H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	32 Y / M	**Registration On :**	18-Jan-25 11:18
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

ANCA

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 18-Jan-25 11:18 **Received On:** 18-Jan-25 13:58 **Approved On:** 18-Jan-25 18:35

Observation	Result	Unit	Biological Ref. Interval	Method
C-ANCA (PR3)	1.53	CU	<20:Negative >20:Positive	CLIA
P-ANCA (MPO)	< 3.2	CU	<20:Negative >20:Positive	CLIA

Reference Range :
Negative: <20
Positive: >20

Clinical Significance: Antineutrophil Cytoplasmic Antibodies (ANCA) are a family of autoantibodies detected in sera of patients with Systemic Vasculities especially Wegner's Granulomatosis (WG) and Microscopic Polyarteritis and also other small Vessel vasculitis (SVV) disorders that do not fulfil all criteria for WG. Two types of ANCA are seen depending on the staining patterns of neutrophils viz . c-ANCA with diffuse cytoplasmic staining and p-ANCAwith perinuclear staining. Although presence of c-ANCA disappears in majority of patients when the disease is brought into remission by use of corticosteroids,cyclophosphamide, or plasma exchange therapy. Reappearance in patients brough into remission indicate reccurence. Repeated examination are therefore of use in monitoring disease activity and effect of treatment. C-ANCA is not found in normal healthy individuals. The incidence of c-ANCA positive patients with WG and related SVV is calculated to be 1:100,000 or lower . In typical cases of untreated active WG with histopathological confirmation of the diagnosis, practically all cases will be positive. In less typical cases of WG treated SVV the test is positive in only 50-65 % of cases . In treated cases only 10-30 % of patients ar positive . Limitations of the test: The test should not be relied upon as the only diagnostic tool as values in the patients with WG and related upon as the only diagnostic tool as values in the borderline range are not specific for WG and related SVV . Also 25 % of patients with WG and related AVV test negative for c-ANCA . The test must always be used in combination with the clinical picture and histopathological examination of tissue specimens. Antibody titres of the disease . Two type of ANCA are seen in Indirect Immuno-fluorescence (IFF) assays viz, c-ANCA and p-ANCA , depending on diffucecytoplasmic or antigen specific assays, such as ELISA, are applied they detect utoantibodies directed against Serin Proteinase 3 (PR 3) antigen. These antibodies are referred to as PR3 -ANCA.

Advise: Please correlate results clinically.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Scan to Validate