

Patient Name Centre Age/Gender OP/IP No/UHID MaxID/Lab ID Collection Date/Time Ref Doctor Reporting Date/Time

**Clinical Biochemistry** 

**ILD Advance** 

ACE (Angiotensing Converting Enzyme), Serum

**Bio Ref Interval** Date 01/Sep/2023 Unit

08:14AM

Angiotensin Converting 52.6 U/L 8 - 52

Enzyme (ACE) (FAPGG)

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

02

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017 Booking Centre: 4847 - Zoha Diagnostics, Shop No 259, LGF, Basement Hauz Rani, 9015575439 The authenticity of the report can be verified by scanning the Q R Code on top of the page

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**Clinical Biochemistry** 

**ILD Advance** 

**Test Name** Result **Bio Ref Interval** Unit

C-Reactive Protein (CRP)\*, Serum

15.599 mg/L

Latex Particle Immunoturbidimetric

Interpretation This helps in detecting neonatal septicemia, meningitis and useful to assess the activity of inflammatory diseases like rheumatoid arthritis. It is increased after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. The increase with inflammation occurs within 6-12 hours and peaks at about 48 hours.

## Ref Range:

Mg/LMg/dL < 5.0 < 0.5

Kindly correlate with clinical findings

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

Dr. Pooja Bhasin M.D.

Associate Director Lab Service Pathology Dr. Vijay Laxmi Sharma, MD Principal consultant - Lab Medicine

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Patient Name Centre Age/Gender OP/IP No/UHID MaxID/Lab ID Collection Date/Time Ref Doctor Reporting Date/Time

> Serology

**ILD Advance** 

Anti-CCP (Anti Cyclic Citrullinated Peptide), Serum

01/Sep/2023 08:14AM

Anti-CCP

<7.00

**Bio Ref Interval** Unit

< 17.0 U/ml

## **Comment Interpretation**

Date

This test helps in diagnosis of rheumatoid arthritis in combination with other clinical and laboratory funding.

# Kindly correlate with clinical findings

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

Dr.Poonam.S. Das, M.D. Principal Director-

Dr. Bansidhar Tarai, M.D. Associate Director Max Lab & Blood Bank Services Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Dr Nidhi Malik, MD Consultant Microbiology

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Patient Name Centre Age/Gender OP/IP No/UHID MaxID/Lab ID Collection Date/Time Ref Doctor Reporting Date/Time

> Outsourced

**ILD Advance** 

Result **Bio Ref Interval** Unit

Histone Antibodies (L)\*, Serum

**Test Name** 

Histone Antibodies 0.36 Units

Ref Range:

Result in Units Remarks <1.0 Negative Weak Positive 1.0-1.5 1.6-2.5 Moderate Positive Strong Positive

>2.5

Kindly correlate with clinical findings

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

Dr. Pooja Bhasin M.D. Associate Director Lab Service Pathology

Dr. Vijay Laxmi Sharma, MD Principal consultant - Lab Medicine

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Patient Name Centre Age/Gender OP/IP No/UHID MaxID/Lab ID Collection Date/Time Ref Doctor Reporting Date/Time

**Serology Special** 

**ILD Advance** 

**Test Name** Result **Bio Ref Interval** Unit

Anti dsDNA Antibody (Double Stranded), Serum

Anti-dsDNA 0.1 IU/mL

FEIA

Ref. Range

Negative <10

Equivocal 10 - 15

Positive> 15

#### **Comments:**

The determination of ANA is important for the clinical diagnosis of connective tissue disease, ds DNA antibodies. It represents one of the diagnostic criteria for SLE.

Kindly correlate with clinical findings

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

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

Microbiology & Molecular Diagnostics

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Dr Nidhi Malik, MD Consultant Microbiology

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Patient Name Centre OP/IP No/UHID Age/Gender MaxID/Lab ID Collection Date/Time Ref Doctor Reporting Date/Time

**Hematology Special** 

**ILD Advance** 

**Test Name Bio Ref Interval** Result Unit

ANA By Immunofluorescence, Serum

Anti Nuclear Antibodies Negative Negative

Immunofluorescence

1:40 **Primary Dilution** 

#### 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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> **Clinical Biochemistry ILD Advance**

Rheumatoid Factor(Quantitative), Serum

**Bio Ref Interval** Date 01/Sep/2023 Unit

08:14AM

Rheumatoid Factor 24.7 IU/mL < 12

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 \*\*\*

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Patient Name	Centre
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MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**SEROLOGY SPECIAL.** 

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**Test Name** Result Unit **Bio Ref Interval** 

Aspergillus Antibody IgG, Serum

NTU Aspergillus Antibody, IgG 35.80 ELISA

**Ref Range** 

Positive	> 11 NTU	
Equivocal	9 - 11 NTU	
Negative	< 9 NTU	

#### Interpretation

- Aspergillus fumigatus IgG antibody ELISA test has been used for detection and quantitative determination of specific IgG antibodies against Aspergillus fumigatus in serum and plasma.
- · Generally, infections with Aspergillus species are air borne. Because of ubiquity of Aspergillus spp. it renders more difficult to decide between contamination, colonization and serious infection, so patient history and other tests should be taken into account.
- Clinical specificity and clinical sensitivity of test is 81% and 100% respectively.

## Kindly correlate with clinical findings

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

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Patient Name	Centre
Age/Gender	OP/IP No/UHID
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MaxID/Lab ID	Collection Date/Time
Ref Doctor	Departing Date/Time
IVEL DOCIO	Reporting Date/Time

	Serology Special ILD Advance		SIN No:B2B4064754	
Test Name	Result	Unit	Bio Ref Interval	
Hypersensitivity Pneumonitis (HP) Pane	el, serum			
Penicillium(m1)	16.90	mgA/L	<27.0	
Cladosporium herbarum(m2)	19.90	mgA/L	< 37	
(Aspergillus Fumigatus) M3	24.80	mgA/L	< 39	
Mucor racemosus(m4)	18.70	mgA/L	< 10.0	
Candida albicans(m5)	132.00	mgA/L	< 150	
(Alternaria alternata) M6	19.80	mgA/L	< 12.0	
Ge91(Pigeon).	20.90	mgA/L	< 30.0	

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

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