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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0532**	REFERRED BY	: SELF	VISIT NO	: VAMP26148138
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479417**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 18:03
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Ild Panel			
BIOCHEMISTRY			
Rheumatoid Factor (RA) - Quantitative - Serum *(Serum)*			
Rheumatoid Factor (RA) - Quantitative - Serum *Immunoturbidimetry*	7.2	<14.0 (Negative)	IU/mL
C-Reactive Protein (CRP) -quantitative *(Serum)*			
C-Reactive Protein (CRP) Quantitative *Immunoturbidimetry*	2.5	<5.0 (Negative)	mg/L
Anti Cyclic Citrullinated Peptide (Anti - CCP) *(Serum)*			
Anti - CCP *ECLIA*	10.2	<=17.0	U/mL

Interpretation:

- Cyclic Citrullinated Peptide test used for the semi-quantitative determination of the IgG class of auto antibodies specific to CCP in biological specimens.
- High levels seen in Rheumatoid Arthritis, and in other rheumatologic conditions associated with inflammatory arthritis, such as systemic lupus erythematosus
- Low levels may be seen in low disease activity or patients in remission diagnosed with Rheumatoid Arthritis

Note:

- Anti CCP is present in only a quarter to half of patients before or at diagnosis, so a negative result does not rule out Rheumatoid Arthritis
- Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.
- The above results obtained cannot be compared to or interchanged with results determined by different assays due to differences in assay methods and reagent specificity.

Angiotensin Converting Enzyme (ACE) - Serum *(Serum)*			
ACE *Enzymatic*	45.00	12-68	U/L

Interpretation:

Angiotensin converting enzyme (ACE) modulates peripheral vascular resistance as well as renal and cardiovascular function. It is responsible for conversion of Angiotensin I to Angiotensin II as well as inactivation of bradykinin. Majority of ACE is tissue bound (> 90%) found predominantly in lungs & testes.

Factors affecting ACE levels: ·

Smoking - ACE activity is 30% lower in smokers
Thyroid hormone- Stimulates ACE synthesis

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Postmenopausal estrogen replacement - ACE activity is 20% lower

Patients taking ACE inhibitors, such as captopril and enalapril, will have extremely low or unmeasurable ACE activity.

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Ild Panel

SEROLOGY AND IMMUNOLOGY

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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IId 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

Anti ds-DNA Antibody - IFA with reflex titers *(Serum)*

Test Name	Result	Biological Ref. Interval
Anti ds-DNA Antibody -IFA *Immuno fluorescence Microscopy*	Negative	Negative

Interpretation:

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

The titer is derived from inverse ratio of dilution factor for which specific florescence is identifiable. Immunofluorescent pattern detection of dsDNA antibodies in human serum for the diagnosis of various related auto-immune disorders is facilitated through the use of artificially cultured Crithidia luciliae as micro-chips on slides. The end-point titre is considered to be the highest dilution to still give a positive result.

Anti Nuclear Antibody (ANA) Profile - Immuno Blot (Extractable Nuclear Antigens/ENA) *(Serum)*

Test Name	Result	Biological Ref. Interval
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

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Test Name	Result	Biological Ref. Interval	Unit
Ild Panel			
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%
	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%

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Ild Panel				
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.

Anti-MPO Antibodies (Anti-Myleoperoxidase Antibodies) - pANCA *(Serum)*

Anti-MPO Antibodies - p- ANCA *ELISA*	6.30	Negative: ≤ 20 Weak Positive: 21-30 Positive: >30	UNITS

Interpretation:
MPO- EIA test is recommended to confirm Anti MPO specificity because true ANA as well as granulocyte specific ANA are known to occur concurrently & Immunofluorescence methods may not adequately make this distinction . Hence a combination of Immunofluorescence & EIA methods are recommended for confirming presence of MPO antibody / p-ANCA. Anti MPO antibodies are highly specific for idiopathic and vasculitis associated Crescentic Glomerulonephritis, Classic Polyarteritis Nodosa, Churg-Strauss Syndrome and polyangitis overlap syndrome without renal involvement.

Anti-PR3 Antibodies - cANCA *(Serum)*

Anti-PR3 Antibodies - cANCA *ELISA*	8.20	Negative: ≤ 20 Weak Positive: 21-30	Units

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Ild Panel			
		Positive: >30	

Interpretation:
Presence of c-ANCA antibodies in patients with Small vessel vasculitis strongly suggests the diagnosis of Wegener's granulomatosis in 95% of cases in the active generalized stage of the disease but a negative test result does not exclude the possibility of these disorders. c-ANCA disappears in majority of patients when treated with corticosteroids, cyclophosphamides or plasma exchange therapy. Reappearance of antibodies in these patients indicates recurrence.
Results should be used in conjunction with clinical findings and other serological tests including ANCA by indirect immunofluorescence.

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