

Client
Gurugram
 Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
 Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mrs. PL77	Billing Date	: 07/07/2023 12:25:06
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Female	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012810	Report Released on	: 15/07/2023 17:36:00
Accession No	: 10002304866	Barcode No.	: 10002304866
Referring Doctor	: Self		
Referred By	:	Ref no.	:

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY

Acute Hepatitis Marker Profile

Hepatitis A Virus IgM Antibodies <i>Sample: Serum</i> <i>Method: CMIA</i>	0.24	<0.80: NON REACTIVE 0.80 - 1.20: GRAYZONE REACTIVE >1.20: REACTIVE	S/CO
Hepatitis B Surface Antigen Quantitative <i>Sample: Serum</i> <i>Method: CMIA</i>	0.00	< 0.05 : Non-Reactive >= 0.05 : Reactive	IU/mL
Hepatitis B Virus Core IgM Antibodies <i>Sample: Serum</i> <i>Method: CMIA</i>	0.12	< 1.00 : Non Reactive >= 1.00 : Reactive	
Hepatitis C Antibody (HCV), Quantitative <i>Sample: Serum</i> <i>Method: CMIA</i>	0.18	< 1.00 : Non Reactive >= 1.00 : Reactive	S/CO
Hepatitis E Virus IgM Antibodies <i>Sample: Serum</i> <i>Method: ELISA</i>	0.78	Negative : < 0.9 Equivocal : 0.9 - 1.1 Positive : > 1.1	

Hepatitis A Virus IgM Antibodies

Interpretation:

- This assay is used for qualitative detection of IgM antibodies to Hepatitis A virus in serum samples.
- Its presence in serum indicates ongoing or recent infection and is the most useful serological marker for diagnosing acute HAV infection.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy & presence of heterophilic antibodies in serum.
- False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression / immunosuppressant cases.

Uses

- To aid in differentiation of acute from chronic hepatitis A infection.



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- To diagnose acute infection.

Hepatitis B Surface Antigen Quantitative

Interpretation:

Non Reactive	Presumed not currently infected or if infected with Hepatitis B Virus Antigens have not yet reached detectable levels.
Reactive	Indicative of acute or chronic Hepatitis B Virus infection or chronic HBV carrier state.

Clinical Significance:

- This test is a screening assay; it should not be used as a sole criterion for diagnosis of Hepatitis B infection.
- Positive results should be confirmed by HBV DNA PCR. Detection of HBsAg is, not useful during "window period" of acute hepatitis B Virus infection (i.e., after disappearance of hepatitis B surface antigen (HBsAg) and prior to appearance of hepatitis B surface antibody (anti-HBs).
- Testing for acute HBV infection should also include hepatitis B core IgM antibody (anti HBc-IgM).
- Reactive results should be interpreted in conjunction with test results of other HBV serologic markers (eg, anti-HBs Ab, anti-HBc total, and anti-HBc IgM, HbeAg & Anti HBe Ab).

Hepatitis B Virus Core IgM Antibodies

Diagnosis of acute hepatitis B infection

Identifying acute hepatitis B virus (HBV) infection in the serologic window period when hepatitis B surface antigen (HBsAg) and antihepatitis B surface (anti-HBs) are negative

Differentiation between acute and chronic or past hepatitis B infection in the presence of positive antihepatitis B core.

Hepatitis E Virus IgM Antibodies

Method : ELISA

Interpretation:

Nonreactive	Presumed not to have had acute or recent Hepatitis E infection. .
Reactive	Indicates acute or recent (in the preceding 6 months) hepatitis E infection.



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Clinical Significance:

- A negative test result does not exclude the presence of recent Hepatitis E infection, especially in immunocompromised patients. Repeat testing of serum for Hepatitis E virus (HEV) IgM in 1 to 2 months may be necessary for diagnosis of acute or recent Hepatitis E infection.
- Positive test results should be correlated with the presence of elevated liver enzymes, clinical signs and symptoms and a history of risk factors.

** End of Report **



Dr. Saloni Garg

MD
Consultant Microbiology

10002304866 Mrs. PL77

