



LABORATORY REPORT

NAME	: MR.SI0657	REFERRED BY	: SELF	VISIT NO	: VAMP26148260
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	LAB MR#	: AAMP01479539	RECEIVED ON	: 21-04-2026 18:06
OP / IP / DG #	:			APPROVED ON	: 21-04-2026 21:01
				REPORT STATUS	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Sle Panel

SEROLOGY AND IMMUNOLOGY

Anti ds-DNA - ELISA (Serum)

Anti ds-DNA - ELISA ELISA	50.30	<100.0 : Negative ≥100.0 : Positive	IU/ml
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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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**Sle Panel**

**Anti Histones Antibodies (Serum)**

Anti Histones Antibodies <i>Enzyme Immunoassay</i>	5.30	Negative: < 20 Positive: >= 20	Units
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**Interpretation:**

**Comments:**

Histone antibodies are of clinical importance in the diagnosis of drug induced Lupus erythematosus. Usually cardiac arrhythmic patients on Procainamide develop Anti Histone antibodies of which asymptomatic patients develop IgM antibodies whereas symptomatic patients develop unique type of IgG antibodies. Histone antibodies have also been found in patients with Rheumatoid arthritis, Mixed connective tissue diseases and Progressive scleroderma.

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

ANA HEp-2 <i>Immuno fluorescence Microscopy</i>	Negative	Negative
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**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
	Speckled/Granular	Sm	SLE
		U1-snRNP	MCTD, SLE, RA, sharp syndrome
		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





MC-2751

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	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
<b>Nucleolus</b>	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	Fibrillarlin	Progressive Systemic Sclerosis(Diffuse)
<b>Cytoplasm</b>	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
<b>Cell Cycle (mitotic cells)</b>	Centriole Mid-Body Spindle Fibres	-- --	Unknown Unknown Rheumatic Disease

**Anti ss-DNA (Serum)**

Anti ss-DNA 10.20 <68.6 : Negative U/mL  
ELISA





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GENDER	: Male	LAB MR#	: AAMP01479539	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 12:40
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Sle Panel

BIOCHEMISTRY

C-Reactive Protein (CRP) -quantitative (Serum)

C-Reactive Protein (CRP) Quantitative <i>Immunoturbidimetry</i>	2.3	<5.0 (Negative)	mg/L
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**SEROLOGY AND IMMUNOLOGY**

**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
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**Smith (Sm) IgG Antibodies (Serum)**

Smith (Sm) IgG Antibodies ELISA	6.30	Negative : <20 Weak Positive : 20-39 Moderate Positive : 40-80 Strong Positive : >80	RU/mL
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**Interpretation:**

- A positive result indicates the presence 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.

*Sanjeeta*

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*Dr. G. Amitha*

**Dr. G. Amitha**  
MBBS, MD (MICROBIOLOGY)  
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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





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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.

