



MR# : 1884066
CPL-TS-283
Sample Drawn Date : 2025-01-15 00:00
Registration Date : 2025-01-15 21:33
Report Date : 2025-01-16 18:53

Patient Name : Mrs RAMA DEVI 23039103
Age / Gender : 33 Year(s) / Female
Ref. Doctor : DR.DEVINENI SAI SAHUL
Ref. Customer : Sri Sri Holistics
Sample & SID : SERUM - 3060348

IMMUNOLOGY / SEROLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
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Anti Nuclear Anti body (ANA) - IFA

CELL TYPE
(Method: Indirect Immunofluorescence)
Hep-2 cells
Pattern
(Method: IFA)
Intensity
(Method: IFA)
Primary Titre/Dilution
(Method: IFA)
Comments
(Method: Indirect Immunofluorescence)

POSITIVE
Coarse speckled nuclear pattern
1+
1:80

Advise : Check if the patient is on medication to rule out drug induced Lupus

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Tel : 040 44 108 108, Emergency : 888 66 10 108

Plot No.1, D.No.1-55/B/1, Masjid Banda, Kondapur, Hyderabad-500 084, TS, India

Tel : 040 69 222 444, Mob.: 95770 64444, Emergency : 888 66 10 108

MIG 113&114, Road No. 1, KPHB Colony, Kuakapally, Hyderabad-500 072, TS, India
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Dr. Srividya
Md. Microbiologist



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IMMUNOLOGY / SEROLOGY		
TEST DESCRIPTION	RESULT	UNITS
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Sample screening dilution is 1:80
Intensity Result
(+) Borderline
+++ Positive
+++ Strong Positive

1. This is a common screening test for ANA. It involves using fluorescent dyes to detect antibodies in the blood that bind to nuclear antigens.

2. Specificity and Sensitivity:-

The immunofluorescence test is less specific but more sensitive. It can detect a broad range of autoantibodies but might miss low levels or specific types of autoantibodies.

3. Common Causes of False Positive ANA IFA

a) Infections: Certain viral, bacterial, or parasitic infections can trigger the production of autoantibodies, leading to false positive ANA results e.g TB, CMV, HCV, EBV, Endocarditis
b) Medications:- drug-induced lupus erythematosus can occur due to intake of Hydralazine, Procainamide, Isoniazid, Quinidine
c) Aging, chronic illness, other autoimmune conditions like Autoimmune thyroid disease, Primary biliary cirrhosis, Autoimmune hepatitis etc
d) Malignancies like lymphoma, leukaemia.
e) Transient Conditions like acute stress or hormonal changes

4) Common Causes of False Negative ANA IFA Results:-

a. Low Titer of Antibodies like in early stage of disease,

Concurrent Immunosuppressive Therapy

b. Prozone Effect

Careful interpretation in conjunction with clinical findings and additional specific testing is essential to avoid misdiagnosis.

*** END OF REPORT ***

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Dr. Srividya
Md. Microbiologist

DATE: 15-01-2025
BILL NO: 24000302
PT NAME: RAMA DEVI B.
AGE : 33 YRS
SEX: FEMALE

CT CHEST PLAIN

Findings:

Subtle ground glassing noted in bilateral lung fields predominantly in both upper lobes.
Mild bilateral pleural effusion with fissural extension and subsegmental collapse consolidatory changes in posterior basal segment of left lower lobe.

Minimal interlobular septal thickening noted in medial basal segments of bilateral lower lobes, apical segment of right upper lobe.

Thin fibrotic strands noted in basal segments of left lower lobe, lateral basal segment of right lower lobe.

Cardiomegaly with thin rim of pericardial effusion noted (maximum thickness 9 mm).
Few small volume lymph nodes noted in pretracheal, prevascular space largest of size 15 x 12 mm in prevascular space.

Trachea and main bronchi are normal in attenuation.

Rest of the lung parenchyma appears normal bilaterally.

Few marginal osteophytes noted in visualized spine.

Atheromatous wall calcifications noted in aortic annulus, arch of aorta, descending aorta and coronary vessels.

IMPRESSION:

- Subtle ground glassing noted in bilateral lung fields predominantly in both upper lobes.
- Mild bilateral pleural effusion with fissural extension and subsegmental collapse consolidatory changes in posterior basal segment of left lower lobe.
- Minimal interlobular septal thickening noted in medial basal segments of bilateral lower lobes, apical segment of right upper lobe.
- Cardiomegaly with thin rim of pericardial effusion.
- To consider early changes of pulmonary edema.
- Thin fibrotic strands noted in basal segments of left lower lobe, lateral basal segment of right lower lobe.

Suggested clinical correlation.

DR. P. ANJALI, MD
CONSULTANT RADIOLOGIST

Anjali

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