



Reference No.	: - 2105050079	Age/Gender	: Yrs/Male
Pt's Name	: Mr. LALIT PRAKASH		DHJ-TV
Referred By	: NA		
Sample Collection Date/Time	: 21-May-2021	Date	:21-May-2021
Sample Receiving Date/Time	: 21-May-2021 12:43PM	Approved Date	:21-May-2021 02:49PM
Sample From	: T.V. LAB	Report Print Time	:21-May-2021 02:49PM

MICROSCOPY

Test Description	Observed Value	Biological Reference Interval
Anti Nuclear Abs-IFA, Hep2 Serum		
ANA (IF)*	NEGATIVE	Negative

Method : Immunofluorescence Microscopy

Test Method (s)

ANTI-NUCLEAR AB-IFA, HEP2, SERUM - The Immunofluorescence 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 (Sensitivity < 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, 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.

TITRE

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 subject 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.

1+ Positivity = Minimum Immunofluorescence (IF) 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 NOTE: ALL ANA RESULTS WILL BE REPORTED WITH FINAL END POINT TITRE VALUE.

EXAMINATION OF BLOOD

Location	Pattern	Target Antigen	Clinical Association
Nucleus	Homogeneous	Double strand DNA Histones Nucleosome, RNA, Single Strand DNA	SLE Drug Induced Lupus, SLE, RA SLE, MCTD, RA, PM, DM, SS
	Speckled	Sm U1-snRNP SSA/Ro SSB/La Ku Cyclin I (PCNA) Mitosis/Cyclin II	SLE MCTD, SLE, RA, sharp syndrome Sjogren's syndromes (SS)/SLE/Neonatal Lupus PM/DM/SLE/SS SLE/Overlap Syndromes DM
	Dense Fine Speckled (DFS)	Lens epithelium-derived growth factor (LEDGF), DNA binding transcription coactivator p75. (DFS-70)	Healthy individuals, Various Inflammatory conditions like atopic dermatitis, interstitial cystitis, Asthma.
	Centromeres	Proteins of Kinetochores	sCREST syndrome, PSS limited form





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	Nuclear Dots	Sp-100 , NDP53	PBC, Rheumatic Disease
	Nuclear Membrane	Lamins , gp210, p62	CFS, Collagenases, PBC, AIH
Nucleolus	Nucleolar homogeneous	PM-Scl Scl-70	PM, DM, PSS(Diffuse) PSS(Diffuse)
	Nucleolar speckled	RNA-Polymerase I / NOR-90	Progressive Systemic Sclerosis(Diffuse)
	Nucleolar Pattern	Fibrillarin	Progressive Systemic Sclerosis(Diffuse)
Cytoplasm	Cytoplasmic speckled	Mitochondrial Lysosomal Golgi Complex Ribosome P Jo-1 SRP, PL12, TIF1-Gamma	PBC, Unknown SS/SLE/RA SLE Polymyositis (PM), PM/ DM, Myositis
	Cytoplasmic filament	F-Actin Vimentin Tropomyosin Cytoplasmic Rings & rods	AIH Unknown Unknown HCV Infection- on therapy
Cell Cycle (mitotic cells)	Centriole Mid Body Spindle Fibers		Unknown Rheumatic Disease

End of Report

*** End Of Report ***

