Dr. Vinay Chopra
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Dr. Yugam Chopra
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NAME	**: Mrs. PRABHJOT KAUR**		
AGE/ GENDER	: 32 YRS/FEMALE	**PATIENT ID**	: 1534083
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012406300043**
REFERRED BY	: C. LAL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 30/Jun/2024 01:01 PM
BARCODE NO.	: 01512254	**COLLECTION DATE**	: 30/Jun/2024 01:02PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 01/Jul/2024 07:10AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)

ANTI NUCLEUR ANTIBODIES (ANA): SERUM ***by ELISA (ENZYME LINKED IMMUNOASSAY)***	**1.98^{H}**	**INDEX VALUE**	**NEGATIVE: < 1.0** **BORDERLINE: 1.0 - 1.20** **POSITIVE: > 1.20**

INTERPRETATION:-

1.For diagnostic purposes, ANA value should be used as an adjuvant to other clinical and laboratory data available.
2.Measurement of antinuclear antibodies (ANAs) in serum is the most commonly performed screening test for patients suspected of having a systemic rheumatic disease, also referred to as connective tissue disease.
3.ANAs occur in patients with a variety of autoimmune diseases, both systemic and organ-specific. They are particularly common in the systemic rheumatic diseases, which include lupus erythematosus (LE), discoid LE, drug-induced LE, mixed connective tissue disease, Sjogren syndrome scleroderma (systemic sclerosis), CREST (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) syndrome, polymyositis/dermatomyositis, and rheumatoid arthritis.

NOTE:

1.The diagnosis of a systemic rheumatic disease is based primarily on the presence of compatible clinical signs and symptoms.
The results of tests for autoantibodies including ANA and specific autoantibodies are ancillary. Additional diagnostic criteria include consistent histopathology or specific radiographic findings. Although individual systemic rheumatic diseases are relatively uncommon, a great many patients present with clinical findings that are compatible with a systemic rheumatic disease ANA screening may be useful for ruling out the disease.
2.Secondary, disease specific auto antibodies maybe ordered for patients who are screen positive as ancillary aids for the diagnosis of specific auto-immune disorders.

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BARCODE NO.	: 01512254	**COLLECTION DATE**	: 30/Jun/2024 01:02PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 04/Jul/2024 09:48AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

SJOGRENS SYNDROME ANTIBODY (SS-A) / (ANTI-RO) - IgG

SS-A/RO ANTIBODY IgG QUANTITATIVE *by EIA (ENZYME IMMUNO ASSAY)*	**2.85^{H}**		**< 1.0 INDEX**

INTERPRETATION:

RESULT IN RU/mL	REMARKS
< 15	Negative
15 - 25	Weak Positive
>25	Moderate Positive
>50	Strong Positive

COMMENTS
Patients with SLE may have antibodies to SSA / Ro alone or may have both SSA / Ro & SSB / La antibodies. Presence of SSA / Ro antibody alone is commonly seen in association with HLA DR2 in patients less than 22 years of age at onset. Presence of both SSA / Ro & SSB / La in SLE is associated with HLA DR3 and is seen in older patients more than 50 years of age at onset. SLE patients with SSA / Ro antibodies develop a much more serious renal disease and have a higher incidence of concomitant Anti DNA antibodies.

INCREASED LEVELS:
1.Subacute cutaneous Lupus erythematosus
2.Neonatal Lupus erythematosus syndrome with congenital heart block and cutaneous lesions
3.Homozygous C2 & C4 deficiency with SLE like disease
4.Primary Sjogren's syndrome vasculitis, Rheumatoid factor positivity & severe systemic symptoms
5.ANA negative SLE patients
6.SLE with Interstitial pneumonitis

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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

PROTEINS: 24 HOURS URINE

URINE VOLUME: 24 HOUR *by SPECTROPHOTOMETRY*	800	mL	
PROTEINS: 24 HOURS URINE *by BIURET, SPECTROPHOTOMETRY*	106.32	mg/ 24 HOURS	25 -160

INTERPRETATION:

TYPES OF PROTEINURIA	*TOTAL PROTEINS IN mg/24 HOURS*	*CONDITIONS*
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Druga like Pencillamine, Heavy metals like Gold & Mercury.

NOTE:
1.Excreation of total protein in individuals is highly variable with or without kidney disease.
2.Conditions affecting protein excreation other than kidney didease are urinary tract infection, diet, mensturation & physical activity.

COMMENT:
1.Diagnosis of kidney disease and response to therapy is usually obtained by quatitattively analyzing the amount of protein excreated in urine over a 24 hour period.

*** End Of Report ***

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