

LABORATORY REPORT

NAME : MR.PR0048	REFERRED BY : SELF	VISIT NO : VAMP26147950
AGE : 40Y 0M 0D	ZERO TARIFF CLIENT CODE	COLLECTED ON : 21-04-2026 10:00
GENDER : Male	LAB MR# : AAMP01479229	RECEIVED ON : 21-04-2026 18:08
OP / IP / DG # :		APPROVED ON : 22-04-2026 20:23
		REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Autoimmune Hepatitis Panel I

SEROLOGY AND IMMUNOLOGY

Anti Nuclear Antibody (ANA) - IFA - Pattern identification on Hep-2 cells with reflex titers (Serum)

ANA Hep-2 Negative Negative
Immuno fluorescence Microscopy

Interpretation:

ANALYTICAL INFERENCE DRAWN FROM FLUORESCENCE ON: HEP-2 Cells
ADVICE/COMMENT: Correlate clinically.

Interpretation:

ANA reactivity	Interpretation
No Fluorescence at 1:80	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:80	Positive

The titre is derived from inverse ratio of dilution factor for which specific fluorescence is identifiable. Immunofluorescent pattern detection of Anti-nuclear antibodies in human serum for the diagnosis of various related auto-immune disorders is facilitated through the use of artificially cultured HEP-2 cells as micro-chips on slides. Various nuclear / cytoplasmic patterns of fluorescence obtained on incubation with diluted patient serum give an idea of the prevalence of relevant auto-antibodies in that patient, which can thereafter be semi-quantified by testing serial dilutions of the serum. The end-point titre is considered to be the highest dilution to still give a positive result. The significance of titre depends to some extent on the age of the patient, as auto-antibodies are more frequent in the elderly. Titres of 1:40 are of limited importance for patients over 50 years of age. The antibody titres may help to track disease progression and therapeutic responses. ANA patterns are only indicative, and the specificity of the auto-antibody must always be confirmed by other techniques such as immunoblotting, ELISA etc.

Location	Pattern	Target Antigen	Clinical Association	
Nucleus	Homogeneous	Double strand DNA	SLE	
		Histones	Drug Induced Lupus, SLE , RA	
		Nucleosome, RNA, Single Strand DNA	SLE, MCTD, RA, PM, DM, SS	
		Sm	SLE	
		U1-snRNP	MCTD, SLE, RA, sharp syndrome	
	Speckled/Granular	SSA/Ro	Sjogren's syndromes	
		SSB/La	(SS)/SLE/Neonatal Lupus	
		Ku	PM/DM/SLE/SS	
		Cyclin1(PCNA)	SLE/Overlap Syndromes	
		Mitosis/Cyclin II	DM	
		Dense Fine Speckled(DFS)	Lens epithelium-derived growth factor (LEDGF), DNA binding transcription coactivator p75.(DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
		Centomeres	Proteins of Kinetochores	CREST syndrome, PSS limited form
	Nuclear Dots	Sp-100 , NDP53	PBC, Rheumatic Disease	
	Nuclear Membrane	Lamins, gp210, p62	CFS, Collagenoses, PBC, AIH	
Nucleolus	Nucleolar homogeneous	PM-Scl	PM, DM, PSS(Diffuse)	
		Scl-70	PSS(Diffuse)	

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	Nucleolar speckled/granular	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)
	Nucleolar Pattern	Fibrillarin	Progressive Systemic Sclerosis(Diffuse)
Cytoplasm	Cytoplasmic speckled/granular	Mitochondrial Lysosomal Golgi Complex Ribosome P Jo -1 SRP, PL12, TIF1-Gamma	PBC, Unknown SS/SLE/RA SLE Polymyositis (PM), PM/ DM, Myositis
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy
Cell Cycle (mitotic cells)	Centriole Mid-Body Spindle Fibres	-- -- --	Unknown Unknown Rheumatic Disease

ANCA (Anti Neutrophil Cytoplasmic Antibody) - IFA with reflex titers (Serum)

ANCA Result	Negative	Negative
<i>Immuno fluorescence Microscopy</i>		
c-ANCA	Negative	Negative
p-ANCA	Negative	Negative

Interpretation:

IgG reactivity	Interpretation
No Fluorescence at 1:10	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:10	Positive

Note

1.Autoimmune reactivities are not by themselves diagnostic, but must be correlated with other laboratory & clinical findings.

2. Test conducted on Serum.

Demonstration of ANCA is about 95% sensitive and 90% specific for Wegener's granulomatosis and Microscopic polyangiitis. Necrotising vasculitis are a group of disorders with varied clinical presentations which include Wegener's granulomatosis, Polyarteritis nodosa, Churg Strauss





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Autoimmune Hepatitis Panel I

No Fluorescence at 1:100	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:100	Positive

The titer is derived from inverse ratio of dilution factor for which specific florescence is identifiable. Immunofluorescent pattern detection of Anti smooth muscle antibody in human serum for the diagnosis of various related auto-immune disorders is facilitated through the use of artificially cultured G.I Muscularis cells as micro-chips on slides.

Anti Mitochondrial Antibody (AMA) - IFA Screen (Serum)

Anti Mitochondrial Antibody (AMA) Negative Negative
Immuno fluorescence Microscopy

Interpretation:

FLUORESCENCE ON: Kidney tissue.
ADVICE/COMMENT: Correlate clinically.
Interpretation:

AMA reactivity	Interpretation
ANALYTICAL INFERENCE DRAWN FROM FLUORESCENCE ON: Kidney tissue. No Fluorescence at 1:100	Negative. (No antibodies against cell nuclei detectable in the given sample).
Fluorescence at 1:100	Positive

The titer is derived from inverse ratio of dilution factor for which specific florescence is identifiable. Immunofluorescent pattern detection of Anti-mitochondrial antibody in human serum for the diagnosis of various related auto-immune disorders is facilitated through the use of artificially cultured Kidney tissue cells as micro-chips on slides.

Anti LKM (Liver Kidney Microsomal) Antibodies - EIA (Serum)

Anti LKM Antibodies 0.21 Negative : <1.0 Index
ELISA Positive : >1.0

Interpretation:

There are three types of LKM Antibodies : Anti LKMI, Anti LKM2 and Anti LKM3. Autoantibodies against LKM 1 occur in Autoimmune Hepatitis (AIH) Type-2. It is essential to differentiate AIH from other chronic liver diseases, Viral Hepatitis B and C must be excluded. A liver biopsy along with liver enzyme assays are other supportive investigations.





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Autoimmune Hepatitis Panel I

Dr. G. Amitha
MBBS, MD (MICROBIOLOGY)
Consultant Microbiologist

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.

