MAX Lab

Laboratory Investigation Report

Patient Name	: Mrs. Isshu Mittal Mittal	Centre	: 3997 - Max Lab Niti Khand 1 Indirapuram
Age/Gender	: 36 Y 9 M 27 D /F	OP/IP No/UHID	: //
MaxID/Lab ID	: VSLI.521640/3777012400034	Collection Date/Time	: 15/Jan/2024 08:15AM
Ref Doctor	: Dr.Sowjanya Aggarwal	Reporting Date/Time	: 16/Jan/2024 06:05PM

SIN No:B2B4263902

Hematology Special

BOH Advance

Test Name	Result	Unit	Bio Ref Interval
ANA By Immunofluorescence, Serum			
Anti Nuclear Antibodies Immunofluorescence	Negative		Negative
Primary Dilution	1:80		

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 *****

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

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :3997 - Max Lab Niti Khand 1 Indirapuram, Shop No. 2, Groud Floor, Plot No. 272, Niti Khand 1, Opp Cambridge School, 9311146126
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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MC-2714

MAX Lab

Laboratory Investigation Report

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Ref Doctor	: Dr.Sowjanya Aggarwal	Reporting Date/Time	: 17/Jan/2024 02:00PM

SIN No:B2B4263902

Serology Special

BOH Advance

Test Name	Result	Unit	Bio Ref Interval
Anti Cardiolipin Ab,IgG,Serum			
Anti Cardiolipin IgG FEIA	1.4	GPL-U/mL	< 10.0

Ref. Range

Negative < 10
Weak Positive 10 - 40
Positive > 40

Comment :

Cardiolipin antibodies is detected in aotuimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is assosiated with increased risk in idiopathic thrombocytopenia purpura, rhemotoid, psoriatic, arthritis primary sjogrem's syndrome.

Interpretation :

Cardiolipin IgG is intended for the in vitro quantitative measurement of IgG antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE).A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated.

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Serology Special

BOH Advance

Test Name	Result	Unit	Bio Ref Interval
Anti Cardiolipin Ab,IgM,Serum			
Anti Cardiolipin IgM	3.5	MPL-U/mL	< 10.0

Ref. Range

Negative < 10
Equivocal 10 - 40
Positive >40

Comment :

Cardiolipin antibodies is detected in aotuimmune disorders particularly systemic lupus erythematosus (SLE), vascular thrombosis, thrombocytopenia etc. Elevations of cardiolipin antibody is assosiated with increased risk in idiopathic thrombocytopenia purpura, rhemotoid, psoriatic, arthritis primary sjogrem's syndrome.

Interpretation :

Cardiolipin IgM is intended for the in vitro quantitative measurement of IgM antibodies directed to cardiolipin in serum and plasma to aid in the diagnosis of antiphospholipid syndrome (APS) and to evaluate the thrombotic risk in patients with systemic lupus erythematosus (SLE).A definitive clinical diagnosis should not be based on the results of a single diagnostic method, but should only be made after all clinical and laboratory findings have been evaluated. Rheumatoid factor (RF) can interfere with the determination of IgM anti-cardiolipin antibodies.

Kindly correlate with clinical findings

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

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Principal Director-
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Dr. Bansidhar Tarai, M.D
Associate Director
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Dr Nidhi Malik, MD
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SIN No:B2B4263902

Hematology Special

BOH Advance

Test Name	Result	Unit	Bio Ref Interval
DRVVT-Lupus Anticoagulant , Plasma Citrate			
Electromechanical Clot Detection			
dRVVT Screen	30.30	Sec	29.9 - 47.1
dRVVT Screen ratio	0.79		
dRVVT Confirm	30.00	Sec	24.8 - 34.1
dRVVT Confirm ratio	1.02		
dRVVT Screen: Confirm ratio	0.77		0.0 - 1.20
Interpretation	No Lupus Like Anticoagulant Present		

Kindly correlate with clinical findings

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

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Ref Doctor	: Dr.Sowjanya Aggarwal	Reporting Date/Time	: 15/Jan/2024 05:03PM

SIN No:B2B4263902

Immunoassay

BOH Advance

Total - Thyroid Profile, Serum

Date	15/Jan/2024 08:15AM	Unit	Bio Ref Interval
T3 (Total) CLIA	1.20	ng/mL	0.87-1.78
T4 (Total) CLIA	6.80	ug/dL	5.53-11.0
TSH CLIA	**6.91**	uIU/ml	0.38-5.33

Comment

Parameter	Unit	Cord Blood	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	2.3 - 13.2	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism

Total Thyroid Profile : (Thyroid Function Test, TFT)
T3 (Total), Triiodothyronine
Increase in Hyperthyroidism, and T3 toxicosis,
Decreased in hypothyroidism,states with decreased TBG, and acute and subacute non thyroidal illness
T4(Total) Thyroxine
Increased in Hyperthyroidism, states with increased TBG, Thyrotoxicosis
Decreased in Hyperthyroidism, states with decreased TBG and Strenuous exercise
TSH, Serum : Thyrotropin(Thyroid Stimulating Hormone)
Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism.

