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NAME	**: Mr. RUPESH**		
AGE/ GENDER	: 49 YRS/MALE	**PATIENT ID**	: 1784855
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503090061**
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	**REGISTRATION DATE**	: 09/Mar/2025 02:07 PM
BARCODE NO.	: 01526820	**COLLECTION DATE**	: 09/Mar/2025 02:08PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 09/Mar/2025 03:06PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

PROTHROMBIN TIME STUDIES (PT/INR)

Test Name	Value	Unit	Biological Reference interval
PT TEST (PATIENT) *by PHOTO OPTICAL CLOT DETECTION*	14.5	SECS	11.5 - 14.5
PT (CONTROL) *by PHOTO OPTICAL CLOT DETECTION*	12	SECS	
ISI *by PHOTO OPTICAL CLOT DETECTION*	1.1		
INTERNATIONAL NORMALISED RATIO (INR) *by PHOTO OPTICAL CLOT DETECTION*	**1.23^{H}**		0.80 - 1.20
PT INDEX *by PHOTO OPTICAL CLOT DETECTION*	82.76	%	

INTERPRETATION:-

1.INR is the parameter of choice in monitoring adequacy of oral anti-coagulant therapy. Appropiate therapeutic range varies with the disease and treatment intensity.
2. Prolonged INR suggests potential bleeding disorder /bleeding complications
3. Results should be clinically correlated.
4. *Test conducted on Citrated Plasma*

RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTI-COAGULANT THERAPY (INR)		
INDICATION		**INTERNATIONAL NORMALIZED RATIO (INR)**
Treatment of venous thrombosis	Low Intensity	2.0 - 3.0
Treatment of pulmonary embolism		
Prevention of systemic embolism in tissue heart valves		
Valvular heart disease		
Acute myocardial infarction		
Atrial fibrillation		
Bileaflet mechanical valve in aortic position		
Recurrent embolism	High Intensity	2.5 - 3.5
Mechanical heart valve		

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Test Name	Value	Unit	Biological Reference interval
Antiphospholipid antibodies^{+}			

COMMENTS:

The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the efficacy of the extrinsic pathway of coagulation. PT test reflects the adequacy of factors I (fibrinogen), II (prothrombin), V, VII, and X. It is used in conjunction with the activated partial thromboplastin time (aPTT) which measures the intrinsic pathway.

The common causes of prolonged prothrombin time are :

1.Oral Anticoagulant therapy.
2.Liver disease.
3.Vit K. deficiency.
4.Disseminated intra vascular coagulation.
5.Factor 5, 7 , 10 or Prothrombin dificiency

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS B VIRUS CORE ANTIBODY (HBcAb): TOTAL

HEPATITIS B CORE ANTIBODY (HBcAb) TOTAL QUANTITATIVE *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.75	U/mL	< 0.85
HEPATITIS B CORE ANTIBODY (HBcAb) TOTAL RESULT *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NON - REACTIVE		NON - REACTIVE

INTERPRETATION:

NEGATIVE	U/mL	< 0.85
EQUIVOCAL	U/mL	0.85 - 1.15
POSITIVE	U/mL	>1.15

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

COMMENTS:
1.Anti- HBc Total is the first antibody to appear usually 4-10 weeks after appearance of HBsAg, at the same time as clinical illness and persists for years or maybe lifetime.
2.It is almost always present during chronic HBV infection. It detects virtually all individuals who have been previously infected with HBV.
3.Detection of Anti HBc Total positive donors reduces incidence of post transmission Hepatitis and possibility of other viral infections like HIV due to frequency of dual infections.
4.This antibody may be seen in 2% of routine donors without any other serological marker and with normal liver enzyme levels. This indicates recovery from subclinical HBV infections.
5.Anti HBc Total is not protective and cannot be used to distinguish Acute from Chronic infection.

USES:
1.As a marker for HBV infection
2.As a screening test for blood donors

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HEPATITIS A VIRUS (HAV) ANTIBODY: IgM

Test Name	Value	Unit	Biological Reference interval
HEPATITIS A ANTIBODY (HAV) IgM QUANTITATIVE *by CLIA (CHELUMINISCENCE IMMUNOASSAY)*	0.11	AI	< 0.90
HEPATITIS A ANTIBODY (HAV) IgM RESULT *by CLIA (CHELUMINISCENCE IMMUNOASSAY)*	NON - REACTIVE		NON - REACTIVE

INTERPRETATION

HEPATITIS A VIRUS (HAV) IgM ANTIBODIES	
NON REACTIVE	< 0.90
EQUIVOCAL	0.90 - 1.10
POSITIVE	>1.10

1.Hepatitis A virus is a non-enveloped RNA virus that is classified as picorna virus. It usually causes a self limiting hepatitis which results in complete remission.
2.Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly oro-faecal.
3.The incubation period is between 15-50 days from the time of exposure.
4.IgM antibody is only present in the blood following an acute hepatitis A infection and is a fairly reliable marker of a recent infection. It is detectable from one to two weeks after the initial infection and persists for up to 14 weeks after exposure.

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	**11.48^{H}**	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT ***by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)***	**REACTIVE**		

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:

1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
2. Routine screening of low and high prevelance population including blood donors.

NOTE:

1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
3. *HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.*

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HEPATITIS E VIRUS (HEV) ANTIBODY: IgM

Test Name	Value	Unit	Biological Reference interval
HEPATITIS E ANTBODY (HEV) IgM QUANTITATIVE *by ELISA (ENZYME LINKED IMMUNOASSAY)*	0.12	AI	< 0.90
HEPATITIS E ANTIBODY (HEV) IgM RESULT *by ELISA (ENZYME LINKED IMMUNOASSAY)*	NON - REACTIVE		NON - REACTIVE

INTERPRETATION:

NEGATIVE	AI	< 0.90
EQUIVOCAL	AI	0.90 - 1.10
POSITIVE	AI	>1.10

1.Hepatitis E virus is a positive-sense single-stranded RNA icosahedral virus.
2.It usuallsy causes a self limiting hepatitis which results in complete remission.
3.Occasional cases of fulminant hepatic necrosis are known to be associated with the infection. Transmission is mainly feco-oral.
4.The average incubation period for the infection is 3-8 weeks from the time of exposure.
5.IgM antibodies become detectable in the serum prior to the onset of clinically identifiable disease and if detected, they are indicative of a recent infection.

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Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.32	S/CO	NEGATIVE: < 1.0 POSITIVE: > 1.0
HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON REACTIVE		

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 symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

*** End Of Report ***

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