



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

NAME : Mrs. KAMINI
AGE/ GENDER : 25 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504448
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1599063
REG. NO./LAB NO. : 122409020029
REGISTRATION DATE : 02/Sep/2024 12:22 PM
COLLECTION DATE : 02/Sep/2024 12:22 PM
REPORTING DATE : 03/Sep/2024 04:45 PM

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

CLINICAL CHEMISTRY/BIOCHEMISTRY

LACTATE

LACTATE - PLASMA 31.6^H mg/dL 4.50 - 19.80
by LACTATE OXIDASE - PEROXIDASE

INTERPRETATION:

SAMPLE TYPE	REFERENCE RANGE IN mg/dL
ARTERIAL	4.50 – 14.40
VENOUS	4.50 – 19.80

NOTE:

1. Use of tourniquet, clenching of hands, exercise and hyperventilation can falsely elevate Lactate levels.
2. No definitive concentration of lactate for the diagnosis of Lactic acidosis has been established. Lactate concentrations exceeding 45 mg/dL and pH < 7.25 are generally considered indicative of significant lactic acidosis.

COMMENT:

Lactate is the end product of anaerobic carbohydrate metabolism and is used to diagnose and monitor patients with lactic acidosis. Lactic acidosis occurs due to increased production with reduced clearance.

CAUSES OF LACTIC ACIDOSIS:

TYPE I LACTIC ACIDOSIS (L/P RATIO NORMAL)	TYPE II A LACTIC ACIDOSIS (TISSUE HYPOXIA- L/P RATIO INCREASED)	TYPE II B LACTIC ACIDOSIS (NO TISSUE HYPOXIA- L/P RATIO INCREASED)
Muscular Exercise	Circulatory Shock	Acute Alcoholism
Hyperventilation	Severe Hypoxemia	Drugs & Toxins
Glycogen Storage Disease	Heart Failure	Diabetes Mellitus
Severe Anemia	Severe Anemia	Leukemia
Insulin Infusion	Grand mal Seizure	Deficiency of Thiamin or Riboflavin
Reye Syndrome		Idiopathic



Chopra

DR. VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

Chopra

DR. YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)





P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

NAME : Mrs. KAMINI
AGE/ GENDER : 25 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504448
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1599063
REG. NO./LAB NO. : 122409020029
REGISTRATION DATE : 02/Sep/2024 12:16 PM
COLLECTION DATE : 02/Sep/2024 12:22PM
REPORTING DATE : 03/Sep/2024 09:42AM

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

IMMUNOPATHOLOGY/SEROLOGY

ANTI CARDIOLIPIN ANTIBODIES PROFILE: IgA, IgG & IgM

ANTI CARDIOLIPIN ANTIBODY IgA by ELISA (ENZYME LINKED IMMUNOASSAY)	4.65	APL U/mL	< 10
ANTI CARDIOLIPIN ANTIBODY IgG by ELISA (ENZYME LINKED IMMUNOASSAY)	3.96	GPL U/mL	< 10
ANTI CARDIOLIPIN ANTIBODY IgM by ELISA (ENZYME LINKED IMMUNOASSAY)	2.85	MPL U/mL	< 10


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 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.




DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)


DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)





P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrajainhealthcare@gmail.com

NAME : Mrs. KAMINI
AGE/ GENDER : 25 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504448
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1599063
REG. NO./LAB NO. : 122409020029
REGISTRATION DATE : 02/Sep/2024 12:16 PM
COLLECTION DATE : 02/Sep/2024 12:22PM
REPORTING DATE : 03/Sep/2024 09:42AM

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

BETA 2 GLYCOPROTEIN 1 ANTIBODIES PROFILE: IgA, IgG AND IgM

BETA 2 GLYCOPROTEIN 1 ANTIBODY IgA by ELISA (ENZYME LINKED IMMUNOASSAY)	5.24	U/mL	0.00 - 12.00
BETA 2 GLYCOPROTEIN 1 ANTIBODY IgG by ELISA (ENZYME LINKED IMMUNOASSAY)	4.32	U/mL	0.00 - 12.00
BETA 2 GLYCOPROTEIN 1 ANTIBODY IgM by ELISA (ENZYME LINKED IMMUNOASSAY)	6.99	U/mL	0.00 - 12.00

INTERPRETATION

BETA 2 GLYCOPROTEIN 1 ANTIBODIES: IgA, IgG AND IgM		
RESULT	UNIT	VALUE
NEGATIVE	U/mL	< 12.00
EQUIVOCAL	U/mL	12.00 - 18.00
POSITIVE	U/mL	>18.00

This test screens for the presence of IgG & IgM antibodies to Beta-2 Glycoprotein which are associated with arterial and venous thrombosis and recurrent abortions.

2006 INTERNATIONAL CONSENSUS STATEMENT ON CLASSIFICATION OF DEFINITE ANTIPHOSPHOLIPID SYNDROME (APS):

CLINICAL CRITERIA	LABORATORY CRITERIA
Arterial/Venous Thrombosis	Cardiolipin Antibodies (ACL)
Fetal Loss	Beta 2 Glycoprotein Antibodies 1
Premature Birth	Lupus Anti-Coagulant (LA)

NOTE:

1.APS is established if at least 1 Laboratory Criteria and one Clinical criterion are met. The Laboratory Criteria should be present on two or more occasions 12 weeks apart for diagnosing APS.

The new international Classification Criteria for APS include Beta 2 Glycoprotein 1 for 2 key reasons namely:


- Beta 2 Glycoprotein 1 antibodies may be the only antibody present in 10% patients of antiphospholipid Syndrome (APS)
- Beta 2 Glycoprotein 1 antibodies are highly specific for APS unlike Anticardiolipin Antibodies which may be positive in certain Infectious diseases.


INDICATIONS:

- Clinical history suggestive of Arterial or venous thrombosis.
- History of Recurrent fetal loss/Intrauterine growth restriction/ premature birth.
- Thrombocytopenia.

*** End Of Report ***




DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)


DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)



