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 Chairman & Consultant Pathologist

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<b>NAME</b>	: Miss. KASHISH	<b>PATIENT ID</b>	: 1780098
<b>AGE/ GENDER</b>	: 17 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012503050050
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 05/Mar/2025 06:48 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 05/Mar/2025 06:49PM
<b>BARCODE NO.</b>	: 01526524	<b>REPORTING DATE</b>	: 06/Mar/2025 09:10AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## IMMUNOPATHOLOGY/SEROLOGY

### ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)

ANTI NUCLEUR ANTIBODIES (ANA): SERUM by ELISA (ENZYME LINKED IMMUNOASSAY)	0.57	INDEX VALUE	NEGATIVE: < 1.0 BORDERLINE: 1.0 - 1.20 POSITIVE: > 1.20
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#### 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 \*\*\*



  
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