

Easy to understand reports facilitate treatment options.



**TOPA Diagnostics**  
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**SURGICAL PATHOLOGY REPORT**

**PATIENT:** YOUR, PATIENT  
**D.O.B.** 10/10/1930 **AGE:** 80 yrs **SEX:** M **PATH #:** TB00-00000  
**PHYSICIAN:** Code Doctor, M.D. **DATE COLLECTED:** 01/12/2000  
**COPY TO:** **DATE RECEIVED:** 01/13/2000  
**LOCATION:** Physicians Office **DATE REPORTED:** 01/13/2000

**DIAGNOSIS:**

- BONE MARROW ASPIRATION AND CORE, RIGHT ILIAC CREST, (TREPINE) BIOPSY:**  
-Acute monoblastic leukemia, AML-M5a (see Microscopic Description and Comments).  
-Decreased iron stores  
-Abnormal karyotype (see Description)

**COMMENTS:**

The bone marrow is replaced by sheets of blasts displaying high N/C ratio, immature chromatin, and prominent nucleoli. The peripheral blood smears show numerous blasts with morphologic features resembling monoblasts. The flow cytometry analysis demonstrates acute myeloid leukemia with immunophenotypic features most consistent with acute monoblastic leukemia (AML-M5a). Abnormal karyotype is noted, which is associated with a poor prognosis. Clinical correlation is recommended.

- PERIPHERAL BLOOD:**  
-Acute monoblastic leukemia, AML-M5a  
-Normocytic anemia and thrombocytopenia

**MICROSCOPIC DESCRIPTION:**

- A recent CBC (1/1/2006) shows WBC 345,000; HGB 11.1; MCV 94; MCHC 34; RDW 16.5; PLAT 119,000.

**PERIPHERAL BLOOD SMEAR:**

The peripheral blood smears show numerous blasts with high N/C ratio, immature chromatin, and 1-3 prominent nucleoli. Some blasts show nuclear folds. Occasional blasts show cytoplasmic granules. No Auer rods are identified. The red blood cells are normocytic and normochromic with mild anisopoikilocytosis. Occasional nucleated red blood cells are noted. Maturing leukocytes are markedly decreased consisting of rare segmented neutrophils, monocytes and lymphocytes. No eosinophils or basophils are noted. The platelets are decreased in number. The manual platelet count is about 60,000 - 80,000. No platelet clumping is noted. Some cytoplasmic fragments are noted.

**BONE MARROW ASPIRATE:**

The bone marrow aspirate smears show numerous blasts with the same morphologic features as described in the peripheral blood smear. Normal marrow elements are essentially absent.

**BONE MARROW BIOPSY AND CLOT SECTIONS:**

The decalcified bone marrow biopsy section shows hypercellular marrow (85%). The marrow space is entirely replaced by sheets of blasts displaying high N/C ratio, immature chromatin and prominent nucleoli. Normal marrow elements are essentially absent. No basophils or eosinophils are identified. The bone trabeculae are normal. No fibrosis or granulomas are identified. The clot sections show a few hypercellular particles with findings similar to those in the biopsy section.

**SPECIAL STAINS:**

Iron stain shows decreased storage iron (trace amount of stainable iron). No ringed sideroblasts are identified. PAS stain shows no megakaryocytes. Reticulin stain shows no reticulin fibrosis.

Our reports use standardized formatting and terminology with color images that make them easy to comprehend and foster patient-physician communication.

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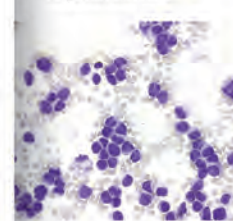
**RATE:**

monoblastic leukemia (AML-M5a)  
CD13 (partial), CD15, CD33, CD34, CD64; dim to negative HLA-DR, CD117  
(additional information)

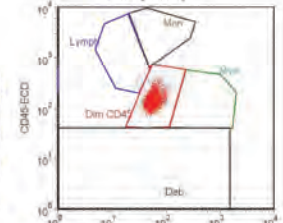
**5;11(q27;q23)[20] Abnormal Karyotype\***

is typically seen in AMML and AML, and is usually associated with a poor prognosis.

**Peripheral blood smear**



**Flow Cytometry**



**(Trepine) biopsy**

two separate containers, each labeled Your, Patient. Specimen container #1 is 1.5 cm in diameter tan white hard irregular fragment of bony tissue with minimal marrow, cassette 1A - decal.

and "BM clot" and consists of a 0.3 cm in diameter aggregate of a dark red clot. Also received with the specimen are nine unstained slides.

labeled Your, Patient - peripheral blood. The specimen consists of approximately 1 mL of peripheral blood from which four smear preps are prepared.

Note: A purple-topped tube containing blood is sent for flow cytometry processing to Clariant and a green-topped tube is sent to Clariant for Cytogenetics.



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