



Immuno Diagnostics Pvt. Ltd.



Leading Immuno Assays Laboratory of Northern India NABL ACCREDITED & ISO 9001:2015 CERTIFIED LABORATORY

Reference No. : - 1912220277

Pt's Name : Mr. DILBAGH SINGH

Referred By : NA

Sample Collection Date/Time : 08-Dec-2019

Sample Receiving Date/Time : 08-Dec-2019 04:24AM

Sample From : KOS DIAG LAB Age/Gender : 59 Yrs/Male

AMB-KOS

:08-Dec-2019 07:48AM

Date :08-Dec-2019

Approvel Date Report Print Time :22-Dec-2019 12:01AM

Elisa

Test Description	Observed Value	Biological Reference Interval
ANCA-C*	3.00	NORMAL <= 15 U/ml
		POSITIVE > 15 H/ml H/ml

INTERPRETATION:-

Antineutrophil Cytoplasmic Antibodies (ANCA) are a family of autoantibodies detected in sera of patients with Systemic Vasculities especially Wegner's Granulomatosis (WG) and Microscopic Polyarteritis and also other small Vessel vasculitis (SVV) disorders that do not fulfil all criteria for WG. Two types of ANCA are seen depending on the staining patterns of neutrophils viz . c-ANCA with diffuse cytoplasmic staining and p-ANCAwith perinuclear staining. Although presence of c-ANCA disappears in majority of patients when the disease is brought into remission by use of corticosteroids, cyclophosphamide, or plasma exchange therapy. Reappearance in patients brough into remission indicate reccurence. Repeated examination are therefore of use in monitoring disease activity and effect of treatment. C-ANCA is not found in normal healthy individuals. The incidence of c-ANCA positive patients with WG and related SVV is calculated to be 1:100,000 or lower. In typical cases of untreated active WG with histopathological confirmation of the diagnosis, practically all cases will be positive. In less typical cases of WG treated SVV the test is positive in only 50-65 % of cases. In treated cases only 10-30 % of patients ar positive. Limitations of the test: The test should not be relied upon as the only diagnostic tool as values in the patients with WG and related upon as the only diagnostic tool as values in the borderline range are not specific for WG and related SVV. Also 25 % of patients with WG and related AVV test negative for c-ANCA. The test must always be used in combination with the clinical picture and histopathological examination of tissue specimens. Antibody titres of the disease . Two type of ANCA are seen in Indirect Immunofluorescence (IFF) assays viz, c-ANCA and p-ANCA, depending on diffucecytoplasmic or antigen specific assays, such as ELISA, are applied they detect utoantibodies directed against Serin Proteinase 3 (PR 3) antigen. These antibodies are referred to as PR3 -ANCA.

Laboratory is NABL Accredited

*** End Of Report ***



Dr. Ajay Kumar Ph.D. (BARC) Specialisation in Thyroid Physiology Dr. Rohini Bhatia M.B.B.S., M.D. (Pathology) Hony Consultant Pathologist







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ISO 9001



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Test Description Observed Value Biological Reference Interval p-ANCA (MPO-ANCA)*

3.30 NORMAL <= 15 U/ml POSITIVE > 15 U/ml

INTERPRETATION:

P-ANCA*

ANCA are important markers for the differential diagnosis of autoimmune vasculitis. Antibodies against MPO are correlated with idiopathic or vasculitis associated necrotizing crescentic glomerulonephritis and are found frequently in 70% of patients with microscopic polyangiitis, and 5-50% of patients with Churg-Strauss syndrome.

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