

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

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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 09/Apr/2025 04:07PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

## HAEMATOLOGY

### COMPLEMENT COMPONENT - C3

COMPLEMENT COMPONENT - C3 by NEPHLOMETRY	116	mg/dL	90.0 - 180.0
---	-----	-------	--------------

#### INTERPRETATION:-

C3 plays a central role in the activation of [complement system](#). Its activation is required for both [classical](#) and [alternative complement activation](#) pathways. People with C3 deficiency are susceptible to bacterial infections.

Low levels indicate activation by one or both pathways.

Complement C3 levels may be useful in following the activity of immune complex diseases as most of them show decreased C3 levels.

In the classical pathway, C3-convertase, known as C4b2a, catalyzes the [proteolytic](#) cleavage of C3 into C3a and C3b. While in the alternative pathway this effect is induced by C3bBb. C3a is an [anaphylotoxin](#) and the precursor of some cytokines such as [ASP](#), and C3b serves as an [opsonizing](#) agent. [Factor I](#) can cleave C3b into C3c and C3d, the latter of which plays a role in enhancing [B cell](#) responses.

Measurement of serum C3 levels are used in the assessment of children suffering from repeated severe bacterial infections and in the work up of some types of kidney disease such as [post-infectious glomerulonephritis](#) and [shunt nephritis](#).

**INCREASED IN** - many inflammatory conditions as an acute-phase reactant, active phase of rheumatic diseases (eg, rheumatoid arthritis, SLE), acute viral hepatitis, myocardial infarction, cancer, diabetes mellitus, pregnancy, sarcoidosis, amyloidosis, thyroiditis.

**DECREASED BY** - decreased synthesis (protein malnutrition, congenital deficiency, severe liver disease), increased catabolism (immune complex disease, membranoproliferative glomerulonephritis [75%], SLE, SjAgren syndrome, rheumatoid arthritis, DIC, paroxysmal nocturnal hemoglobinuria, autoimmune hemolytic anemia, gram-negative bacteremia), increased loss (burns, gastroenteropathies).



  
 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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 09/Apr/2025 04:07PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

### COMPLEMENT COMPONENT - C4

COMPLEMENT COMPONENT - C4 by NEPHLOMETRY	20.4	mg/dL	9.0 - 36.0
---	------	-------	------------

#### INTERPRETATION

C4 is a component of the classic complement pathway. Depressed levels usually indicate classic pathway activation. Low C4 accompanies acute attacks of hereditary angioedema (HAE), and C4 is used as a first-line test for the disease. C1 esterase inhibitor levels are not indicated for the evaluation of hereditary HAE unless C4 is low.

#### INCREASED:

1. Various malignancies (not clinically useful).

#### DECREASED:

1. Decreased synthesis (congenital deficiency),
2. Increased catabolism (SLE, rheumatoid arthritis, proliferative glomerulonephritis, HAE)
3. Increased loss (burns, protein-losing enteropathies).



  
 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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 10:34AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**IMMUNOPATHOLOGY/SEROLOGY**  
**ANTI dsDNA ANTIBODIES (QUANTITATIVE)**

ANTI dsDNA ANTIBODIES (QUANTITATIVE) by ELISA (ENZYME-LINKED IMMUNOSORBENT ASSAY)	0.48	AI	Negative : <0.9 Low Positive : 0.9-1.10 High Positive: >1.10
--	------	----	--

**INTERPRETATION:**

**NOTE**  
 1. Autoimmune reactivities are not by themselves diagnostic, but must be correlated with other laboratory & clinical findings

**COMMENTS**

1. Anti ds-DNA antibodies are detected more frequently and at higher titres in Systemic lupus erythematosus (SLE) patients with Lupus nephritis.  
 2. Presence of these antibodies or an increase in titre correlate with an increased risk of Lupus nephritis flare. Hence it is useful to monitor Anti ds -DNA antibody levels and initiate appropriate therapy when titres increase.



  
**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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 09/Apr/2025 09:28AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	PALE YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	>=1.030		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	3+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	5.5		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION



  
 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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 09/Apr/2025 09:28AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-2	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	3-4	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT
RECHECKED			



  
 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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 05:30AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

### 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:

- Immunofluorescence microscopy using human cellular extracts like Hep-2 cells is sensitive for detection of serum antibodies that react specifically with various cellular proteins and nucleic acid.
- Test conducted on serum
- Patients are reported as per international consensus ANA Patterns (ICAP)

#### INTERNATIONAL GUIDELINES FOR GRADING

GRADE	REMARKS
Negative (-ve)	No fluorescence
1+	Minimum fluorescence
2+	Mildly positive
3+	Significantly positive
4+	Strongly positive

#### 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 (ICAP)	ICAP CODE	ANTIGEN ASSOCIATION	DISEASE ASSOCIATION
NUCLEAR PATTERNS			
Homogenous	AC-1	dsDNA, nucleosomes, histones	SLE, Drug-induced lupus, Juvenile idiopathic



