Patient Ref. No. 244000000125165

MC-5297

CLIENT CODE : C000137529

CLIENT'S NAME AND ADDRESS :
FPSC P K PATHLAB
SHOP NO. 15, SECTOR 68, SAS NAGAR , ,
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SRL REFERENCE LAB,2nd FLOOR, PLOT NO. 31,URBAN ESTATE
ELECTRONIC CITY,SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956

PATIENT NAME : TANIA KAPOOR PATIENT ID : **TANYF131298244**

ACCESSION NO : **0244VL000598** AGE : 24 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 13/12/2022 11:50:44 REPORTED : 14/12/2022 17:04:18

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Final**	Results		Biological Reference Interval	Units
RA TOTAL				
ANTI - CCP ANTIBODIES, SERUM				
ANTI - CCP ANTIBODIES	<0.50		> or = 5 - Positive < 5 - Negative	U/mL
METHOD : CMIA				
RHEUMATOID FACTOR QUANTITATIVE, SERUM				
RHEUMATOID FACTOR	**83.1**	**High**	< 15	IU/mL
METHOD : NEPHELOMETRY				
ANTI-NUCLEAR AB-IFA, HEP2, SERUM				
ANTINUCLEAR ANTIBODIES	NEGATIVE		NEGATIVE	
METHOD : IMMUNOFLUORESCENCE MICROSCOPY				

Comments

NOTE : ANA Test has been performed at the dilution 1:80.

C-REACTIVE PROTEIN, SERUM (QUANTITATIVE)				
C-REACTIVE PROTEIN	**7.3**	**High**	< 5.0	mg/L
METHOD : NEPHELOMETRY				

Interpretation(s)
ANTI - CCP ANTIBODIES, SERUM-Rheumatoid arthritis (RA) is a systematic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining(synovium) joints which commonly leads to progressive joint destruction and in most cases to disability and reduction of quality of life.. The disease spreads from small to large joints, with the greatest damage in early phase.

The diagnosis of RA is primarily based on clinical, radiological and immunological features. The most frequent serological test is the measurement of rheumatoid factor (RF). The IgM class is the most common and is found in 60-80% of RA patients. RF is not specific for RA, as it is often present in healthy individuals and patients with other autoimmune diseases and chronic infections. Citrullinated proteins have been discovered in the joints of patients with rheumatoid arthritis but not in other forms of joint disease. The citrullinated proteins in the joints correspond to the presence of the citrulline antibodies in the blood and suggest a possible role for these antibodies in the development of rheumatoid arthritis. Anti-CCP test is used for the detection of the IgG class of autoantibodies specific to cyclic citrullinated peptide (CCP) in human serum or plasma (EDTA). Autoantibody levels represent one parameter in a multi-criterion diagnosis process, encompassing both clinical and laboratory-based assessments.

The citrulline antibody appears early in the course of rheumatoid arthritis and is present in the blood of most patients with the disease. When the citrulline antibody is detected in a patient''s blood, there is 90-95% likelihood that the patient has rheumatoid arthritis. The test for the citrulline antibody is therefore useful in the diagnosis of patients with unexplained joint inflammation, especially when the traditional blood test for rheumatoid factor is negative. The citrulline antibody also has prognostic (predictive) value since it is associated with a greater tendency towards more destructive forms of rheumatoid arthritis.
Detection of anti -CCP antibodies is used as an aid in the diagnosis of Rheumatoid arthritis(RA) and should be used in conjunction with other clinical information.
RHEUMATOID FACTOR QUANTITATIVE, SERUM-This test is used for diagnosis of Rheumatoid arthritis (RA) in individuals with a suggestive clinical presentation.

Rheumatoid factor is an IgM autoantibody directed against the Fc portion of Immunoglobulin G (IgG) and is found in more than two-thirds of adults with Rheumatoid arthritis. Detection of RF is one of the criteria of the American Rheumatology Association (ARA) for the diagnosis of Rheumatoid arthritis.

The presence of Rheumatoid factor is of prognostic significance also, since patients with high titres tend to have more severe and progressive disease.

