

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

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

NAME	: Mr. HARVINDER SINGH	PATIENT ID	: 297386
AGE/ GENDER	: 48 YRS/MALE	REG. NO./LAB NO.	: 012501180011
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 18/Jan/2025 09:24 AM
REFERRED BY	:	COLLECTION DATE	: 18/Jan/2025 09:40AM
BARCODE NO.	: 01524026	REPORTING DATE	: 18/Jan/2025 10:53AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE)

ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) 1.4 AU/mL 0.00 - 5.00

ANTIBODY: SERUM

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 ARTHRITIS:

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.




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SPECIAL INVESTIGATIONS

ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF) - WITH REFLEX TO TITRES: IFA (HEP-2)

ANTI NUCLEAR ANTIBODY (ANA) - IFA, HEp2 NEGATIVE (-ve) NEGATIVE (-ve)
 by IFA (IMMUNO FLUORESCENT ASSAY)

INTERPRETATION:

1. Anti Nuclear antibody (ANA) in dilutions is recommended for all positive results and follow up
2. Immunofluorescence microscopy using human cellular extracts like HEp-2 cells is a sensitive test for detection of serum antibodies that react specifically with various cellular proteins and nucleic acids
3. Test conducted on Serum

INTERPRETATION GUIDELINES : (Sample screening Dilution - 1:100):

Negative : No Immunofluorescence
 + : Weak Positive (1:100)
 ++ : Moderate Positive (1:320)
 +++ : Strong Positive (1:1000)
 ++++ : Very strong Positive (1:3200)

COMMENTS:

Anti Nuclear antibody (ANA / ANF) is a group of autoantibodies directed against constituents of cell nuclei including DNA, RNA & various nuclear proteins. These autoantibodies are found with high frequency in patients with connective tissue disorders specially SLE. Since positive ANA results have been reported in healthy individuals, these reactivities are not by themselves diagnostic but must be correlated with other laboratory and clinical findings.

PATTERN	DISEASE ASSOCIATION
NUCLEAR	
Homogenous	SLE & other connective tissue disorders, Drug induced SLE
Peripheral	SLE & other connective tissue disorders
Speckled Coarse	Mixed connective Tissue Disorders (MCTD), Scleroderma-Polymyositis Overlap Syndrome, Raynauds Phenomenon, Psoriasis, Sjogrens Syndrome, Systemic Sclerosis.




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Test Name	Value	Unit	Biological Reference interval
Speckled Fine	SLE, Sjogrens syndrome, Scleroderma, Myositis, MCTD		
NUCLEAR DOTS			
Few	Auto-immune & Viral disease- Primary Biliary Cirrhosis & Chronic Active Hepatitis, Rarely Collagen Vascular disease		
Multiple	Primary Biliary Cirrhosis (>30%)		
Centromere	CREST syndrome, Progressive Systemic Sclerosis		
NUCLEOLAR			
Homogeneous	Scleroderma, Myositis, Raynauds Phenomena, SLE & Rheumatoid arthritis		
Clumpy	Systemic sclerosis & Scleroderma		
CYTOPLASMIC			
Mitochondrial	Primary Biliary Cirrhosis, Scleroderma & Overlap syndrome		
Ribosomal	SLE (10-20%)		

*** End Of Report ***




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