

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME : Mr. BALBIR SINGH
AGE/ GENDER : 37 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01522536
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1700438
REG. NO./LAB NO. : 012412160048
REGISTRATION DATE : 16/Dec/2024 02:21 PM
COLLECTION DATE : 16/Dec/2024 02:26PM
REPORTING DATE : 16/Dec/2024 05:03PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

VIRAL MARKERS COMBO PANEL: 2.0

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 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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ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM 0.18 S/CO
 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:

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





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HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.02 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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VDRL

VDRL NON REACTIVE NON REACTIVE

by IMMUNOCHROMATOGRAPHY

INTERPRETATION:

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

SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

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


LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

- 1.Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
- 2.Intravenous drug users.
- 3.Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- 4.<10 % of patients older thanage 70 years.
- 5.Patients taking some anti-hypertensive drugs.

*** End Of Report ***




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