Medical Laboratory Report

Mr. ANTHONY LARTEY APO

PID NO: P36180011747

Age: 34 Year(s) Sex: Male

Reference:

Sample Collected At:
GILEAD MEDICAL & DENTAL CENTER HOUSE NO BALB NO C896/3,KANDA HIGHWAY NORTH RIDGE,ACCRA-14911.
014911

VID: 36180112198

Registered On:
16/08/2018 11:58 AM

Collected On:
16/08/2018

Reported On:
27/08/2018 03:19 PM

Investigation	Observed Value	Unit	Biological Reference Interval
***IgG Total** (Serum,Nephelometry)	**2990.00**	mg/dL	700-1600

Interpretation :

1. Decreased levels are seen in primary immunodeficiency conditions and in secondary immune insufficiencies like advanced malignant tumours, lymphatic leukemias, multiple myeloma and Waldenstrom`s disease.
2. Increased concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferations seen in hepatic disease, acute/chronic infections and autoimmune disease.

NABL Accredited

Certificate No. : MC-2139

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The report does not need physical signature. Results relate only to the sample as ...porting overleaf.
 # Test not under NABL Scope *##Referred Test*

Dr. Talat Khan
MBBS, MD (PATHOLOGY)

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

METROPOLIS
The Pathology Specialist

INNER HEALTH REVEALED

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Investigation	Observed Value	Biological Reference Interval
Anti Nuclear Antibody by IFA (Serum,Immunofluorescence)		
Result	**Positive**	Negative
Pattern	**HOMOGENOUS**	-
Grade	**++**	-
Estimated Titre	**1:320**	-

Interpretation Guidelines (Sample screening Dilution - 1:100):

Negative : No Immunofluorescence
+ : Weak Positive (1:100)
++ : Moderate Positive (1:320)
+++ : Strong Positive (1:1000)
++++ : Very strong Positive (1:3200)

Test Description:

Antinuclear antibodies (ANAs) are unusual antibodies, detectable in the blood, that have the capability of binding to certain structures within the nucleus of the cells. ANAs indicate the possible presence of autoimmunity & provide, therefore, an indication of autoimmune illness. Fluorescence tech. are frequently used to actually detect the antibodies in the cells, thus ANA testing is sometimes referred to as fluorescent antinuclear antibody test (FANA). The ANA test is a sensitive screening test used to detect autoimmune diseases.

Technique:

Indirect Immunofluorescence - Automated IF Processor (AP 16 IF Plus)

The BIOCHIP Slide is a combination of Hep-20-10 cells and primate liver and has the following advantages.

- It is a global standard tech. with a natural antigen spectrum capable of detecting more than 30 diagnostically relevant auto antibodies.
- Hep 20-10 cell lines contain 40% mitotic cells, facilitating easier identification of rare patterns.
- If the test is negative, detectable level of auto antibodies is ruled out. In case of a positive result, autoantibodies against any one or in some cases simultaneously against more than one antigens may be present and further monospecific tests or panel of profiles can be used to determine the specific autoantibodies present.
- NOTE- All weak positive (+) results may be repeated after 6 - 8 weeks.

Associated Tests: Monospecific ELISA to define single antigens, ANA Immunoblot assay.

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, RA:Rheumatoid Arthritis.

Please view next page for co-relation table including various single antigens with their Immunoflourescence patterns and clinical associations.

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Investigation	Observed Value	Unit	Biological Reference Interval

Location	Pattern	Target Antigen	Clinical Association
Nucleus	Homogeneous	Double strand DNA 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), DNA binding transcription coactivator p75.(DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
	Centomeres	Proteins of Kinetochores	CREST syndrome, PSS limited form
	Nuclear Dots	Sp-100 , NDP53	PBC,Rheumatic Disease
	Nuclear Membrane	Lamins, gp210, p62	CFS,Collagenoses,PBC,AIH
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)
	Nucleolar speckled	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)
	Nucleolar Pattern	Fibrillarin	Progressive Systemic Sclerosis(Diffuse)
Cytoplasm	Cytoplasmic speckled	Mitochondrial Lysosomal Golgi Complex Ribosome P Jo -1 SRP, PL12, TIF1-Gamma	PBC, Unknown SS/SLE/RA SLE Polymyositis (PM), PM/ DM, Myositis
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy
Cell Cycle (mitotic cells)	Centriole Mid-Body Spindle Fibres	-- -- --	Unknown Unknown Rheumatic Disease

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Investigation	Observed Value	Unit	Biological Reference Interval
AFP-Alpha Feto Protein (Serum)	3.26	IU/mL	0-5.8

Interpretation:

1. The primary malignancies associated with AFP elevations are hepatocellular carcinoma and non-seminomatous germ cell tumors. Other gastrointestinal cancers like gastric, pancreatic occasionally cause elevations of AFP. Multiple benign disorders like cirrhosis, viral hepatitis, pregnancy are associated with AFP elevations. Level above which benign disease is considered unlikely is 500 ng/ml .
2. Range for newborns is not established, however neonates have elevated AFP levels (>100,000 ng/mL)(conversion 1 IU/ml x 1.21 = 1ng/ml) that rapidly fall to below 100 ng/mL by 150 days & gradually return to normal by one year. Ref - Tsuchida Y et al: Evaluation of alpha-fetoprotein in early infancy. J Ped Surg 1978 April;13(2):155-162.

-- End of Report --

Mr. David Adjei Adu
Bsc.Biomedical Scientists