



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mr. HARMANPREET SINGH	PATIENT ID	: 1741026
AGE/ GENDER	: 21 YRS/MALE	REG. NO./LAB NO.	: 122501310013
COLLECTED BY	:	REGISTRATION DATE	: 31/Jan/2025 12:34 PM
REFERRED BY	:	COLLECTION DATE	: 31/Jan/2025 12:35PM
BARCODE NO.	: 12506775	REPORTING DATE	: 31/Jan/2025 04:25PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.241	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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Test Name	Value	Unit	Biological Reference interval
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ANTI TISSUE TRANSGLUTAMINASE (tTG) ANTIBODY IgA

ANTI TISSUE TRANSGLUTAMINASE 8.63 IU/mL
ANTIBODY IgA
by ELISA (ENZYME LINKED IMMUNOASSAY) NEGATIVE: < 20.0
POSITIVE: > 20.0

INTERPRETATION:

1. Anti-transglutaminase antibodies (ATA) are autoantibodies against the transglutaminase protein.
2. Antibodies to tissue transglutaminase are found in patients with several conditions, including coeliac disease, juvenile diabetes, inflammatory bowel disease, and various forms of arthritis.
3. In coeliac disease, ATA are involved in the destruction of the villous extracellular matrix and target the destruction of intestinal villous epithelial cells by killer cells.
4. Deposits of anti-tTG in the intestinal epithelium predict coeliac disease.
5. Celiac disease (gluten-sensitive enteropathy, celiac sprue) results from an immune-mediated inflammatory process following ingestion of wheat, rye, or barley proteins that occurs in genetically susceptible individuals. The inflammation in celiac disease occurs primarily in the mucosa of the small intestine, which leads to villous atrophy.

CLINICAL MANIFESTATIONS RELATED TO GASTROINTESTINAL TRACT:

1. Abdominal pain
2. Malabsorption
3. Diarrhea and Constipation.

CLINICAL MANIFESTATION OF CELIAC DISEASE NOT RESTRICTED TO GIT:

1. Failure to grow (delayed puberty and short stature)
2. Iron deficiency anemia
3. Recurrent fetal loss
4. Osteoporosis and chronic fatigue
5. Recurrent aphthous stomatitis (canker sores)
6. Dental enamel hypoplasia, and dermatitis herpetiformis.
7. Patients with celiac disease may also present with neuropsychiatric manifestations including ataxia and peripheral neuropathy, and are at increased risk for development of non-Hodgkin lymphoma.
8. The disease is also associated with other clinical disorders including thyroiditis, type I diabetes mellitus, Down syndrome, and IgA deficiency.

NOTE:


1. The finding of tissue transglutaminase (tTG)-IgA antibodies is specific for celiac disease and possibly for dermatitis herpetiformis. For individuals with moderately to strongly positive results, a diagnosis of celiac disease is likely and the patient should undergo biopsy to confirm the diagnosis.
2. If patients strictly adhere to a gluten-free diet, the unit value of IgA-anti-tTG should begin to decrease within 6 to 12 months of onset of dietary therapy.

CAUTION:

1. This test should not be solely relied upon to establish a diagnosis of celiac disease. It should be used to identify patients who have an increased probability of having celiac disease and in whom a small intestinal biopsy is recommended.
2. Affected individuals who have been on a gluten-free diet prior to testing may have a negative result.
3. For individuals who test negative, IgA deficiency should be considered. If total IgA is normal and tissue transglutaminase (tTG)-IgA is negative.




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there is a low probability of the patient having celiac disease and a biopsy may not be necessary.

4.If serology is negative or there is substantial clinical doubt remaining, then further investigation should be performed with endoscopy and bowel biopsy. This is especially important in patients with frank malabsorptive symptoms since many syndromes can mimic celiac disease. For the patient with frank malabsorptive symptoms, bowel biopsy should be performed regardless of serologic test results.

5.The antibody pattern in dermatitis herpetiformis may be more variable than in celiac disease; therefore, both endomysial and tTG antibody determinations are recommended to maximize the sensitivity of the serologic tests.

*** End Of Report ***



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