



LABORATORY REPORT

NAME : MR.BC0663 REFERRED BY : SELF VISIT NO : VAMP26148140
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00
GENDER : Male LAB MR# : AAMP01479419 RECEIVED ON : 21-04-2026 19:51
OP / IP / DG # : APPROVED ON : 22-04-2026 19:14
REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Immunofixation - Quantitative Serum

BIOCHEMISTRY

Protein Electrophoresis -Serum (Serum)

Serum Albumin Capillary electrophoresis	4.63	3.9 - 5.1	g/dl
Alpha 1 Capillary electrophoresis	0.27	0.20 - 0.40	g/dl
Alpha 2 Capillary electrophoresis	0.63	0.46 - 1.38	g/dl
Beta 1 Capillary electrophoresis	0.22	0.14 - 0.40	g/dl
Beta 2 Capillary electrophoresis	0.18	0.16 - 0.49	g/dl
Gamma Capillary electrophoresis	1.05	0.74 - 1.74	g/dl

Interpretation

No "Monoclonal peak" is seen. Please correlate clinically.

Interpretation:

Serum protein fractions and conditions associated with increased or decreased level

Serum protein fraction	Increased	Decreased
Albumin	severe dehydration	Malnutrition, cachexia,liver disease,nephrotic syndrome,protein-losing enteropathies,severe burns,chronic infection
Alpha -1 (Alpha 1 antitripsin, alpha 1 acid glycoprotein)	Inflammatory states, pregnancy	Alpha-1antitrypsin deficiency
Alpha -2 (Alpha-2 (Macroglobulin,haptoglobulin)	Inflammatory states,nephrotic syndrome, oral contraceptive use, steroid use, hyperthyroidism	Hemolysis, liver disease, malnutrition, wilson's disease
Beta 1 & Beta 2 (Transferrin, beta lipoprotein)	Hyperlipidemia,iron deficiency anemia, nephrosis.	Hypo-beta-lipoproteinemia , malnutrition
Gamma (IgG,igA,igM,IgD,IgE)	Polyclonal and monoclonal gammopathies, Amyloidosis, chronic infections	Agammaglobulinemia,hypogammaglobulinemia



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Immunofixation - Quantitative Serum			
Immunofixation Electrophoresis, IFE, Qualitative-Serum (Serum)			
IgG Qualitative <i>Capillary electrophoresis</i>	Negative	Negative	
IgA - Qualitative <i>Capillary electrophoresis</i>	Negative	Negative	
IgM Qualitative <i>Capillary electrophoresis</i>	Negative	Negative	
Kappa Total Qualitative <i>Capillary electrophoresis</i>	Negative	Negative	
Lambda Total Qualitative <i>Capillary electrophoresis</i>	Negative	Negative	

Interpretation

No monoclonal gammopathy is seen. Please correlate clinically.





MC-2751

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Test Name	Result	Biological Ref. Interval	Unit
Immunofixation - Quantitative Serum			
Immunoglobulin A, IgA - Serum (Serum)			
Immunoglobulin A, IgA - Serum <i>Immunoturbidimetry</i>	305.00	70 - 400	mg/dL
Immunoglobulin G, IgG - Serum (Serum)			
Immunoglobulin G, IgG - Serum <i>Immunoturbidimetry</i>	1,165.00	700-1600	mg/dL
Immunoglobulin M, IgM - Serum (Serum)			
Immunoglobulin M, IgM - Serum <i>Immunoturbidimetry</i>	195.00	40 - 230	mg/dL
Beta 2 Microglobulin - Serum (Serum)			
Beta 2 Microglobulin - Serum <i>CLIA</i>	1,952.00	604 - 2157	ng/ml
Interpretation:			
Increased levels may be seen in lymphoproliferative disease such as multiple myeloma, chronic lymphocytic leukemia, Hodgkin's disease, non Hodgkin's lymphoma, systemic lupus erythematosus, rheumatoid arthritis, sjogren's syndrome, crohn's disease and certain viral infections including cytomegalovirus, NON A & NON B hepatitis and infectious mononucleosis			
Free Light Chain Assay (kappa & Lambda) - Serum (with kappa lambda ratio) (Serum)			
Kappa Light Chain Free <i>Immunoturbidimetry</i>	19.00	3.3-19.4	mg/L
Lambda Chain Free <i>Immunoturbidimetry</i>	14.00	5.71-26.3	mg/L
Kappa/lambda Ratio <i>Calculation</i>	1.360	Without renal impairment: 0.26-1.65 With renal impairment: 0.37-3.1	
Interpretation:			
Elevated levels of Kappa or Lambda FLC are associated with plasma cell disorders such as multiple myeloma, lymphocytic neoplasms, Waldenström's macroglobulinemia, AL amyloidosis, light chain deposition disease and connective tissue diseases such as systemic lupus erythematosus.			
The monoclonal gammopathies are characterized by a clonal expansion of plasma cells that secrete a monoclonal immunoglobulin. An elevated ratio of kappa to lambda free light chains (FLC K/L) indicates a monoclonal kappa FLC, and an abnormally low FLC			





