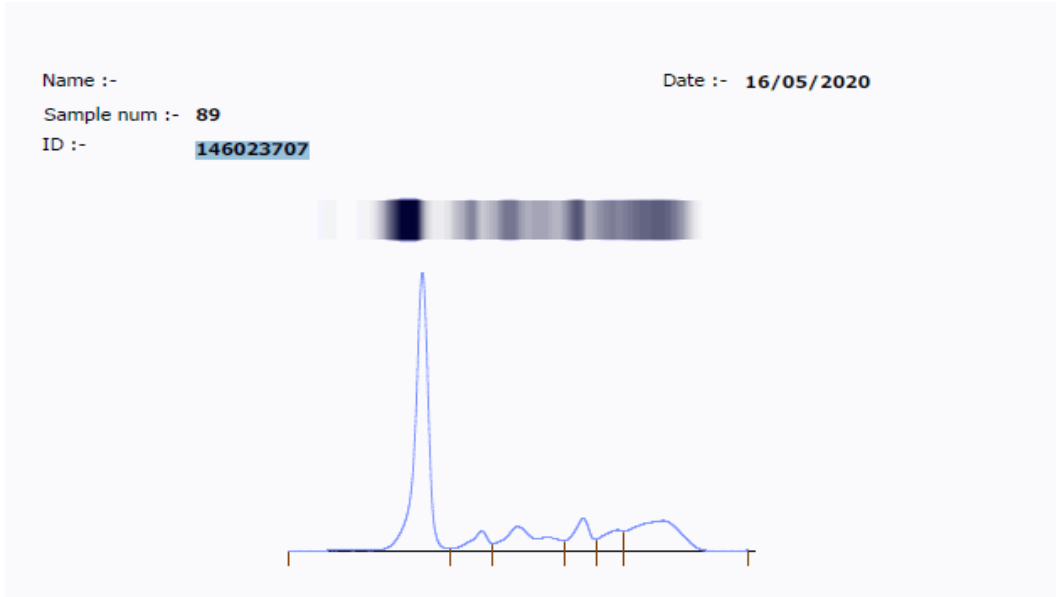


S94 - KOS DIAGNOSTIC LAB  
 6349/1, NICLOSON ROAD, AMBALA CANTT,  
 Ambala

Name	: Mrs. GURMEET KAUR	Collected	: 15/5/2020 10:54:00AM
Lab No.	: 146023707	Age: 75 Years	Gender: Female
A/c Status	: P	Ref By: Dr. KOS DIAGNOSTIC LAB	Report Status: Final
		Received	: 15/5/2020 11:09:24AM
		Reported	: 18/5/2020 2:00:00PM

Test Name	Results	Units	Bio. Ref. Interval
<b>PROTEIN ELECTROPHORESIS, SERUM @</b> (Capillary Electrophoresis)			
Protein, Total	8.10	g/dL	6.40 - 8.10
Albumin	4.10	g/dL	3.60 - 5.40
Alpha 1 globulin	0.40	g/dL	0.20 - 0.40
Alpha 2 globulin	0.97	g/dL	0.50 - 1.00
Beta 1 globulin	0.61	g/dL	0.50 - 1.10
Beta 2 globulin	0.47	g/dL	0.30 - 0.60
Gamma globulin	<b>1.56</b>	g/dL	0.70 - 1.50
A : G Ratio	1.03		0.90 - 2.00
M Spike	Not Seen	g/dL	



**Interpretation**

No "M" spike seen.  
 Polyclonal increase in gamma globulin. Consistent with Chronic infection / Inflammation.  
 Advised: Immunoglobulins IgG, IgA & IgM estimation

**Comments**

Serum Protein electrophoresis (SPE) is used to identify patients with Monoclonal gammopathies (Multiple



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Test Name	Results	Units	Bio. Ref. Interval
Myeloma (MM), Waldenstrom's macroglobulinemia, AL Amyloidosis as well as premalignant conditions Monoclonal gammopathy of unknown significance(MGUS) and Smoldering Myeloma) and other serum protein abnormalities (Nephrotic syndrome, Alpha 1 antitrypsin disorder, and inflammatory processes associated with infection, liver diseases & autoimmune disorder). Monoclonal gammopathies indicate clonal expansion of plasma cells or mature B cells. Monoclonal gammopathies are present in 8% of geriatric patients and require further evaluation for monitoring & prognosis. SPE can be used for monitoring response to therapy, a decrease or increase of M spike by 0.5 g/dl is considered significant change.			

If SPE alone is used as initial diagnostic screen it will be able to detect approximately 88% of all MM, 66% of AL Amyloidosis and 56% of Light Chain Deposition Disease (LCDD) patients. SPE has good sensitivity in detecting intact monoclonal protein but has limited sensitivity in detecting monoclonal free light chains (FLC). Therefore, SPE alone will miss many patients that are only producing monoclonal FLC. These misses include many Light Chain MM, all Non Secretory MM and significant numbers of AL amyloidosis and LCDD patients. Combination of FLC assay with SPE & immunofixation improves the sensitivity to 99%. Thus, Multiple Myeloma screening panel which includes SPE, IFE and FLC should be done to screen patients with high clinical suspicion for MM.



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-----End of report -----



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Test Name	Results	Units	Bio. Ref. Interval
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**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
(#) Sample drawn from outside source.

