

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

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

Processed By

Pathkind Diagnostics Pvt. Ltd.

Positive: > 8

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

Name : Mrs. SE213 Billing Date 07/07/202312:36:18 : 30 Yrs Age Sample Collected on 10/07/2023 10:01:31 Sex 10/07/2023 11:02:13 : Female Sample Received on P. ID No. : P1000100013108 Report Released on 17/07/2023 17:19:49 : 10002305164 Barcode No. 10002305164-01 Accession No

Referring Doctor: Self

Referred By Ref no.

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
	<u>SEROLOGY</u>		
Toxoplasma IgG & IgM Antibodies Toxoplasma IgG Antibodies Sample: Serum Method: ECLIA	22.00 H	Negative: < 7.2 Equivocal: 7.2 - 8.8 Positive: > 8.8	IU/mL
Toxoplasma IgM Antibodies Sample: Serum	12.00 H	Negative: < 6 Equivocal: 6 - 8	AU/mL

Toxoplasma IgG Antibodies

Interpretation:

Method: ECLIA

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.

Toxoplasma IgM Antibodies

Interpretation

Negative Presumed not to have had active Toxoplasmosis infection.

Equivocal May be due to low levels of IgM antibodies. These results should be retested with a second

sample after 2 3 weeks, if clinically indicated.



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NATIONAL REFERENCE LAB



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Positive Indicates active Toxoplasmosis.

Clinical Significance:

• Nonreactive results do not preclude recent primary Toxoplasma gondii infection. A suspected diagnosis of acute toxoplasmosis should be confirmed by detection of Toxoplasma gondii nucleic acid in cerebrospinal fluid or amniotic fluid by PCR.

** End of Report**

Dr. Saloni Garg

Consultant Microbiology



