

REPORT

Name	: Mrs. RANGANAYAKAMMA	Sample ID	: 24864105
Age/Gender	: 82 Years/Female	Reg. No	: 0312404120003
Referred by	: Dr. DATTATREYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2024 09:34 AM
Primary Sample	: Whole Blood	Received On	: 12-Apr-2024 12:58 PM
Sample Tested In	: Serum	Reported On	: 14-Apr-2024 09:33 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Beta 2 Microglobulin	1150	ng/mL	609-2366	CLIA

Interpretation

Low serum levels of β 2M microglobulin essentially indicate decreased disease activity in conditions for which beta₂ microglobulin is used as a prognostic marker (multiple myeloma, lymphoma, leukemia) or the absence of such a disease process. However, low β 2M microglobulin levels are never used to rule out a particular disease (eg, lymphoma) in the absence of other more definitive tests.

Increased serum β 2M microglobulin levels reflect increased activity of the disease process in question and can be an exquisitely sensitive marker for this purpose in many hematologic disorders.

Note: False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

Beta 2 Microglobulin values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

Free Lite Chains (Kappa /Lambda)-Serum

Free light chain, Kappa	12.32	mg/L	3.3 – 19.40	Immunoturbidimetry
Free light chain, Lambda	17.50	mg/L	5.71 – 26.30	Immunoturbidimetry
Kappa/Lambda Ratio	0.70	%	0.26 – 1.65	Calculated

Interpretation :

Useful for Monitoring patients with monoclonal light chain diseases but no M-spike on protein electrophoresis. The specificity of this assay for detection of monoclonal light chains relies on the ratio of free kappa and lambda light chains. Once an abnormal free light chain (FLC) K/L ratio has been demonstrated and a diagnosis has been made, the quantitation of the monoclonal light chain is useful for monitoring disease activity.

Changes in FLC quantitation reflect change in the size of the monoclonal plasma cell population.

*** End Of Report ***



Dr. Vaishnavi
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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
PDF Attached				
Immunofixation Electrophoresis(IFE)				
Protein - Total	6.1	g/dL	6.4-8.2	Biuret
Albumin Fraction	3.6	g/dL	3.20 - 5.00	Agarose Gel Electrophoresis
Total Gamma globulin Fraction	2.5	g/dL	2.5-3.80	Agarose Gel Electrophoresis
Immunoglobulin A(IgA):Quantitative	2.33	g/L	0.69 - 5.17	Immunoturbidimetry
Immunoglobulin G(IgG):Quantitative	12.23	g/L	5.52 -16.31	Immunoturbidimetry
Immunoglobulin M(IgM)-Quantitative	1.02	g/L	0.33 - 2.93	Immunoturbidimetry
Free light chain,Kappa	12.32	mg/L	3.3 – 19.40	Immunoturbidimetry
Free light chain,Lambda	17.50	mg/L	5.71 – 26.30	Immunoturbidimetry
Kappa/Lambda Ratio	0.70	%	0.26 – 1.65	Calculated
Result	No monoclonal band seen in SP lane and corresponding IgG IgA and IgM lanes.			
Impression	Not suggestive of Monoclonal gammopathy. Please correlate clinically.			

Interpretation:

When an abnormal protein (band or peak) is detected, additional tests are done to identify the type of protein (immunotyping). **Immunofixation electrophoresis** or **immunosubtraction electrophoresis** can be used to identify abnormal bands seen on protein electrophoresis, typically in the gamma region, in order to determine whether a type of antibody (immunoglobulin) is abnormally produced (e.g., IgG, IgA, IgM).

In most cases of multiple myeloma, a single type of intact (whole) immunoglobulin is produced in excess. In a minority of cases, only one section of an immunoglobulin called a "free light chain" is produced in large amounts. These excess free light chains are released into the bloodstream and since they are relatively small molecules, they are filtered by the kidneys and released into the urine. Another term for these excess free light chains in the urine is Bence Jones proteins.



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Lactate Dehydrogenase (LDH)	197	U/L	110-210	IFCC

Interpretation:

- Lactate dehydrogenase is present in all cells of the body but its higher concentrations are found in liver, heart, kidney, skeletal muscle and erythrocytes
- Total LDH concentration in serum or plasma is increased in patients with liver disease, renal disease, myocardial infarction, many malignant diseases, progressive muscular dystrophy and almost any cause of hemolysis.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***



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SAS-MX Immunofixation

SP

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A

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K

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