

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

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

NAME : Mr. SURINDER JAIN
AGE/ GENDER : 78 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01521471
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1682446
REG. NO./LAB NO. : 012411260022
REGISTRATION DATE : 26/Nov/2024 10:38 AM
COLLECTION DATE : 26/Nov/2024 03:33PM
REPORTING DATE : 26/Nov/2024 12:12PM

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 0.34 S/CO
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)
NEGATIVE: < 1.00
POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL NON - REACTIVE
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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CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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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): 0.36 S/CO
 SERUM
 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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REFERRED BY	:	COLLECTION DATE	: 26/Nov/2024 03:33PM
BARCODE NO.	: 01521471	REPORTING DATE	: 29/Nov/2024 09:40AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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SPECIAL INVESTIGATIONS

FECAL ELASTASE

FECAL ELASTASE by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)	13.5^L	µg/gm STOOL	200 - > 500: NORMAL 100 - 200: MILD TO MODERATE EXOCRINE PANCREATIC INSUFFICIENCY < 100.0: SEVERE EXOCRINE PANCREATIC INSUFFICIENCY
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INTERPRETATION:

FECAL ELASTASE IN µg/gm STOOL	REMARKS
200.0 - > 500.0	Normal
100.0 - 200.0	Mild To Moderate exocrine pancreatic insufficiency
< 100.0	Severe exocrine pancreatic insufficiency

COMMENTS:

- Pancreatic elastase-1 is a Pancreas specific protease in pancreatic juice.
- It remains undegraded during intestinal transit and concentration in faeces is five to six fold as compared to pancreatic juice. Its measurement in faeces has high sensitivity for detection of moderate and severe chronic pancreatitis in adults.
- It has high sensitivity and high negative predictive value for discriminating between diarrhoea of pancreatic and non pancreatic origin.
- It is considered the most suitable test to confirm pancreatic insufficiency in screened Cystic Fibrosis infants older than 2 weeks. The test results remain unaffected by pancreatic enzyme supplements.

USAGE:


- To diagnose or exclude pancreatic involvement in association with gastrointestinal symptoms e .g abdominal pain, failure to thrive, maldigestion, etc.
- To diagnose or exclude exocrine pancreatic insufficiency caused by Chronic Pancreatitis, Diabetes Mellitus, Cholelithiasis, Cystic Fibrosis, Pancreatic Cancer, Celiac disease etc


NOTE:

- False negative result may be observed in mild pancreatic insufficiency but has better sensitivity than other tests
- False positive results may be observed in certain non pancreatic diseases such as Inflammatory bowel disease, Chronic diarrhoea, bacterial overgrowth or watery stool sample
- The test is not specific for Chronic Pancreatitis and detects moderate to severe impairment of pancreatic function from any cause

*** End Of Report ***




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