NAME	: Mrs. SUNITA		
AGE/ GENDER	: 70 YRS/FEMALE	PATIENT ID	: 1770800
COLLECTED BY	:	REG. NO./LAB NO.	: 122502260010
REFERRED BY	:	REGISTRATION DATE	: 26/Feb/2025 09:11 AM
BARCODE NO.	: 12507238	COLLECTION DATE	: 26/Feb/2025 09:18AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	REPORTING DATE	: 26/Feb/2025 01:31PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE FASTING (F)

Test Name	Value	Unit	Biological Reference interval
GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	78.84	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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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.)

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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AGE/ GENDER	: 70 YRS/FEMALE	PATIENT ID	: 1770800
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REFERRED BY	:	REGISTRATION DATE	: 26/Feb/2025 09:11 AM
BARCODE NO.	: 12507238	COLLECTION DATE	: 26/Feb/2025 09:18AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	REPORTING DATE	: 26/Feb/2025 06:07PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM

Test Name	Value	Unit	Biological Reference interval
RHEUMATOID (RA) FACTOR QUANTITATIVE: SERUM *by NEPHLOMETRY*	75.68^H	IU/mL	NEGATIVE: < 18.0 BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0

INTERPRETATION:-
RHEUMATOID FACTOR (RA):
1. Rheumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure.
2. Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is diagnostically useful although it may not be etiologically related to RA.
3. Inflammatory Markers such as ESR & C-Reactive protein (CRP) are normal in about 60 % of patients with positive RA.
4. The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course.
5. The test is useful for diagnosis and prognosis of rheumatoid arthritis.

RHEUMATOID ARTHIRITIS:
1. Rheumatoid Arthiritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining (synovium) joints which ledas to progressive joint destruction and in most cases to disability and reduction of quality life.
2. The disease spredas 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.

CAUTION (FALSE POSTIVE):-
1. RA factor is not specific for Rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections.
2. Non rheumatoid and rheumatoid arthritis (RA) populations are not clearly separate with regard to the presence of rheumatoid factor (RF) (15% of RA patients have a nonreactive titer and 8% of nonrheumatoid patients have a positive titer).
3. Patients with various nonrheumatoid diseases,characterized by chronic inflammation may have positive tests for RF. These diseases include systemic lupus erythematosus, polymyositis, tuberculosis, syphilis, viral hepatitis, infectious mononucleosis, and influenza.
4. Anti-CCP have been discovered in joints of patients with RA, but not in other form of joint disease.Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than RA factor.
5. Upto 30 % of patients with Seronegative Rheumatoid arthiritis also show Anti-CCP antibodies.
6. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthiritis is far greater than Rheumatoid factor.

*** End Of Report ***

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NOT VALID FOR MEDICO LEGAL PURPOSE

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