CONTINENTAL HOSPITALS
Our Healing Touch..

PATIENT NAME	: **Ms SIVANI PEDDIBHOTLA**	**AGE / SEX**	: 28.3 Year(s) / FEMALE
PATIENT ID	: CH24010804	**VISIT TYPE**	: OP / OP-002
CONSULTANT DOCTOR	: Dr. CHAKRADHAR REDDY B	**REGISTERED ON**	: 27/09/2025 15:48
SPECIMEN TYPE	: SERUM	**COLLECTED ON**	: 27/09/2025 16:01
BARCODE NO	: 250927536	**REPORTED ON**	: 27/09/2025 19:19
		ACCESSION NO	: CH2509270779
		REF DOCTOR	: Dr. CHAKRADHAR REDDY B

BIOCHEMISTRY

Test Name	Result	Unit	Biological Reference Interval
ARTHRITIS PANEL ADVANCED			
anti CCP ; Cyclic Citrullinated Peptide antibody *(Method:ECLIA)*	**>500 H**	U/ml	0.0-17.0
CALCIUM *(Method:NM-BAPTA)*	9.3	mg/dL	8.6-10.0
VITAMIN D TOTAL *(Method:ECLIA)*	43.3	ng/mL	<20 ng/ml – Vit D Deficiency 20- 29 ng/ml – Vit D Insufficiency 30-100 ng/ml – Vit D Sufficiency >100 ng/mL _ Potential Toxicity
VITAMIN B12 (CYANOCOBALAMIN) *(Method:ECLIA)*	349	pg/mL	197.0-771.0
URIC ACID *(Method:Uricase-POD)*	4.3	mg/dL	2.4-5.7

Interpretation/Comments :-

anti CCP (Cyclic Citrullinated Peptide antibody) :
1. Sensitivity of this assay is 67.4% and specificity is 97.0%
Comments
Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies.
Clinical Uses
· For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
· Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
· To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE"

Uric acid :
During male puberty, serum urate levels begin to rise from those of childhood. Female levels remain low until until after menopause, when values increase and approximate those of men. Serum urate levels can vary with height, blood pressure, body weight, renal function, and alcohol intake.
Physiologic saturation threshold: >6 mg/dL
Therapeutic target for gout: < 6 mg/dL
Possible critical value in the blood: >12 mg/dL
Increased Levels:
Gout,Renal Failure,Drugs(like Diuretics,Barbiturates),Lactic acidosis, Hypothyroidism, Chronic Kidney Disease, Parathyroid disease,Low dose Salicylates, Metabolic acidosis,Diet (high-protein weight-reducing diet, alcohol, liver, and sweetbread), Chronic lead poisoning, Down syndrome, Polycystic kidney disease, Sarcoidosis, Lesch-Nyhan syndrome, von Gierke disease, Chronic
berylliosis
Decreased Levels:
Drugs (uricosuric drugs,estrogen, phenothiazines, indomethacin, corticotropin),(SIADH) with hyponatremia, Wilson disease, Fanconi syndrome, Acromegaly, Celiac disease, Xanthinuria

Vitamin B12 (Cyanocobalamin) :
1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity.

This is an electronically authenticated laboratory report

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Interpretation/Comments :-

Vitamin D Total :
Note
· The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
· 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
· Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 30 ng/ml.
· It shows seasonal variation, with values being 40-50% lower in winter than in summer.
· Levels vary with age and are increased in pregnancy.
· A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available
Comments
Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).
Decreased Levels
· Inadequate exposure to sunlight
· Dietary deficiency
· Vitamin D malabsorption
· Severe Hepatocellular disease
· Drugs like Anticonvulsants
· Nephrotic syndrome
Increased levels
Vitamin D intoxication

Note :

Results relate to the sample only.
Kindly correlate clinically.

H = High (Elevated Above Normal Range Value)
L = Low (Decreased Below Normal Range Value)
PH = Panic High (High Critical Range Value)
PL = Panic Low (Low Critical Range Value)

---- End of Report ----

Verified By : cp6128

Dr. ARPITA MISHRA
CONSULTANT BIOCHEMIST
Authorized Date: 27/09/2025 19:19

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