

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. PL69 Billing Date 07/07/202312:29:49 : 35 Yrs Sample Collected on Age 10/07/2023 10:01:31 Sample Received on 10/07/2023 11:02:13 Sex : Male Report Released on P. ID No. : P1000100012889 17/07/2023 18:02:35 Accession No : 10002304945 Barcode No. 10002304945-01

Referring Doctor: Self

Referred By : Ref no. :

Report Status - Final

| Test Name | Result | Biological Ref. Interval | Unit |
|--|---------|--|-------|
| Osteokind RA | | | |
| Calcium Sample: Serum Method: Spectrophotometry - OCC | 9.5 | 8.6 - 10.0 | mg/dL |
| Uric Acid Sample: Serum Method: Uricase-Peroxidase | 4.7 | 3.6 - 8.2 | mg/dL |
| Rheumatoid Factor (RF), Quantitative Sample: Serum Method: Immunoturbidimetry | 12.6 | <14.0 | IU/mL |
| Vitamin D 25 - Hydroxy Sample: Serum Method: ECLIA | 135.0 H | Deficiency < 20 Insufficiency 20 - 30 Sufficiency 30 - 100 Toxicity > 100 | ng/mL |
| Anti Cyclic Citrullinated Peptide Antibodies (Anti CCP) Sample: Serum Method: ECLIA | 56.0 H | <5.0 | U/mL |

<u>SEROLOGY</u>

Anti Nuclear Antibodies (ANA), IFA

Method: Sample : Serum

Anti Nuclear Antibodies (ANA) by IFA Not Detected Not Detected

Sample: Serum

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

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| | | · · | | |

some cancer therapies.

Rheumatoid Factor (RF), Quantitative

Clinical Significance:

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

Vitamin D 25 - Hydroxy

Clinical Significance:

The 25-hydroxy vitamin D test is used to detect bone weakness or other bone malfunctions or disorders that occur as a result of a vitamin D deficiency. Those who are at high risk of having low levels of vitamin D include people who don't get much exposure to the sun, older adult, people with obesity, babies who are breastfed only, post gastric bypass surgery, Crohn's disease and other intestinal malabsorption conditions. Hypervitaminosis D usually occurs due to over intake of Vitamin D supplementation.

Anti Cyclic Citrullinated Peptide

A positive result for cyclic citrullinated peptide (CCP) antibodies indicates a high likelihood of rheumatoid arthritis (RA). It also helps in differentiating RA from other connective tissue diseases that may present with arthritis. It has also been found beneficial in diagnosis of early RA, within 3-6 months of onset of symptoms. Most studies have shown that Anti CCP antibodies have improved specificity for RA as compared to Rheumatoid factor antibody (RF). 30% patients with seronegative Rheumatoid arthritis (RF negative) show Anti CCP antibodies.

Anti Nuclear Antibodies (ANA), IFA

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.



10002304945 Mr. PL69





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1:160(Weak Positive) 1:320(Medium Positive) 1:640(Strong Positive) 1:1280(Very Strong Positive)

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| | | | _ |
| Sample Screening Dilution | Intensity of Immunofluorescence | | |

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| 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-ScI 75, PM ScI-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 | Jo -1 Histidyl- trna synthetase | PM/ DM, |
| | Fine dense granular | PL-7, PL-12 | PM/DM |
| | Homogeneous | P proteins: P0, P1 and P2 | SLE |
| | Very Fine Granular | Signal recognition particle | Myositis,Polymyositis,Necrotizing Myopathy |
| | Mitochondria type-2 | Pyruvate dehydrogenase complex | PBC |
| | Multiple Dots | GW182, Su/Ago2, RAP55 | Cerebellar ataxia, SLE , PBC, Sjogren's Syndrome |
| Cell Cycle (mitotic spindle apparatus, Mphase) | Centriole Mid-Body NuMA-1 10 | Pericentrin, ninein, enolase Aurora kinase B complex Nuclear mitotic apparatus, type | は (金久) 単 mic autoimmune disease で Till S incers Light H CTD |

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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,

** End of Report**

Dr. Aarti Khanna Nagpal

DNB (Pathology) Senior Consultant Dr. Saloni Garg

Consultant Microbiology

Dr. Rahul Behl

MD

Consultant Microbiology



