

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mrs. AKANSHA	PATIENT ID	: 1800179
AGE/ GENDER	: 31 YRS/FEMALE	REG. NO./LAB NO.	: 012503210005
COLLECTED BY	:	REGISTRATION DATE	: 21/Mar/2025 08:17 AM
REFERRED BY	:	COLLECTION DATE	: 21/Mar/2025 10:01AM
BARCODE NO.	: 01527470	REPORTING DATE	: 22/Mar/2025 10:13AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOTOLOGY

LUPUS ANTICOAGULANT BY DRVVT SCREENING

LA (DRVVT) SCREEN PATIENT VALUE by DRVVT (DILUTE RUSSEL VIPER VENOM TIME)	35.3	SECS	34 - 54
LA (DRVVT) SCREEN CONTROL VALUE by DRVVT (DILUTE RUSSEL VIPER VENOM TIME)	35.6	SECS	
LA (DRVVT) SCREEN RATIO by CALCULATED	0.99	RATIO	0.9 - 1.0

INTERPRETATION

1. The lupus anticoagulant is an acquired autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids. The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.
2. This test is based on qualitative determination or confirmation of lupus anticoagulants in human Plasma by clotting assay using Russell's viper venom is used to initiate clotting through direct activation of factor X Without the effect of factors XII, IX, XI, VIII or VII the test is performed with neat samples as well as 1:1 mixture with PNP (Pooled Normal Plasma) to correct the abnormalities due to plasma deficiencies of factors II, V or X. Lac initially recognized in patients with systemic lupus erythromatousus (SLE), these have now been described in other individuals and are considered a risk factor for thrombosis and recurrent spontaneous abortions.
3. Plasma treated with heparin and plasma from patients with DIC may give abnormal results/ prolonged times.

NOTE:

1. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.
2. Tests results are created by fully/semi-automated equipment's. Above values are not reliable if the sample was not sent in cool conditions. This is only a professional opinion, not the diagnosis. Please correlate with clinical conditions and drug history. This report is not valid for medico legal purpose





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CLINICAL CHEMISTRY/BIOCHEMISTRY

BETA 2 MICROGLOBULIN: SERUM

BETA-2-MICROGLOBULIN: SERUM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1562	ng/mL	607 - 2454
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INTERPRETATION:

NOTE:

- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- Beta 2 microglobulin values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

CLINICAL USE:

- Prognostic indicator of Multiple myeloma and other hematopoietic malignancies.
- An aid in the management of patients with Renal dysfunction and Rheumatoid arthritis

INCREASED LEVELS:

- Lymphoproliferative disorders like Multiple myeloma, B cell Lymphoma and Chronic
- Lymphocytic leukemia Inflammatory disorders like Rheumatoid arthritis, SLE, Sjogren's syndrome & Crohn's disease
- Renal dysfunction




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ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 3.261 μ IU/mL 0.35 - 5.50
 by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFERENCE RANGE (μ IU/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:- TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.

USE:- TSH controls biosynthesis and release of thyroid hormones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

- 1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
- 2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3.Hashimotos thyroiditis.
- 4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
- 5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

- 1.Toxic multi-nodular goitre & Thyroiditis.
- 2.Over replacement of thyroid hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic hypothyroidism
- 5.Acute psychiatric illness
- 6.Severe dehydration.
- 7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.




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8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

- 1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
- 2.Autoimmune disorders may produce spurious results.




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IMMUNOPATHOLOGY/SEROLOGY
ANTI CARDIOLIPIN ANTIBODY IgG

ANTI CARDIOLIPIN ANTIBODY IgG by ELISA (ENZYME LINKED IMMUNOASSAY)	3.336	GPL U/mL	< 10
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INTREPRETATION:-

1. Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.
2. The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.
3. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
4. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.
5. Three classes of Cardiolipin antioiboes are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.




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Test Name	Value	Unit	Biological Reference interval
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ANTI CARDIOLIPIN ANTIBODY IgM

ANTI CARDIOLIPIN ANTIBODY IgM by ELISA (ENZYME LINKED IMMUNOASSAY)	7.648	MPL U/mL	< 10
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INTREPRETATION:-

1. Anticardiolipin antibodies are autoantibody found in various autoimmune disorders and sometimes in otherwise healthy individuals. These immunoglobulins bind to certain proteins when bound to phospholipids.
2. The effective sequestration of phospholipid can then cause prolongation of phospholipid dependant coagulation tests such as PT and APTT.
3. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
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5. Three classes of Cardiolipin antioies are known, the IgG, IgM and the IgA classes.