  
**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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 05:30AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
			arthritis
Speckled	AC-2,4,5	hnRNP, U1RNP, Sm, SS-A/Ro (Ro 80), SS-B/La, RNA polymerase III, Mi-2, Ku	MCTD, SLE, DM, SSc/PM overlap
Dense fine speckled	AC-2	DFS70/LEDGF	Rare in SLE, Sjogren's syndrome, SSc
Fine speckled	AC-4	SS-A/Ro (Ro 80), T1F1β, SS-B/La, Mi-2, T1F1γ, Ku, RNA helicase A, replication protein A	Sjogren's syndrome, SLE, DM, SSc/PM overlap
Large/Coarse speckled	AC-5	hnRNP, U1RNP, Sm, RNA polymerase III	MCTD, SLE, SSc
Centromere	AC-3	CENP-A/B	Limited cutaneous SSc, PBC
Discrete nuclear dots	AC-6,7		
Multiple nuclear dots	Ac-6	Sp-100, PML proteins, MJ/NXP-2	PBC, SARD, PM/DM
Few nuclear dots	Ac-7	P80-coilin, SMN	Sjogren's syndrome, SLE, SSc, PM, asymptomatic individuals
Nucleolar	AC-8,9,10		
Nucleolar homogenous	AC-8	PM/Scl-75, PM/Scl-100, Thi/To, B23/nucleophosmin, nucleolin, No55/SC65	SSc, SSc/PM overlap
Nucleolar clumpy	AC-9	U3-smRNP/fibrillarin	SSc
Nucleolar punctate	Ac-10	RNA polymerase 1, hUBF/NOR-90	SSc, Sjogren's syndrome
Nuclear envelope	AC-11,12		
Smooth nuclear envelope	AC-11	Lamin A,B,C or lamin associated proteins	SLE, Sjogren's syndrome, Seronegative arthritis



  
**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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 05:30AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
Punctate nuclear envelope	AC-12	Nuclear pore complex proteins (gp210)	PBC
Pleomorphic	AC-13,14		
PCNA-like	AC-13	PCNA	SLE, other conditions
CENP-F like	AC-14	CENP-F	Cancer, other conditions
<b>CYTOPLASMIC PATTERNS</b>			
Fibrillar	AC-15,16,17		
Linear/actin	AC-15	Actin, non-muscle myosin, MCTD	MCTD, Chronic active hepatitis, Liver cirrhosis, Myasthenia gravis, Crohn's disease, PBC, Long term hemodialysis, rare in SARD other than MCTD
Filamentous/microtubules	AC-16	Vimentin, cytokeratins	Infections or inflammatory conditions, Long term hemodialysis, Alcoholic liver disease, SARD, Psoriasis, healthy controls
Segmental	AC-17	Alpha-actin, vinuculin, tropomyosin	Myasthenia gravis, Crohn's disease, Ulcerative colitis
Speckled	AC-18,19,20		
Discrete dots/GW body like	AC-18	SGW182, Su/Ago2,	PBC, SARD, neurological and autoimmune conditions
Dense fine speckled	AC-19	PL-7, PL-12, ribosomal P proteins	Anti-synthetase syndrome, PM/DM, SLE, Juvenile SLE, Neuropsychiatric SLE



  
**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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 05:30AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
Fine speckled	AC-20	Jo-1/histidyl-Trna synthetase	Anti-synthetase syndrome, PM/DM, limited SSc, Idiopathic pleural effusion
Reticular/AMA (Mitochondrial)	AC-21	PDC-E2/M2, BCOADC-E2 OGDC-E2, E1α subunit of PDC, E3BP/proteinX	Common in PBC, SSc, rare in other SARD
Polar/ Golgi like	AC-22	Giantin/macrogolgin, golgin-97, golgin-245	Rare in Sjogren's syndrome, SLE, RA, MCTD,GPA, Idiopathic cerebellar ataxia, Paraneoplastic cerebellar degeneration,viral infections
Rods and rings	AC-23	IMPDH2, others	HCV patients post IFN/Ribavirin therapy,rare in SLE, Hashimoto's and healthy controls
<b>MITOTIC PATTERNS</b>			
Centrosome	AC-24	Pericentrin, ninein, Cep250, Cep110	Rare in SSc, Raynaud's phenomenon, infections (viral and mycoplasma)
Spindle fibres	AC-25	HsEg5	Rare in Sjogren's syndrome, SLE, other SARD
NuMA like	AC-26	Centrophilin	Sjogren's syndrome, SLE, other
Intracellular bridges	AC-27	Aurora kinase B, CENP-E,MSA-2, KIF-14, MKLP-1	Rare in SSc, Raynaud's phenomenon, malignancy



  
**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

<b>NAME</b>	: Miss. JANYA CHHABRA	<b>PATIENT ID</b>	: 1823698
<b>AGE/ GENDER</b>	: 16 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012504090007
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Apr/2025 07:27 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Apr/2025 07:35AM
<b>BARCODE NO.</b>	: 01528639	<b>REPORTING DATE</b>	: 10/Apr/2025 05:30AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
Mitotic chromosome coat	AC-28	Modified histone H3, MCA-1	Rare in Discoid lupus erythematous, Chronic lymphocytic leukemia, Sjogren's syndrome, and Polymyalgia rheumatica

\*\*\* End Of Report \*\*\*



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

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

