Dr. Vinay Chopra
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Chairman & Consultant Pathologist

Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME	**: Mrs. MADHU**		
AGE/ GENDER	: 31 YRS/FEMALE	**PATIENT ID**	: 1783621
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503080069**
REFERRED BY	: DR PARAAG KUMAR	**REGISTRATION DATE**	: 08/Mar/2025 01:55 PM
BARCODE NO.	: 01526740	**COLLECTION DATE**	: 08/Mar/2025 01:58PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 10/Mar/2025 09:34AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS B ENVELOPE ANTIGEN (HBeAg)

HEPATITIS B ENVELOPE ANTIGEN (HBeAg): SERUM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	**1.04^{H}**	S/CO	NEGATIVE: < 0.90 EQUIVOCAL: 0.90 - 1.10 POSITIVE: > 1.10

HEPATITIS B ENVELOPE ANTIGEN ((HBeAg): RESULT REACTIVE
by ELISA (ENZYME LINKED IMMUNOASSAY)

INTERPRETATION:

HEPATITIS B ENVELOPE ANTIGEN (HBeAg)	
RESULT	**ACTIVITY INDEX (AI)**
NEGATIVE	< 0.90
EQUIVOCAL	0.90 – 1.10
POSITIVE	>1.10

NOTE:
1.Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
2.For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results
3.False negativity about 15% in USA and > 50% in Asia, Africa & Southern Europe is observed in patients infected with HBV mutants where HBeAg is negative but HBV DNA is positive

COMMENTS:
1.HBeAg is a marker of active HBV replication in the liver indicating a highly infectious state. It appears within 1 week after appearance of HBsAg and is found only when HBsAg is present. HBeAg appears early in disease before biochemical changes and disappears after liver enzymes peak which is usually after 3-6 weeks.
2.Persistence for more than 20 weeks suggests progression to Chronic carrier state and possible Chronic Hepatitis. It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery.

USES:
1.Indicator of highly infectious state
2.Predictor of maternal infectivity
3.Indicator of resolution of infection

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS B VIRUS ENVELOPE ANTIBODY (HBeAb)

HEPATITIS B ENVELOPE ANTIBODY (HBeAb): SERUM *by ELISA (ENZYME LINKED IMMUNOASSAY)*	**2.101^{H}**	S/CO	NEGATIVE: < 0.90 EQUIVOCAL: 0.90 - 1.10 POSITIVE: > 1.10
HEPATITIS B ENVELOPE ANTIBODY (HBeAb) RESULT ***by ELISA (ENZYME LINKED IMMUNOASSAY)***	**REACTIVE**		**NON - REACTIVE**

INTERPRETATION:

HEPATITIS B ENVELOPE ANTIGEN (HBeAg)	
ACTVITY INDEX	**RESULT**
Less than 0.90	NEGATIVE
Between 0.90 – 1.10	EQUIVOCAL
More than 0.90	POSITIVE

NOTE:This test usually indicates loss of infectivity but carrier state may persist.

CLINICAL USE: This test is useful for recognition of resolution of HBV infection with seroconversion of HBeAg to Anti HBe.

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Test Name	Value	Unit	Biological Reference interval

MOLECULAR PATHOLOGY

HEPATITIS B VIRAL (HBV) DNA QUANTITATIVE VIRAL LOAD (QUANTITATIVE): RT-PCR

HEPATITIS B VIRUS (HBV) DNA QUANTITATIVE VIRAL LOAD *by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)*	UNDETECTABLE OR < 30.0	IU/mL	< 40.0
DETECTION LIMIT *by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)*	30	IU/mL	< 30.0

INTERPRETATION:

1.Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features.
2.Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby.
3.In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis.
4.Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates.
5.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 symtoms.
6.Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

ABOUT REAL TIME-POLYMERASE CHAIN REACTION (RT-PCR):

The test is intended for use as a diagnostic assay for the detection of HBV DNA in human plasma or serum and is capable of detecting all the 7 major genotypes (A to G) of HBV at target concentration of 3.8 IU/ml and above. The presence of HBV DNA is evidence of current infection i patients presenting with clinical and/or biochemical evidence of liver disease. A negative result dose not preclude the presence of HBV infection besause result depends on adequate specimen collection, absence of inhibitors and sufficient DNA to be detected

Sensitivity : 3.8 IU/ml

A "DETECTED" result will be reported with quantification in IU/ml. It indicates the degree if active HBV viral replicationin the patient.

A "LESS THAN DETECTABLE LIMIT" result indicates that either absence of HBV DNA in patient's specimen or HBV DNA level is below the lower limit of quantification of this assay.

CONVERSION FACTOR: 1 IU/mL= 4.53 copies/mL

METHODOLOGY DETAILS:

* HBV DNA is extracted from plasma by us FDA approved automatic extraction machine based on magnetic bead technology.
* Purified DNA is then Amplified and quantified using real time PCR Technology.
* Extraction and Amplification controls (IC) are incorporated in each run to ensure more accurate and precise detection of DNA

*** End Of Report ***

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