

REPORT

Name	: Mrs. M KOMALA	Sample ID	: 24753798
Age/Gender	: 40 Years/Female	Reg. No	: 0312311230001
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Nov-2023 07:53 AM
Primary Sample	: Whole Blood	Received On	: 23-Nov-2023 01:05 PM
Sample Tested In	: Serum	Reported On	: 23-Nov-2023 03:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	2.49	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. M KOMALA	Sample ID	: 24753795
Age/Gender	: 40 Years/Female	Reg. No	: 0312311230001
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Nov-2023 07:53 AM
Primary Sample	: Whole Blood	Received On	: 23-Nov-2023 01:05 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Nov-2023 05:13 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.6	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	38.6	%	40-50	Calculated
RBC Count	4.30	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	90	fl	81-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	13.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	120	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	4.9	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	65	%	40-70	Cell Impedance
Lymphocytes	27	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.19	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	1.32	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.25	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.15	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Mild Thrombocytopenia			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	8		10 or less	Westergren method
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Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



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Swarnabala .M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 23-Nov-2023 01:05 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 23-Nov-2023 04:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
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Rheumatoid Factor, RA	11.3	IU/mL	<20.0	Immunoturbidometry
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Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

Anti Streptolysin O Titres	121.9	IU/mL	0.0-200.0	Immunoturbidometry
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Sample Tested In	: Serum	Reported On	: 23-Nov-2023 02:42 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	118.87	ng/dL	70-204	CLIA
T4 (Thyroxine)	9.3	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	1.51	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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CLINICAL BIOCHEMISTRY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
Anti Cyclic Citrullinated Peptide (CCP) Antibodies	6.01	U/ml	Negative: < 18 Weak Positive: 18-24 Positive : 25-75 Strong Positive: > 75	immunoturbidimetry

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IMMUNOLOGY & SEROLOGY

ARTHRITIS PROFILE -II

Test Name	Results	Units	Ref. Range	Method
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Anti Nuclear Antibody(ANA)

Anti Nuclear Antibody	0.36	Index	Negative : <0.90 Equivocal:0.91-1.11 Positive : ≥1.11	ELISA
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Interpretation:

- A negative result indicates no antinuclear antigen has been found.
- A positive result indicates you are likely to have autoimmune disorder such as autoimmune hepatitis, autoimmune thyroid diseases, systemic lupus erythematosus, polymyositis or dermatomyositis, and others.
- ANAs refer to a diverse group of antibodies that target nuclear and cytoplasmic antigens. ANAs have been detected in the serum of patients with many rheumatic and non-rheumatic diseases as well as in patients with no definable clinical syndrome. The strong association of ANA with SLE is well established, and this finding satisfies the 1 of 11 criteria available for diagnosis.
- The ANA ELISA screen is designed to detect antibodies against dsDNA, histones, SS-A (Ro), SS-B (La), Smith, Smith/RNP, Scl-70, Jo-1, centromeric proteins, and other antigens extracted from the HEP-2 cell nucleus. ANA ELISA assays have been reported to have lower sensitivities than ANA IFA for systemic autoimmune rheumatic diseases (SARD).
- Negative results do not necessarily rule out SARD.
- ANA is useful in the diagnosis of patients with autoimmune diseases such as SLE, Mixed connective tissue disease, Rheumatoid arthritis, Sjogren's syndrome, Progressive systemic sclerosis and CREST syndrome. The incidence of low titre ANA positivity increases with age in normal individuals. many drugs like Hydralazine and Procainamide may induce ANA production.

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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