, ALK-negative. Correlation with relevant clinical data and repeat study on excisional biopsy is recommended for confirmation of the diagnosis.

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FLOW CYTOMETRY INTERPRETATION

FRESH TISSUE

PART C, LYMPH NODE, FINE NEEDLE ASPIRATION:

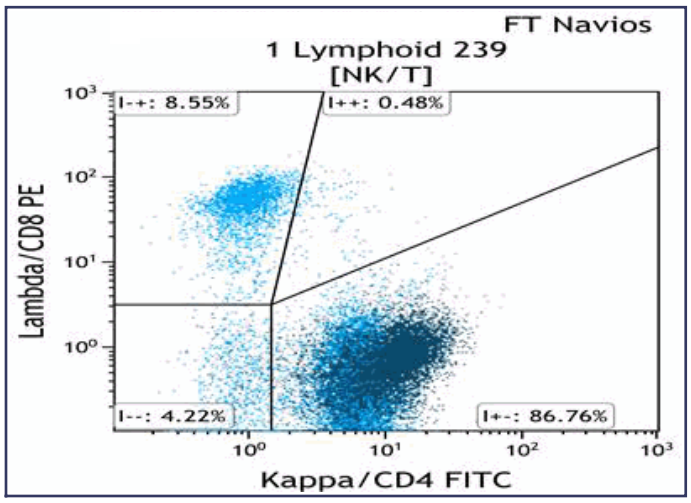
- LARGE POPULATION OF CD2/CD4/CD30+ T CELLS IS DETECTED, CONSISTENT WITH T-CELL LYMPHOMA. SEE COMMENT.

COMMENT

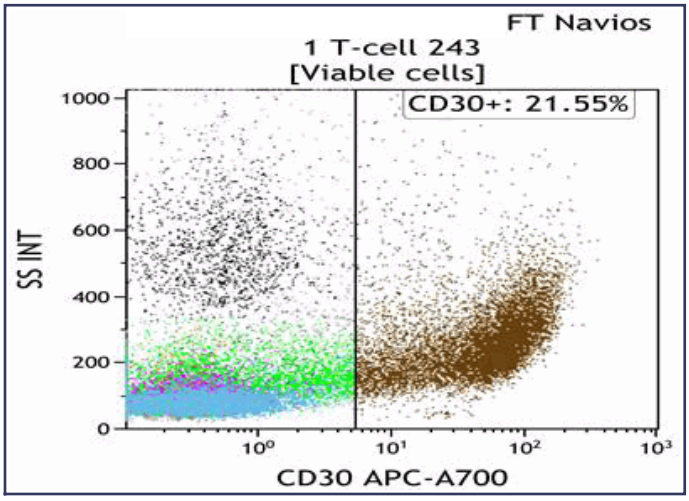
The findings are consistent with nodal involvement by CD30+ anaplastic large cell lymphoma. However; correlation with relevant clinical data, radiologic imaging studies, and careful evaluation of the tissue sections are required for confirmation of the diagnosis and complete interpretation.

VIABILITY AND ANALYSIS

The specimen has viability of 80%. The above data were generated on a population of cells that cytometrically correspond to lymphoid cells. The specimen appears cellular and examination of the cytospin preparation confirms this impression. The cells fall within the standard lymphoid gate.



CD4+ T Cells



CD30+ T Cells

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PHENOTYPE

A large population of CD2/CD4/CD30+ large cells is detected (23%). These cells are positive for CD25/CD26 and are negative for CD3, CD5, CD7, CD8, T-cell receptor, and CD16. A large population of unremarkable T cells (37% of the total) expresses the pan T-cell antigens (CD2, CD3, CD5, and CD7) in a non-aberrant fashion with a normal CD4/CD8 ratio. The B cells are a minor population (~8% of the total). They express the pan B-cell markers CD19, CD20, and CD22 and lack CD5, CD10, and CD23. The B cells are polyclonal with regard to light chain determinants.

Markers Tested			
B-Cell Markers	**T-Cell Markers**	**Myeloid Markers**	**Miscellaneous Markers**
CD10	CD1a	CD16	Anti-TdT
CD103	CD2	CD33	MPO
CD11c	CD26		CD25
CD19	CD3		CD30
CD20	CD4		CD38
CD200	CD5		CD45
CD22	CD7		CD34
CD23	CD8		
CD49d	TCR a/b		
CD79a	TCR g/d		
CD79b			
Kappa			
Lambda			

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The adequacy of staining is verified by appropriate controls. The reagents used for the flow cytometry and immunohistochemistry assays are analyte specific reagents (ASR). Their performance characteristics have been validated by Cairo Diagnostics Laboratory, LLC, White Plains, NY. They have not been reviewed by the FDA. The FDA has deemed that such approval is unwarranted. These assays are for clinical use and should not be viewed as experimental or for "research use only". These tests should not be used for diagnosis without confirmation by other medically established means. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1989 (CLIA-88) as qualified to perform high complexity clinical testing.