

Name : Ms. KARAMJEET KAUR
Lab No. : 469552365
Ref By : DR SANJAY SACHDEVA
Collected : 6/5/2024 8:19:00AM
A/c Status : P
Collected at : LPL - TILAK NAGAR
4B/13, NEAR METRO PILLAR NO.494, TILAK
NAGAR, NEW DELHI - 110018
Age : 63 Years
Gender : Female
Reported : 7/5/2024 5:43:46PM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi -110085



Test Report

Test Name	Results	Units	Bio. Ref. Interval
ARTHRITIS & AUTOIMMUNITY AWARENESS (EIA) SCREENING PACKAGE AAA			
URIC ACID, SERUM (Uricase)	4.40	mg/dL	2.60 - 6.00
C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	8.97	mg/L	<5.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

RHEUMATOID FACTOR (RA), SERUM (Immunoturbidimetry)	7.00	IU/mL	<14.00
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Comments

Rheumatoid factor is an antibody directed against the Fc portion of the IgG molecule. Polyreactive RF has binding specificity for substances other than IgG like nuclear components. This polyreactive RF is usually of the IgM class with low affinity. RF is not specific only for Rheumatoid arthritis, but it is often seen in cases of chronic infection and other systemic inflammatory conditions. Healthy individuals > 65 years of age may also show positive RF results. In addition to the common IgM RF, both IgA RF & IgG RF have been detected. IgA RF has been related to the more severe form of the disease with erosions.



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Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC			
Hemoglobin (Photometry)	12.00	g/dL	12.00 - 15.00
Packed Cell Volume (PCV) (Calculated)	38.70	%	36.00 - 46.00
RBC Count (Electrical Impedence)	4.41	mill/mm3	3.80 - 4.80
MCV (Electrical Impedence)	87.80	fL	83.00 - 101.00
MCH (Calculated)	27.20	pg	27.00 - 32.00
MCHC (Calculated)	31.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)	14.00	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)	8.60	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils	45.80	%	40.00 - 80.00
Lymphocytes	42.60	%	20.00 - 40.00
Monocytes	7.40	%	2.00 - 10.00
Eosinophils	3.70	%	1.00 - 6.00
Basophils	0.50	%	<2.00
Absolute Leucocyte Count (Calculated)			
Neutrophils	3.94	thou/mm3	2.00 - 7.00
Lymphocytes	3.66	thou/mm3	1.00 - 3.00
Monocytes	0.64	thou/mm3	0.20 - 1.00
Eosinophils	0.32	thou/mm3	0.02 - 0.50
Basophils	0.04	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedence)	150	thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical Impedence)	13.0	fL	6.5 - 12.0

Note

- As per the recommendation of International council for Standardization in Hematology, the differential



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
	leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood		
2.	Test conducted on EDTA whole blood		

Comments

Giant platelets seen



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM (EIA)	13.03	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydralazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

c-ANCA; SERIN PROTEINASE 3 (PR-3) ANTIBODIES, SERUM (EIA)	5.09	Units	<20.00
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Interpretation

RESULT IN Units	REMARKS
<=20.00	Negative
21.00 - 30.00	Weak Positive
>30.00	Moderate Positive to Strong Positive

Comments

Anti-neutrophil cytoplasmic antibodies (ANCA) are detected in sera of patients with Systemic vasculitis, Wegener's granulomatosis, Microscopic polyarteritis and other Small vessel vasculitis. Two types of ANCA



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Test Name	Results	Units	Bio. Ref. Interval
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are recognized namely c-ANCA & p-ANCA depending on cytoplasmic or perinuclear staining patterns. Presence of c-ANCA antibodies in patients with Small vessel vasculitis strongly suggests the diagnosis of Wegener's granulomatosis in 95% of cases in the active generalized stage of the disease but a negative test result does not exclude the possibility of these disorders. c-ANCA disappears in majority of patients when treated with corticosteroids, cyclophosphamides or plasma exchange therapy. Reappearance of antibodies in these patients indicates recurrence.

