



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mrs. SUNITA CHAWLA
AGE/ GENDER : 62 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12506159
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1700041
REG. NO./LAB NO. : 122412160003
REGISTRATION DATE : 16/Dec/2024 10:01 AM
COLLECTION DATE : 16/Dec/2024 10:15AM
REPORTING DATE : 16/Dec/2024 05:57PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY PROTEINS: 24 HOURS URINE

URINE VOLUME: 24 HOUR
by SPECTROPHOTOMETRY

2000 mL

PROTEINS: 24 HOURS URINE
by BIURET, SPECTROPHOTOMETRY

1852^H mg/ 24 HOURS 25 -160

INTERPRETATION:

TYPES OF PROTEINURIA	TOTAL PROTEINS IN mg/24 HOURS	CONDITIONS
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstitial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Drugs like Pencillamine, Heavy metals like Gold & Mercury.

NOTE:

- Excretion of total protein in individuals is highly variable with or without kidney disease.
- Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.

COMMENT:

- Diagnosis of kidney disease and response to therapy is usually obtained by quantitatively analyzing the amount of protein excreted in urine over a 24 hour period.



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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 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, 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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