Dr. Vinay Chopra
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NAME	**: Ms. GARIMA**		
AGE/ GENDER	: 26 YRS/FEMALE	**PATIENT ID**	: 1679009
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012411220022**
REFERRED BY	:	**REGISTRATION DATE**	: 22/Nov/2024 10:14 AM
BARCODE NO.	: 01521246	**COLLECTION DATE**	: 22/Nov/2024 10:16AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 22/Nov/2024 10:49AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR) *by RED CELL AGGREGATION BY CAPILLARY PHOTOMETRY*	3	mm/1st hr	0 - 20

INTERPRETATION:

1. ESR is a non-specific test because an elevated result often indicates the presence of inflammation associated with infection, cancer and auto-immune disease, but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it.
2. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other test such as C-reactive protein
3. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus

CONDITION WITH LOW ESR

A low ESR can be seen with conditions that inhibit the normal sedimentation of red blood cells, such as a high red blood cell count (polycythaemia), significantly high white blood cell count (leucocytosis) , and some protein abnormalities. Some changes in red cell shape (such as sickle cells in sickle cell anaemia) also lower the ESR.

NOTE:

1. ESR and C - reactive protein (C-RP) are both markers of inflammation.
2. Generally, ESR does not change as rapidly as does CRP, either at the start of inflammation or as it resolves.
3. **CRP is not affected by as many other factors as is ESR, making it a better marker of inflammation.**
4. If the ESR is elevated, it is typically a result of two types of proteins, globulins or fibrinogen.
5. Women tend to have a higher ESR, and menstruation and pregnancy can cause temporary elevations.
6. Drugs such as dextran, methyldopa, oral contraceptives, penicillamine procainamide, theophylline, and vitamin A can increase ESR, while aspirin, cortisone, and quinine may decrease it

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 22/Nov/2024 01:05PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

IMMUNOGLOBIN IgE

IMMUNOGLOBIN-E (IgE): SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	**473.96^{H}**	IU/mL	0.00 - 100.00

INTERPRETATION:

COMMENTS:

1.IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2.Total IgE is represents the sum of all the specific IgE, which inturn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3.Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4.Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5.In adults, Total IgE values between 100 to 1000 UI/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6.Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only.
7.The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8.A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED:

1.Atopic/Non Atopic Allergy
2.Parasitic Infection.
3.IgE Myeloma
4.Allergic bronchopulmonary aspergillosis.
5.The rare hyper IgE syndrome.
6.Immunodeficiency States and Autoimmune states

USES:

1.Evaluation of children with strong family history of allergies and early clinical signs of disease ·
2.Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3.To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4.To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5.To confirm the presence of IgE antibodies to certain occupational allergens

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Test Name	Value	Unit	Biological Reference interval

IMMUNOGLOBIN IgM

IMMUNOGLOBIN-M (IgM): SERUM *by NEPHLOMETRY*	139.5	mg/dL	40.0 - 250.0

INTERPRETATION:

1.The human immunoglobulins (IgG, IgA, IgM, IgE and IgD) are a group of functionally and structurally closely related glycoproteins.
2.IgM is produced by plasma cells (B -cells) and represents about 5% of all soluble immunoglobulins.
3.It is the first specific antibody to appear in serum after infection which is capable of activating complement and killing bacteria.
5.Post infection IgM returns rapidly to normal levels as compared to IgG. If IgM is prevalent, the infection is acute whereas if IgG predominates, the infection is chronic.
6.Polyclonal IgM increases in viral, bacterial and parasitic infections, liver diseases, rheumatoid arthritis, scleroderma, nephrotic syndrome, collagen vascular disease and other chronic disorders.
7.Monoclonal IgM increases in Waldenstroms macroglobulinemia.
8.Decreased IgM levels are seen in protein losing enteropathies, skin burns, congenital and acquired immunodeficiency diseases.

*** End Of Report ***

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