

Laboratory Service Report

1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
TEST, IMPLEMENTATION TESTING	321	57	F	R1057670
Ordering Phys				DOB 05/23/1956
Client Order #	Account Information			Report Notes
R1057670				Report Notes
Collected	C7028846-DLMP Rochester			
06/27/2013 06:00	3050 Superior Drive			
Printed	Rochester, MN 55901			
07/16/2013 13:14				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Bone Marrow Bx RECEIVED: 06/27/2013 13:21 REPORTE	D: 06/29/201	13 06:18			
Bone Marrow fix sect		Performed			MCR
HemePath Consultation, Wet Tissue					
RECEIVED: 06/27/2013 13:21 REPORTE	D: 06/29/202	L3 06:18			
Accession Number		BR13-48			MCR
Referring Pathologist/Physician Doctor Test Jr., M.D.	n				MCR
Ref Path/Phys Address					MCR
Methodist Hospital					
200 1st Street SW					
Rochester, MN 55905					
507-266-0740					
Final Diagnosis:		biomore and ala	t sostions		MCR
(UD12 21: collected 6/7/201	ow aspirate,	, propsy and cro	ot sections		
 Moderately hypercellular 	marrow with	eosinonhilia	moderately		
increased megakaryopoiesis	with slight	cytologic atypi	a. and		
slightly to moderately incr	eased ervth	copoiesis.	a, ana		
2) No morphologic features	diagnostic d	of marrow involv	ement by a		
myeloproliferative neoplasm	orlymphop	coliferative dis	order. Please		
see comment.					
Diagnosis Comment:					
According to the included C	BC results,	the patient has	a microcytic		
erythrocytosis, leukocytosi	s, and thror	nbocytosis. All	these		
findings, in the setting of	a hypercel.	Lular bone marro	w, raise the		
possibility of a myeloproli	ferative neo	oplasm. The abse	nce of		
well-formed megakaryocyte c	lusters, cyt	cologically abno	ormal		
eosinophii maturation, or s	ap upequive	vogenetic or mo	Jecular		
Further studies to consider	to further	exclude the nos	sibility of a		
mveloid neoplasm include JA	K2 sequencin	ng assavs to ass	ess for		
mutations other than the V6	17F mutation	n, MPL gene segu	encing		
studies, serum tryptase stu	dies to eval	luate for potent	ial mast cell		
disease, c-Kit mutational a	nalysis and	FISH studies fo	or imatinib		
sensitive genetic abnormali	ties. Serum	erythropoietin	studies may		
also be helpful as a low va	lue would su	uggest that the	increased in		
erythropoiesis and red cell	mass is att	cributable to a	primary		
myeloid neoplasm, whereas a	high value	would suggest t	hat the		
erythrocytosis is secondary	in nature.	Fou the newder to	al blood and		
Possible secondary causes t	o consider i	Lor une peripher	ar proor and		
abnormalities such as thele	e nereultab. ssemia whi	re rea prooa Cel	rocytic		
abilotimaticies such as cilata	Sociata, Willo				

Performing Site Legend on Last Page of Report

Patient Name	Collection Date and Time	Report Status
TEST, INFLEMENTATION TESTING	00/27/2013 00.00	Filia
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* Report times for Mayo performed tests are CST/CDT