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Immunofixation - Quantitative Serum

K/L indicates a monoclonal lambda FLC. The kappa and lambda FLC may both be elevated in the sera of patients with polyclonal hypergammaglobulinemia, but the FLC K/L is normal. If a patient has an abnormal serum FLC K/L ratio but has no serum monoclonal protein detected by immunofixation, a urine monoclonal protein study (eg, immunofixation) should be performed and the serum immunofixation should be repeated. Elevated kappa and lambda (K/L) free light chain (FLC) may occur due to polyclonal hypergammaglobulinemia or impaired renal clearance. A specific increase in FLC (eg, FLC K:L ratio) must be demonstrated for diagnostic purposes.

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.



Name:

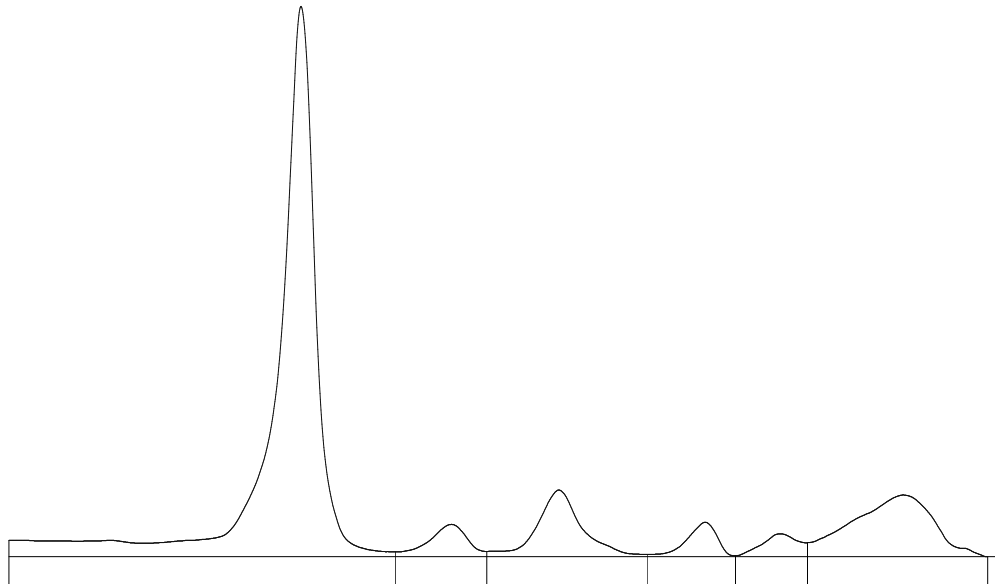
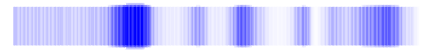
Date:

Age :

Sex

ID:

Serum Protein Electrophoresis



Fractions	%	Ref. %	Conc.	Ref. Conc.
Albumin	66.4	55.8 - 66.1	4.63	3.90 - 5.10
Alpha 1	3.8	2.9 - 4.9	0.27	0.20 - 0.40
Alpha 2	9.0	7.1 - 11.8	0.63	0.46 - 1.38
Beta 1	3.1	4.7 - 7.2	0.22	0.14 - 0.40
Beta 2	2.6	3.2 - 6.5	0.18	0.16 - 0.49
Gamma	15.1	11.1 - 18.8	1.05	0.74 - 1.74

T. Protein: 6.98 g/dL

A/G Ratio: 1.98

Comments :

No "Monoclonal peak" is seen. Please correlate clinically.

