LABORATORY REPORT

Redcliffe labs

Patient Name	:	Bill Date	:
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HEMATOLOGY REPORT

Arthritis Check- Essential

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC PARAMETERS			
Hemoglobin Method : colorimetric	**11.1**	g/dL	12.0 - 15.0
RBC Count Method : Electrical impedance	4.23	10^6/µl	3.8 - 4.8
PCV Method : Calculated	**34.7**	%	36 - 46
MCV Method : Calculated	**82**	fl	83 - 101
MCH Method : Calculated	**26.3**	pg	27 - 32
MCHC Method : Calculated	32.1	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	13.7	%	11.6 - 14.0
RDW-SD Method : Calculated	**45.7**	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	7.8	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	62.6	%	40-80
Lymphocytes	32	%	20-40
Monocytes	3.3	%	2-10
Eosinophils	1.8	%	1-6
Basophils	0.3	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils*	4.88	10^3/µl	2 - 7
Lymphocytes*	2.5	10^3/µl	1 - 3
Monocytes*	0.26	10^3/µl	0.2 - 1.0
Eosinophils*	0.14	10^3/µl	0.02 - 0.5
Basophils*	0.02	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	337	10^3/µl	150 - 410
Mean Platelet Volume (MPV)	10.9	fL	9.3 - 12.1

Sakshi

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MBBS , MD
Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT	**0.366**	%	0.17 - 0.32
Method : Calculated			
PDW	15.1	fL	8.3 - 25.0
Method : Calculated			
Mentzer Index	19.39	%	
Method : Calculated			

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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HEMATOLOGY REPORT			
Arthritis Check- Essential			
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate Method : MODIFIED WESTERGREN	**17**	mm/hr	0 - 12

Interpretation:
Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.

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BIOCHEMISTRY REPORT			
Arthritis Check- Essential			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Diazo	**0.15**	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo	0.1	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	**0.05**	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC, Without Pyridoxal Phosphate	12.6	U/L	5 - 35
SGPT/ALT Method : IFCC, Without Pyridoxal Phosphate	22.1	U/L	5 - 45
SGOT/SGPT Ratio	0.57	-	-
ALKALINE PHOSPHATASE	90	U/L	42-98
TOTAL PROTEIN Method : Biuret	7.1	g/dL	6.0 - 7.8
ALBUMIN Method : BCG	4	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	3.1	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.29	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Glupa C	19.7	U/L	5 -40

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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BIOCHEMISTRY REPORT			
Arthritis Check- Essential			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urea GLDH	**10.9**	mg/dL	16.6 - 48.5
CREATININE Method : Enzymatic	0.6	mg/dL	0.6 - 1.2
BUN Method : Urease	**5.09**	mg/dL	6 - 20
BUN/CREATININE RATIO	8.48		
UREA / CREATININE RATIO	18.17		
URIC ACID Method : Uricase	4.6	mg/dL	3.5 - 7.2
CALCIUM Serum Method : Arsenazo	8.8	mg/dL	8.6 - 10.2
PHOSPHORUS Method : UV Molybdate	3.78	mg/dL	2.3 - 4.7
SODIUM Method : ISE	136.6	mmol/L	135.0 - 145.0
POTASSIUM Method : Direct ISE	4.8	mmol/L	3.5 - 5.0
CHLORIDE Method : Indirect ISE	101.3	mmol/L	95 - 107

Interpretation:

SUMMARY:-

Kidney function tests is a collective term for a variety of individual tests and procedureshat can be done toevaluate how well the kidneys are functioning.Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples.A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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BIOCHEMISTRY REPORT			
Arthritis Check- Essential			
Lipid Profile			
TOTAL CHOLESTEROL Method : CHOD PAP	118	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : GPO	136.7	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Direct	37.6	mg/dL	35 - 60
NON HDL CHOLESTEROL Method : Calculated	80.4	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	53.06	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high =190
V.L.D.L CHOLESTEROL Method : Calculated	27.34	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	**3.14**	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.71	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	1.41	-	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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BIOCHEMISTRY REPORT			
Arthritis Check- Essential			
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy Method : CMIA	14.31	ng/mL	Deficiency : <30 ng/mL

Interpretation:

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

Arthritis Check- Essential

Anti Cyclic Citrullinated PeptideAntibodies (Anti CCP)

CCP Antibody Method : ECLIA	**423**	U/mL	Negative: < 17 Positive: >= 17

NOTE :KINDLY CORRELATE CLINICALLY.

Interpretation:

Note

1. Sensitivity of this assay is 70.6% and specificity is 98.2%
2. Specificity of Anti CCP antibodies in Juvenile arthritis patients has not been established

Comments

Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies.

Clinical Uses

1. For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
2. Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
3. To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE

Sohini Sengupta

Dr. Sohini Sengupta
MD (Cl Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

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BIOCHEMISTRY REPORT			
Arthritis Check- Essential			
Rheumatoid Factor (RF), Quantitative			
RHEUMATOID FACTOR, Quantitative Method : Immunoturbidimetry	**287.8**	IU/mL	<14

Kindly correlate clinically .

Interpretation:
Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.

Sohini Sengupta

Dr. Sohini Sengupta
MD (Cl Biochemistry), DNB,
FNB (Lab Medicine)
Medical Laboratory Director
HOD (Biochemistry & Special Assays)

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