

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

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

NAME	: Mr. ANUJ BANSAL	PATIENT ID	: 1791593
AGE/ GENDER	: 37 YRS/MALE	REG. NO./LAB NO.	: 012503150016
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 15/Mar/2025 10:22 AM
REFERRED BY	:	COLLECTION DATE	: 15/Mar/2025 10:49AM
BARCODE NO.	: 01527105	REPORTING DATE	: 15/Mar/2025 11:57AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	0.18	INDEX	NEGATIVE: <0.90 EQUIVOCAL: 0.90-1.10 POSITIVE: >=1.10
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INTERPRETATION:

CLINICAL BACKGROUND:

H pylori infection is associated with peptic ulcer disease (duodenal and gastric) and chronic active gastritis. H pylori infection is also an independent risk factor for gastric cancer and primary malignant lymphoma of the stomach. However, many people who are infected with H. pylori may not show any symptoms of the disease.

NOTE:

1. It is a chemiluminescent Immunoassay (CLIA) for detection of Helicobacter pylori antigen in faecal samples and can be used for diagnosis, therapeutic monitoring and to assess eradication of H. pylori infection post treatment.
2. It is a qualitative test.
3. A positive result (antigen detected) is indicative of H pylori presence in stool sample.
4. A negative result does not exclude the possibility of Helicobacter pylori infection.
5. Assay results should be utilized in conjunction with other clinical and laboratory data to assist the clinician in making individual patient management decisions.
6. Antimicrobials, proton pump inhibitors and bismuth preparations are known to suppress H.pylori and if ingested may give a false negative result.
7. Fecal specimens preserved in 10 % formalin, merthiolate formalin, sodium acetate formalin, or polyvinyl alcohol or specimens that are in transport media such as Cary Blair or C & S cannot be used.




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CLINICAL PATHOLOGY

STOOL ROUTINE AND MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

COLOUR / APPEARANCE	BROWNISH	YELLOWISH BROWN
CONSISTENCY	SOFT	SEMI- FORMED/FORMED
PUS	ABSENT	ABSENT
MUCOUS	ABSENT	ABSENT
BLOOD	NEGATIVE (-ve)	NEGATIVE (-ve)
PARASITES	NOT SEEN	NOT SEEN


MICROSCOPIC EXAMINATION

PUS CELLS <i>by MICROSCOPY</i>	NEGATIVE (-ve)	/HPF	0 - 5
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY</i>	NEGATIVE (-ve)	/HPF	0 - 3
OVA <i>by MICROSCOPY</i>	NOT SEEN		NOT SEEN
CYSTS <i>by MICROSCOPY</i>	NOT SEEN		NOT SEEN
STOOL FOR VIBRIO CHOLERA <i>by MICROSCOPY</i>	NO DARTING MOTILITY SEEN		
STOOL FOR FAT GLOBULES <i>by MICROSCOPY</i>	NOT SEEN		NOT SEEN

*** End Of Report ***




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