

Pt. Name:	سيدة علي يحيى القادري		Lab Number:	C0714-2025	
Pt. Age:	62 years.	Gender:	Female	Received date:	2026-02-02
Referred By:	د/ اميرة الصمات		Reported date:	2026-02-02	

PATHOLOGY REPORT

Clinical Information.	Bronchopneumonia with bilateral pleural effusion.
Nature of specimen.	Pleural fluid for cytology

GROSS:

One smear were prepared from submitted 20 ml yellowish fluid.

MICROSCOPIC:

Preparations show a dense background of small lymphocytes with few reactive mesothelial cells. No evidence of atypical or malignant cells.

DIAGNOSIS:

Pleural fluid, conventional cytology:

- Marked lymphocytic, negative for malignant cells.
- Category II according to The International System for Reporting Serous Fluid Cytology, ISRSFC.

COMMENT:

The cytological examination reveals a markedly cellular specimen dominated by a monotonous population of small, mature lymphocytes, with a notable scarcity of mesothelial cells and no evidence of epithelial malignancy or atypia. This pattern of lymphocytic predominance, particularly when mesothelial cells are sparse (less than 5%), is highly suggestive of tuberculous pleuritis, which should be considered the primary differential diagnosis in this clinical setting. Other etiologies for a lymphocytic exudate include chronic parapneumonic effusion, connective tissue disorders such as rheumatoid pleurisy, or lymphoproliferative disorders (lymphoma). Given the negative cytomorphology for carcinoma, ancillary testing including Adenosine Deaminase (ADA) levels, microbiologic cultures, and potentially flow cytometry is recommended to further characterize the effusion and exclude specific infectious or hematology processes.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
02-02-2026

Nerveen Tahoun