

Name	: DUMMY	Collected	: 29/8/2017 12:00:00AM
Lab No.	: 135091663	Age: 43 Years	Gender: Male
A/c Status	: P	Ref By : Dr. UNKNWON	Report Status : Final
		Received	: 29/8/2017 10:02:11AM
		Reported	: 29/8/2017 11:09:10AM

Test Name	Results	Units	Bio. Ref. Interval
RHEUMATOID AUTOIMMUNE PANEL			
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM (EIA)	5.00	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydrallazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

ANTI - ds DNA ANTIBODY, SERUM (EIA)	10.00	IU/mL	<30.00
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Interpretation

RESULT IN IU/mL	REMARKS
<30	Negative
30-75	Equivocal
>75	Positive

Comments

Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds-DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being deposited as DNA / Anti DNA immune complexes. This test is used for diagnosis and monitoring of SLE with



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Test Name	Results	Units	Bio. Ref. Interval
<p>high levels being associated with exacerbation of disease activity and lower levels correlating with remission. They may be raised in patients with Discoid lupus erythematosus. All SLE patients may not show elevated ds-DNA antibodies especially those at the peak of SLE exacerbation. In some cases the level may remain elevated even during the remission phase of the disease.</p>			

C3 COMPLEMENT, SERUM (Immunoturbidimetry)	101.00	mg/dL	90.00 - 180.00
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Comments

Complement C3 is required for the activation of all three pathways namely classic pathway, properdin pathway and MBP pathway. C3 deficiency may result in Pneumococcal and Neisserial infections as well as autoimmune diseases like Glomerulonephritis. It also acts as an acute phase reactant and levels rise after trauma, surgery and during inflammatory processes.

Increased Levels - Acute phase response, Biliary obstruction & Focal glomerulosclerosis

Decreased Levels - Infancy, Genetic deficiency, Acquired deficiency like Lupus nephritis, Collagen vascular diseases & severe infections

C4 COMPLEMENT, SERUM (Immunoturbidimetry)	11.00	mg/dL	10.00 - 40.00
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Comments

Complement C4 deficiency results in the inability of Immune complexes to activate the complement pathway. This results in inability to generate peptides that clear the immune complexes or generate lytic activity. Hence these patients have increased susceptibility to infections especially with encapsulated microorganisms. C4 deficiency may be an etiologic factor in the development of autoimmune disease.

Increased Levels - Acute phase reaction due to inflammation, trauma & tissue necrosis.

Decreased Levels - Infancy, Genetic deficiency & Acquired deficiency as in SLE, Angioedema, Autoimmune hemolytic anemia and Autoimmune nephritis.

RHEUMATOID FACTOR (RA), SERUM (Immunoturbidimetry)	<10.00	IU/mL	<14.00
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Comments

Rheumatoid factor is an antibody directed against the Fc portion of the IgG molecule. Polyreactive RF has binding specificity for substances other than IgG like nuclear components. This polyreactive RF is usually of the IgM class with low affinity. RF is not specific only for Rheumatoid arthritis, but it is often seen in cases of chronic infection and other systemic inflammatory conditions. Healthy individuals > 65 years of age may also



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 show positive RF results. In addition to the common IgM RF, both IgA RF & IgG RF have been detected. IgA RF has been related to the more severe form of the disease with erosions.

Sm (SMITH), ANTIBODY, IgG, SERUM (EIA)	6.00	Units	<20.00
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Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

Comments

Antibodies to Smith antigen are considered a highly specific marker for SLE. They usually occur in association with nuclear Ribonuclear proteins (nRNP). SLE patients with presence of Anti Sm antibodies usually have associated renal disease and / or disorders of central nervous system.

U1RNP ANTIBODIES, SERUM (EIA)	4.00	Units	<20.00
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Interpretation

RESULT IN Units	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderately Positive
>80	Strong Positive

Comments

Antibodies to both Sm (Smith) & nuclear ribonuclear proteins(nRNP) are found in patients with SLE. When Anti RNP antibodies are found in higher titers in patients sera, usually in the absence of Anti smith antibodies, they are associated with Mixed Connective Tissue Disease (MCTD). SLE patients who have antibodies to only nRNP have a lower frequency of DNA antibodies and lower incidence of clinically apparent renal disease.



LPL - LPL-ROHINI (NATIONAL REFERENCE
LAB)
SECTOR - 18, BLOCK -E ROHINI
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-----End of report-----

