



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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NAME : Mrs. RAJWANT KAUR
AGE/ GENDER : 38 YRS/FEMALE
COLLECTED BY :
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BARCODE NO. : 12504354
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1594519
REG. NO./LAB NO. : 122408280014
REGISTRATION DATE : 28/Aug/2024 04:33 PM
COLLECTION DATE : 28/Aug/2024 04:37PM
REPORTING DATE : 28/Aug/2024 09:46PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

COMPLEMENT COMPONENT - C3

COMPLEMENT COMPONENT - C3 by NEPHLOMETRY	128.61	mg/dL	90.0 - 180.0
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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).




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REPORTING DATE : 28/Aug/2024 09:27PM

Test Name	Value	Unit	Biological Reference interval
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COMPLEMENT COMPONENT - C4

COMPLEMENT COMPONENT - C4 by NEPHLOMETRY	39.39 ^H	mg/dL	9.0 - 36.0
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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).




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REPORTING DATE : 29/Aug/2024 11:06AM

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)	0.66	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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