

**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

<b>Name</b> : Mr. PL78	<b>Billing Date</b> : 07/07/2023 12:27:37
<b>Age</b> : 35 Yrs	<b>Sample Collected on</b> : 10/07/2023 10:01:31
<b>Sex</b> : Male	<b>Sample Received on</b> : 10/07/2023 11:02:13
<b>P. ID No.</b> : P1000100012851	<b>Report Released on</b> : 11/07/2023 12:05:31
<b>Accession No</b> : 10002304907	<b>Barcode No.</b> : 10002304907
<b>Referring Doctor</b> : Self	
<b>Referred By</b> :	<b>Ref no.</b> :

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
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**SEROLOGY**

**Hepatitis Profile, Comprehensive**

<b># Hepatitis A IgG Antibody</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.06	<1.00: Nonreactive >/= 1.00: Reactive	S/CO
<b>Hepatitis A Virus IgM Antibodies</b> <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
<b>Hepatitis B Virus Core IgM Antibodies</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.38	< 1.00 : Non Reactive >/= 1.00 : Reactive	
<b>Hepatitis B Core Total Antibodies</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.18	Non Reactive : < 1 Reactive : >/= 1	
<b>Hepatitis Be Virus Antigen (HBeAg)</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.00	Non Reactive : S/CO < 1 Reactive : S/CO >/= 1	
<b>Hepatitis Be Virus Total Antibodies</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.06 L	Non Reactive : > 1 Reactive : </= 1	S/CO
<b>Hepatitis B Surface Antigen Quantitative</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.00	< 0.05 : Non-Reactive >/= 0.05 : Reactive	IU/mL
<b>Hepatitis B Surface Antibodies (HBsAb) Total With Titre</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	4.42	< 10 : Non Reactive or below protective titre >/= 10 : Reactive or protective titre	mIU/mL
<b>Hepatitis C Antibody (HCV), Quantitative</b> <i>Sample: Serum</i> <i>Method: CMIA</i>	0.18	< 1.00 : Non Reactive >/= 1.00 : Reactive	S/CO
<b>Hepatitis E Virus IgM Antibodies</b> <i>Sample: Serum</i> <i>Method: ELISA</i>	0.20		

# The Test/s marked with (#) is are not accredited by NABL



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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.
- To diagnose acute infection.

### 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 B Core Total Antibodies

Diagnosis of recent/past hepatitis B infections. determination of occult hepatitis B infection in otherwise healthy hepatitis B virus carrier with negative other markers ( HBs Ag, anti HBs Ab,anti HBc Igm, HBe Ag and anti HBe Ab)

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- Note:
- \* HbC antibodies appear shortly after onset of symptoms of hepatitis B infection and soon after appearance of HBsAg. Initially consists most entirely of IgM followed by appearance of IgG.
  - \* Tests for Anti HbC total antibodies and HbC IgM antibodies may be the only markers for recent hepatitis B infection, detectable in the 'window period'
  - \* Anti HbC total antibodies may be the only serological marker remaining years after exposure to Hepatitis B.
  - \* Neonates (upto one month) with positive total HbC antibodies should be tested for anti HbC IgM to rule out possible maternal anti HbC antibodies causing false positive results. Test should be repeated one month later.
  - \* Results should be correlated with clinical picture, presence of other, increased liver enzymes and history of risk factors.

**Hepatitis Be Virus Total Antibodies**

- \* Anti HBe assay is used as an aid for diagnosis and monitoring of hepatitis B viral infection.
- \* Seroconversion from HBe Ag to anti HBe during acute hepatitis B infection is usually indicative of resolution of infection and reduced levels of infectivity.
- \* Anti HBe levels aid in distinguishing early stage of infection from early convalescence.

**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 Surface Antibodies (HBsAb)**

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Interpretation:

Negative	< 10 mIU/mL	No exposure to Hepatitis B (HBV) virus infection or lack of recovery from acute or chronic hepatitis B or inadequate immune response to HBV vaccination.
Positive	>= 10 mIU/mL	Recovery from acute or chronic hepatitis B virus (HBV) infection, or acquired immunity from HBV vaccination.

Clinical Significance:

- This assay does not differentiate between a vaccine induced immune response and immune response induced by natural infection with HBV.
- Testing for presence of total antibodies to Hepatitis B core antigen (anti HBc) is recommended for differentiating the same.
- Presence of anti HBsAg total and anti HBc total indicates immune response to natural infection with Hepatitis B virus.

Hepatitis E Virus IgM Antibodies

Method : ELISA

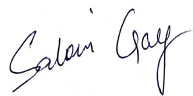
Interpretation:

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.

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

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Consultant Microbiology

