MAX Lab

Laboratory Investigation Report

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

SIN No:B2B4261373

Hematology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Free Protein S,Citrate Plasma			
Protein S, Free Latex Ligand Immunoassay	**69.9**	%	74.1-146.1

Interpretation Protein S is a vitamin K-dependent plasma glycoprotein synthesized in the liver. It functions as a cofactor to Protein C in the inactivation of Factors Va and VIIIa and plays a role in anticoagulation pathway.

Reduced levels predispose to VTE. It can be seen in hereditary deficiency, pregnancy, Oral anticoagulant e.g. Warfarin, nephritic syndrome and liver diseases.

Protein C, Functional, Sodium Citrate Automated Chromagenic Assay			
Protein C, Functional	107	%	70 - 140

Interpretation

Protein C is a zymogen, the activated form of which plays an important role in regulating anticoagulation, inflammation, cell death, and maintaining the permeability of blood vessel walls in humans and other animals.
Reduced levels predispose to VTE. It can be seen in hereditary deficiency, pregnancy, Oral anticoagulant e.g. Warfarin, malignancy and liver diseases.

Anti Thrombin - III - Functional,Citrate Plasma			
Antithrombin III Functional Chromogenic assay	117	%	10-150

Interpretation Syn – Antithrombin III

Antithrombin is a small protein molecule that inactivates several enzymes of the coagulation system.
Low levels of AT are found in 4-5% patients with unexplained VTE.

Reduced levels are seen in Hereditary deficieny, chronic liver diseases, heparin therapy, pregnancy (3rd trimester), acute leukemia, burns and renal diseases.

Lupus Anticoagulant, Sodium Citrate			
dRVVT	.		
dRVVT Screen	**28.40**	Sec	29.9 - 47.1
dRVVT Screen ratio	0.74		
dRVVT Confirm	25.70	Sec	24.8 - 34.1
dRVVT Confirm ratio	0.87		
dRVVT Screen: Confirm ratio	0.85		0.0 - 1.20
Interpretation	No Lupus Like Anticoagulant Present		

Kindly correlate with clinical findings

***** End Of Report *****

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MC-2714

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Hematology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

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SIN No:B2B4261373

Molecular Diagnostics

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Factor V Leiden Mutational Analysis			
Real Time PCR			
Factor V Leiden Mutation	Not Detected		
Real Time PCR			
Prothrombin Gene Mutation	Not Detected		
MTHFR Gene Mutation (C677T)	Heterozygous Mutation Detected		
MTHFR Gene Mutation (A1298C)	Heterozygous Mutation Detected		

Interpretation

Result	Comments
Homozygous Mutation Detected	Both alleles carry mutation
Heterozygous Mutation Detected	Single allele carries mutation
Not Detected	Both alleles do not carry mutation

Note

1. This is an in-house developed qualitative assay.
2. All results should be interpreted in context of clinical findings.
3. This assay detects the following mutations:

   Factor V Leiden (R506Q)
   Factor II Prothrombin Gene mutation (G20210A)
   MTHFR Gene (C677T; A1298C)

4. Test conducted on Whole blood.
5. Presence of PCR inhibitors if any, might lead to amplification failure.

Comments

The most common identifiable genetic defects in Venous thromboembolism is the factor V (R506Q) Leiden mutation which causes resistance to activated protein C (APC). APC resistance results in thrombotic predisposition via the destruction of the activated protein C cleavage & inactivation site in the factor V procoagulant protein. The factor V Leiden mutation is extremely common; heterozygotes represent 3% to 7% of the general population, approximately 20% of all patients with any venous thrombosis, and approximately 50% of patients with recurrent venous thrombosis.
The second most common thrombophilic genetic defect is the prothrombin G20210A mutation, imparting a 2- to 5-fold increased risk for venous thromboembolism (in heterozygotes) and being present in heterozygous form in 15% to 20% of patients with thrombophilia.
Genetic polymorphism associated with severe MTHFR deficiency is defined by a C to T substitution at position 677 (C677T) and/or A to C substitution at position 1298 (A1298C) of the *MTHFR* gene. These mutations lead to the incorporation of amino acid alanine (A) instead of valine (V) at position 222 and glutamate to alanine substitution at codon 429 respectively of the MTHFR protein. These mutations may lead to hyperhomocysteinemia

Uses

Venous thrombosis is a multifactorial disease frequently related to the interaction of genetic and environmental risk factors. Testing for specific mutations in these patients helps to determine the decision on the duration of anticoagulant therapy and risk stratification for primary or secondary prophylaxis. This test is used as a

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Test Name	Result	Unit	Bio Ref Interval

thrombosis risk factor in patients prior to major surgery, pregnancy, postpartum, oral contraceptive use, estrogen replacement therapy, transient ischemic attacks, premature stroke, peripheral vascular disease, pulmonary embolism & family history of thrombosis or known Factor V mutations in the family.

