

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 : Mr. SE162	Billing Date : 07/07/2023 12:34:54
Age : 20 Yrs	Sample Collected on : 10/07/2023 10:01:31
Sex : Male	Sample Received on : 10/07/2023 11:02:13
P. ID No. : P1000100013055	Report Released on : 20/07/2023 18:17:57
Accession No : 10002305111	Barcode No. : 10002305111-01
Referring Doctor : Self	
Referred By :	Ref no. :

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY

# LYME Disease (Borrelia Burgdorferi) IgM Antibodies <i>Sample: Serum</i> <i>Method: ELFA</i>	0.15	Negative : < 0.20 Equivocal : 0.20 - 0.32 Positive : >= 0.32	RFV
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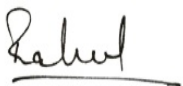
LYME Disease (Borrelia Burgdorferi) IgM

The tick-borne spirochete, *Borrelia burgdorferi*, is the causative agent of Lyme disease. Lyme disease symptoms can differ from person to person with varying degrees of severity. Erythema migrans is the telltale rash which occurs in about 70% to 80% of the cases and starts as a small red spot that expands over a period of days or weeks, forming a circular, triangular, or oval-shaped rash. Erythema migrans is often accompanied by flu like symptoms such as fever, headache, stiff neck, swollen lymph nodes, muscle aches, joint pain and fatigue. In more advanced disease, nerve problems and arthritis, especially in the knees, may occur.

Significance: This organism is difficult to culture or to be directly seen in tissue, hence serology tests have been used as indicators of exposure. IgM antibody to *Borrelia burgdorferi* may be detectable within 1- 2 weeks following the tick bite, but is generally delayed for 3 - 6 weeks. A person with detectable IgM may have a very recent infection or a false positive test result. The IgG antibodies appear four to six weeks, after the onset of erythema migrans and peak at six to eight weeks. A detectable IgG indicates that person tested either has a late stage infection or had an infection in some time in the past. IgG remains present at low levels despite successful treatment.

Limitations: - The approach to diagnosing Lyme disease varies ,depending on the probability of disease (based on endemicity and clinical findings) and the stage at which the disease may be. - A negative result in the IgG and IgM assay does not rule out the possibility of *Borrelia burgdorferi* infection in a patient. Patients with clinical history and/or symptoms suggestive of Lyme disease but negative test results should be retested in 2-4 weeks. - Patients in early stages of infection may not produce detectable levels of antibody. - Antibiotic therapy in early disease may prevent production from reaching diagnostic levels. - Cross-reactivity has been shown with sera from patients with syphilis. Cross-reactivity may also be seen in patients with relapsing fever, Rocky Mountain spotted fever, other spirochetal diseases, autoimmune disease, rheumatoid arthritis, SLE, CMV infection, or EBV infection. Clinical symptoms, epidemiological of the case, and other laboratory tests should allow for distinction of these conditions from Lyme disease. - Lyme vaccine recipients will have positive serologies. - The continued presence or absence of antibodies cannot be used to determine success or failure of therapy

** End of Report**



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10002305111 Mr. SE162

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जांच सही तो इलाज सही

