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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.SI0629**	REFERRED BY	: SELF	VISIT NO	: VAMP26148314
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479593**	RECEIVED ON	: 21-04-2026 18:06
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 20:28
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit

Vasculitis 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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	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
Immuno fluorescence Microscopy		
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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syndrome & Idiopathic crescentic glomerulonephritis. ANCA positivity presents in two types of patterns, c-ANCA (Proteinase 3 / PR3) & p-ANCA (Myeloperoxidase / MPO).

Pattern	Antigen	Clinical Association
c-ANCA	PR3	* Wegener's granulomatosis (90%) * Microscopic polyangiitis (50%) * Churg Strauss syndrome (30%) * Systemic sclerosis (20%) * Rheumatoid arthritis (17%) * Acute reactive arthritis (4%) * Chronic reactive arthritis (2%) * Crescentic glomerulonephritis
p-ANCA	MPO	* Necrotising crescentic Glomerulonephritis (80%) * Polyarteritis nodosa (62%) * Microscopic polyangiitis (50%) * Rapidly progressive glomerulonephritis (50%) * Rheumatoid arthritis (47%) * Churg Strauss syndrome (40%)
Atypical p-ANCA	MPO	* Ulcerative colitis (40%) * Crohn's disease (20%)

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

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

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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.

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.

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