MEDICAL LABORATORY RE...

REFERRAL LETTER

BACKGROUND ON CLIENT

1. Status of client: Insured (Quote ID)................ Uninsured .... Unknown

2. Patient Surname: Nyirenda .... Other Names: Mavis Dalaye

3. Sex of Patient: F .... 4. Date of Birth /Age of Patient: 35

5. Contact Person / Relative: 0885 765 813 – Father

DETAILS OF REFERRAL

6. Clinic / Hospital Referred to: Kamuzu Teaching Hospital

7. Referring Diagnosis(es): Connective Tissue ... Time 10:...

8. Please provide detailed Clinical notes/comments by referring officer on reason for referral under the headings below. (please attach extra page if needed)

9. Presenting complaint: Weakness / Easy fatiguability / Chronic ... Patient with Malignant Breast

10. Examination findings: (Please include weight, temperature, BP and ...) Adult female Patient ... Supraspine Mass ... = Intact

11. Results of any investigations carried out: ... See attached ...

12. Treatments given: ...

13. Other comments: Client Referred for Specialist Evaluation

14. Name and designation of Officer referring: ... (SMW)

15. Signature of Officer Referring: ...

16. Comments by receiving Clinician at referral hospital (Please write summary of ... and treatment given) ...

17. Name and designation of receiving Clinician ...

18. Signature ...... 19. Date

KBTH

A & E Red

SPECIALIST CLINIC-REFERRAL/FEEDBACK FORM 1048691

Name: Mavis Nsiaapomh Sex: F Age: 29

... GA-A01 ... Rheumatology 01/12/23

Dear Doctor
The patient has been stabilized and is being sent back to you for follow up management

DIAGNOSIS/REASONS FOR REFERRAL: generalized body swelling 3 months ... difficulty in breathing & cough of 3 days duration, sudden collapse 2 hours prior to ... seizures (3 times), melena stools.

FINAL DIAGNOSIS: 1) SLE with systemic manifestation (CNS, renal (nephritis), ... 2) upper GI bleed 3) bilateral pneumonia complicated by ...

DATE OF OPERATION (Where Applicable): was booked to see rheumatology in January ... symptoms while awaiting scheduled date.

RELEVANT LAB RESULTS: FBC (30/11/23) Hb 7.70, PLT 99, WBC 6.16, ...
LE+UR (30/11/23) Na 126, K 5.0, CO2 16.8, Cl 100, eGFR ...
urea: 6.21, creatinine 113.5, BUN 17.39
LFT (30/11/23): bilirubin 63.65, direct BR 57.1, AST 594, ALP ...

OUTCOME/PLAN: Cured ☐ Improved ☐ Planned follow-up ☐
ABG (30/11/23): pH 7.44 PCO2 30mmHg.

MANAGEMENT/TREATMENT: tab prednisolone 30mg o.d, omeprazole ... esomeprazole 40mg bd, ceftriaxone 2g o.d, azithromycin ... clarithromycin 250mg BD

COMMENTS: for your expert management of this ... F A& E Red.

Thank you for the cooperation. you may contact us or refer this patient back to the clinic ... to do so.

DOCTOR: Dr Wade **SIGN:** [signature]

Resident Dr. Anagbate; 054 124 22

MEDICAL LABORATORY REPORT

[illegible]

Investigation	Observed Value	Biological Reference Interval
Anti Nuclear Antibody (ANA) IFA		
Result	Positive	Negative
Pattern	Homogeneous	
Grade	++++	
Estimated Titre	1:3200	

Interpretation Guidelines (Sample screening dilution - 1:100)

[illegible] Immunofluorescence
Weak Positive (1:100)
Moderate Positive (1:320)
Strong Positive (1:1000)
Very strong Positive (1:3200)

Description

[illegible] antibodies (ANAs) are unusual antibodies, detectable in the blood, that have the capability of binding to certain [illegible] within the nucleus of the cells. ANAs indicate the possible presence of autoimmunity & provide, therefore, an indication of [illegible] immune illness. Fluorescence tech. are frequently used to actually detect the antibodies in the cells, thus ANA testing is [illegible] referred to as fluorescent antinuclear antibody test (FANA). The ANA test is a sensitive screening test used to detect [illegible] immune diseases.

[illegible]

[illegible] Immunofluorescence - Automated IF Processor

[illegible] BIOCHIP Slide is a combination of Hep-20-10 cells and primate liver and has the following advantages

It is a global standard tech. with a natural antigen spectrum capable of detecting more than 30 diagnostically relevant auto antibodies

Hep 20-10 cell lines contain 40% mitotic cells, facilitating easier identification of rare patterns

[illegible] the test is negative, detectable level of auto antibodies is ruled out. In case of a positive result, autoantibodies against any [illegible] or in some cases simultaneously against more than one antigens may be present and further monospecific tests or [illegible] panel of profiles can be used to determine the specific autoantibodies present.
NOTE- All weak positive (+) results may be repeated after 6 - 8 weeks.

[illegible] Tests: Monospecific ELISA to define single antigens; ANA Immunoblot assay

[illegible] SLE: Systemic Lupus Erythematosus, SCL: Scleroderma, MCTD: Mixed Connective Tissue Disease, CFS: Chronic [illegible] Syndrome; AIH: Autoimmune Hepatitis, PBC: Primary Biliary Cirrhosis, PM Polymyositis, DM Dermatomyositis, SS: Systemic [illegible] RA:Rheumatoid Arthritis.

[illegible] next page for co-relation table including various single antigens with their immunoflourescence patterns and [illegible] associations.

Dr. ALAP CHRISTY
MBBS, MD, PGDMHC Head
Clinical Chemistry
Reg No.2020/12/[illegible]