

Ms.

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PID NO:

Age:

Reference: SELF

Sample Collected At:

Max Healthcare Institute Limited.

1, Press Enclave Road, Saket, New Delhi-110017, gst No-07aadcm0815b1z4Zone:

Malviya Nagar

Processing Location:- Metropolis

Healthcare Ltd, Unit No409-416, 4th

Floor, Commercial Building-1, Kohinoor

Mall, Mumbai-70

VID: 230111503333065

Registered On:

07/01/2024 04:24 PM

Collected On:

07/01/2024 4:23PM

Reported On:

18/01/2024 06:00 PM

## Enzyme Analysis of Arylsulfatase A\*\* and Arylsulfatase B \*\*

**Clinical History:** Not Enclosed.

**Leukocyte Enzyme Activity:**

| Test (units)                     | Disorder                     | Results | Biological Reference Interval (Mean±SD) | Status    |
|----------------------------------|------------------------------|---------|-----------------------------------------|-----------|
| Arylsulfatase A (nmol/17hr/mg)   | Metachromatic Leukodystrophy | 235.0   | 67-396 (187.5 ± 63.9)                   | Normal    |
| Arylsulfatase B (nmol/hr/mg)     | MPS VI                       | 68.4    | 84-452 (231.6±22.3)                     | Subnormal |
| *Beta Galactosidase (nmol/hr/mg) | MPS IV B                     | 110.9   | 70-324 (148.17± 35.7)                   | Normal    |

\* Reference enzyme.

**Method:** Artificial chromogenic & fluorogenic substrates.

**Result:** A normal enzyme activity of arylsulfatase A whereas a **subnormal enzyme activity** (~27.9 % mean normal activity) of arylsulfatase B and normal activity of arylsulfatase A is obtained in leukocytes.

**Interpretation:** Normal activity of arylsulfatase A in leukocytes may rule out the possibility of Metachromatic Leukodystrophy. In classical cases of **Maroteaux-Lamy (MPS VI) disease** a subnormal enzyme activity of Arylsulfatase B in leukocytes is found to be less than ~10% of mean normal. However, in this patient a subnormal activity of ~27.9% mean normal is obtained hence further clinical correlation is recommended.

**Recommendations:** ARSB gene mutation analysis is recommended for identification of causative/ carrier mutation/s of the patient/ parents.

**Note:** It is presumed that the specimen used to perform the test belongs to the patient specified above, such verification having been carried out at the collection level of the sample.

Please correlate with clinical findings and other test findings.

**References:** \*\*\*\*

\*\*\* End Of Report \*\*\*

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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor.  
The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.  
\*\*Referred Test