AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.BC0900**	REFERRED BY	: SELF	VISIT NO	: VAMP26147937
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479216**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 13:58
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Anti-Phospholipase A2 Receptor (PLA 2R) IGG *(Serum)*			
Anti-Phospholipase A2 Receptor (PLA 2R) IGG *ELISA*	6.00	< 14.00 NEGATIVE 14.0-20.0 BORDERLINE > OR = 20 POSITIVE	RU/ml

Interpretation:

ANTI-PHOSPHOLIPASE A2 RECEPTOR (PLA2R) IGG,SERUM-Membranous nephropathy (MN) is a chronic inflammatory disease of the glomeruli which is characterized by sub-epithelial in situ deposition of immune complexes at the glomerular basement membrane. The deposition of complexes results in a dysfunctional permeability of the capillary walls of the glomeruli, leading to proteinuria and very frequently to nephrotic syndrome. Around 20-30 % of MN cases are of a secondary form and arise as a result of a different underlying disease or drug therapy. They must be differentiated from primary MN, for which an underlying secondary disease has not been found. Since different diagnostic procedures and therapies are applied to the two forms of disease, the differentiation between primary and secondary MN is of major clinical importance. While therapy in secondary MN is aimed at the underlying disease, patients with primary MN are mainly treated with an immunosuppressive therapy. Acurrate and rapid diagnosis is therefore essential to avoid unnecessary medication and extensive diagnostic procedures.

Clinical Utility: IgG autoantibodies against PLA2R offers a non-invasive alternative to the common biopsy. Anti-PLA2R autoantibodies are a highly specific and sensitive marker for primary MN. Approximately 70 % of patients with primary MN have anti-PLA2R autoantibodies. Titers of anti-PLA2R autoantibodies correlate with disease activity (proteinuria). Usually high titers are associated with a severe course of primary MN. Additionally to its usage in differentiation of primary and secondary MN, the anti-PLA2R titer reveals a high predictive value for treatment monitoring and risk assessment.

The anti-PLA2R autoantibody titer decreases in patients undergoing successful immunosuppressive therapy. Hereby, the titer decrease precedes the decline in proteinuria. A relapse of disease is associated with a recurrence of the antibodies. Furthermore, a high anti-PLA2R titer was identified as a considerable risk factor for primary MN patients to not achieve a remission of proteinuria.

Up to 40 % of patients with primary MN experience a relapse after kidney transplantation.
This risk is particularly high if anti-PLA2R autoantibodies are persistently found during the six months after organ transplantation.

Limitations:Absence of circulating anti-phospholipase A2 receptor (PLA2R) autoantibodies does not rule out a diagnosis of primary MN. Test results should be correlated with clinical status and other laboratory findings.

Sin No: 20385234

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Test Name	Result	Biological Ref. Interval	Unit

Sanjeeta

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.

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