MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Ti

ology

H1715311

ULTRA RAPID KI

Lab No: K-2

Hospital Nar tal

Clinical features: 50-year-old male with f/u of post renal transplant; ABO incompatible; DM; HTN.

Specimen Type: Kidney biopsy (Light microscopy+Immunofluorescence)

Gross Description:

Light microscopy (K-2978/22): Received single grey white linear core measures 0.8 cm in length. All tissue submitted in cassette A.

Immunofluorescence (K-2979/22): Received single core measures 0.5 cm in length.

Microscopic Description:

Light Microscopy :

2H&E, 2 PAS, 1 Ag H&E, 1GMS and MT stained section of allograft kidney biopsy studied .

Kidney biopsy in single linear core reveals 13 glomeruli of which 1 glomerulus is globally sclerosed. Majority of the non-sclerosed glomeruli show ischemic wrinkling of capillary loops. No evidence of segmental sclerosis lesion seen. No glomerulitis (g0), mesangial matrix expansion (mm0) or chronic glomerulopathy seen (cg0). No necrotizing lesion seen. No extracapillary proliferation noted.

Tubulointerstitial compartment show multifocal patches of tubular atrophy and interstitial fibrosis involving 30 -35% of the sampled renal cortex (ct2,ci2). The atrophic tubules show endocrinization pattern of tubular atrophy. The non-atrophic tubules show compensatory enlargement with patchy acute tubular injury. Moderate tubulitis seen in atrophic tubules however no tubulitis seen in non-atrophic tubules indicating t-IFTA2(t0). Moderate interstitial inflammation seen involving >25% of scarred renal cortex indicating i-IFTA2. No interstitial inflammation noted in the non-scarred renal cortex (i0). Few tubules show apoptotic casts.

Vascular compartment show mild intimal sclerosis with hyperplastic arteriopathy. Few of arterioles show non-circumferential arteriolar hyalinosis (ah2). No endothelitis (v0) or transplant arteriopathy seen (cv0). No peritubular capillaritis is seen (ptc0).

There is no morphological evidence of BKV nephropathy.

Immunofluorescence : IF core reveals 4 glomeruli.

Test Performed at :1566 - BLK Superspeciality Hospital, Pusa Road Radha Swami Satsang Rajendra Place Delhi
Booking Centre :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
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C4d : Negati)

IgG :Negat

IgA : Negat

IgM : Negative

C3 : Negative

Kappa and Lambda : Show no light chain restriction in tubular casts

Immunohistochemistry :

SV40 –Negative

Banff Score : g0 cg0 mm0 t0 ct2 i0 ci2 v0 cv0 ptc0 ah2.C4d0

Overall features are of Grade II IFTA with chronic active T cell mediated rejection, Grade IA .

Diagnosis :

Kidney(allograft)biopsy POD ~ - Grade II IFTA

- Chronic Active T-cell mediated rejection, Grade IA*

Comments:

1.Few tubules show apoptotic cast , raising the possibility of resolved /resolving co-existent infection. Please correlate with microbiological studies before treating chronic active T-cell mediated rejection.

2.i-IFTA (inflammation in areas of IFTA) is considered as a potential lesion of chronic active T-cell mediated rejection(TCMR).

*Haas et al. The Banff 2017 kidney meeting report: Revised diagnostic criteria for chronic active T cell- mediated rejection, antibody-mediated rejection, and prospects for integrative endpoints for next-generation clinical trials. Am J Transplant.2018;18:293-307.

This report needs to be read & interpreted in relation to the addendum report as follows

----------Addendum Report----------

Addendum DateTime : 09/12/2022 01:16PM

Addendum Comment :

In view of ABOi transplant setting and 10 gm proteinuria, immunofluorescence was attempted on paraffin block and C4d immunohistochemistry was also performed.

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MC-5194

MAX Lab

Laboratory Investigation Report

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Histopathology

SIN No:VSH1715311

Paraffin Immunofluorescence: Section reveal 13 glomeruli

IgG :Negative

IgA : Negative

IgM : Negative

C3 : Negative

C1q : Negative

Kappa and Lambda : Show no light chain restriction in tubular casts

Immunohistochemistry:

C4d : Focally positive in 20-25% of peritubular capillaries (C4d2 ; possibly related to accommodation process)

Diagnosis:

Kidney(allograft)biopsy POD ~ - Grade II IFTA

- Chronic Active T-cell mediated rejection, Grade IA*

Comments:

1.Proteinuria could be related to significant ischaemic wrinkling of capillary loops, however advised electron microscopic examination to rule out coexistent podocytopathy.

