

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

NAME : Mrs. KANCHAN VERMA

AGE/ GENDER : 47 YRS/FEMALE **PATIENT ID** : 1553922

COLLECTED BY : SURJESH REG. NO./LAB NO. :012407190031

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 19/Jul/2024 10:11 AM BARCODE NO. :01513424 **COLLECTION DATE** : 19/Jul/2024 10:20AM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 19/Jul/2024 12:03PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

IMMUNOPATHOLOGY/SEROLOGY **C-REACTIVE PROTEIN (CRP)**

C-REACTIVE PROTEIN (CRP) QUANTITATIVE: 3.76 mg/L 0.0 - 6.0

by NEPHLOMETRY

INTERPRETATION:

1. C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation.

2. CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic

3. CRP levels (Quantitative) has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant

rejection, and to monitor these inflammatory processes.

4. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc., 5. Elevated values are consistent with an acute inflammatory process.

NOTE:

1. Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history.

2. Oral contraceptives may increase CRP levels.



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RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM

REPORTING DATE

RHEUMATOID (RA) FACTOR QUANTITATIVE: NEGATIVE: < 18.0 18.04^H **SERUM**

BORDERLINE: 18.0 - 25.0 by NEPHLOMETRY POSITIVE: > 25.0

INTERPRETATION:-

CLIENT CODE.

RHEUMATOID FACTOR (RA):

1. Rheumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure

2. Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostically 2. Over 75% of patients with free ination artiffus (RA) have an igivi antibody to IgG immunoglobulin. This autoantibody (RF) is diagnouseful although it may not be etiologically related to RA.

3. Inflammatory Markers such as ESR & C-Reactive protein (CRP) are normal in about 60 % of patients with positive RA.

4. The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course.

5. The test is useful for diagnosis and prognosis of rheumatoid arthritis.

RHEUMATOID ARTHIRITIS:

1. Pheymatoid Arthritis is a systemic systemic

- 1. Rheumatoid Arthiritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining (synovium) joints which ledas to progressive joint destruction and in most cases to disability and reduction of quality life.

 2. The disease spredas from small to large joints, with greatest damage in early phase.

 3. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor.

 CAUTION (FALSE POSTIVE):
 1. PA factor is not specific for Phosometrial arthirities as it is often present in healthy individuals with other autoimmuno diseases and chronic infect.

- 1. RA factor is not specific for Rheumatoid arthiritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections. 2. Non rheumatoid arthritis (RA) populations are not clearly separate with regard to the presence of rheumatoid factor (RF) (15% of RA patients have a nonreactive titer and 8% of nonrheumatoid patients have a positive titer).

 3. Patients with various nonrheumatoid diseases, characterized by chronic inflammation may have positive tests for RF. These diseases include systemic lupus erythematosus, polymyositis, tuberculosis, syphilis, viral hepatitis, infectious mononucleosis, and influenza.

 4. Anti-CCP have been discovered in joints of patients with RA, but not in other form of joint disease. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more
- specific (98%) than RA factor

5. Upto 30 % of patients with Seronegative Rheumatoid arthiritis also show Anti-CCP antibodies.

6. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthiritis is far greater than Rheumatoid factor.

*** End Of Report ***



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