Patient Name Centre
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**Hematology Special** 

Test Name Result Unit Bio Ref Interval

#### ANA By Immunofluorescence, Serum

Anti Nuclear Antibodies Positive Negative

Immunofluorescence

Primary Dilution 1:40
Primary Intensity on IF 2+
Nuclear Pattern Speckled
Cytoplasmic Pattern Negative
Mitotic Pattern Negative
End Point Titre 1:320
Advise: ANA LIA

#### Interpretation

Anti Nuclear Antibody IFA, HEP2000, Serum Immunofluorescence

(Syn: Anti-Nuclear Antibody)

ANA immunofluorescence is the gold standard test for screening for autoimmune antibodies and has higher sensitivity as compared to ANA ELISA. False ANA positivity may be seen in - certain viral infections (Hepatitis C, Parvovirus and many other), bacterial infections (Tuberculosis), parasitic infection (schistosomiasis), certain malignancies and medications. ANA Immunofluorescence results need to be corroborated with clinical features and other laboratory findings for definitive evidence of auto-immune disorder.

Advise: -

- A repeat ANA testing is recommended after 12 weeks after an acute episode of infection.
- ANA LIA should be added in cases with positive ANA Immunofluorescence result to know which extractable nuclear antigen is present in the patients, which helps in classifying patients for specific autoimmune disorder.

Kindly correlate with clinical findings

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



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SIN No:DD0409514, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017 Booking Centre :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi, 7982100200 The authenticity of the report can be verified by scanning the Q R Code on top of the page



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Hematology Special

Test Name Result Unit Bio Ref Interval

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Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.

Associate Director & Manager Quality Dr. Nitin Dayal, M.D.

Principal Consultant & Head,

Haematopathology





Patient Name	Centre
Age/Gender	OP/IP No
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Clinical Biochemistry
Renal Profile, Serum + Urine

# Urea, Serum

Date	25/Oct/2021	12/Oct/21	19/Aug/21	08/Aug/21	Unit	<b>Bio Ref Interval</b>
	12:01PM	10:32AM	04:16AM	11:13PM		
Urea	56.6	42.9	57.9	52.4	mg/dL	17.0 - 43.0
Urease, UV						

# Creatinine, Serum

Date	25/Oct/2021 12:01PM		19/Aug/21 04:16AM	O	Unit	Bio Ref Interval
Creatinine Rate-Jaffe	2.27	1.91	2.85	1.68	mg/dl	0.61 - 1.24
eGFR MDRD	30.49	37.22	23.47	43.19	ml/min/1.7 m²	73

#### Ref. Range

eGFR - Estimated Glomerular Filteration Rate is calculated by MDRD equation which is most accurate for GFRs  $\leq 60$ ml / min /1.73 m².MDRD equation is **used** for adult population only.

<60ml / min / 1.73 m² - Chronic Kidney Disease

<15 ml / min /1.73 m<sup>2</sup> - Kidney failure

# Sodium, Serum

Date	25/Oct/2021 12:01PM		19/Aug/21 04:16AM	O	Unit	Bio Ref Interval
Sodium ISE Indirect	136.1	136.0	126.9	129.8	mmol/L	136 - 146



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Resport No.

Clinical Biochemistry

Renal Profile.Serum + Urine

		Renal Pro	file,Serum + l	Jrine		
Potassium, Serum						
Date	25/Oct/2021 12:01PM	12/Oct/21 10:32AM	19/Aug/21 04:16AM	08/Aug/21 11:13PM	Unit	Bio Ref Interval
Potassium ISE indirect	5.31	4.4	4.58	3.68	mmol/L	3.5 - 5.1
Chloride, Serum						
Date	25/Oct/2021 12:01PM	12/Oct/21 10:32AM	19/Aug/21 04:16AM	08/Aug/21 11:13PM	Unit	Bio Ref Interval
Chloride ISE indirect	108.0	103.0	99.3	105.9	mmol/L	101 - 109
Bicarbonate, Serum						
Date	25/Oct/2021 12:01PM	12/Oct/21 10:32AM	19/Aug/21 04:16AM	08/Aug/21 11:13PM	Unit	Bio Ref Interval
Bicarbonate Enzymatic	21.0	23.0	17.2	21.9	mmol/L	21 - 31







Patient Name	Centre
Age/Gender	OP/IP No
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Clinical Biochemistry
Renal Profile, Serum + Urine

### MAU / Creatinine Ratio Urine

Date	25/Oct/2021	12/Oct/21	Unit	<b>Bio Ref</b>
	12:01PM	10:32AM		Interval
Microalbumin, Urine Immunoturbidimetric	420.47	427.84	mg/dL	< 1.9
Creatinine, Urine	112.05	77.95	mg/dL	22 - 328
Microalbumin/Creatinine Ratio	3752.52	5489	μg/mg Creatinine	< 30 e

Comment

Category	Spot Collection
Normal	< 30 μg/mg creatinine
Microalbuminuria	$30-299 \mu g/mg$ creatinine
Clinical Albuminuria	> 300 μg/mg creatinine

### Calcium, Serum

Date	25/Oct/2021 12:01PM		19/Aug/21 04:16AM	O	Unit	Bio Ref Interval
Calcium (Total)	9.25	8.9	8.80	8.43	mg/dL	8.8 - 10.6

#### Comment

Increased in Primary and Tertiary hyperparathyroidism, malignant disease with bone involvement, Polycythemia vera, pheochromocytoma and Sarcoidosis. Advise: PTH testing. If normal or increased, then check urine Ca<sup>++</sup>/ Creatinine ratio to exclude Familial benign hypocalciuric hypercalcemia (FBHH) Decreased in surgical or congenital hyperparathyroidism; Vitamin D deficiency, chronic renal failure; magnesium deficiency, prolonged anticonvulsant therapy, acute pancreatitis, hyperphosphatemia, massive blood transfusion, leprosy, proximal and distal renal tubular disease, alcoholism and hepatic cirrhosis.

Advice: Albumin, Phosphate, Creatinine, Alkaline Phosphatase and PTH.



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Clinical Biochemistry
Renal Profile, Serum + Urine

Kindly correlate with clinical findings

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

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Clinical Pathology Renal Profile,Serum + Urine

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# **Urine Routine And Microscopy**

Date	25/Oct/2021 12:01PM	12/Oct/21 10:32AM	Unit	Bio Ref Interval
<u>Macroscopy</u> Reflectance photometry				
Colour	Light-Yellow	Light- Yellow		Pale Yellow
PH	5.0	6.0		5-6
Specific Gravity	1.016	1.013		1.015 - 1.025
Protein	++	+++		Nil
Glucose.	Trace	Trace		Nil
Ketones	Nil	Nil		Nil
Blood	Nil	Trace		Nil
Bilirubin	Nil	Nil		Nil
Urobilinogen	Normal	Normal		Normal
Nitrite	Negative	Negative		
Microscopy Light Microscopy/Image capto	ure microscopy			
Red Blood Cells (RBC)	Nil	1 - 2	/HPF	Nil
White Blood Cells	2 - 3	0 - 1	/HPF	0.0-5.0
Squamous Epithelial Cells	0 - 1	0 - 1	/HPF	
Cast	Nil	Nil	/LPF	Nil
Crystals	Nil	Nil		Nil
Bacteria	Nil	Nil	/HPF	Nil

Kindly correlate with clinical findings

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



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**Clinical Pathology** 

Renal Profile, Serum + Urine

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