NAME	: Mrs. SUKHWINDER KAUR
AGE/ GENDER	: 43 YRS/FEMALE
COLLECTED BY	:
REFERRED BY	:
BARCODE NO.	: 12503466
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID	: 1540309
REG. NO./LAB NO.	: 122407060016
REGISTRATION DATE	: 06/Jul/2024 01:49 PM
COLLECTION DATE	: 06/Jul/2024 01:51PM
REPORTING DATE	: 06/Jul/2024 10:41PM

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY
ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE)

Test Name	Value	Unit	Biological Reference interval
ANTI CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY: SERUM	0.6	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.

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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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:

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, Psoariasis, 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 Biliay Cirrhosis & Chronic Active Hepatitis, Rarely Collagen Vascular disease		
Multiple	Primary Biliary Cirrhosis (>30%)		
Centromere	CREST syndrome, Progresive Systemic Sclerosis		
NUCLEOLAR			
Homogeneous	Scleroderma, Myositis, Raynauds Phenomena, SLE & Rheumatoid arthiritis		
Clumpy	Systemic sclerosis & Scleroderma		
CYTOPLASMIC			
Mitochondrial	Primary Biliary Cirrhosis,Scleroderma & Overlap syndrome		
Ribosomal	SLE (10-20%)		

*** End Of Report ***

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NOT VALID FOR MEDICO LEGAL PURPOSE

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600
REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)

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