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

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



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|---|---|---|---|
| **NAME** | **: Mr. MUKESH GARG** | | |
| **AGE/ GENDER** | : 58 YRS/MALE | **PATIENT ID** | : 1702444 |
| **COLLECTED BY** | : | **REG. NO./LAB NO.** | **: 012412180041** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Dec/2024 01:47 PM |
| **BARCODE NO.** | : 01522640 | **COLLECTION DATE** | : 18/Dec/2024 01:52PM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Dec/2024 03:08PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE POST PRANDIAL (PP)

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|---|---|---|---|
| GLUCOSE POST PRANDIAL (PP): PLASMA<br>*by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)* | 93.16 | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > 0R = 200.0 |

***INTERPRETATION***

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A post-prandial glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Dec/2024 05:45PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

## IMMUNOPATHOLOGY/SEROLOGY

### TOXOPLASMA ANTIBODIES IgG

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|---|---|---|---|
| TOXOPLASMA ANTIBODIES IgG<br>*by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)* | 0.859 | IU/mL | NEGATIVE: < 2.0<br>POSITIVE: > 2.0 |

***INTERPRETATION:***

1. Toxoplasma gondii is a ubiquitous intracellular parasite casuing serious infections in humans and domestic animals. Toxoplasma infection is asymptomatic in vast majority of immunocompetent individuals and is different from toxoplasmosis, the clinical or pathological disease. Latent (chronic infection) ensues in all infected people after resolution of acute phase, due to asymptomatic persistence of parasite. Reactivation of latent infection is usually seen in severely immunocompromised individuals.
2. Acquired Toxoplasmosis is usually asymptomatic and benign in pregnant women. However, the infection acquires a special significance as the parasite may enter the foetal circulation by transplacental route and casuse congenital toxoplasmosis. The risk and severity of congenital toxoplasmosis is greatest when acquired during first 3 months of pregnancy. The consequences of congenital toxoplasmosis range from spontaneous abortion and prematurity to generalized and neurological symtoms.

**CLINICAL UTILITY:**

1. Toxoplasma specific IgM develops 2 – 4 weeks after the onset of clinical signs and gradually declines hereafter, disappearing in 3 – 9 months. Therefore, the presence Of IgM and IgA in the absence og IgG or in the presence of low IgG levels is a strong evidence of ACUTE TOXOPLASMOSIS. Conversely, the presence of IgM in the presence of decreasing or constant IgG levels indicates subacute infection.
2. Specific IgG antibodies to Toxoplasma rise gradually and peak 2 – 5 months after the onset of clinical signs. Therefore, the presence of IgG is usefull in distinguishing subjects who have acquired the disease from those who have not. Increased level of toxoplasma specific IgG suggests reactivation of disease. IgG may be falsely negative in immunocompromised patients.
3. Accurate dating of the duration of maternal toxoplasmosis is required in order to assess the risk of subsequent congenital infection. However, positive IgM results are not easy to interpret, because specific IgM has a tendency to persist, even at high levels, after primary infection.
*4. FALSE-POSITIVE IgM RESULT MAY OCCUR DUE TO RHEUMATOID FACTOR AND ANTI-NUCLEUR ANTIBODIES.*

**NOTE:**

IgG avidity testing is recommended to differentiate between primary infection, IgM persistence and reactivation. A positive IgM accompanied by low-avidity IgG is suggestive of a primary infection, whereas a high-avidity IgG indicates either IgM persistence or reactivation. A low avidity index may also be seen in a proportion of infected persons for month. Hence it is adviced to perform IgM testing initially to point to the need for IgG avidity to avoid misinterpretation of results.

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## TOXOPLASMA ANTIBODIES IgM

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|---|---|---|---|
| TOXOPLASMA ANTIBODIES IgM<br>*by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)* | 1.327 | IU/mL | NEGATIVE: < 2.0<br>EQUIVOCAL: 2.0 - 2.60<br>POSITIVE: > 2.60 |

***INTERPRETATION:***

1. Toxoplasma gondii is a ubiquitous intracellular parasite casuing serious infections in humans and domestic animals. Toxoplasma infection is asymptomatic in vast majority of immunocompetent individuals and is different from toxoplasmosis, the clinical or pathological disease. Latent (chronic infection) ensues in all infected people after resolution of acute phase, due to asymptomatic persistence of parasite. Reactivation of latent infection is usually seen in severely immunocompromised individuals.
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*** End Of Report ***

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