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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.SI0671**	REFERRED BY	: SELF	VISIT NO	: VAMP26148007
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479286**	RECEIVED ON	: 21-04-2026 18:11
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 13:32
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Collagen Disease Antibody Panel			
SEROLOGY AND IMMUNOLOGY			
Anti ds-DNA - ELISA *(Serum)*			
Anti ds-DNA - ELISA *ELISA*	30.30	<100.0 : Negative ≥100.0 : Positive	IU/ml

Interpretation:

Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds -DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being deposited as DNA / Anti DNA immune complexes. This test is used for diagnosis and monitoring of SLE with high levels being associated with exacerbation of disease activity and lower levels correlating with remission. They may be raised in patients with Discoid lupus erythematosus. All SLE patients may not show elevated ds -DNA antibodies especially those at the peak of SLE exacerbation. In some cases the level may remain elevated even during the remission phase of the disease.

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Collagen Disease Antibody Panel			
Anti Nuclear Antibody (ANA) - IFA - Pattern identification on Hep-2 cells with reflex titers *(Serum)*			
ANA HEp-2 *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
	Nuclear Membrane	Lamins, gp210, p62	CFS,Collagenoses,PBC,AIH
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)

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Collagen Disease Antibody Panel

	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

SS-B (La) IgG Antibodies *(Serum)*

SS-B (La) IgG Antibodies *ELISA*	3.50	Negative: < 20 Weak Positive: 20-39 Moderate Positive: 40-80 Strong Positive: >80	RU/mL

Interpretation:

SSB/La antibodies are primarily considered as a serological marker of Primary Sjogren's Syndrome and are detected in nearly 90% of these patients. They are also seen in 6-15% cases of ANA positive SLE patients. Presence of both SSB/La & SSA/Ro antibodies in SLE patients shows a lower incidence of renal disease and lower levels of concomitant Anti DNA antibodies. Detection of this antibody can precede the development of symptoms of Sicca syndrome by several years.
SS-B antibodies are almost always found to occur simultaneously with SS-A while SS-A can occur alone.

SS-A (Ro) IgG Antibodies *(Serum)*

SS-A (Ro) IgG Antibodies *ELISA*	5.60	Negative: < 20 Weak Positive: 20-39 Moderate Positive: 40-80 Strong Positive: >80	RU/mL

Interpretation:

Patients with SLE may have antibodies to SSA/Ro alone or may have both SSA/Ro & SSB/La antibodies. Presence of SSA/Ro antibody alone is commonly seen in association with HLA DR2 in patients less than 22 years of age at onset. Presence of both SSA/Ro & SSB/La in SLE is associated with HLA DR3 and is seen in older patients more than 50 years of age at onset. SLE patients with SSA/Ro antibodies develop a much more serious renal disease and have a higher incidence of concomitant anti DNA antibodies.
Increased levels

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Collagen Disease Antibody Panel			

- Subacute cutaneous Lupus erthematosus
- Neonatal Lupus erthematosus syndrome with congential heart block and cutaneous lesions
- Homozygous C2 & C4 deficiency with SLE like disease
- Primary Sjorgen's syndrome vasculitis, Rheumatoid factor positivity & severe systemic symtoms
- ANA negative SLE patients
- SLE with Interstitial patients

U1 snRNP Antibodies *(Serum)*

U1 snRNP Antibodies (ELISA) *ELISA*	4.20	Negative: <20 Weak Positive: 20 - 39 Moderate Positive: 40 – 80 Positive: >80	U/mL

Smith (Sm) IgG Antibodies *(Serum)*

Smith (Sm) IgG Antibodies *ELISA*	4.65	Negative : <20 Weak Positive : 20-39 Moderate Positive : 40-80 Strong Positive : >80	RU/mL

Interpretation:

- A positive result indicates the prescence of Smith(Sm) antibodies and suggests the possibility of Systemic Lupus Erythematosus (SLE) or related connective tissue diseases.
- A negative result indicates no Sm antibody or low levels below cut-off of the assay.
- h-tTG IgA values obtained with different manufacturers assay methods should not be used interchangeably. The magnitude of the reported IgG levels cannot be correlated to an endpoint titer.

Scl-70 Scleroderma Antibody *(Serum)*

Scl-70 IgG Antibodies *ELISA*	4.30	Negative : <20: Weak Positive : 20-39: Moderate Positive : 40-80 Strong Positive : >80	RU/mL

Interpretation:

Antibodies to Scl-70 (DNA topoisomerase I) are detected in nearly 75% patients with Progressive Systemic Sclerosis (PSS). These antibodies can also be detected in 20-59% patients of connective tissue disorders and 13% patients with CREST syndrome. Patients of Scleroderma with Scl-70 antibody positivity are associated with diffuse cutaneous involvement, increased frequency of pulmonary fibrosis and high mortality.

Jo-1 Antibody - Serum *(Serum)*

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Collagen Disease Antibody Panel			
Jo-1 Antibody - Serum *ELISA*	3.20	Negative : <20 Weak Positive : 20-39 Moderate Positive : 40-80 Strong Positive : >80	RU/mL
Anti Centromere Antibodies *(Serum)*			
Anti Centromere Antibodies *ELISA*	5.60	NEGATIVE: < 20 POSITIVE: >= 20	Units

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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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