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erythrocytosis and second eosinophilia include T-ce inflammatory conditions,	dary thrombocyt 211 lymphoproli and parasitic	cosis. Possible ferative disoninfection.	e causes for the rders, systemic		
Given the unusual constel correlation with other cl	lation of find	lings in this operatory feature	case, res is strongly		
recommended to further de attributable to a primary	etermine if the v mveloid neopl	e observed char asm or are sec	nges are condary to other		
causes. If, after extensi observed abnormalities ca	ve evaluation,	no potential	cause for the monitoring of		
peripheral blood counts w clinically indicated may	vith repeat bor be helpful in	ne marrow exami determining is	ination as f a diagnosis of		
a primary myeloid neoplas possible contributing fac	sm can be made	by exclusion of	of all other		
If there are any question	ns about the ar	alysis or the	diagnosis in		
this case, please call Dr	. William G. M	Morice, Divisio	on of		
Hematopathology, Mayo Med	ical Laborator	ries at 1-800-:	533-1710.		MCP
Peripheral Blood					MOIX
By reportCBC (dated 6/7 10(12)/L; MCV 77.9 fL;	7/2013): Hgb 1 RDW 18.8%; WE	.5.8 g/dL; RBG BC 30 x 10(9)/1	C 6.15 x L; PLT 900 x		
10(9)/L.					
No peripheral blood smear	included for	review.			
Bone Marrow Aspirate/Touc	ch Imprint				
Quality: Hypercellular;	M:E ratio appr	coximately 4:1	•		
moraloblastoid No ducory	thropoiotic fo	rma coon	11		
Granulocytic/monocytic pr	recursors: Oua	ntity increase	ed: maturation		
normal to slightly left s	shifted No dvs	splastic mature	e or maturing		
forms. Blasts not increas	sed (<5%). Incr	reased numbers	of mature		
eosinophils and cytologic	cally unremarka	able eosinophi	l precursors are		
Megakaryocytes: Quantity	/ increased; cy	vtology slight:	ly abnormal with		
intermediate-sized forms	having slight	y hypolobate-a	appearing		
nuclei. No small mononucl osteoclast-like forms see	leated or multi	nucleated form	ms or large		
Lymphocytes: No increase	; no cytologic	c atypia.			
Plasma cells: Present, < noted.	5% of cellular	rity. Rare binu	ucleated forms		
Other: No increase in ma cells noted.	ast cells or cy	tologically at	bnormal mast		
Bone Marrow Biopsy/Clot	5				
Quality: The biopsy is m	marginally adeq	quate, being su	ubcortical with		
crush and aspiration arti	fact. The clot	section spect	imens are		
adequate.					

Performin	g Site	Legend	on	Last	Page	of	Report
0	ollectior	n Date and	Tim	e			Report Status

Patient Name	Collection Date and Time	Report Status
TEST, IMPLEMENTATION TESTING	06/27/2013 06:00	Final
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Test	Flag	Results	Unit	Reference Value	Perform Site*
Cellularity: Moderately h Erythroid precursors: Qua	ypercellular; ntity slightl	80%. y to moderatel	y increased;		
Granulocytic/monocytic pre with a prominent increase	cursors: Qua in eosinophil	ntity moderate s. No foci of	ely increased blasts or		
monocytic nodules.					
Megakaryocytes: Quantity	moderately in	creased; morph	iology slightly		
hypolobate-appearing nucle	i. Distribute	d singly and i	n focal loose		
aggregates; no well-formed	clusters. No	large megakar	yocytes with		
staghorn-like nuclei are s	een.				
Lymphocytes: Scattered sm	all interstit	ial lymphoid c	cells are		
seen.	ετε τλωρμοτα	aggregates or	inilitrates are		
Plasma cells: Present, <5	% of cellular	ity. Unremarka	able morphology.		
Other: No perivascular or	paratrabecul	ar mast cell i	nfiltrates or		
eosinophilic microabscesse	s are seen.				MOD
Special Studies:	nirate and cl	ot sections s	lides		MCR
submitted: Storage presen	t, appears sl	ightly decreas	sed. No		
sideroblasts or ring sider	oblasts seen.	5 1			
Reticulin stain, bone marr	ow biopsy, sl	ide submitted:	No increase		
in reticulin fibers.		deservibed in t	he included		
report. Mention are a norm	studies were al male karvo	type, negative	.ne included • "JAK2" studies		
and lack of BCR/ABL transl	ocation.	- <u></u> _,,,			
Signing Pathologist:		See Below			MCR
Result:6/29/2013 06:18 Int	erpreted by:	Pathologist X.	Test, M.D.		
Report electronically sign	ed by Debbie /2012 00.20.2	A. Postier			
Specimen:	/2013 00:20:3				MCR
A:HemePath Consultation, W	et Tissue				
Material:					MCR
16 slides (BM12-36) collec	ted 7/12/13				
I DIOCK (BM12-36)					
16 slides/1 block/10 slide	s made from b	lock returned	7/5/13 - smf		

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.

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TEST,IMPLEMENTATION TESTING	06/27/2013 06:00	Final
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