



Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Clinical Biochemistry

Arthritis Profile

Test Name	Result	Unit	Bio Ref Interval
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ASO (Anti Streptolysin O), Serum*

ASO Titre Immuno turbidimetric	<100	IU/mL	< 145
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SIN No:b2b1002020, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :2023 - Max Lab Jamia Nagar, Shop No-3,Upper Ground Floor, Canal Road Jamia Nagar,New Delhi, 8860205209
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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(CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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Clinical Biochemistry Arthritis Profile

Rheumatoid Factor(Quantitative), Serum*

Date	09/Oct/2021 01:34PM	Unit	Bio Ref Interval
Rheumatoid Factor Immunoturbidimetric	3.8	IU/mL	< 12

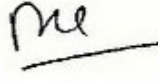
Interpretation Rheumatoid factor is found in rheumatoid arthritis, Sjögren's syndrome, Scleroderma, dermatomyositis, Waldenström's disease, sarcoidosis and SLE. 75% patients with rheumatoid arthritis have RF of IgM class. Highest titers of Rheumatoid arthritis are seen in severe, active, chronic disease with vasculitis and subcutaneous nodules

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology





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Serology Special Arthritis Profile

Test Name	Result	Unit	Bio Ref Interval
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ANA (Anti Nuclear Antibody), Serum

FEIA

Anti Nuclear Antibody	0.1	Ratio
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Ref. Range

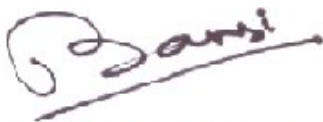
Negative < 0.7
 Equivocal 0.7 - 1.0
 Positive > 1.0

Interpretation

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydrallazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

Kindly correlate with clinical findings

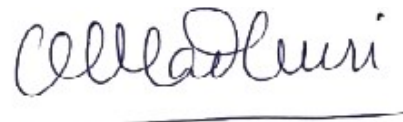
*** End Of Report ***



Dr. Bansidhar Tarai, M.D.
 Associate Director
 Microbiology & Molecular Diagnostics



Dr. Poornima Sen, M.D.
 Consultant - Microbiology



Dr. Madhuri Somani, M.D. , DNB
 Consultant - Microbiology



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Clinical Biochemistry Arthritis Profile

Uric Acid, Serum

Date	09/Oct/2021 01:34PM	Unit	Bio Ref Interval
Uric Acid	2.5	mg/dL	2.6 - 6.0
<small>Uricase, Colorimetric</small>			

Interpretation

Increased in gout, renal failure, inherited metabolic disorders, excess dietary purine intake, Increased nucleic acid turnover (e.g. Leukemia, Myeloma, Radiotherapy, Chemotherapy, Trauma) Psoriasis, preeclampsia and Alcohol consumption.

Decreased in Wilson's disease, Fanconi's syndrome xanthinuria, SIADH, deficiency of adenosine deaminase, purine and nucleoside phosphorylase and low purine diet.

CRP (C-Reactive Protein), High Sensitive, Serum

Date	09/Oct/2021	07/Aug/21	Unit	Bio Ref Interval
C-Reactive Protein, High Sensitive	0.661	0.995	mg/dL	
<small>Latex particle Immunoturbidimetric</small>				

Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	CRP (mg/L)	CRP (mg/dL)
Low	< 1.0	< 0.10
Average	1.0 - 3.0	0.10 - 0.30
High	> 3.0	>0.30

Increase in CRP levels is non – specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.





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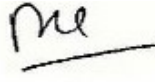
Clinical Biochemistry Arthritis Profile

Kindly correlate with clinical findings

*** End Of Report ***



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**Clinical Pathology
Arthritis Profile**

Urine Routine And Microscopy

Date	09/Oct/2021 07/Aug/21	Unit	Bio Ref Interval
	01:34PM 10:00AM		

Macroscopy

Reflectance photometry

Colour	Yellow	Yellow		Pale Yellow
PH	5.0	5.0	..	5-6
Specific Gravity	1.031	1.024		1.015 - 1.025
Protein	Trace	Nil		Nil
Glucose.	Nil	Nil		Nil
Ketones	Nil	Nil		Nil
Blood	Nil	Nil		Nil
Bilirubin	Nil	Nil		Nil
Urobilinogen	Normal	Normal		Normal
Nitrite	Negative	Negative		

Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Occasional	Nil	/HPF	Nil
White Blood Cells	1 - 2	3 - 5	/HPF	0.0-5.0
Squamous Epithelial Cells	5 - 7	5 - 7	/HPF	
Cast	Nil	Nil	/LPF	Nil
Crystals	Nil	Nil	..	Nil
Bacteria	Nil	Nil	/HPF	Nil

Kindly correlate with clinical findings

*** End Of Report ***





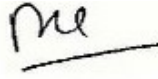
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Clinical Pathology Arthritis Profile



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Hematology Arthritis Profile

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	09/Oct/2021	07/Aug/21	Unit	Bio Ref Interval
	01:34PM	10:00AM		
Haemoglobin	8.8	9.4	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	29.0	30.5	%	36-46
Total Leucocyte Count (TLC) Electrical Impedance	8.6	10.1	10~9/L	4.0-10.0
RBC Count Electrical Impedance	3.78	3.93	10~12/L	3.8-4.8
MCV Electrical Impedance	76.6	77.8	fL	83-101
MCH Calculated	23.2	23.9	pg	27-32
MCHC Calculated	30.3	30.8	g/dl	31.5-34.5
Platelet Count Electrical Impedance	397	376	10~9/L	150-410
MPV Calculated	8.7	8.4	fl	7.8-11.2
RDW Calculated	19.4	18.7	%	11.5-14.5

Differential Cell Count

VCS / Light Microscopy

Neutrophils	63.3	71.5	%	40-80
Lymphocytes	25.0	18.3	%	20-40
Monocytes	8.1	7.6	%	2-10
Eosinophils	2.7	2.2	%	1-6
Basophils	0.9	0.4	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	5.44	7.22	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.2	1.8	10~9/L	1.0-3.0





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**Hematology
Arthritis Profile**

Absolute Monocyte Count	0.7	0.77	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.23	0.22	10~9/L	0.02-0.5
Absolute Basophil Count	0.08	0.04	10~9/L	0.02-0.1
ESR (Westergren)	30	22	mm/hr	<=19

Peripheral Smear Examination

RBC: - Anisocytosis (+), Microcytosis (+), Hypochromia (+)
WBC: - Counts within normal limits
Platelet: - Adequate

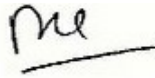
Impression: - Microcytic Hypochromic Anaemia

Kindly correlate with clinical findings

*** End Of Report ***



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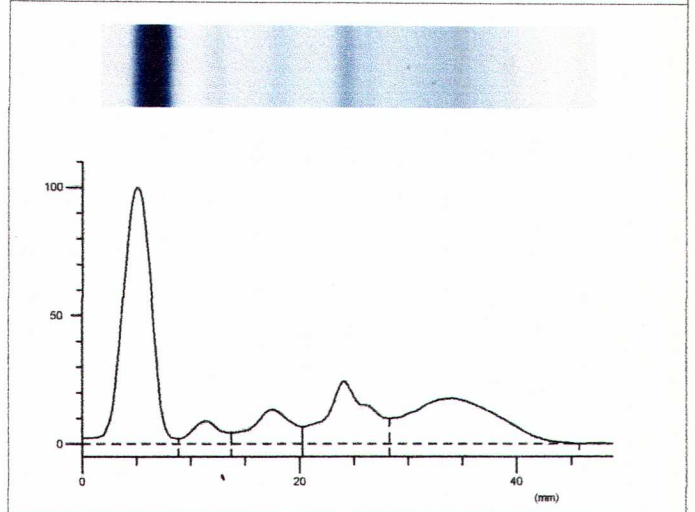


SERUM PROTEIN ELECTROPHORESIS

11/10/2021 6:17:32PM

Item Value

Patient Name
 Patient ID
 Age\Sex
 Referred Doctor
 Location
 Ordered Date
 Report Date
 Total Protein (g/dl)



Index	Band	Area	Rel.Area	Conc. (g/dl)	Range (g/dl)
1	Albumin	2.004	45.63%	3.56	3.50 ... 5.00
2	Alpha 1	0.181	4.12%	0.32	0.11 ... 0.40
3	Alpha 2	0.368	8.37%	0.65	0.43 ... 1.03
4	Beta	0.720	16.39%	1.28	0.53 ... 1.40
5	Gamma	1.119	25.49%	1.99 H	0.75 ... 1.80
Total		4.391		7.80	
Ratio Alb. / Glob			0.84		

SP 2767/2021

Polyclonal increase in gamma globulin-consistent with chronic infection/inflammation.
 No "M" Spike seen.

for Rajeev Gupta

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