LPL - LPL-ROHINI (NATIONAL REFERENCE LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

Name	: **DUMMY**			**Collected**	: **29/8/2017 12:00:00AM**
				Received	: **29/8/2017 10:01:31AM**
Lab No.	: **135091666**	**Age: 40 Years**	**Gender: Female**	**Reported**	: **29/8/2017 11:26:00AM**
A/c Status	: **P**	**Ref By : Dr. UNKNWON**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
DEEP VEIN THROMBOSIS PANEL;DVT PANEL			
CARDIOLIPIN ANTIBODY, IgG, SERUM (EIA)	10.00	GPL	<15.00

Interpretation

RESULT IN GPL	REMARKS
<15	Negative
15-20	Equivocal
20-80	Low Positive
>80	High Positive

Comments

Anticardiolipin antibodies(ACA) belong to the group of Antiphospholipid antibodies which are positive in 30-40% cases of Systemic lupus erythematosus and also in patients with other Rheumatic diseases. Presence of cardiolipin antibodies is considered to be of significant diagnostic relevance in cases of Venous/Arterial thrombosis, Thrombocytopenia, Livedo reticularis, Habitual abortions and Neurological manifestations. Elevated ACA levels are also seen in patients with Cardiovascular insufficiency and Myocardial infarction. Results must be correlated with the history and clinical findings of the patient.

CARDIOLIPIN ANTIBODY, IgM, SERUM (EIA)	5.00	MPL	<12.50

Interpretation

RESULT IN MPL	REMARKS
<12.50	Negative
12.50-20	Equivocal
20-80	Low Positive
>80	High Positive

Comments

Anticardiolipin antibodies (ACA) belong to the group of Antiphospholipid antibodies which are positive in 30-40% cases of Systemic lupus erythematosus and also in patients with other Rheumatic diseases. Presence of cardiolipin antibodies is considered to be of significant diagnostic relevance in cases of Venous/Arterial thrombosis, Thrombocytopenia, Livedo reticularis, Habitual abortions and Neurological manifestations. Elevated ACA levels are also seen in patients with Cardiovascular insufficiency and

LPL - LPL-ROHINI (NATIONAL REFERENCE LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

Name	: **DUMMY**			**Collected**	: **29/8/2017 12:00:00AM**
				Received	: **29/8/2017 10:01:31AM**
Lab No.	: **135091666**	**Age: 40 Years**	**Gender: Female**	**Reported**	: **29/8/2017 11:26:00AM**
A/c Status	: **P**	**Ref By : Dr. UNKNWON**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
Myocardial infarction.			
ANTITHROMBIN ACTIVITY, FUNCTIONAL (Chromogenic)	100.00	%	80.00 - 120.00

Note:1. Heparin therapy may cause a spuriously low result
2. Result should be clinically correlated
3. Test conducted on Citrated plasma

Comments

Antithrombin deficiency can be hereditary or acquired. Genetic deficiency is a rare disorder affecting 1 : 10000 individuals in the general population and about 1% of patients diagnosed with Familial venous thrombosis. The estimated thrombotic risk is 12-20 fold in patients with this deficiency. Heterozygous individuals have plasma Antithrombin levels around 50% of normal and are usually symptomatic. Homozygous deficiency is incompatible with life. Type I deficiency shows decreased activity and antigenic levels whereas Type II deficiency shows decreased activity with normal levels of antigen. Most common clinical presentation is Deep vein thrombosis in lower extremities and Pulmonary embolism. Antithrombin is characteristically low in newborns, reaching adult levels by the age of 6 months.

Decreased levels

- Hereditary
- Acquired - DIC, Liver Disease, Nephrotic syndrome, in acute period following venous thrombosis and during heparin therapy

Increased levels

Increased ESR, hyperglobulinemia and oral Anticoagulants

Protein C, Functional (Chromogenic)	100.00	%	70.00 - 140.00

Note: 1. Heparin therapy may cause a spuriously low result
2. Functional assays measure only free Protein C
3. Test conducted on Citrated plasma

Comments

Protein C is a vitamin K dependent central protein in the Protein C pathway. Both genetic and acquired deficiencies of Protein C increase the risk of thrombosis. In homozygous Protein C deficiency (< 1% activity), individuals manifest neurologic and ophthalmic complications during intrauterine development and may have DIC. Approximately 4-8% Protein C deficiency is prevalent in thrombophilic population. The estimated thrombotic risk is 8-10 fold in patients with this deficiency. Congenital heterozygous Protein C deficiency may

LPL - LPL-ROHINI (NATIONAL REFERENCE LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

Name	:	**DUMMY**				**Collected**	: **29/8/2017 12:00:00AM**
Lab No.	:	**135091666**	**Age: 40 Years**	**Gender:**	**Female**	**Received**	: **29/8/2017 10:01:31AM**
						Reported	: **29/8/2017 11:26:00AM**
A/c Status	:	**P**	**Ref By : Dr. UNKNWON**			**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval

predispose to development of Coumarin associated skin necrosis. In Type I Protein C deficiency, the functional activity and antigenic levels are decreased to 50% of normal whereas in Type II deficiency the functional level is decreased to 50% of normal but the antigen level is 100% of normal.

Decreased levels

- Hereditary
- Acquired due to Vitamin K deficiency,liver disease,Oral Anticoagulant therapy,Acute illness and DIC

Increased levels

Nephrotic syndrome, Ischaemic heart disease,pregnancy,use of oral contraceptives or hormone replacement therapy

Dr. Ritu Nayar MD (Microbiology) Deputy HOD Microbiology & Serology	Dr. Shalabh Malik MD (Microbiology) National Head - Microbiology & Serology	Dr. Anil Arora MD (Pathology) HOD Hemat & Imm	Dr Biswadip Hazarika MD (Pathology) Sr. Consultant Pathologist

Result/s to follow:
LUPUS ANTICOAGULANT BY DRVVT