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PATIENT REPORT

Patient Age/Sex: 22 years Female

Specimen Collected: 21-Mar-23 15:05

Lupus Anticoagulant Reflexive Panel | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:14**

Procedure	Result	Units	Reference Interval
Prothrombin Time	19.9 H	sec	[12.0-15.5]
dRVVT Screen	39	sec	[33-44]
PTT-LA Screen (PTT-D)	41	sec	[32-48]
Lupus Anticoagulant Interpretation	See Note f1		
dRVVT 1:1 Mix	Not Applicable	sec	[33-44]
dRVVT Confirmation	Not Applicable	ratio	[Negative]
Hexagonal Phospholipid Neutral Reflex	Not Applicable		[Negative]
Thrombin Time	Not Applicable	sec	[14.7-19.5]
PTT-D Heparin Neutralized	Not Applicable	sec	[32-48]
PTT-D 1:1 Mix	Not Applicable	sec	[32-48]
Platelet Neutralization (PTT-D, Confirm)	Not Applicable		[Negative]
Reptilase Time	Not Applicable	sec	[<=21.9]

D-Dimer | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:15**

Procedure	Result	Units	Reference Interval
D-Dimer	40.6 H i1	ug/mL	[0.0-0.4]

Fibrinogen | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:15**

Procedure	Result	Units	Reference Interval
Fibrinogen	58 C f2	mg/dL	[150-430]

Factor II, Activity (Prothrombin) | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:19**

Procedure	Result	Units	Reference Interval
Factor II,Activity (Prothrombin)	68 L i2	%	[86-150]

Factor V, Activity | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:19**

Procedure	Result	Units	Reference Interval
Factor V,Activity	38 L i3	%	[62-140]

Factor VII, Activity | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:19**

Procedure	Result	Units	Reference Interval
Factor VII,Activity	119 i4	%	[80-181]

Factor X, Activity | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:19**

Procedure	Result	Units	Reference Interval
Factor X,Activity	61 L i5	%	[81-157]

Prolonged Clot Time Reflexive Profile | **Received: 21-Mar-23 15:05** | **Report/Verified: 21-Mar-23 15:21**

Procedure	Result	Units	Reference Interval
Prolonged Clot Time Reflex Panel Interp	See Note f3 i6		

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Result Footnote

f1: Lupus Anticoagulant Interpretation

Lupus anticoagulant not detected.
The phospholipid-dependent screening tests (PTT, DRVVT) are not prolonged.

Lupus anticoagulant antibodies are heterogeneous and antibody titers fluctuate over time. Laboratory tests used to identify lupus anticoagulants demonstrate variable sensitivity. If there is strong clinical suspicion for antiphospholipid antibody syndrome (APS), consider testing for cardiolipin and beta-2 glycoprotein 1 antibodies (IgG and IgM) if this testing has not already been performed.

f2: Fibrinogen

Client call pending. (Dept/ID# 312/9796)

f3: Prolonged Clot Time Reflex Panel Interp

Clinical history was not provided for this patient. The markedly elevated fibrin D-dimer is indicative of increased intravascular coagulation and fibrinolysis (ICF) as can occur in association with recent bleeding, surgery or thromboembolism, hypercoagulable or inflammatory or hyperfibrinolytic states, liver disease, or clinical ICF/DIC (disseminated intravascular coagulation), among other conditions. The negative soluble fibrin monomer (SFM) provides no additional evidence of increased ICF.

The prothrombin time (PT) is prolonged and corrects on 1:1 mixing with pooled normal plasma, suggestive of coagulation factor(s) deficiency state. Additional testing for the activity of the extrinsic pathway coagulation factors (II, V, VII and X) shows decreased levels of factors II, V and X, of likely acquired etiology (e.g., liver disease, recently treated vitamin K deficiency, recent warfarin therapy and/or consumptive coagulopathy).

The markedly decreased fibrinogen activity (Clauss method), along with the decreased coagulation factors levels and elevated D-dimer, could indicate consumptive (e.g., DIC) and/or hyposynthetic (e.g., liver disease) coagulopathies. Correlation with the clinical history and other laboratory studies (e.g. platelet count, liver function tests) is recommended and serial testing should be considered if there is a strong clinical suspicion of active or overt DIC.

Interpreted by [redacted]

Test Information

i1: D-Dimer

INTERPRETIVE INFORMATION: D-Dimer
The presence of rheumatoid factor may lead to false positive results with the D-Dimer test. This test should not be used to rule out venous thromboembolism.

Maximum values less than 10 ug/mL FEU are rarely indicative of DIC.
Results are reported in Fibrinogen Equivalent Units (FEU).

i2: Factor II, Activity (Prothrombin)

REFERENCE INTERVAL: Factor II, Activity (Prothrombin)

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i3: Factor V, Activity

REFERENCE INTERVAL: Factor V, Activity

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Test Information

i4: Factor VII, Activity
REFERENCE INTERVAL: Factor VII, Activity

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i5: Factor X, Activity
REFERENCE INTERVAL: Factor X, Activity

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i6: Prolonged Clot Time Reflex Panel Interp
INTERPRETIVE INFORMATION: Prolonged Clot Time Reflex Panel

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.