NOTE:-Positivity for IgA antibodies is not specific for disease association while high values for IgG antibody (>40 GPL) and IgM (>40 MPL) is considered highly significant for the diagnosis of anti-phospholipid syndrome.




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ANTI PHOSPHOLIPID ANTIBODY IgG

ANTI PHOSPHOLIPID ANTIBODY IgG by ELISA (ENZYME LINKED IMMUNOASSAY)	2.658	GPL U/mL	0.00 - 12.00
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INTERPRETATION:-

ANTI PHOSPHOLIPID IgG RESULT	UNIT	VALUE
NEGATIVE	GPL U/mL	< 12.00
POSITIVE	GPL U/mL	12 OR >12.00

1. Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women.
2. Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
3. Various antiphospholipid antibodies are responsible for the development of this disorder, these are anticardiolipin, 2 glycoprotein 1, phosphatidyl-serine-choline-ethanolamine-sphingomyelin and inositol.
4. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
5. It is also associated with recurrent abortions, fetal loss and other complications of pregnancy.

This test picks up antibodies belonging to all the above subtypes.




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ANTI PHOSPHOLIPID ANTIBODY IgM

ANTI PHOSPHOLIPID ANTIBODY IgM by ELISA (ENZYME LINKED IMMUNOASSAY)	4.685	MPL U/mL	0.00 - 12.00
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INTERPRETATION:-

ANTI PHOSPHOLIPID IgM RESULT	UNIT	VALUE
NEGATIVE	MPL IU/mL	< 12.00
POSITIVE	MPL IU/mL	12 OR >12.00

1. Antiphospholipid antibody syndrome (commonly called antiphospholipid syndrome or APS) is an autoimmune disease present mostly in young women.
2. Those with APS make abnormal proteins called antiphospholipid autoantibodies in the blood which interact with the negatively charged cell membrane phospholipids including those present on vascular endothelial cells.
3. Various antiphospholipid antibodies are responsible for the development of this disorder, these are anticardiolipin, 2 glycoprotein 1, phosphatidyl-serine-choline-ethanolamine-sphingomyelin and inositol.
4. The presence of these antibodies in the plasma leads to prolongation of PT and APTT in vitro (anticoagulants), however in vivo they are associated with thrombotic tendencies including recurrent venous thrombo-embolism, cerebro-vascular accidents and arterial events.
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This test picks up antibodies belonging to all the above subtypes.




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ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)

ANTI NUCLEUR ANTIBODIES (ANA): SERUM by ELISA (ENZYME LINKED IMMUNOASSAY)	0.35	INDEX VALUE	NEGATIVE: < 1.0 BORDERLINE: 1.0 - 1.20 POSITIVE: > 1.20
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INTERPRETATION:-

- 1.For diagnostic purposes, ANA value should be used as an adjuvant to other clinical and laboratory data available.
- 2.Measurement of antinuclear antibodies (ANAs) in serum is the most commonly performed screening test for patients suspected of having a systemic rheumatic disease, also referred to as connective tissue disease.
- 3.ANAs occur in patients with a variety of autoimmune diseases, both systemic and organ-specific. They are particularly common in the systemic rheumatic diseases, which include lupus erythematosus (LE), discoid LE, drug-induced LE, mixed connective tissue disease, Sjogren syndrome, scleroderma (systemic sclerosis), CREST (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) syndrome, polymyositis/dermatomyositis, and rheumatoid arthritis.

NOTE:

- 1.The diagnosis of a systemic rheumatic disease is based primarily on the presence of compatible clinical signs and symptoms. The results of tests for autoantibodies including ANA and specific autoantibodies are ancillary. Additional diagnostic criteria include consistent histopathology or specific radiographic findings. Although individual systemic rheumatic diseases are relatively uncommon, a great many patients present with clinical findings that are compatible with a systemic rheumatic disease ANA screening may be useful for ruling out the disease.
- 2.Secondary, disease specific auto antibodies maybe ordered for patients who are screen positive as ancillary aids for the diagnosis of specific auto-immune disorders.

*** End Of Report ***




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