MAX Lab

## Laboratory Investigation Report

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

SIN No:B2B2653156

### Serology Special

### Max Arthritis Panel - Comprehensive

| Test Name | Result | Unit | Bio Ref Interval |
|---|---|---|---|
| **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 | | |
| Scl70 | Negative | | |
| U1-snRNP | Negative | | |
| AMA M2 | Negative | | |
| Jo-1 | Negative | | |
| PM-Scl | 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 autoimuune 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 *****

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

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

**Dr. Sonu Kumari Agrawal, MD**
Associate Consultant
Microbiology



Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :2564 - Max Lab Sarita Vihar, Shop No 350, New Life Multispeciality Clinic, Block J, 7011541279
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### Hematology Special

### Max Arthritis Panel - Comprehensive

| Test Name | Result | Unit | Bio Ref Interval |
|---|---|---|---|
| **ANA By Immunofluorescence, Serum** | | | |
| Anti Nuclear Antibodies<br>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. Dilip Kumar M.D.**
Associate Director &
Manager Quality

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



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**Serology**

**Max Arthritis Panel - Comprehensive**

**Anti-CCP (Anti Cyclic Citrullinated Peptide), Serum**

| | **Date** | **Unit** | **Bio Ref Interval** |
|---|---|---|---|
| | **29/Dec/2022 09:30AM** | | |
| Anti-CCP<br>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

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

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**Clinical Biochemistry**

**Max Arthritis Panel - Comprehensive**

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

| | Date | Unit | Bio Ref Interval |
|---|---|---|---|
| | 29/Dec/2022 09:30AM | | |
| C-Reactive Protein, High Sensitive<br>Latex particle Immunoturbidimetric | 0.049 | mg/dL | |

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

### Max Arthritis Panel - Comprehensive

**Rheumatoid Factor(Quantitative), Serum***

| Date | 29/Dec/2022 09:30AM | Unit | Bio Ref Interval |
|---|---|---|---|
| Rheumatoid Factor<br>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

### Max Arthritis Panel - Comprehensive

| Test Name | Result | Unit | Bio Ref Interval |
|---|---|---|---|
| **PCR FOR HLA B27,EDTA*, EDTA** | | | |
| Real Time PCR | | | |
| HLA B27 | Negative | | Negative |
| PCR-SSP | | | |

**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 Spondyloarthropathy, the further testing recommended is "HLA-C*06" (Positive in Psoriatic arthritis) and HLA-B*07 (Positive in Juvenile and Undifferentiated Spondyloarthropathy).

Uses :

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

Kindly correlate with clinical findings

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

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

**Dr Atul Thatai, Ph.D**
Director
Molecular and Cyto Genomics



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### Clinical Biochemistry

### Max Arthritis Panel - Comprehensive

**Uric Acid, Serum**

| Date | 29/Dec/2022 09:30AM | Unit | Bio Ref Interval |
|---|---|---|---|
| Uric Acid<br>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.

Kindly correlate with clinical findings

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