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.
TSH assay is strandized to the 3rd generation for human TSH.
The Cyclical variations may be quite large; therefore the timing of specimen collection must be strictly controlled.
Advise : Kindly do Thyroid Profile/TSH in morning hours only.

Kindly correlate with clinical findings

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

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Immunoassay

BOH Advance

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Consultant Biochemistry

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Serology

BOH Advance

Test Name	Result	Unit	Bio Ref Interval
TORCH (IgG, IgM),Serum			
Toxo IgG CLIA	<2.72	IU/mL	
Rubella IgG CLIA	**85.0**	IU/mL	
CMV IgG CLIA	<1.62	U/mL	
HSV IgG (1+2) CLIA	0.520	Index	
Toxo IgM CLIA	0.65	COI	
Rubella IgM CLIA	0.41	COI	
CMV IgM CLIA	0.24	COI	
HSV IgM (1+2) CLIA	**1.2**	Index	

ADVICE: HSV PCR

Ref Range (Toxo IgG)
Negative <= 3,99
Borderline 4.0 - 7.99
Reactive > =8.0
Interpretation:
Positive IgG antibodies indicate a past infection with Toxoplasma gondii.
Ref Range (Rubella IgG)
Negative < =9.99
Low Positive 10.0 - 14.9
Positive >= 15.0
Interpretation:
Positive IgG antibodies indicate an exposure to virus, either after infection or vaccination.
Ref Range (CMV IgG)
Negative < =4,99
Borderline 5.0 - 7.99
Reactive >= 8.0
Interpretation:
Positive CMV IgG levels indicate past infection.
Ref Range (HSV IgG)
Non Reactive < 0.90
Equivocal 0.90 - 1.10
Reactive > 1.10
Interpretation:
Positive HSV IgG levels indicate past infection.

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BOH Advance

Test Name	Result	Unit	Bio Ref Interval

Ref Range(Toxo IgM)
Negative 0.80
Borderline >= 0.80 - 1.2
Reactive > =1.2
Interpretation:
Positive IgM antibodies help in the diagnosis of congenital / Acute Acquired toxoplasmosis.
Ref. Range (Rubella IgM)
Negative 0.80
Borderline >=0.80 - 1.2
Reactive >= 1.2
Interpretation:
Positive IgM antibodies to Rubella virus is seen in recent infection.
Ref Range (CMV IgM)
Negative < 0.9
Borderline >=0.9 - 1.2
Reactive >= 1.2
Interpretation:
Positive CMV IgM antibodies is seen in recent infection.
Ref Range (HSV IgM)
Non Reactive < 0.90
Equivocal 0.90 - 1.10
Reactive > 1.10
Interpretation:
HSV IgM antibody is seen after primary HSV infection.

1. Non reactive results do not always exclude the possibility of infection. Patients with negative results in suspected early disease cases should be retested after 3 weeks
2. Equivocal results may contain low levels of antibodies. In such cases it is recommended to retest after 2 weeks
3. Reactive resultsIgG indicate past or acute infection. IgG avidity testing is recommended to differentiate between recent and past infection
4. ReactiveIgM Rubella&IgM CMV result indicates primary infection / reinfection / reactivation of latent virus respectively.
5. Reactive IgMToxoplasma result indicates recent / past infection as the IgM antibodies can persistupto 18 months post infection.
6. Reactive HSV IgM results are seen with primary HSV infection.
7. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account

Kindly correlate with clinical findings

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

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Microbiology

Dr Nidhi Malik, MD
Consultant Microbiology

Results to follow:

Antiphospholipid Antibody IgG + IgM,Serum : 18/Jan/2024 07:00 PM,Karyotyping Female – Peripheral Blood Cells : 15/Jan/2024 03:17 PM,Karyotyping Male – Peripheral Blood Cells : 15/Jan/2024 03:17 PM

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