

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

Dr. Yugam Chopra
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 CEO & Consultant Pathologist

NAME	: Mr. KARISHAN LAL	PATIENT ID	: 1595181
AGE/ GENDER	: 23 YRS/MALE	REG. NO./LAB NO.	: 042408290006
COLLECTED BY	:	REGISTRATION DATE	: 29/Aug/2024 01:05 PM
REFERRED BY	: NAGPAL HOSPITAL (SHAHBAD)	COLLECTION DATE	: 29/Aug/2024 03:18PM
BARCODE NO.	: A0465366	REPORTING DATE	: 30/Aug/2024 09:25AM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY
MEASLES (RUBEOLA) ANTIBODY IgG

MEASLES (RUBEOLA) ANTIBODY IgG	2.84 ^H	AI	< 0.90
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INTERPRETATION:

RESULT IN AI	REMARKS
< 0.90	NEGATIVE
0.90 – 1.10	EQUIVOCAL
>1.10	POSITIVE

COMMENTS:

- 1.Measles is a highly contagious viral disease clinically characterized by fever, cough and rash.
- 2.It's expression in younger or undernourished children leads to more complications.
- 3.Presence of IgM antibody or a 4 fold increase in IgG titre is consistent with recent infection.
- 4.This test is also used to check immune status post vaccination.
- 5.The presence of IgG antibody to measles virus is indicative of previous exposure or vaccination.
- 6.In individuals with acute measles a significant increase in measles IgM antibody level is indicative of recent infection.
- 7.IgM antibodies to measles virus are often detectable with onset of the rash and typically persist for 4 weeks.




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MUMPS ANTIBODY IgG

MUMPS ANTIBODY IgG
 by ELISA (ENZYME LINKED IMMUNOASSAY)

1.69^H

AI

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

INTERPETATION:

RESULT IN AI	REMARKS
< 0.90	NEGATIVE
0.90 – 1.10	EQUIVOCAL
>1.10	POSITIVE

COMMENTS:

- 1.Mumps is an acute generalized viral infection that occurs primarily in school-age children and adolescents.
- 2.The mumps virus is a member of the paramyxoviridae family.The most prominent manifestation of this disease is non suppurative swelling and tenderness of the salivary glands,with one or both parotid glands involved in most cases.
- 3.The disease is benign and self limited, with one third of the individuals having subclinical infection. Meningitis and epididymoorchitis represent the 2 most important of the less frequent manifestations.
- 4.Mumps in post pubertal individuals usually results in a more severe disease with common extrasalivary gland involvement.
- 5.The presence of Mumps-specific IgG is indicative of previous infection or vaccination, whereas the presence of Mumps-specific IgM is strong evidence of recent or active infection.
- 6.A four-fold or greater increase in mumps antibody titre, between acute and convalescent sera taken 1-3 weeks apart, is considered diagnostic for mumps.
- 7.Hence paired testing is recommended.
- 8.Past overt and subclinical infections greatly contribute to high seroprevalence of various community-related infectious diseases in the general Indian population.
- 9.Hence, all results must be interpreted in the context of the total clinical history and supplementary findings of other investigative procedures.
- 10.Infection with Mumps virus causes fever, head ache and swelling and tenderness of the salivray glands.
- 11.Most adults born before 1957 have been infected naturally and are probably immune.
- 12.Mumps can occur in unimmunized children or adolscents and young adults who graduated from school prior to the law requiruing mumps immunization .
- 13.About 1/3 of people have no symptom




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Test Name	Value	Unit	Biological Reference interval
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RUBELLA ANTIBODIES IgG

RUBELLA ANTIBODIES IgG	0.523	IU/mL	NEGATIVE: < 2.0 POSITIVE: > 2.0
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INTERPRETATION:

Rubella virus, the only member of rubivirus genus, causes rubella (also known as german measles), an acute exanthematous infection of children and adults. The clinical illness is characterized by rash, fever and lymphadenopathy and can resemble a mild case of measles. The virus also cause arthralgias and occasional encephalitis. Infection is particularly disastrous if contracted during the first 4 months of pregnancy. If not immunologically protected, women infected during pregnancy run a high risk of embryo-foetal damage. Congenital Rubella causes a wide range of severe defects in foetus, including cataract, deafness, hepatosplenomegaly, psychomotor retardation, bone alterations, cardiopathies, neuropathies and diabetes.

TEST UTILITY:

1. IgM antibodies become detectable in a few days after the onset of signs and symptoms and reach peak level in 7 – 10 days. These antibodies persist, but rapidly diminishes in concentration over the next 4 – 5 weeks until the antibody is no longer clinically detectable. While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization. The presence of IgM antibodies in a new born indicates that the baby was infected during pregnancy because the mother IgM antibodies do not pass to the baby through umbilical cord.

2. Rubella IgG antibody can be formed following rubella infection or after rubella vaccination. A reactive result is consistent with immune status to rubella virus. The presence of IgG antibodies, but not IgM antibodies, in a newborn means that the mothers IgG antibodies have passed to the baby in utero and these antibodies may protect the infant from rubella infection during the initial six months of life.


LIMITATIONS:


1. Rubella IgM test results are intended as an aid to the diagnose of active or recent infection. They should however, be interpreted in conjugation with other clinical findings and diagnostic procedures

2. The antibody titre of a single serum specimen cannot be used to determine recent infection. Specimens obtained too early, or too late, during the course of infection, may not demonstrate detectable levels of IgM antibody. Samples collected too early may not have detectable levels of IgG. Paired samples (acute & convalescent) should be collected and tested concurrently to demonstrate seroconversion.

3. A positive Rubella IgM result may not always indicate a primary acute infection, as IgM has a tendency to persist, even at high levels, after primary infection. **FALSE POSITIVE RESULTS MAY ALSO OCCUR DUE TO RHEUMATOID FACTOR AND ANTI-NUCLEUR ANTIBODIES.** Hence, IgG avidity testing is recommended to differentiate between primary infection, IgM persistence and reactivation. IgG antibody results should be interpreted in conjugation with clinical evaluation and the results of other diagnostic procedures.




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VARICELLA ZOSTER VIRUS (HERPES ZOSTER) ANTIBODIES IgG

VARICELLA ZOSTER ANTIBODIES IgG by ELISA (ENZYME LINKED IMMUNOASSAY)	2.26 ^H	U/mL	< 0.90
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INTERPRETATION:

VARICELLA ZOSTER ANTIBODIES IgG		
NEGATIVE	U/mL	<0.90
EQUIVOCAL	U/mL	0.90 - 1.10
POSITIVE	U/mL	>1.10

*** End Of Report ***




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