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

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

NAME	**: Mr. MINTU**		
AGE/ GENDER	: 39 YRS/MALE	**PATIENT ID**	: 1616899
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409180019**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Sep/2024 09:32 AM
BARCODE NO.	: 01517178	**COLLECTION DATE**	: 19/Sep/2024 10:28AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Sep/2024 11:23AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE)

ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY: SERUM	0.51	AU/mL	0.00 - 5.00

by CMIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

1. ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA).
2. Anti-CCP is of two types: Anti-CCP1 & Anti-CCP2.
3. Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1.
4. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis
5. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset Rheumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE.
6. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with seronegative Rheumatoid Arthritis also show Anti CCP antibodies

RHEUMATOID ARTHIRITIS:

1. Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life.
2. The disease spreads 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.
4. RA factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections.
5. ANTI-CCP have been discovered in joints of patients with RA, but not in other form of joint disease.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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

NAME	**: Mr. MINTU**		
AGE/ GENDER	: 39 YRS/MALE	**PATIENT ID**	: 1616899
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409180019**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Sep/2024 09:32 AM
BARCODE NO.	: 01517178	**COLLECTION DATE**	: 19/Sep/2024 10:28AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 19/Sep/2024 11:40AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)

ANTI NUCLEUR ANTIBODIES (ANA): SERUM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.7	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.

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)