



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mrs. SANGEETA CHHABRA
AGE/ GENDER : 52 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12507661
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1800176
REG. NO./LAB NO. : 122503240005
REGISTRATION DATE : 24/Mar/2025 08:38 AM
COLLECTION DATE : 24/Mar/2025 08:50AM
REPORTING DATE : 24/Mar/2025 04:28PM

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

RHEUMATOID FACTOR (RA): QUANTITATIVE - SERUM

RHEUMATOID (RA) FACTOR QUANTITATIVE: SERUM by NEPHLOMETRY	0.09	IU/mL	NEGATIVE: < 18.0 BORDERLINE: 18.0 - 25.0 POSITIVE: > 25.0
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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 ARTHRITIS:

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.

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. Up to 30 % of patients with Seronegative Rheumatoid arthritis also show Anti-CCP antibodies.
6. The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor.

*** End Of Report ***



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)

