

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mr. DEEPAK	PATIENT ID	: 1572587
AGE/ GENDER	: 53 YRS/MALE	REG. NO./LAB NO.	: 012408060057
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 06/Aug/2024 02:48 PM
REFERRED BY	:	COLLECTION DATE	: 06/Aug/2024 03:43PM
BARCODE NO.	: 01514605	REPORTING DATE	: 06/Aug/2024 05:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM	0.06	S/CO	NEGATIVE: < 1.00
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
HEPATITIS C ANTIBODY (HCV) TOTAL	NON - REACTIVE		POSITIVE: > 1.00
RESULT			
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.


USES:


- Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- Routine screening of low and high prevalence population including blood donors.

NOTE:

- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- False negative results are seen in early Acute infection, Immunosuppression and Immuno— incompetence.
- HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.




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 MBBS, MD (PATHOLOGY & MICROBIOLOGY)


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BARCODE NO.	: 01514605	REPORTING DATE	: 07/Aug/2024 08:19AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
ANTI NUCLEAR ANTIBODY/FACTOR (ANA/ANF)			
ANTI NUCLEUR ANTIBODIES (ANA): SERUM by ELISA (ENZYME LINKED IMMUNOASSAY)	0.5	INDEX VALUE	NEGATIVE: < 1.0 BORDERLINE: 1.0 - 1.20 POSITIVE: > 1.20


INTERPRETATION:-


- For diagnostic purposes, ANA value should be used as an adjuvant to other clinical and laboratory data available.
- Measurement of antinuclear antibodies (ANAs) in serum is the most commonly performed screening test for patients suspected of having a systemic rheumatic disease, also referred to as connective tissue disease.
- ANAs occur in patients with a variety of autoimmune diseases, both systemic and organ-specific. They are particularly common in the systemic rheumatic diseases, which include lupus erythematosus (LE), discoid LE, drug-induced LE, mixed connective tissue disease, Sjogren syndrome, scleroderma (systemic sclerosis), CREST (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia) syndrome, polymyositis/dermatomyositis, and rheumatoid arthritis.

NOTE:

- The diagnosis of a systemic rheumatic disease is based primarily on the presence of compatible clinical signs and symptoms. The results of tests for autoantibodies including ANA and specific autoantibodies are ancillary. Additional diagnostic criteria include consistent histopathology or specific radiographic findings. Although individual systemic rheumatic diseases are relatively uncommon, a great many patients present with clinical findings that are compatible with a systemic rheumatic disease ANA screening may be useful for ruling out the disease.
- Secondary, disease specific auto antibodies maybe ordered for patients who are screen positive as ancillary aids for the diagnosis of specific auto-immune disorders.




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BARCODE NO.	: 01514605	REPORTING DATE	: 07/Aug/2024 11:39AM
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Test Name	Value	Unit	Biological Reference interval
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HEPATITIS E VIRUS (HEV) ANTIBODY: TOTAL


HEPATITIS E ANTIBODY (HEV) TOTAL QUANTITATIVE <i>by ELISA (ENZYME LINKED IMMUNOASSAY)</i>	1.58 ^H	AI	< 0.90
HEPATITIS E ANTIBODY (HEV) TOTAL RESULT <i>by ELISA (ENZYME LINKED IMMUNOASSAY)</i>	REACTIVE		NON - REACTIVE


INTERPRETATION:

NEGATIVE	AI	< 0.90
EQUIVOCAL	AI	0.90 - 1.10
POSITIVE	AI	>1.10

- Hepatitis E virus is a positive-sense single-stranded RNA icosahedral virus.
- It usually causes a self limiting hepatitis which results in complete remission.
- Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly feco-oral.
- The average incubation period for the infection is 3-8 weeks from the time of exposure.
- IgM antibodies become detectable in the serum prior to the onset of clinically identifiable disease and if detected, they are indicative of a recent infection.




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 MBBS, MD (PATHOLOGY)



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Test Name	Value	Unit	Biological Reference interval
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HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.17 S/CO
SERUM
NEGATIVE: < 1.0
POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg) NON REACTIVE
RESULT


by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)


INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.




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Test Name	Value	Unit	Biological Reference interval
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HEPATITIS A VIRUS (HAV) ANTIBODY: TOTAL

HEPATITIS A ANTIBODY (HAV) TOTAL QUANTITATIVE by ELISA (ENZYME LINKED IMMUNOASSAY)	1.674 ^H	AI	< 0.90
HEPATITIS A ANTIBODY (HAV) TOTAL RESULT by ELISA (ENZYME LINKED IMMUNOASSAY)	REACTIVE		NON - REACTIVE

INTERPRETATION


HEPATITIS A VIRUS (HAV) TOTAL ANTIBODIES


NON REACTIVE	< 0.90
EQUIVOCAL	0.90 - 1.10
POSITIVE	>1.10

- Hepatitis A virus is a non-enveloped RNA virus that is classified as picorna virus. It usually causes a self limiting hepatitis which results in complete remission.
- Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly oro-faecal.
- The incubation period is between 15-50 days from the time of exposure.
- IgM antibody is only present in the blood following an acute hepatitis A infection and is a fairly reliable marker of a recent infection. It is detectable from one to two weeks after the initial infection and persists for up to 14 weeks after exposure.

*** End Of Report ***




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