ANTI - ds DNA ANTIBODY, SERUM (EIA)	30.70	IU/mL	0.00 - 200.00
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Interpretation

RESULT IN IU/mL	REMARKS
0.00-200.00	Negative
201.00-300.00	Equivocal
301.00-800.00	Moderate Positive
>800.00	Strong Positive

Comments

Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds-DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being deposited as DNA / Anti DNA immune complexes. This test is used for diagnosis and monitoring of SLE with high levels being associated with exacerbation of disease activity and lower levels correlating with remission. They may be raised in patients with Discoid lupus erythematosus. All SLE patients may not show elevated ds-DNA antibodies especially those at the peak of SLE exacerbation. In some cases the level may remain elevated even during the remission phase of the disease.



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BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION (Microscopy)	Predominantly normocytic normochromic RBCs. TLC is within normal limits. There is mild lymphocytosis. Giant platelets seen Platelets are adequate. No Hemoparasites seen Advised: Followup and clinical correlation		
ANGIOTENSIN CONVERTING ENZYME, SERUM (FAPGG)	90.30	U/L	8.00 - 52.00

Comments

Angiotensin converting enzyme (ACE) modulates peripheral vascular resistance as well as renal and cardiovascular function. It is responsible for conversion of Angiotensin I to Angiotensin II as well as inactivation of bradykinin. Majority of ACE is tissue bound (> 90%) found predominantly in lungs & testes.

Factors affecting ACE levels:

- Smoking - ACE activity is 30% lower in smokers
- Thyroid hormone- Stimulates ACE synthesis
- Postmenopausal estrogen replacement - ACE activity is 20% lower
- Patients taking ACE inhibitors, such as captopril and enalapril, will have extremely low or unmeasurable ACE activity.

Increased levels

- Sarcoidosis - ACE levels are used in the diagnosis and monitoring of this disease and are directly related to the number of organs affected and activity of granulomas. Mature granulomas produce less ACE than developing ones. ACE is more likely to be elevated with pulmonary involvement than with purely hilar adenopathy.
- Pulmonary causes like Emphysema, Asthma, Small cell carcinoma & Squamous cell carcinoma
- Renal diseases - patients on hemodialysis show high ACE levels as compared to patients who are not on dialysis.
- Other causes - Gaucher's disease, Multiple sclerosis, Addisons disease, Hyperthyroidism, Diabetes, Alcoholic hepatitis & Peptic ulcer

Decreased levels

- Chronic liver disease
- Anorexia nervosa
- Hypothyroidism



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) AND POST MEAL, PLASMA (GOD POD)			
Glucose Fasting	142.00	mg/dL	70 - 100
Glucose (PP)	249.00	mg/dL	70 - 140

Note

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
- Very low glucose levels cause severe CNS dysfunction
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Interpretation






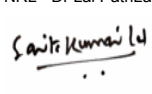
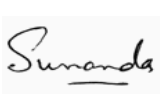
Status	Fasting plasma glucose in mg/dL	PP plasma glucose in mg/dL
Normal	70-100	70-140
Impaired fasting glucose	101-125	70-140
Impaired glucose tolerance	70-100	141-199
Pre-Diabetes	101-125	141-199
Diabetes mellitus	>126	>200



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 MCI - 24779 Dr Ajay Gupta MD, Pathology Technical Director - Hematology & Immunology NRL - Dr Lal PathLabs Ltd	 DMC - 77091 Dr Gurleen Oberoi DM(Hematopathology), MD,DNB,MNAMS Senior Consultant and Lead- Hematopathology NRL - Dr Lal PathLabs Ltd	 DMC - 89819 Dr Himangshu Mazumdar MD, Biochemistry Sr. Consultant Biochemist NRL - Dr Lal PathLabs Ltd	 DMC - 45969 Dr Jatin Munjal MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd
 DMC - 9550 Dr Nimmi Kansal MD, Biochemistry Technical Director - Clinical Chemistry & Biochemical Genetics NRL - Dr Lal PathLabs Ltd	 DMC - 24201 Dr Sarita Kumari Lal MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd	 DMC - 46663 Dr Sunanda MD, Pathology Sr. Consultant Pathologist - Hematology & Immunology NRL - Dr Lal PathLabs Ltd	

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.
(#) Sample drawn from outside source.
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
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National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

