

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

Arthiritis Profile

Test Name Result Unit Bio Ref Interval

ASO (Anti Streptolysin O), Serum*

ASO Titre <100 IU/mL < 145

Immuno turbidimetric



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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

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Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050 (CIN No.: U85100DL2021PLC381826)

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Clinical Biochemistry

Rheumatoid Factor(Quantitative), Serum*

Date 09/Oct/2021 Unit Bio Ref Interval

01:34PM

Rheumatoid Factor 3.8 IU/mL < 12

Arthiritis Profile

Immunoturbidimetric

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

Arthiritis Profile

Test Name Result Unit **Bio Ref Interval**

ANA (Anti Nuclear Antibody), Serum

Anti Nuclear Antibody 0.1 Ratio

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 Arthiritis Profile

Uric Acid, Serum

Date 09/Oct/2021 Unit **Bio Ref Interval**

01:34PM

2.6 - 6.0Uric Acid 2.5 mg/dL

Uricase, Colorimetric

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.



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Clinical Biochemistry Arthiritis Profile

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

Bio Ref Interval Date 09/Oct/2021 07/Aug/21 Unit

> 01:34PM 10:00AM

0.661 0.995 mg/dL C-Reactive Protein, High

Sensitive

Latex particle Immunoturbidimetric

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.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D.

Principal Director-

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SERUM PROTEIN ELECTROPHORESIS

11/10/2021 6:17:32PM

Item

Value

Patient Name

KEENA SINGH

Patient ID

SHGN.10814

Age\Sex

50/F

Refered Doctor

MAX LAB

Location

B2B1002020

Ordered Date

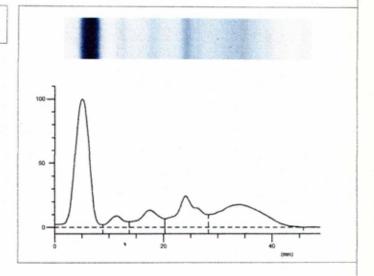
09/10/2021

Report Date

11/10/2021

Total Protein (g/dl)

7.80



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.

Dr. Dilip Kumar, M.D.

PMnc | pan Piretting of Max Healthcare Institute | Mssociate Director and Max Sabe Bisoci Bank Services et (West Block) Manager Quality
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Principal Consultant and Head -

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www.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.