

major problem associated with this diagnostic kit is that it works only when the test subject has an active infection, limiting its use to the earlier stages of infection. Several laboratories around the world are currently developing antibody-based diagnostic tests against SARS-CoV-2 ([157](#)).

Chest CT is an ideal diagnostic tool for identifying viral pneumonia. The sensitivity of chest CT is far superior to that of X-ray screening. The chest CT findings associated with COVID-19-infected patients include characteristic patchy infiltration that later progresses to ground-glass opacities ([158](#)). Early manifestations of COVID-19 pneumonia might not be evident in X-ray chest radiography. In such situations, a chest CT examination can be performed, as it is considered highly specific for COVID-19 pneumonia ([118](#)). Those patients having COVID-19 pneumonia will exhibit the typical ground-glass opacity in their chest CT images ([154](#)). The patients infected with COVID-19 had elevated plasma angiotensin 2 levels. The level of angiotensin 2 was found to be linearly associated with viral load and lung injury, indicating its potential as a diagnostic biomarker ([121](#)). The chest CT imaging abnormalities associated with COVID-19 pneumonia have also been observed even in asymptomatic patients. These abnormalities