

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. BALESH KUMARI | PATIENT ID | : 1732265 |
| AGE/ GENDER | : 44 YRS/FEMALE | REG. NO./LAB NO. | : 012501230015 |
| COLLECTED BY | : | REGISTRATION DATE | : 23/Jan/2025 09:56 AM |
| REFERRED BY | : CIVIL HOSPITAL (AMBALA CANTT) | COLLECTION DATE | : 23/Jan/2025 09:57AM |
| BARCODE NO. | : 01524282 | REPORTING DATE | : 23/Jan/2025 11:17AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| 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 0.09 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 | 0.16 | 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:

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




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

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): 0.29 S/CO NEGATIVE: < 1.0
 SERUM 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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VDRL

| | | |
|---------------------------------|--------------|--------------|
| VDRL by IMMUNOCHROMATOGRAPHY | NON REACTIVE | NON REACTIVE |
|---------------------------------|--------------|--------------|

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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