Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	: **Mr. PL27**		Billing Date	:	07/07/2023 12:25:50
Age	: 35 Yrs		Sample Collected on	:	10/07/2023 10:01:31
Sex	: Male		Sample Received on	:	10/07/2023 11:02:13
P. ID No.	: P1000100012821		Report Released on	:	20/07/2023 17:43:08
Accession No	: **10002304877**		Barcode No.	:	10002304877-01
Referring Doctor	: Self				
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Arthritis Panel- 2			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	13.5	13.0 - 17.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	6.6	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	5.0	4.5 - 5.5	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	42.5	40.0 - 50.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	85.4	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	30.1	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	32.8	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	14.9	11.8 - 15.6	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	60	40 - 80	%

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Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	30	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	05	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3960	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1980	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	330	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	330	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00 L**	20 - 100	/µL
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	200	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	8.9	6.8 - 10.9	fL
Sample: Whole Blood EDTA **C-Reactive Protein (CRP), Quantitative** *Sample: Serum* *Method: Immunoturbidimetry*	**5.89 H**	0.00 - 5.00	mg/L

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Test Name	Result	Biological Ref. Interval	Unit
Uric Acid *Sample: Serum* *Method: Uricase-Peroxidase*	**3.5 L**	3.6 - 8.2	mg/dL
Rheumatoid Factor (RF), Quantitative *Sample: Serum* *Method: Immunoturbidimetry*	**45.9 H**	<14.0	IU/mL
# Anti Streptolysin O(ASO),Quantitative *Sample: Serum* *Method: Immunoturbidometry*	26	0 - 200	U/mL
Anti Nuclear Antibodies (ANA), IFA *Method: Sample : Serum*			
Anti Nuclear Antibodies (ANA) by IFA *Sample: Serum*	**Detected**	Not Detected	
Primary Dilution *Sample: Serum*	1 : 80		
Primary Intensity *Sample: Serum*	++		
ANA Pattern *Sample: Serum*	Homogeneous (AC-1)		
End Point Titre *Sample: Serum*	1 : 320		
Complement Protein Concentration(C3) *Sample: Serum* *Method: Nephelometry*	**333.0 H**	79.0 - 152.0	mg/dL
Complement Protein Concentration(C4) *Sample: Serum* *Method: Immunoturbidometry*	**253.0 H**	10.0 - 40.0	mg/dL

Complete Blood Count (CBC)

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

C-Reactive Protein (CRP), Quantitative

Clinical Significance :

"C-reactive protein (CRP) is a trace protein which rises in acute inflammation. After onset of an acute phase response, the serum CRP concentration rises rapidly within 6-12 hours and peaks at 24-48 hours and extensively. Very high CRP levels are associated with severe trauma and infection (sepsis)."

Uric Acid

Clinical Significance :

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Rheumatoid Factor (RF), Quantitative

Clinical Significance :

Rheumatoid factors (RF) test positive results are consistent with rheumatoid arthritis.

Anti Nuclear Antibodies (ANA), IFA

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Antinuclear Antibodies (ANA) are antibodies directed against Nuclear/ Cytoplasmic components of the cell and are detected by Indirect immunofluorescence method(IIF). Presence of ANA indicate autoimmunity and together with other serological methods and clinical data form an important screening component in the diagnosis of Autoimmune Diseases. The IIF assay is a sensitive screening test using Hep-2 cells and is recommended as the screening test of choice by the task force of the American College of Rheumatology.

Sample Screening Dilution	Intensity of Immunofluorescence
1:160(Weak Positive)	+
1:320(Medium Positive)	++
1:640(Strong Positive)	+++
1:1280(Very Strong Positive)	++++

Location	Pattern	Target Antigen	Clinical Association
Nucleus	Homogeneous	dsDNA, Histones Nucleosome, RNA,Single Strand DNA	SLE Drug Induced Lupus, SLE , RA SLE, MCTD,RA, PM, DM, SS
	Speckled	Sm U1-snRNP SSA/Ro SSB/La Ku Cyclin1(PCNA) Mitosin/Cyclin II	SLE MCTD,SLE,RA, sharp syndrome Sjogren`s syndromes (SS)/SLE/Neonatal Lupus PM/DM/SLE/SS SLE/Overlap Syndromes DM
	Dense Fine Speckled (DFS)	Lens epithelium-derived growth factor (LEDGF),	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
	Centromere	CENP-A,B,C,D,E ,G & H	CREST syndrome, PBC, Raynaud's Syndrome
	Nuclear Dots	Sp-100 , PML protein	PBC,Rheumatic Disease
	Nuclear Membrane	Lamins, gp210, p62	SLE,SS, PBC,AIH
Nucleolus	Nucleolar homogeneous	PM-Scl 75, PM Scl-100 Rpp25	PM, DM, SS SS(cutaneous form)
	Nucleolar speckled	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis (Diffuse)
	Nucleolar(clumpy)	U3-Nrnp Fibrillarin	Systemic Sclerosis(Diffuse)
Cytoplasm	Fine granular Fine dense granular	Jo -1 Histidyl- trna synthetase PL-7, PL-12	PM/ DM, PM/DM
	Homogeneous Very Fine Granular Mitochondria type-2	P proteins: P0, P1 and P2 Signal recognition particle Pyruvate dehydrogenase complex	SLE Myositis,Polymyositis,Necrotizing Myopathy

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Test Name	Result	Biological Ref. Interval	Unit
	Multiple Dots	GW182, Su/Ago2, RAP55	Cerebellar ataxia, SLE , PBC, Sjogren's Syndrome
Cell Cycle (mitotic spindle apparatus, Mphase)	Centriole Mid-Body NuMA-1	Pericentrin, ninein, enolase Aurora kinase B complex Nuclear mitotic apparatus,type 1	Systemic autoimmune disease SS, cancers SLE, MCTD

Abbreviations: SLE: Systemic Lupus Erythematosus, SCL: Scleroderma, MCTD: Mixed Connective Tissue Disease; CFS: Chronic Fatigue Syndrome; AIH: Autoimmune Hepatitis, PBC: Primary Bilary Cirrhosis, PM:Polymyositis, DM:Dermatomyositis, SS: Systemic sclerosis,

Complement Protein Concentration(C3)

COMMENTS / INTERPRETATION :

- Useful in recurrent pyogenic infections, angioedema, Cryoglobulinemic Vasculitis and neisserial infections (multiple family members).It also acts as an acute phase reactant and levels rise after trauma, surgery and during inflammatory processes.

Complement Protein Concentration(C4)

COMMENTS / INTERPRETATION :

Useful in recurrent pyogenic infections, angioedema, Cryoglobulinemic Vasculitis and neisserial infections (multiple family members).Complement C4 deficiency results in the inability of Immune complexes to activate the complement pathway . This results in inability to generate peptides that clear the immune complexes or generate lytic activity. Hence these patients have increased susceptibility to infections especially with encapsulated microorganisms. C4 deficiency may be an etiologic factor in the development of autoimmune disease.

** End of Report**

Dr. Aarti Khanna Nagpal
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MD
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