

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

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

NAME	: Mrs. SANTOSH MITTAL	PATIENT ID	: 1645669
AGE/ GENDER	: 80 YRS/FEMALE	REG. NO./LAB NO.	: 012410170012
COLLECTED BY	:	REGISTRATION DATE	: 17/Oct/2024 09:05 AM
REFERRED BY	:	COLLECTION DATE	: 17/Oct/2024 11:35AM
BARCODE NO.	: 01519031	REPORTING DATE	: 17/Oct/2024 12:23PM
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

HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.3	INDEX	NEGATIVE: <0.90 EQUIVOCAL: 0.90-1.10 POSITIVE: >=1.10
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INTERPRETATION:

CLINICAL BACKGROUND:

H pylori infection is associated with peptic ulcer disease (duodenal and gastric) and chronic active gastritis. H pylori infection is also an independent risk factor for gastric cancer and primary malignant lymphoma of the stomach. However, many people who are infected with H. pylori may not show any symptoms of the disease.

NOTE:

1. It is a chemiluminescent Immunoassay (CLIA) for detection of Helicobacter pylori antigen in faecal samples and can be used for diagnosis, therapeutic monitoring and to assess eradication of H. pylori infection post treatment.
2. It is a qualitative test.
3. A positive result (antigen detected) is indicative of H pylori presence in stool sample.
4. A negative result does not exclude the possibility of Helicobacter pylori infection.
5. Assay results should be utilized in conjunction with other clinical and laboratory data to assist the clinician in making individual patient management decisions.
6. Antimicrobials, proton pump inhibitors and bismuth preparations are known to suppress H.pylori and if ingested may give a false negative result.
7. Fecal specimens preserved in 10 % formalin, merthiolate formalin, sodium acetate formalin, or polyvinyl alcohol or specimens that are in transport media such as Cary Blair or C & S cannot be used.




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IMMUNOGLOBIN IgE

IMMUNOGLOBIN-E (IgE): SERUM

232.1^H

IU/mL

0.00 - 100.00

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

COMMENTS:

1. IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2. Total IgE represents the sum of all the specific IgE, which in turn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3. Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4. Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5. In adults, Total IgE values between 100 to 1000 IU/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6. Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only.
7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8. A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED:

1. Atopic/Non Atopic Allergy
2. Parasitic Infection.
3. IgE Myeloma
4. Allergic bronchopulmonary aspergillosis.
5. The rare hyper IgE syndrome.
6. Immunodeficiency States and Autoimmune states

USES:

1. Evaluation of children with strong family history of allergies and early clinical signs of disease.
2. Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3. To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4. To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5. To confirm the presence of IgE antibodies to certain occupational allergens




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CLINICAL PATHOLOGY
STOOL FOR OCCULT BLOOD


OCCULT BLOOD
 by IMMUNOCHROMATOGRAPHY


POSITIVE (+ve)

NEGATIVE (-ve)

*** End Of Report ***




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