Fwd: Bone marrow biopsy results

nellmary mcewan <nellmarym@gmail.com>

Wed 19/07/2023 2:43 PM

To:The Well Collective Studio <hello@thewellcollective.com.au>

Sent from my iPhone

Begin forwarded message:

From: nellmary mcewan <nellmarym@gmail.com>

Date: 28 June 2023 at 9:13:01 pm AEST **To:** Dr Joseph Biles <JBiles@qsmed.com.au> **Subject: Re: Bone marrow biopsy results**

Thank you

Sent from my iPhone

On 28 Jun 2023, at 7:05 pm, Dr Joseph Biles <JBiles@qsmed.com.au> wrote:

Dr Joe Biles, MBBS, FRACGP Provider No: 2328667F Professional Centre, 12 Queen St PO BOX 76, Murwillumbah 2484

Phone: 0266721244 Fax: 0266726029

28th June 2023

Nellmary McEwan 4 Eyles Ave Murwillumbah 2482

Dera Nellmary,

Your bone marrow biopsy results are attached.

They are suggestive of monoclonal gammopathy of uncertain significance.

The chromosome studies are still pending.

MCEWAN, NELLMARY

4 EYLES AVE, MURWILLUMBAH. 2484

Birthdate: 18/02/1959 Sex: F Medicare Number:

28906522211

Your Reference: Lab Reference: 23-56483246-

BM-0

Laboratory: QML Pathology

Addressee: DR JOSEPH P BILES Referred by: DR

ALEJANDRO ARBELAEZ ACEVEDO

Copy to:

DR JOSEPH P BILES HOSPITAL THE TWEED

DR ALEJANDRO L ARBELAEZACEVEDO

Name of Test: BONE MARROW EXAMINATION

Requested: 23/06/2023 **Collected:** 23/06/2023

Reported: 27/06/2023 11:29

BONE MARROW EXAMINATION

Bone Marrow Biopsy: Jamshidi

Performed at: Tweed Cancer Care Unit, Tweed Heads By: Dr A. Arbelaez Acevedo On: 23 June 2023

Clinical Notes/History: ? Plasma Cell Dyscrasia

Laboratory Parameters:

Hb: 126 g/L MCV: 91 fL Platelets: 213 x10 ^9 /L WCC: 5.8 x10 ^9 /L

Retic: 0.9 %

Other Investigations:

11/05/23: EPP IgG Kappa 25 g/L paraprotein. 11/05/23

FLC Kappa 14, Lambda 6, Ratio 2.33

Blood Film:

Nil with sample.

Site: Left Posterior Superior Iliac Spine

Consistency of Bone: Firm

Specimen aspirated without difficulty and multiple fragments obtained.

BONE MARROW DIFFERENTIAL

Neutrophils: 15 % Metamyelocytes: 9 %
Lymphocytes: 9 % Proerythroblasts: <1 %
Monocytes: 2 % Basophilic Erythroblasts: 2 %
Eosinophils: 1 % Polychromatic Erythroblasts: 20 %

Eosino. Myelocytes: <1 % Orthochromatic Erythroblasts: 22 %

Myeloblasts:<1 % Plasma Cells:</th>8 %Promyelocytes:3 % Basophils:<1 %</td>Myelocytes:9 % Myeloid-Erythroid Ratio:0.9:1

BONE MARROW SMEAR

Cellularity: Fragments with mildly hypocellular trails.

Megakaryopoiesis: Low numbers are consistent with the overall

hypocellularity. Morphology is predominantly

normal with rare hypolobated forms.

Granulopoiesis: Well represented with normal maturation.

No significant dysplasia.

Lymphoid Series: Not increased. Morphology is mainly small and mature.

Plasma cells: Mildly increased (approximately 8 %). Pleomorphic, with predominantly mature morphology, and some immature with more abundant cytoplasm. Mild atypia with single binucleated form seen. Mature forms occasionally with large cytoplasmic inclusions.

Erythropoiesis: Well represented with mild dyserythropoiesis insufficient for a diagnosis of dysplasia including N:C asynchrony and rare internuclear bridging.

