



Laboratory Investigation Report

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

Serology Special

Max Arthritis Panel - Comprehensive



SIN No: B2B2653156

Test Name	Result	Unit	Bio Ref Interval
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ANA - LIA, Serum

LIA

dsDNA	Negative
Nucleosome	Negative
Histones	Negative
SmD1	Negative
PCNA	Negative
PO (RPP)	Negative
SS-A/Ro60	Negative
SS-A/Ro52	Negative
SS-B/La	Negative
CENP-B	Negative
Sci70	Negative
U1-snRNP	Negative
AMA M2	Negative
Jo-1	Negative
PM-Sci	Negative
Mi-2	Negative
Ku	Negative
DFS70	Negative

Interpretation

1. The test provides a differential diagnosis using 17 different autoantibodies which is an additional diagnostic survey of autoimmune diseases like SLE , Mixed connective tissue diseases, Rheumatoid arthritis, Sjorgensyndrome, Progressive systemic sclerosis and CREST syndrome.
2. 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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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. Th 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. 1 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. Ma 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 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.



MC-2714



Laboratory Investigation Report

Patient Name	Centre
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Hematology Special

Max Arthritis Panel - Comprehensive



Test Name	Result	Unit	Bio Ref Interval
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ANA By Immunofluorescence, Serum

Anti Nuclear Antibodies Immunofluorescence	Negative		Negative
Primary Dilution	1:40		

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: -

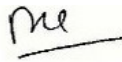
- A repeat ANA testing is recommended after 12 weeks after an acute episode of infection.
- ANA LIA should be added in cases with positive ANA Immunofluorescence result to know which extractable nuclear antigen is present in the patients, which helps in classifying patients for specific autoimmune disorder.

Kindly correlate with clinical findings

*** End Of Report ***



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





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Serology

Max Arthritis Panel - Comprehensive



SIN No: B2B2653156

Anti-CCP (Anti Cyclic Citrullinated Peptide), Serum


Date	29/Dec/2022	Unit	Bio Ref Interval
	09:30AM		
Anti-CCP ECLIA	369.7	U/ml	< 17.0

Comment Interpretation


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

Kindly correlate with clinical findings

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Clinical Biochemistry

Max Arthritis Panel - Comprehensive



SIN No: B2B2653156

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

Date	29/Dec/2022	Unit	Bio Ref Interval
	09:30AM		
C-Reactive Protein, High Sensitive	0.049	mg/dL	
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.





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Clinical Biochemistry

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SIN No: B2B2653156

Rheumatoid Factor(Quantitative), Serum*

Date	29/Dec/2022 09:30AM	Unit	Bio Ref Interval
Rheumatoid Factor Immunoturbidimetric	11.46	IU/mL	< 12

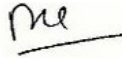
Interpretation Rheumatoid factor is found in rheumatoid arthritis, Sjögren's syndrome, Scleroderma, dermatomyositis, Waldenström's disease, sarcoidosis and SLE. 75% patients with rheumatoid arthritis have RF of IgM class. Highest titers of Rheumatoid arthritis are seen in severe, active, chronic disease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

Kindly correlate with clinical findings

*** End Of Report ***



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Molecular Diagnostics



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PCR FOR HLA B27, EDTA*, EDTA

Real Time PCR

HLA B27 PCR-SSP	Negative		Negative
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Comment

- Certain inflammatory and non-inflammatory diseases are associated with the inheritance of HLA alleles. Ankylosing spondylitis and several postinfectious arthropathies are associated with the presence of HLA -B27. Individuals who inherit this class I allele have a 90 fold greater chance of developing the disease as compared to those who do not carry HLA-B27.
- This is a lab developed test and its performance characteristics have been determined inhouse as per recommended International standards. An Internal control in the form of a house keeping gene is co-amplified to check for adequate DNA extraction. This test is performed along with recommended controls to maintain the quality of the assay.
- In cases of HLA-B27 negative Spondyloarthritis, the further testing recommended is "HLA-C*06" (Positive in Psoriatic arthritis) and HLA-B*07 (Positive in Juvenile and Undifferentiated Spondyloarthritis).

Uses :

DISEASES	STRENGTH OF ASSOCIATION
Ankylosing spondylitis	++++
Reiters syndrome	++++
Reactive arthritis(Yersinia, Salmonella, Shigella& Chlamydia)	+++
Acute anterior uveitis	+++
Psoriatic spondylitis	+++

Kindly correlate with clinical findings

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



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Director
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Clinical Biochemistry

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SIN No: B2B2653156

Uric Acid, Serum

Date	29/Dec/2022 09:30AM	Unit	Bio Ref Interval
Uric Acid Uricase, Colorimetric	3.4	mg/dL	2.6 - 6.0


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.

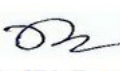
Decreased in Wilson's disease, Fanconi's syndrome xanthinuria, SIADH, deficiency of adenosine deaminase, purine and nucleoside phosphorylase and low purine diet.

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