

Pt. Name:	مسعدة محمد جمعان العوجري		Lab Number:	C1453-2026	
Pt. Age:	90 years.	Gender:	Female	Received date:	2026-03-04
Referred By:	د/ خالد سويلم		Reported date:	2026-03-06	

PATHOLOGY REPORT

Clinical Information.	Bilateral pleural effusion.
Nature of specimen.	Pleural fluid for cytology

GROSS:

One smear was prepared and stained from submitted 30 ml yellowish fluid.

MICROSCOPIC:

Smear is highly cellular specimen composed almost exclusively of non-cohesive, mature-appearing small lymphocytes featuring dense, round nuclei and scant cytoplasm. The background is hemorrhagic with numerous intact erythrocytes. No evidence of malignant cells.

DIAGNOSIS:

Pleural fluid, cytology:

- Marked lymphocyte-predominant effusion.
- Negative for Malignancy (Category II according to The International System for Reporting Serous Fluid Cytopathology).

COMMENT

The presence of a marked, lymphocyte-predominant pleural effusion is a nonspecific finding with a broad differential diagnosis. Clinical and radiologic correlation is essential to evaluate for infectious etiologies, most notably tuberculosis or viral pleuritis. Other primary diagnostic considerations include a reactive process secondary to underlying malignancy, primary lymphoid neoplasms (lymphoma), autoimmune or connective tissue disorders (such as rheumatoid arthritis or SLE), and chylothorax. Depending on the clinical suspicion, further evaluation with ancillary studies such as pleural fluid adenosine deaminase (ADA) levels, flow cytometry, or concurrent biochemical analysis is recommended to establish a definitive etiology.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
06-03-2026

Nerveen Tahoun