Iron Stain: Trace amounts only (Grade 1+ of 6). No abnormal sideroblasts.

Other cells: No non-haematopoietic infiltrate.

Conclusions/Salient Features:

- # Mildly hypocellular aspirate.
- # Adequate trilineage haematopoiesis, with mild dyserythropoiesis but no major dysplasia.
- # Mildly increased plasmacytosis (8 %) with mild atypia.
- # Trace iron stores.

Diagnosis:

Plasma Cell Dyscrasia most consistent with a diagnosis of non-IgM Monoclonal Gammopathy of Uncertain Significance (Non-IgM MGUS, WHO

2017), however, assessment of the plasma cell burden will be more accurately assessed on review of the trephine histology and immunohistochemistry.

Correlate with trephine histology, cell surface markers and genetic analyses.

Reported By:

Dr G. Polkinghorne (Haematology Registrar)

Dr A. Livings (Haematologist)

Tests Completed:BONE MARROW EXAMINATION

Tests Pending: INTRACYTOPLASMIC ANALYSIS, CHROMOSOMES,

BONE MARROW

Tests Pending :LEUKAEMIA MARKER STUDIES

MCEWAN, NELLMARY

4 EYLES AVE, MURWILLUMBAH. 2484

Birthdate: 18/02/1959 Sex: F Medicare Number:

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CMM-0

Laboratory: QML Pathology

Addressee: DR JOSEPH P BILES Referred by: DR

ALEJANDRO ARBELAEZ ACEVEDO

Copy to:

DR JOSEPH P BILES HOSPITAL THE TWEED DR ALEJANDRO L ARBELAEZACEVEDO

Name of Test: MASTER LYMPHOMA/LEUKAEMIA

Requested: 23/06/2023 **Collected:** 23/06/2023 **Reported:** 27/06/2023 18:59

CELL SURFACE MARKER ANALYSIS

Specimen Submitted: Bone marrow aspirate

Population Reported: Comprehensive Lymphoid Phenotype

Reported.

T CELL	LINEAGE	ВСЕ	ELL LINEAGE
CD 7	91 %	CD19	7 %
CD 2	92 %	CD10	3 %
CD 5	76 %	CD20	6 %
CD 3	76 %	Smlg	5 %
CD 4	47 %	kappa	3 %
CD 8	25 %	lambda	2 %
CD56	15 %		
CD16	17 %		
CD4:8	1.9		

PLASMA CELL INTRACYTOPLASMIC ANALYSIS

kappa light chain	76 %
lambda light chain	16 %
IgG heavy chain	79 %
IgA heavy chain	21 %
IgM heavy chain	13 %

Comment:

Of the aspirated marrow cells:

Lymphoid region represents 25 %. Monocyte region represents 2 %. Blast region represents 1 %. Bright CD38 plasma cells represent 1 %.

Lymphoid Cells:

The majority of lymphoid cells are T cells. The B cells present are polyclonal. There is no evidence of a B cell lymphoproliferative disorder.

Approximately 35 % of the B cells are CD19+/CD10+ immature B cells

which presumably represent haematogones.

Blast Cells:

Myeloid blasts <2 %.

Plasma Cells:

Account for 1 % of cells. They appear IgG kappa restricted.

The plasma cell phenotype is:

CD38+, CD138+, CD19-, CD20-, CD56-, CD117+, CD45-, CD200-/weak.

CONCLUSION:

Low level Plasma cell dyscrasia. Further classification requires correlation with morphology, histology, radiology and biochemistry.

Correlate with morphology, histology and cytogenetics/molecular analysis.

Dr P. Higgins [Haematologist]

C6-957; BE03515

Tests Completed:INTRACYTOPLASMIC ANALYSIS, LEUKAEMIA MARKER STUDIES

Tests Completed:BONE MARROW EXAMINATION
Tests Pending: CHROMOSOMES, BONE MARROW

Yours sincerely, <image002.jpg>

Dr Joe Biles

Patient Name: McEwan, Nellmary DOB: 18/02/1959

Recipient: Date of Report: 28/06/2023