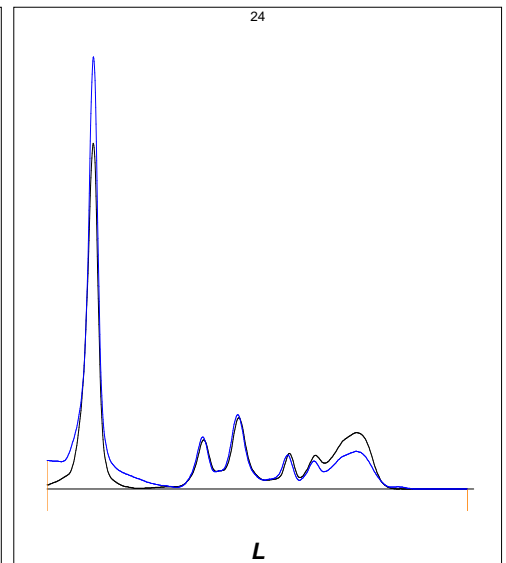
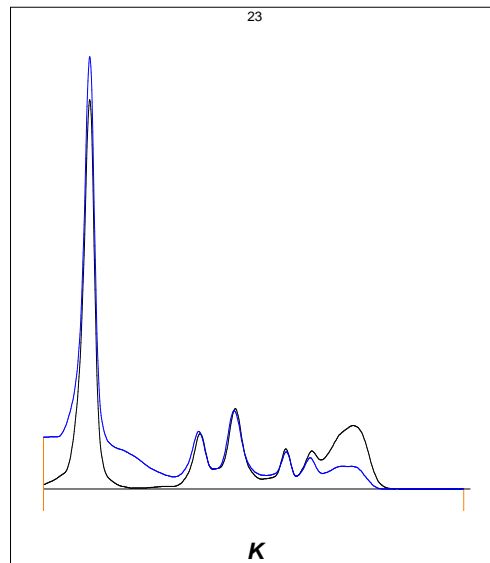
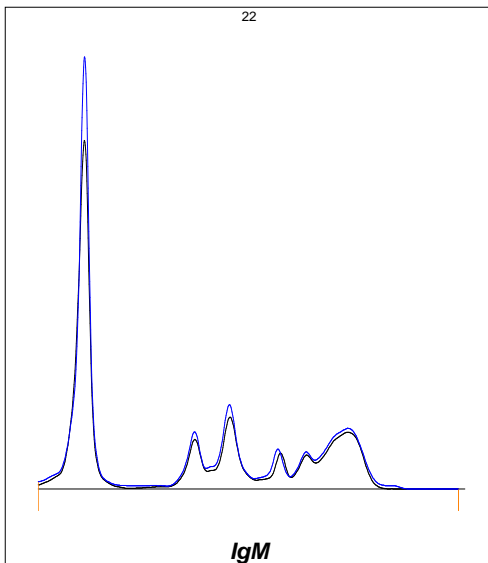
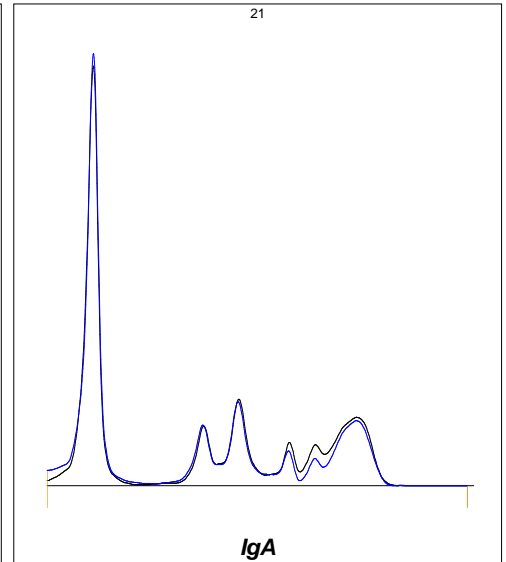
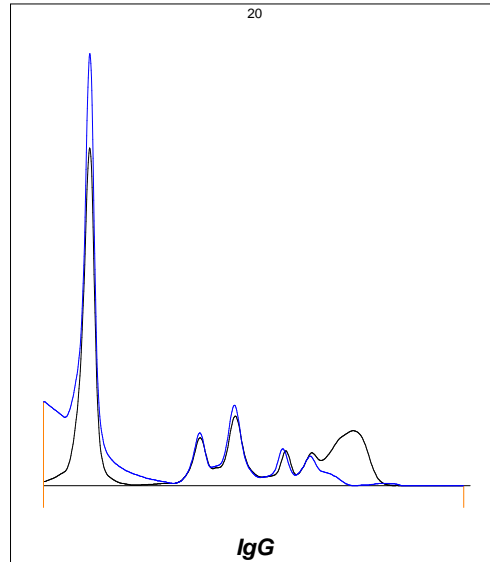
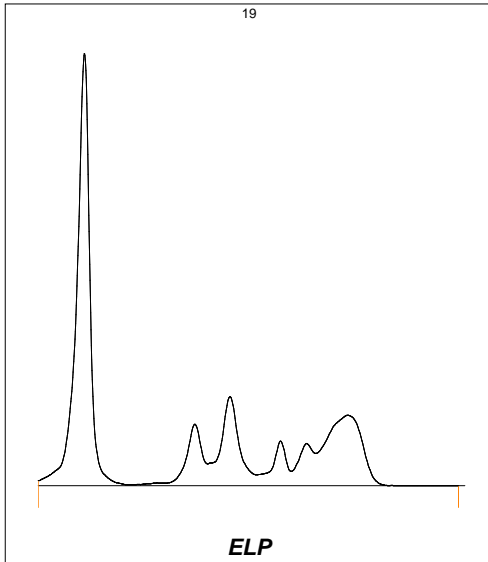
Name:

ID :

Age : Sex :

Date :

Serum Immunotyping Electrophoresis



Comments :

No monoclonal gammopathy is seen. Please correlate clinically.