

Dr. Vinay Chopra  
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 Chairman & Consultant Pathologist

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 CEO & Consultant Pathologist

<b>NAME</b>	: Baby. ANSHIKA SHARMA	<b>PATIENT ID</b>	: 1639713
<b>AGE/ GENDER</b>	: 7 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012410100039
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 10/Oct/2024 11:58 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 10/Oct/2024 12:06PM
<b>BARCODE NO.</b>	: 01518653	<b>REPORTING DATE</b>	: 10/Oct/2024 05:11PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

**HAEMATOLOGY**  
**PERIPHERAL BLOOD SMEAR**

**TEST NAME:**  
**PERIPHERAL BLOOD FILM/SMEAR (PBF)**

**RED BLOOD CELLS (RBC'S):**  
 RBCs mostly are normocytic & normochromic.No polychromatic cells or normoblasts present.


**WHITE BLOOD CELLS (WBC'S):**  
 No immature leucocytes seen.


**PLATELETS:**  
 Platelets appear adequate.

**HEMOPARASITES:**  
 NOT SEEN.

**IMPRESSION:**  
 Normocytic normochromic picture.



  
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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)			POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT	NON - REACTIVE		
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:

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

#### NOTE:

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



  
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Test Name	Value	Unit	Biological Reference interval
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**ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)**

HIV 1/2 AND P24 ANTIGEN: SERUM	0.11	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

HIV 1/2 AND P24 ANTIGEN RESULT	NON - REACTIVE
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)	

**INTERPRETATION:-**

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This means that patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/ 2.

**RECOMMENDATIONS:**

- Results to be clinically correlated
- Rarely falsenegativity/positivity may occur.



  
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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): 0.21 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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VDRL	NON REACTIVE	NON REACTIVE
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by IMMUNOCHROMATOGRAPHY

**INTERPRETATION:**

- Does not become positive until 7 - 10 days after appearance of chancre.
- High titer (>1:16) - active disease.**
- Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- Treatment of primary syphilis causes progressive decline to negative VDRL within 2 years.
- Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- May be nonreactive in early primary, late latent, and late syphilis (approx. 25% of cases).
- Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).**

**SHORT TERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:**


- Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- M. pneumoniae; Chlamydia; Malaria infection.
- Some immunizations
- Pregnancy (rare)


**LONG TERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:**

- Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- Intravenous drug users.
- Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- <10 % of patients older than age 70 years.
- Patients taking some anti-hypertensive drugs.

\*\*\* End Of Report \*\*\*



  
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