

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Miss. POONAM | PATIENT ID | : 1791553 |
| AGE/ GENDER | : 24 YRS/FEMALE | REG. NO./LAB NO. | : 012503150013 |
| COLLECTED BY | : | REGISTRATION DATE | : 15/Mar/2025 09:34 AM |
| REFERRED BY | : SELF CARE | COLLECTION DATE | : 15/Mar/2025 09:35AM |
| BARCODE NO. | : 01527102 | REPORTING DATE | : 15/Mar/2025 09:56AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |


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


HAEMATOLOGY

ABSOLUTE EOSINOPHIL COUNT (AEC)

| | | | |
|---|-----------------|------|----------|
| ABSOLUTE EOSINOPHIL COUNT | 12 ^L | /cmm | 40 - 440 |
| by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY | | | |




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IMMUNOPATHOLOGY/SEROLOGY
ASPERGILLUS FUMIGATUS ANTIBODY IgE

ASPERGILLUS FUMIGATUS ANTIBODIES IgE: SERUM **8.2^H** IU/mL
 by ELISA (ENZYMELINKED IMMUNO ASSAY)

NEGATIVE: < 0.35 POSITIVE: > 0.35

INTERPRETATION

| QUANTITATIVE RESULT IN KUA/L | LEVEL OF ALLERGEN SPECIFIC ANTIBODY | SYMPTOM RELATION |
|------------------------------|-------------------------------------|------------------|
| < 0.10 | UNDETECTABLE | UNLIKELY |
| 0.10 – 0.50 | VERY LOW | UNCOMMON |
| 0.50 - 2.00 | LOW | LOW |
| 2.00 – 15.00 | MODERATE | COMMON |
| 15.00 – 50.00 | HIGH | HIGH |
| 50.00 – 100.00 | VERY HIGH | VERY HIGH |
| >100.00 | VERY HIGH | VERY |

NOTE:

- Sensitized patients show elevated levels of specific allergens. Generally the higher kUA/L value, the more exposed the patient is to the allergen.
- All results should be interpreted in relation to individual case history

COMMENTS

Aspergillus fumigatus is a thermotolerant fungus with worldwide distribution. It is found in soils, leaf, and plant litter, decaying vegetables and root, bird droppings, tobacco and stored potatoes. Inhalation of conidia and mycelium leads to several disease like Allergic asthma, Allergic bronchopulmonary aspergillosis, hypersensitivity pneumonitis, Invasive aspergillosis and aspergilloma.




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IMMUNOGLOBIN IgE

| | | | |
|--|------------------------|-------|---------------|
| IMMUNOGLOBIN-E (IgE): SERUM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) | >2500.000 ^H | IU/mL | 0.00 - 100.00 |
|--|------------------------|-------|---------------|

INTERPRETATION:

COMMENTS:

1. IgE antibodies mediate allergic diseases by sensitizing mast cells and basophils to release histamine and other inflammatory mediators on exposure to allergens.
2. Total IgE represents the sum of all the specific IgE, which in turn includes many groups of specific IgE & allergen specific IgE is just one such group amongst them.
3. Total IgE determination constitutes a screening method of atopic diseases, although within range values of total IgE do not exclude the existence of atopy and high values of total IgE are not pathognomonic of atopy by themselves.
4. Antigen-specific IgE is the next step in the in vitro identification of the responsible allergen. There are more than 400 characterized known allergens available for in vitro diagnostic tests and testing to be selected based on symptoms, clinical & environmental details.
5. In adults, Total IgE values between 100 to 1000 IU/ml may not correlate with allergen specific IgE, where the patients may be just sensitized to different allergen or often the cause for high IgE could be non-atopic.
6. Specific IgE results obtained with the different methods vary significantly, hence followup testing to be performed using one laboratory only.
7. The probability of finding an increased level of IgE in serum in a patient with allergic disease varies directly with the number of different allergens to which the patient is sensitized.
8. A normal level of IgE in serum does not eliminate the possibility of allergic disease; this occurs if there is sensitivity to a limited number of allergens and limited end organ involvement.

INCREASED:

1. Atopic/Non Atopic Allergy
2. Parasitic Infection.
3. IgE Myeloma
4. Allergic bronchopulmonary aspergillosis.
5. The rare hyper IgE syndrome.
6. Immunodeficiency States and Autoimmune states

USES:

1. Evaluation of children with strong family history of allergies and early clinical signs of disease.
2. Evaluation of children and adults suspected of having allergic respiratory disease to establish the diagnosis and define the allergens
3. To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease
4. To evaluate sensitivity to insect venom allergens particularly as an aid in defining venom specificity in those cases in which skin tests are equivocal
5. To confirm the presence of IgE antibodies to certain occupational allergens




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ASPERGILLUS ANTIBODY IgG

ASPERGILLUS ANTIBODY IgG
 by ELISA (ENZYME LINKED IMMUNOASSAY)

13.9^H Iu/mL 0 - 10

INTERPRETATION:

| | | |
|-----------|------|------------|
| NEGATIVE | U/ml | <8.0 |
| EQUIVOCAL | U/ml | 8.0 - 12.0 |
| POSITIVE | U/ml | >12.0 |

- 1.Aspergillus organism has the ability to produce a wide spectrum of infections including Mycotoxicosis, allergic manifestations, localized non-invasive infection in normal host and invasive infection in the compromised host.
- 2.Aspergillus fumigatus is the most common species associated with human diseases followed by Aspergillus flavus.
- 3.Lung Aspergillosis includes Primary pulmonary aspergillosis, Acute invasive pulmonary disease, Aspergillus pseudotuberculosis,Chronic necrotizing pulmonary aspergillosis and Aspergilloma.

NOTE:

All positive results should be confirmed by microbiologic and clinical evaluation. False positive results are commonly seen in children and in patient on antimicrobial therapy like Piperacillin- Tazobactam and Amoxicillin-Clavulanate.

*** End Of Report ***




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