



Immuno Diagnostics Pvt. Ltd.

Leading Immuno Assays Laboratory of Northern India

NABL ACCREDITED & ISO 9001:2015 CERTIFIED LABORATORY



Reference No.	: - 1912220726	Age/Gender	: 28 Yrs/Female
Pt's Name	: Mrs. KARANJEET SINDHU		AMB-KOS
Referred By	: NA		
Sample Collection Date/Time	: 19-Dec-2019	Date	:19-Dec-2019
Sample Receiving Date/Time	: 19-Dec-2019 03:25AM	Approval Date	:19-Dec-2019 08:03AM
Sample From	: KOS DIAG LAB	Report Print Time	:22-Dec-2019 12:49AM

Elisa

Test Description	Observed Value	Biological Reference Interval
ANCA-C*	3.70	NORMAL <= 15 U/ml POSITIVE > 15 U/ml U/mL

INTERPRETATION :-

Antineutrophil Cytoplasmic Antibodies (ANCA) are a family of autoantibodies detected in sera of patients with Systemic Vasculitis 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-ANCA with 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 brought into remission indicate recurrence. 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 are 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 diffuse cytoplasmic or antigen specific assays, such as ELISA, are applied they detect autoantibodies directed against Serin Proteinase 3 (PR 3) antigen. These antibodies are referred to as PR3-ANCA.

Laboratory is NABL Accredited

*** End Of Report ***



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All results should be co-related clinically; if results are alarming or unexpected, contact the laboratory immediately. Not valid for Medico-Legal. Result pertain to the specimen submitted. The Tests with an * are not accredited by NABL.



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Test Description	Observed Value	Biological Reference Interval
	p-ANCA (MPO-ANCA)*	
P-ANCA*	4.30	NORMAL <= 15 U/ml POSITIVE > 15 U/ml

INTERPRETATION :

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.

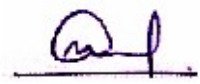
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