***** End Of Report *****

Dr. Rajan Duggal
Associate Director & HOD (Reg no 27948)

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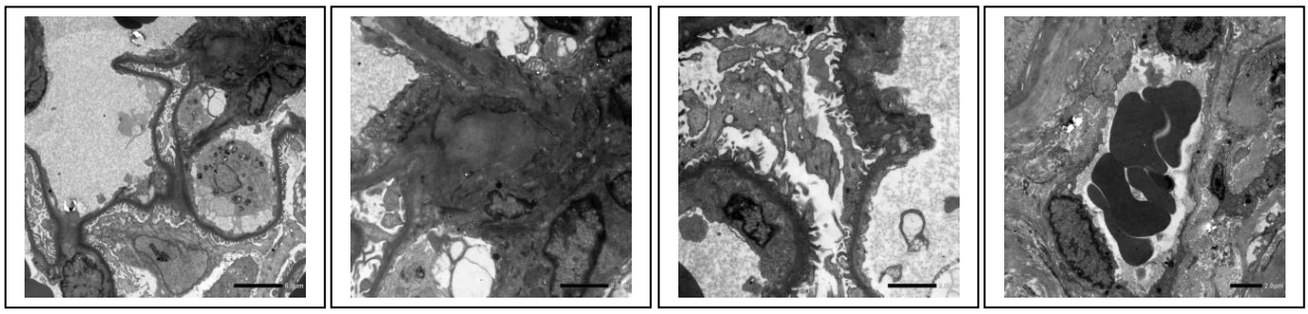
A/c Status	
Collected at	**Processed at**

MC-2113

RENAL PATHOLOGY REPORT



SPECIMEN : Kidney biopsy: Electron Microscopy

CLINICAL HISTORY : ABOi Renal allograft recipient. DM+

GROSS : Received 1 linear core measuring 0.5 cm for EM studies.

[EM: 22 - G - 737]

ELECTRON MICROSCOPY: Tissue was processed for transmission electron microscopy and ultrathin sections stained with uranyl acetate and lead citrate. One glomerulus and accompanying tubulointerstitium were analysed.

The glomerular basement membrane thickness varies from 298.6 to 558.3 nm (mean 407.5 nm). Focal effacement of foot processes of visceral epithelial cells is noted (about 30-35%). No electron dense/ organized deposits or basement membrane lamellations are observed. Focal GBM subendothelial rarefaction is observed. Tubuloreticular inclusions are not identified in endothelial cell cytoplasm.

Tubules show electron lucent vacuolar inclusions in cytoplasm. Extraglomerular electron dense deposits or viral particles are not identified.

Classification: Internal

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.

Name	**Age**
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A/c Status	
Collected at	**Processed at**

MC-2113

Peritubular capillaries do not show significant multilamination of basement membranes.

IMPRESSION : **Kidney, electron microscopy:**

1. **Glomerular basement membrane thickness ranging from 298.6 to 558.3 nm (mean 407.5 nm).**
2. **Focal effacement of visceral epithelial cell foot processes (about 30-35%).**
3. **No evidence of electron dense deposits or fibrils/ micro tubular structures in mesangial areas or glomerular basement membranes.**
4. **Focal GBM subendothelial rarefaction is observed.**
5. **Peritubular capillaries do not show significant multilamination of basement membranes.**

COMMENTS : The LM & DIF findings depicted in report (No. K-2978/22 & K-2979/22) provided have been noted. Please correlate with clinical picture & other relevant investigative findings.

Dr Alok Sharma
MD, Pathology
Technical Director - Renal Pathology & Transmission Electron Microscopy NRL - Dr Lal PathLabs Ltd

Note: Case reported by Dr Alok Sharma

Classification: Internal

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MC-2113

IMPORTANT INSTRUCTIONS

·Test results released pertain to the specimen submitted. ·All test results are dependent on the quality of the sample received by the Laboratory. ·Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. ·Sample repeats are accepted on request of Referring Physician within 7 days post reporting. ·Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. ·Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. ·Test results may show interlaboratory variations. ·The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). ·Test results are not valid for medico legal purposes. · This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. The report does not need physical signature.
(#) Sample drawn from outside source.
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

Classification: Internal

Note: *1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.*
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.