

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name : Mr. CO19	Billing Date : 07/07/2023 12:21:21
Age : 35 Yrs	Sample Collected on : 10/07/2023 10:01:31
Sex : Male	Sample Received on : 10/07/2023 11:02:13
P. ID No. : P1000100012726	Report Released on : 14/07/2023 15:43:03
Accession No : 10002304782	Barcode No. : 10002304782-01
Referring Doctor : Self	
Referred By :	Ref no. :

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

HAEMATOLOGY

Protein S Antigen- Free <i>Sample: Citrate Plasma</i>	101.0	70.0 - 148.0	%
---	-------	--------------	---

Protein S Antigen- Free

Free protein S measures the antigen and not the activity.

1. Protein S is a vitamin K dependent plasma glycoprotein; 60% bound to C4bBP-b chain, 40% free. Protein S possesses both APC-dependent and independent anticoagulant properties and thus is an important guardian in controlling thrombin generation and fibrinolysis.
2. Protein S deficiency may be associated with 3 to 10 fold increased risk of venous thrombosis, recurrent miscarriage, complications of pregnancy (preeclampsia, abruptio, placenta, intrauterine growth restriction, and stillbirth) and possibly arterial thrombosis.
3. Three subtypes of PS deficiency are recognized, types I and III (also known as type IIa) are quantitative defects while type II is very rare and is a qualitative defect. It can be inherited or acquired.
4. Acquired Protein S deficiency - vitamin K-antagonist therapy, oral contraceptives, pregnancy and various disorders, such as liver diseases, nephritic syndrome, disseminated intravascular coagulation and chronic infections.
5. Congenital Protein S deficiency - is rare autosomal dominant disorder with 1 to 3% incidence of venous thromboembolism in adults.
6. Using lower cut-off levels of Protein S activity that is 40% which is equal to the highest Protein S activity value found in heterozygous carriers with mutations in PROS1, the diagnostic specificity for risk of thromboembolism increases.
7. Associated APC Resistance (Factor V Leiden), increased factor VIII levels, warfarin therapy can cause false decrease in protein S activity.
8. Associated heparin therapy, lupus anticoagulant can cause false increase in protein S activity.
9. Repeat testing is recommended to confirm diagnosis after at least 4-6 weeks.

** End of Report **



Dr. Aarti Khanna Nagpal

DNB (Pathology)
Senior Consultant