RF is also found in a number of other conditions such as Systemic lupus erythematosus, Sjogren’s syndrome, chronic liver disease, hepatitis B. It plays an important role in differential diagnosis between RA and other rheumatic diseases.
ANTI-NUCLEAR AB-IFA, HEP2, SERUM-The Immunofluoresence assay is the Gold standard method for ANA testing. A negative ANA test virtually rules out a diagnosis of Systemic Lupus Erythematosus but a positive test may be indicative of a number of autoimmune connective tissue diseases such as Scleroderma, Rheumatoid Arthritis and Sjogren's syndrome.When correlated with the Clinical history & physical examination ,it identifies almost all pts. With SLE (Senstivity < 95 %). Population studies show positive ANA in approximately 1-5 % of healthy subjects. False positive results for ANA can be seen in pts. Taking certain medications like – hydralazine , isoniazid ,

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procainamide etc.ANA test carried out by Immunofluorescence assay using HEP-2 slide (Tissue culture substrate) is more sensitive and specific than ANA carried out by enzyme immunoassay. ANA positivity of greater than or equal to 1:160 titre is of clinical significance in diagnosis of Collagen Vascular Disorders. Upto 40 % of elderly subjects with chronic non-rheumatological illness have ANA positivity usually at low titre (1: 40 - 1:160)

PATTERN
The ANA pattern seen on immunofluorescence staining helps in determination of the antibody specificities which need to be confirmed by immunoblot techniques.

The positivity seen on fluorescence indicates
1+ positivity = Minimum Immunofluroscence of no significance.
2+ Positivity = Mildly positive, clinically insignificant.
3+ Positivity = Significant positive, needs clinical correlation.
4+ Positivity = Strong positive, highly suggestive of collagen vascular disease.
A titre estimation helps to monitor response to treatment.

Please refer to the following test codes for specific antibody determination by IMMUNOBLOT
1220 : Sm(SMITH) antibody # 1215 : U1SNRNP antibody
1204 : SSA antibody # 1205 : SSB antibody
1007 : SSA & SSB antibodies
1235 : Scl - 70 antibody # 1208 : Jo - 1 antibody

PLEASE NOTE: ALL ANA RESULTS WILL BE REPORTED WITH FINAL END POINT TITRE VALUE.
C-REACTIVE PROTEIN, SERUM (QUANTITATIVE)-**Test Description:**
A CRP test measures the amount of CRP in the blood to detect inflammation due to acute conditions or to monitor the severity of disease in chronic conditions. CRP is one of the proteins commonly referred to as acute phase reactants. CRP is distinguished by its rapid response to trauma or infection.Synthesis of CRP increases within 4-6 hours of onset of inflammation, reaching peak values within 1-2 days. CRP levels also fall quickly after resolution of inflammation since its half life is 6 hours.
This standard CRP test is not to be confused with a hs-CRP test. These are two different tests that measure CRP and each test measures a different range of CRP levels in the blood for different purposes. The standard CRP test measures high levels of protein observed in diseases that cause significant inflammation.
Test Interpretation:
Increased CRP level: Increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
Suspected bacterial infection: a high CRP level can confirm that you have a serious bacterial infection.
Chronic inflammatory disease: high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.
Testing for CRP is indicated in the following clinical situations - monitoring recovery from surgery, myocardial infarction, transplantation, inflammatory bowel disease, rheumatic diseases and infectious diseases. Measuring and charting C-reactive protein values can also prove useful in determining disease progress or the effectiveness of treatments
CRP levels can be elevated in the later stages of pregnancy as well as with the use of birth control pills or hormone replacement therapy (i.e., estrogen). Higher levels of CRP have also been observed in people who are obese. CRP can also be increased in people who have cancer.
Recommendation: The hs-CRP test precisely detects lower levels of the protein than that measured by the standard CRP test and is also used to evaluate individuals for risk of cardiovascular disease. It measures CRP in the range from 0.15 to 20 mg/L.
Limitation:
CRP levels in autoimmune diseases may show little or no increase unless infection is present. Levels may not increase in conditions like pregnancy, angina, seizures, asthma, common cold. The main limitation of CRP is in its non-specific response and should not be interpreted without a complete clinical history and evaluation.

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

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