



Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Hematology Special



Autoimmune Hepatitis Panel by IF

Test Name	Result	Unit	Bio Ref Interval
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ANA By Immunofluorescence, Serum

Anti Nuclear Antibodies Immunofluorescence	Negative		Negative
Primary Dilution	1:40		

Interpretation

Anti Nuclear Antibody IFA, HEP2000, Serum Immunofluorescence

(Syn: Anti-Nuclear Antibody)

ANA immunofluorescence is the gold standard test for screening for autoimmune antibodies and has higher sensitivity as compared to ANA ELISA.

False ANA positivity may be seen in - certain viral infections (Hepatitis C, Parvovirus and many other), bacterial infections (Tuberculosis), parasitic infection (schistosomiasis), certain malignancies and medications. ANA Immunofluorescence results need to be corroborated with clinical features and other laboratory findings for definitive evidence of auto-immune disorder.

Advise: -

- A repeat ANA testing is recommended after 12 weeks after an acute episode of infection.
- ANA LIA should be added in cases with positive ANA Immunofluorescence result to know which extractable nuclear antigen is present in the patients, which helps in classifying patients for specific autoimmune disorder.

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P, 0120418800

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Autoimmune Hepatitis Panel by IF

Test Name	Result	Unit	Bio Ref Interval
LKM Antibody by IF*			
LKM Antibody by IF	Negative		Negative
Titer.	1:100		
Anti Mitochondrial Antibody by IF*			
Anti Mitochondrial Antibody by IF	Negative		Negative
Titer	1:100		
ASMA Smooth Muscle Antibody IF *, Serum			
ASMA	Positive		Negative
Titre	1:100		

Ref Range:

<= 12 Years : Sample screening dilution 1:20
 > 12 Years : Sample screening dilution 1:100

Interpretation:

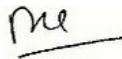
- Autoantibodies against smooth muscle (ASMA) occur in various liver diseases (autoimmune hepatitis, liver cirrhosis).
- The determination of the antibodies is of diagnostic importance in autoimmune chronic active hepatitis. The prevalence is 70%. Ugm and IgG titers correlate with disease activity.
- Low titres are detected in primary biliary cirrhosis (50%), alcohol related liver cirrhosis, obstruction of the biliary ducts and in healthy individual (2%).
- ASMA are also present in infectious mononucleosis, viral disease, SLE, breast / ovarian carcinomas and malignant melanoma.

Kindly correlate with clinical findings

*** End Of Report ***



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