Kindly correlate with clinical findings

***** End Of Report *****

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

Dr Atul Thatal, Ph.D
Director
Molecular and Cyto Genomics

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Clinical Biochemistry

Thrombocheck Total Panel

Homocysteine, Quantitative, Serum

	Date	Unit	Bio Ref Interval
	31/Oct/2023 08:59AM		
Homocysteine, Quantitative Enzymatic kinetic	10.7	µmol/ L	3-12

Interpretation Measurement of Homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at a risk of developing cobalamin or folate deficiency, and to assess Homocysteine as a risk factor for cardiovascular disease (CVD) and other disorders.

Kindly correlate with clinical findings

***** End Of Report *****

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Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Anisha Sharma, M.D., DNB
Consultant Biochemistry

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SIN No:B2B4261373

Serology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Beta-2 Glycoprotein 1, IgG, Serum FEIA			
Beta-2 Glycoprotein 1, IgG	0.9	U/mL	

Ref Range :-
Negative < 7.0
Equivocal 7 - 10
Positive > 10

Interpretation :
Detection of Beta-2 Glycoprotein antibodies are indicative of risk for thrombosis in autoimmune diseases.

Beta-2 Glycoprotein I IgG is intended for the in vitro quantitative measurement of IgG antibodies directed to β2-Glycoprotein I in human serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE).A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated.

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Serology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Beta-2 Glycoprotein 1, IgM, Serum FEIA			
Beta-2 Glycoprotein 1, IgM	0.7	U/mL	

Ref Range :-
Negative < 7.0
Equivocal 7 - 10
Positive > 10

Interpretation :
Detection of Beta-2 Glycoprotein antibodies are indicative of risk for thrombosis in autoimmune diseases.

Beta-2 Glycoprotein I IgM is intended for the in vitro quantitative measurement of IgM antibodies directed to β2-Glycoprotein I in human serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE). A definitive clinical diagnosis should not be based on the results of a single diagnosticmethod, but should only be made after all clinical and laboratory findings have been evaluated. Rheumatoid factor (RF) can interfere with the determination of IgM anti-β2-Glycoprotein I antibodies.

Kindly correlate with clinical findings

***** End Of Report *****

Dr.Poonam.S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Bansidhar Tarai, M.D
Associate Director
Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD
Associate Consultant
Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

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Hematology

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Factor VIII Studies,Citrate Plasma			
Photo-Optical-Clot Detection			
Factor VIII Assay	**307.8**	%	50-150
Based on APTT Assay			

Kindly correlate with clinical findings

***** End Of Report *****

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Serology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Anti Cardiolipin Ab,IgG,Serum			
Anti Cardiolipin IgG FEIA	1.3	GPL-U/mL	< 10.0

Ref. Range
Negative < 10
Weak Positive 10 - 40
Positive > 40

Comment :
Cardiolipin antibodies is detected in aotuimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is assosiated with increased risk in idiopathic thrombocytopenia purpura, rhemotoid, psoriatic, arthritis primary sjogrem's syndrome.

Interpretation :

Cardiolipin IgG is intended for the in vitro quantitative measurement of IgG antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE).A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated.

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Serology Special

Thrombocheck Total Panel

Test Name	Result	Unit	Bio Ref Interval
Anti Cardiolipin Ab,IgM,Serum			
Anti Cardiolipin IgM	1.2	MPL-U/mL	< 10.0

Ref. Range

Negative < 10
Equivocal 10 - 40
Positive >40

Comment :

Cardiolipin antibodies is detected in aotuimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis thrombocytopenia etc. Elevations of cardiolipin antibody is assosiated with increased risk in idiopathic thrombocytopenia purpura, rhemotoid, psoriatic, arthritis primary sjogrem's syndrome.

Interpretation :

Cardiolipin IgM is intended for the in vitro quantitative measurement of IgM antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE).A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated. Rheumatoid factor (RF) can interfere with the determination of IgM anti-cardiolipin antibodies.

Kindly correlate with clinical findings

*** End Of Report ***

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