



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME : Mrs. BABLI DEVI
AGE/ GENDER : 34 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12506981
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA
PATIENT ID : 1754675
REG. NO./LAB NO. : 122502120019
REGISTRATION DATE : 12/Feb/2025 04:21 PM
COLLECTION DATE : 12/Feb/2025 04:29PM
REPORTING DATE : 14/Feb/2025 10:26AM

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS B VIRUS CORE ANTIBODY (HBcAb): IgM

HEPATITIS B CORE ANTIBODY (HBcAb) IgM 0.04 U/mL < 0.85
QUANTITATIVE
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)
HEPATITIS B CORE ANTIBODY (HBcAb) IgM NON - REACTIVE NON - REACTIVE
RESULT
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

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

NOTE:

- 1.IgM and IgG antibodies to HBcAg can be detected serologically in HBV infected individuals.
- 2.Anti-HBc IgM is detectable first and remains detectable for approximately six months. Shortly after the IgM response, anti-HBc IgG appears and can remain detectable indefinitely.
- 3.The presence of anti-HBc IgM is characteristic of acute infection, while the presence of anti-HBc IgG is characteristic of chronic or recovered stage of HBV infection.




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Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE	12-02-2025
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
CULTURE	STERILE
by AUTOMATED BROTH CULTURE	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF
by AUTOMATED BROTH CULTURE	INCUBATION AT 37°C

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.

2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..

2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".

3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:


Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***




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