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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.SI0388**	REFERRED BY	: SELF	VISIT NO	: VAMP26147882
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479161**	RECEIVED ON	: 21-04-2026 18:08
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 12:37
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Ana By Ifa Reflex To Ana Profile			
SEROLOGY AND IMMUNOLOGY			
Anti Nuclear Antibody (ANA) Profile - Immuno Blot (Extractable Nuclear Antigens/ENA) *(Serum)*			
dsDNA	Negative	Negative	
Nucleosomes	Negative	Negative	
Sm	Negative	Negative	
Histones	Negative	Negative	
PCNA	Negative	Negative	
Ribosomal-P Protein (PO)	Negative	Negative	
SS-A	Negative	Negative	
Ro-52	Negative	Negative	
SS-B	Negative	Negative	
CENP B	Negative	Negative	
Scl-70	Negative	Negative	
nRNP/Sm	Negative	Negative	
AMA-M2(M2)	Negative	Negative	
Jo-1	Negative	Negative	
PM - SCL (PM)	Negative	Negative	
Mi-2	Negative	Negative	
Ku	Negative	Negative	

Interpretation:

Antigen	Disease	Prevelance of autoantibodies
nRNP/Sm	MCTD	95-100%
	SLE	15-40%
	SS	2-12%
	PM/DM	12-16%
Sm (Smith antigen)	SLE	5-40%
SS-A (Ro)	SS	40-95%
	SLE	22-60%
	Neonatal lupus	95-100%
Ro-52	SS or SLE	40-95%, 40-60%
SS-B (La)	SS	40-95%
	SLE	10-20%

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Ana By Ifa Reflex To Ana Profile				
	Neonatal lupus	75%		
Scl-70	SS	25-75%		
Pm-Scl	SS	10-20%		
	PM-SS Overlap synd	18%		
Jo-1	PM/DM	25-35%		
Centromeres	SS limited form	80-95%		
	SS diffuse form	8%		
	PBC	10-30%		
dsDNA	SLE	40-90%		
Nucleosomes	SLE	40-70%		
Histones	DLE	95-100%		
	SLE	50%		
	RA	15-50%		
Ribosomes P-protein	SLE	10%		
AMA-M2	PBC	96%		

NOTE:

- Sample screening dilution - 1:101
- Immunoblot assay detects selected 14 ANAs which are most important & clinically relevant. However, in general, ANA includes many autoantibodies directed towards many nuclear (DNA & nucleoplasm) & cytoplasmic antigens, which are maximally screened & detected by using Hep-2 cells in indirect immunofluorescence method, but, not all of these are always clinically relevant antibodies.
- There is a possibility of patients having ANA positive by indirect immunofluorescence method but negative results on immunoblot. Also note that Immunoblot assay is more sensitive for Ro52/SSa, Scl70, while poorly sensitive for DsDNA, hence such patients require further follow up with monospecific ELISAs based on clinical correlation & diagnosis.
- For weak Positive results repeat testing after 4-6 weeks or further testing with Monospecific Nuclear Antigens or Panels for confirmation of specific Autoantibodies is suggested.

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Ana By Ifa Reflex To Ana Profile
Anti Nuclear Antibody (ANA) - IFA - Pattern identification on Hep-2 cells without titers *(Serum)*

Anti Nuclear Antibody (ANA) *Immuno fluorescence Microscopy*	Negative	Negative	

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 florescence 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 Histones Nucleosome, RNA,Single Strand DNA	SLE Drug Induced Lupus, SLE , RA SLE, MCTD,RA, PM, DM, SS
	Speckled/Granular	Sm U1-snRNP SSA/Ro SSB/La Ku Cyclin1(PCNA) Mitosin/Cyclin II	SLE MCTD,SLE,RA, sharp syndrome Sjogren`s syndromes (SS)/SLE/Neonatal Lupus PM/DM/SLE/SS SLE/Overlap Syndromes 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

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	Nuclear Membrane	Lamins, gp210, p62	CFS,Collagenoses,PBC,AIH
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)
	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

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.

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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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