

Name : Mr. DUMMY

Lab No. : Z202

Ref By : SELF

Collected : 4/5/2023 11:12:00AM

A/c Status : P

Collected at : LPL-ROHINI (NATIONAL REFERENCE LAB)  
National Reference laboratory, Block E, Sector  
18, ROHINI  
DELHI 110085

Age : 25 Years

Gender : Male

Reported : 4/5/2023 12:34:02PM

Report Status : Final

Processed at : LPL-NATIONAL REFERENCE LAB  
National Reference laboratory, Block E,  
Sector 18, Rohini, New Delhi -110085



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
tTg DGP COMBINED SCREEN PANEL			
TISSUE TRANSGLUTAMINASE (tTG) ANTIBODY, IgG, SERUM (EIA)	6.00	U/mL	<6.00

### Interpretation

RESULT IN U/mL	REMARKS
< 6	Negative
6 - 9	Weak Positive
> 9	Positive

### Note

1. Test to be performed before eliminating gluten from the diet.
2. Presence of immune complexes or other immunoglobulin aggregates may cause an increased level of non-specific binding leading to false positive results.
3. Negative tTG IgG result in an untreated patient does not rule out gluten-sensitive enteropathy as the patient may be IgA positive or have no antibody to tTG.
4. All results should be used in conjunction with clinical findings and other serological tests.
5. A useful test for exclusion of Celiac disease is HLA - DNA testing for the presence of DQ2 (DQB1\*02, DQA1\*05) and DQ8 (DQB1\*03, DQA1\*03). Celiac disease can be excluded in 90% cases if all these alleles are negative.

### Comments

Celiac disease is characterized by small intestinal damages with flat mucosa leading to malabsorption with depletion of key nutrients. Tissue transglutaminase (tTG) is one of the main endomysial autoantigens that can be easily detected for the diagnosis of Celiac disease. Detection of tTG IgG antibodies, in conjunction with tTG IgA antibodies helps in the diagnosis of certain Gluten sensitive enteropathies such as Celiac disease & Dermatitis herpetiformis. It is not uncommon for Celiac patients to be IgA deficient. This IgA deficiency is probably the single largest contributor to a false negative serological result for tTG IgA in biopsy confirmed celiac patients. Test sensitivity increases from 91.5% for tTG IgA antibody alone to 98.5% when both IgA and IgG results are considered.



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>GLIADIN (DEAMIDATED) ANTIBODIES PANEL, IgA &amp; IgG, SERUM (EIA)</b>			
IgA	12.00	Units	<20.00
IgG	<b>45.00</b>	Units	<20.00

### Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-30	Weak Positive
>30	Positive

### Note

- Deamidated Gliadin peptides (DGP) have increased sensitivity and specificity for celiac disease than unmodified gliadin peptide
- False positive results can be observed in Crohn's disease, food protein (cow milk) intolerance and post infection malabsorption

### Comments

Celiac sprue is a disorder characterized by intestinal malabsorption of nutrients due to sensitivity to an alcohol soluble portion of gluten known as gliadin. The prevalence of the disease is estimated to be between 1 in 300 to 1 in 1000. Anti Gliadin antibodies (AGA) are generated against dietary gliadin in two forms namely IgG & IgA. This disease may be associated with selective IgA deficiency that will give rise to false negative AGA-IgA results. Hence simultaneous testing with AGA-IgG and Total serum IgA levels is recommended if there is a high clinical suspicion of Celiac disease. The sensitivity and specificity of these tests is extremely high when compared to a gold standard of small bowel mucosal biopsy.

Antibody	ADULTS		CHILDREN	
	Sensitivity(%)	Specificity(%)	Sensitivity(%)	Specificity(%)
AGA-IgA	31-100	85-100	90-100	86-100
AGA-IgG	46-95	87-98	91-100	67-100

**Note:** A useful test for exclusion of Celiac disease is HLA - DNA testing for the presence of DQ2 (DQB1\*02, DQA1\*05) and DQ8 (DQB1\*03, DQA1\*03). Celiac disease can be excluded in 90% cases If all these alleles are negative.



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
TISSUE TRANSGLUTAMINASE (tTG) ANTIBODY, IgA, SERUM (EIA)	18.00	Units	<4.00

### Interpretation

RESULT IN Units	REMARKS
< 4	Negative
4 - 10	Weak Positive
> 10	Positive

### Note

- To diagnose Celiac disease, the test should be performed before eliminating gluten from the diet
- False positive results are seen in Type 1 Diabetes, Chronic Liver Disease, Heart Failure and Psoriatic or Rheumatoid Arthritis. It is likely that proteins other than tags may act as antigens for anti-tTG antibodies
- False negative results may be seen in children below 2 years & patients with IgA deficiency. There is high prevalence of IgA deficiency in Celiac disease thus simultaneous screening for IgA level has been recommended
- A useful test for exclusion of Celiac disease is HLA - DNA testing for the presence of DQ2 (DQB1\*02, DQA1\*05) and DQ8 (DQB1\*03, DQA1\*03). Celiac disease can be excluded in 90% cases if all these alleles are negative

### Comments

This test is used for the determination of IgA autoantibodies to human tissue transglutaminase for the differential diagnosis of Celiac disease / Gluten sensitive enteropathy (GSE). Celiac disease is characterized by small intestinal damages with flat mucosa leading to malabsorption with depletion of key nutrients. Tissue transglutaminase is one of the main endomysial autoantigens that can be easily detected for the diagnosis of Celiac disease. Other recommended tests are Endomysial, Gliadin & Reticulin antibodies along with small intestinal biopsy. Negative serology does not exclude a diagnosis of GSE. IgA deficiency should be considered in patients with suggestive clinical presentation.



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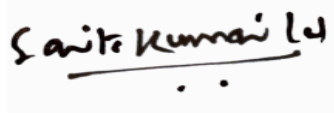
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### Test Report

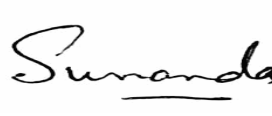
Test Name	Results	Units	Bio. Ref. Interval
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Dr Ajay Gupta  
MD, Pathology  
Technical Director - Hematology &  
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Dr Sarita Kumari Lal  
MD, Pathology  
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Dr Sunanda  
MD, Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd

-----End of report -----



#### IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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