Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mrs. PL160**	Billing Date	:	07/07/2023 12:25:42
Age	:	35 Yrs	Sample Collected on	:	10/07/2023 10:01:31
Sex	:	Female	Sample Received on	:	10/07/2023 11:02:13
P. ID No.	:	P1000100012819	Report Released on	:	15/07/2023 17:42:38
Accession No	:	**10002304875**	Barcode No.	:	10002304875-02, 10002304875-01
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
APLA Profile			
PTT & Mixing Studies Plasma			
PTT (Test) *Sample: Citrate Plasma*	26.40	24.80 - 34.40	Sec
PTT Control (Normal Pooled Plasma) *Sample: Citrate Plasma*	28.4	24.8 - 34.4	Sec
Lupus Anticoagulant Screen Time			
DRVV Screen Test *Sample: Citrate Plasma*	34.60	33.80 - 45.80	Sec
DRVV Screen Control *Sample: Citrate Plasma*	39.0	33.8 - 45.8	Sec
DRVV Screen Ratio *Sample: Citrate Plasma*	0.92	<1.20	Ratio
Lupus Anticoagulant *Sample: Citrate Plasma*	Absent		Sec
SEROLOGY			
Cardiolipin IgG Antibodies *Sample: Serum* *Method: ELISA*	7.20	Negative : < 10 Positive: >=10	GPL-U/ml
Cardiolipin IgM Antibodies *Sample: Serum* *Method: ELISA*	0.02	Negative : <7 Positive: >/= 7	MPLU/mL
Anti Phospholipid IgG Antibodies *Sample: Serum* *Method: ELISA*	3.40	Negative < 10 U/mL Positive : > =10 U/mL	U/mL
Anti Phospholipid IgM Antibodies *Sample: Serum* *Method: ELISA*	1.20	Negative : < 10 U/mL	U/mL

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Test Name	Result	Biological Ref. Interval	Unit
		Positive : > = 10 U/mL	

Lupus Anticoagulant

Medical Remarks: See Remark - 5. Correlate Clinically.

Test Description: Screening of Lupus Anticoagulant Confirmation is done by two different APTT reagents namely Lupus sensitive (LS) APTT Automate and RVVT. Lupus anticoagulant is an antiphospholipid antibody directed against negatively charged phospholipids that is identified functionally by prolongation of in vitro phospholipids dependent coagulation test. Lupus anticoagulant is often associated with a thrombotic tendency.

Interpretation :

1. Following is the final Interpretative Table using the findings of both the above mentioned tests:

APTT (LS)	APTT Mixing (Using Rosner Index)	DRVVT (Screen)	DRVVT (Confirmation)	DRVV screen to confirmation ratio	Interpretation
Normal	-	Normal	-	-	LAC Absent
Abnormal	Corrected	Normal	-	-	Suspect Factor Deficiency
Abnormal	Not Corrected	Abnormal	Normal	> 1.2	LAC Present
Normal	-	Abnormal	Normal	> 1.2	LAC Present
Abnormal	Corrected/Partially Corrected	Abnormal	Normal	> 1.2	Factor Deficiency + LAC Present
Abnormal	Not Corrected	Abnormal	Abnormal	< 1.2	Either Inhibitor or LAC
Abnormal	Not Corrected	Normal	-	-	Suspect Inhibitor/heparin

2. Interpretation of APTT mixing based on Rosner Index (RI) Rosner Index = Clotting time of mixture - Clotting time of normal (PPP) X 100/Clotting time of patient plasma * If Rosner Index < 12 then APTT mixing is considered as corrected and Suspects the factor deficiency.

* If Rosner Index < 12 then APTT mixing is considered as corrected and Suspects the factor deficiency.
* If Ronser Index > 12 then APTT mixing is considered as not corrected and suspects the presence of inhibitor or Lupus.

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3. All abnormal results od DRVV screening tests are confirmed by neutralization assay using Phospholipids. A normalized ratio > or = Biological Reference Interval confirms the presence of lupus anticoagulant (LAC).

4. Persistent Positive LAC results on two different occasions & 12 weeks apart are essential to suspect & diagnose Lupus anticoagulant.

5. In view of abnormal DRVV Screen, abnormal DRVV confirm and normalised ration <1.2, possibility of Lupus and/or Inhibitor needs exclusion. Advice repeat testing after 12 weeks.

Limitations :

1. False Positive: Patients on heparin or heparin substitute; Coagulation factor VIII inhibitors.
2. False Negative: Elevated factor VIII levels, as may be seen in an acute infection or with replacement therapy when someone has Hemophillia A, may shorten the aPTT time, leading to a temporary false negative test for lupus anticoagulant.

Reference : Update of the guidelines for lupus anticoagulant detection. Pengo V, Tripodi A, et al. J Thromb Haemost 2009;7:1737-40.

Cardiolipin IgG Antibodies

Clinical Significance :
ANTI-CARDIOLIPIN ANTIBODIES (ACA) are antibodies ofter directed against cardiolipin and found in several diseases
1. The presence of anti cardiolipin antibodies in Systemic Lupus Erythematosus (SLE) can be related to the development of thrombosis and thrombocytopenia.
2. In Gynecology practice they are associated with Intrauterine Death or recurrent abortions and unexplained infertility.
3. They are also found in some non thrombotic neurological disorders e.g. cerebrovacsular insufficiency, cerebral ischemia or chorea. Transient elevation can be seen inother autoimmune & intercurrent diseases. Persistent positive test with titre more than 40 GPL/ml and spaced atleast 12 weeks apart is significant in antiphopholipid antibody syndrome.

Cardiolipin IgM Antibodies

Clinical Significance :
ANTI-CARDIOLIPIN ANTIBODIES (ACA) are antibodies ofter directed against cardiolipin and found in several diseases

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Anti Phospholipid IgG Antibodies

Interpretation:

- Elevated levels of anti phospholipid antibodies(APLA) are seen in cases of Systemic Lupus Erythematosis(SLE) and other Systemic autoimmune disorders like Rheumatoid arthritis, Scleroderma, Sjogrens`s syndrome etc.
- The occurence of APLA in patients with SLE and related diseases indicates secondary anti phospholipid syndrome(APS).
- Presence of APS with no other autoimmune disease indicates primary APS.
- Persisting high APLA titres are considered as a risk factor for thrombovascular complications.

Anti Phospholipid IgM Antibodies

Interpretation:

- Elevated levels of anti phospholipid antibodies(APLA) are seen in cases of Systemic Lupus Erythematosis(SLE) and other Systemic autoimmune disorders like Rheumatoid arthritis, Scleroderma, Sjogrens`s syndrome etc.
- The occurence of APLA in patients with SLE and related diseases indicates secondary anti phospholipid syndrome(APS).
- Presence of APS with no other autoimmune disease indicates primary APS.
- Persisting high APLA titres are considered as a risk factor for thrombovascular complications.

** End of Report**

Dr. Aarti Khanna Nagpal
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Senior Consultant

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MD
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