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NAME : XXXXXXXXXXXXXXXX
REF. BY : XXXXXXXXXXXXXXXX
TEST ASKED : PREECLAMPSIA PROFILE BASIC

PATIENTID : XXXXXXXXXXXXXXXX

SAMPLE COLLECTED AT :
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
SOLUBLE FMS-LIKE TYROSINE KINASE 1	E.C.L.I.A	830	pg/mL	

Please correlate with clinical conditions.

Method :

SFLT1 - FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Ranges for Normal Singleton Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	15+0 - 19+6	20+0 - 23+6	24+0-28+6	29+0- 33+6	34+0 - 36+6	37+0-Delivery
SFLT-1	652-2501	708-2807	572-2997	618-3205	773-5165	992-7363	1533-9184

Ranges for Normal Multiple Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	15+0 - 19+6	20+0 - 23+6	24+0-28+6	29+0- 33+6	34+0 - 36+6	37+0-Delivery
SFLT-1	931-3985	1373-5278	1119-4642	1304-5294	438-10491	555-16149	888-20310

Clinical Significance :
Preeclampsia is a pregnancy-specific condition characterized by maternal hypertension and proteinuria after the 20th week of gestation. In preeclamptic patients, this arterial transformation is incomplete, as cytotrophoblasts fail to completely switch their adhesion molecule expression pattern to an endothelial form. The balance of pro- and anti-angiogenic factors and their receptors, including VEGF-A, PIGF, Flt1, and sFlt1, is thought to mediate this process. In healthy pregnancies, the placenta develops in a hypoxic environment, leading to a 20-fold increase in sFlt-1 expression.
PlGF and sFlt-1 concentrations measured by immunoassay in maternal blood improve the prognostic possibilities in preeclampsia, which is typically diagnosed solely on the basis of clinical symptoms, proteinuria, and uterine artery Doppler velocimetry.
Notably, increases in sFlt-1 and decreases in PlGF and VEGF can be detected at least five weeks before the onset of preeclamptic symptoms, potentially facilitating earlier diagnosis and treatment. sFlt-1 changes are most predictive of early-onset preeclampsia; cases of preeclampsia incident late in pregnancy typically are accompanied only by small decreases in PlGF. However, sFlt-1 elevation is also associated with other obstetric conditions such as non-preeclampsic interuterine growth retardation of the fetus, limiting its use as a discriminatory biomarker for preeclampsia.

Kit Validation reference:
Maynard SE, Venkatesha S, Thadhani R, Karumanchi SA (May 2005). "Soluble Fms-like tyrosine kinase 1and endothelial dysfunction in the pathogenesis of preeclampsia".
Pediatric Research. 57 (5 Pt 2) 7R. doi:10.1203/01.PDR.0000159567.85157.B7. PMID 15817508.

Dummy Report

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
PLACENTAL GROWTH FACTOR	E.C.L.I.A	600	pg/mL	

Please correlate with clinical conditions.

Method :

PLGF - FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Ranges for Normal Singleton Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	15+0 - 19+6	20+0 - 26+6	27+0-33+6	34+0- 36+6	37+0 - 38+6	39+0-Delivery
PLGF	28.8-122	66.2-289	119-605	169-1117	114-1297	78.0-984	54.4-862

Ranges for Normal Multiple Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	15+0 - 19+6	20+0 - 26+6	27+0-33+6	34+0- 36+6	37+0 - 38+6	39+0-Delivery
PLGF	30.9-150	151-1017	231-1119	226-1727	86.9-4564	20.0-4305	26.3-7215

Clinical Significance :
Preeclampsia is a pregnancy-specific condition characterized by maternal hypertension and proteinuria after the 20th week of gestation.In preeclamptic patients, this arterial transformation is incomplete, as cytotrophoblasts fail to completely switch their adhesion molecule expression pattern to an endothelial form. The balance of pro- and anti-angiogenic factors and their receptors, including VEGF-A, PIGF, Flt1, and sFlt1, is thought to mediate this process.
Preeclampsia (PE) appears to be due to the release of angiogenic factors from the placenta that induces endothelial dysfunction. Serum levels of PlGF (placental growth factor) are altered in women with PE and can discriminate normal pregnancy from PE even before clinical symptoms occur. In normal pregnancy, the pro-angiogenic factor PlGF increases during the first two trimesters and then decreases as pregnancy progresses to term. In PE, PlGF levels have been found to be lower than in normal pregnancy.

Kit Validation reference:
Maynard SE, Venkatesha S, Thadhani R, Karumanchi SA (May 2005). "Soluble Fms-like tyrosine kinase 1and endothelial dysfunction in the pathogenesis of preeclampsia". Pediatric Research. 57 (5 Pt 2) 7R. doi:10.1203/01.PDR.0000159567.85157.B7. PMID 15817508.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**32**	**U/L**	**< 31**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	23	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.39	Ratio	< 2

Please correlate with clinical conditions.

Method :

SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
OT/PT - DERIVED FROM SGOT AND SGPT VALUES.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
CREATININE - SERUM	PHOTOMETRY	0.89	mg/dL	0.55-1.02

Please correlate with clinical conditions.

Method :

SCRE - CREATININE ENZYMATIC METHOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	91	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
SFLT-1 AND PLGF RATIO	CALCULATED	1.38	Ratio	

Please correlate with clinical conditions.

Method :

SPRATIO - DERIVED FROM SLFT-1 AND PLGF VALUES

Ranges for Normal Singleton Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	**15 +0 - 19+6**	**20+0 - 26+6**	**27+0-33+6**	**34+0- 36+6**	**37+0 - 39+6**	**40-Delivery**
SFLT-1/PLGF	9.27-54.6	3.51-25.7	1.82-14.6	0.945-10.0	0.941 - 33.9	1.23-66.4	2.18-112

Ranges for Normal Multiple Pregnancy (5th - 95th percentile)

Gestational Week (Completed weeks of pregnanacy beginning with the start of the last menstruationcycle)							
	10+0 - 14+6	**15 +0 - 19+6**	**20+0 - 26+6**	**27+0-33+6**	**34+0- 36+6**	**37+0 - 39+6**	**40-Delivery**
SFLT-1/PLGF	13.8-53.2	2.33-15.6	2.11-11.9	1.32-13.7	1.16-69.2	8.86-163	9.16-187

Clinical Significance :
The ratio of sFLT-1 :PLGF aids in prediction of Pre-eclampsia, Eclampsia and HELLP syndrome in the short term. Using sFlt-1 :PlGF ratio in addition to standard clinical assessment could result in a faster and more accurate diagnosis of Pre-eclampsia, and better risk assessment for adverse outcomes.
Note: The high sFlt-1 :PlGF ratio is associated with the shorter remaining pregnancy duration and higher risk of Preterm delivery.

Reference:
Brown MA, Lindheimer MD, de Swiet M, et al. The classification and diagnosis of the hypertensive disorders of pregnancy: statement from the International Society for the Study of Hypertension in Pregnancy (ISSHP). Hypertens Pregnancy 2001;20(1):IX-XIV.

~~ End of report ~~

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