Pathkind Labs

**Client**

**Gurugram**

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

**Processed By**

**Pathkind Diagnostics Pvt. Ltd.**

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : **Mrs. SE211** | Billing Date | : | 07/07/2023 12:36:16 |
| Age | : 30 Yrs | Sample Collected on | : | 10/07/2023 10:01:31 |
| Sex | : Female | Sample Received on | : | 10/07/2023 11:02:13 |
| P. ID No. | : P1000100013106 | Report Released on | : | 18/07/2023 18:58:42 |
| **Accession No** | : **10002305162** | Barcode No. | : | 10002305162-01 |
| Referring Doctor | : Self | | | |
| Referred By | : | Ref no. | : | |

**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| | **SEROLOGY** | | |
| **Torch IgG Antibodies** | | | |
| **Toxoplasma IgG Antibodies**<br>*Sample: Serum*<br>*Method: ECLIA* | **18.00 H** | Negative : < 7.2<br>Equivocal : 7.2 - 8.8<br>Positive : > 8.8 | IU/mL |
| **Rubella IgG Antibodies**<br>*Sample: Serum*<br>*Method: ECLIA* | **22.00 H** | Negative : < 7<br>Equivocal : 7 - 10<br>Positive : > 10 | IU/mL |
| **Cytomegalovirus (CMV) IgG Antibodies**<br>*Sample: Serum*<br>*Method: ECLIA* | 3.00 | Negative : < 12<br>Equivocal : 12 - 15<br>Positive : > 15 | U/mL |
| **Herpes Simplex Virus (HSV) 1 & 2 IgG Antibodies (Combined)**<br>*Sample: Serum*<br>*Method: ECLIA* | **12.0 H** | Negative : < 0.9<br>Equivocal : 0.9 - 1.1<br>Positive : > 1.1 | Index |

### Toxoplasma IgG Antibodies

**Interpretation:**

Negative : Presumed not to have had previous exposure or recent infection with Toxoplasma gondii.
Equivocal : May be due to low levels of IgG antibodies during the acute stage of infection. It is recommended to test those samples using a Toxoplasma IgM test, if clinically indicated.
Positive: Indicates past or recent infection with Toxoplasma gondii.

**Clinical Significance:**

- A negative result does not always exclude the possibility of Toxoplasma gondii infection.
- A single positive Toxoplasma IgG result should not be used to diagnose recent infection.
- Recent or acute infection can be elicited by testing for Anti Toxoplasma gondii IgM antibody.
- A suspected diagnosis of acute toxoplasmosis should be confirmed by detection of Toxoplasma gondii in cerebrospinal fluid or amniotic fluid by PCR.

### Rubella IgG Antibodies



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## Torch IgG Antibodies

**Interpretation:**

Negative - Presumed not to have had prior exposure to Rubella virus infection or no specific response to immunity.

Equivocal - Low levels of IgG antibodies. It is recommended to test after 10 to 14 days to demonstrate IgG seroconversion if recently vaccinated or clinically indicated.

Positive - Indicates prior exposure (primary, reactivation, or reinfection). or response to immunization to Rubella virus.

**Clinical Significance:**

- The presence of Rubella IgG antibodies does not exclude the possibility of a recent or ongoing infection.
- In addition to testing for Rubella IgM class antibodies should be performed, if the clinical presentation is suggestive of acute Rubella infection.

## Cytomegalovirus (CMV) IgG Antibodies

**Interpretation:**

Non Reactive - Presumed not to have had a prior exposure to CMV infection, and hence susceptible to primary , CMV infection.,
Reactive - Indicates past or acute CMV infection

**Clinical Significance:**

- The CMV IgG assay should not be used alone to diagnose CMV infection. Results should be considered in conjunction with clinical, presentation, patient history & other laboratory findings.
- Serum drawn very early during the acute stage of infection may have undetectable levels of Cytomegalovirus IgG.
- Reactive individuals are potentially at risk of transmitting CMV infection to susceptible individuals, but are not necessarily currently, contagious.
- Potential cross reactivity for CMV with human chorionic gonadotropin, HIV IgG, multiple myeloma IgG, rheumatoid,factor IgM, and Toxoplasma gondii IgG cannot been ruled out.

## Herpes Simplex Virus (HSV) 1 & 2 IgG



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| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|

## Torch IgG Antibodies

**Interpretation:**

1. This assay is used for qualitative detection of specific IgG antibodies to Herpes Simplex virus (1+2) in serum.

2. Positive result indicates past infection with Herpes Simplex virus or administration of HSV immunoglobulins. Pregnant females with positive HSV specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.

3. Equivocal results should be re-tested in 10-14 days.

4. Negative result indicates person has not been exposed to Herpes Simplex virus in the past. Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.

5. HSV serology cannot distinguish genital from nongenital infections.

6. The result should be interpreted in conjunction with clinical finding and other diagnostic tests.

7. The magnitude of the measured result is not indicative of the amount of antibody present.

## Torch IgG Antibodies

**Interpretation**

1. This assay is used for quantitative detection of specific IgG antibodies to TORCH in serum samples.

2. Positive result indicates past infection with TORCH. Pregnant females with positive TORCH specific IgG antibodies are considered to be immune and hence risk of transmission of infection to fetus is minimal.

3. Equivocal results should be re-tested in 10-14 days.

4. Negative result indicates person has not been exposed to TORCH in the past. Pregnant females with negative TORCH specific IgG antibodies are considered at risk of transmission of infection to fetus . Patients with negative results in suspected disease should be re-tested after 10-14 days. False negative results can be due to immunosuppression or due to low/undetectable level of IgG antibodies.

5. To differentiate between recent and past infection, Toxoplasma, Rubella & CMV IgG avidity test is indicated.

6. Demonstration of rising antibody titer (four folds) in acute and convalescent sera taken 2-3 weeks apart are indicative of TORCH infection.



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**Report Status - Final**

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| **Torch IgG Antibodies** | | | |

7. The result should be interpreted in conjunction with clinical finding and other diagnostic tests. The magnitude of the measured result is not indicative of the amount of antibody present.

** End of Report**

**Dr. Rahul Behl**
MD
Consultant Microbiology



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