



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

NAME : Mrs. KAUSHLYA DEVI
AGE/ GENDER : 67 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504965
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1627237
REG. NO./LAB NO. : 122409270019
REGISTRATION DATE : 27/Sep/2024 03:30 PM
COLLECTION DATE : 27/Sep/2024 03:31PM
REPORTING DATE : 27/Sep/2024 10:34PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.54	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.24	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.3	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	134.9 ^H	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	223.9 ^H	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.6	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	174.69 ^H	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	47.03	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	7.16	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	4.29	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.87	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.49	RATIO	1.00 - 2.00

INTERPRETATION


NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.


USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0




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INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		


DECREASED:


- Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
- Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6




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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
by IFA (IMMUNO FLUORESCENT ASSAY)

NEGATIVE (-ve) NEGATIVE (-ve)

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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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 arthritis		
Clumpy	Systemic sclerosis & Scleroderma		
CYTOPLASMIC			
Mitochondrial	Primary Biliary Cirrhosis,Scleroderma & Overlap syndrome		
Ribosomal	SLE (10-20%)		

*** End Of Report ***




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