

Final Report

Patient Name	MR. KIRAN BHAGWAN TAWARE	UHID	MGM240017131
Age / Gender	56 Yrs 2 Mth / MALE	Patient Case Type	IPD
Ref. Consultant	DR.PRASHANT ATHALE	Collection Date & Time	05-10-2024 10:54
Sample ID	MGM24148848,MGM24148848,MGM24148848,MGM24148848	Result Entry Date & Time	05-10-2024 14:14
Ward/Bed No	SICU / SICU-010	Reporting Date & Time	05-10-2024 16:03:56
IP No.	MGMIP2406720	Receipt Number	MGMWPR240089037
		MGM240017131	

SEROLOGY REPORT

Test	Result	Unit	Biological Reference Interval
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Sample Type: Serum

CRP Quantitative. [Immunoturbidimetric] CH 38.90 mg/dL 0-0.9

CRP Interpretation

- 1.CRP is one of the proteins commonly referred to as acute phase reactants. It is distinguished by its rapid response to trauma or infection.
- 2.The rise in CRP occurs much earlier (4-6 hours) than for other acute phase reactants which usually take more than 24 hours to produce a detectable signal in serum.
- 3.CRP levels return to normal quickly at the end of the acute episode. It rises in Inflammatory disorders, tissue injury, infections.
- 4.CRP is used for monitoring recovery from surgery. It is increased in Myocardial infarcation, Transplantation, Inflammatory Bowel disease, Rheumatic disease, Infectious diseases.
- 5.CRP does not indicate the exact location or cause of inflammation.
- 6.CRP is not diagnostic of any condition but it can be used together with clinical findings and other tests as hs-CRP, ESR and platlet counts.

HBsAg (IMMUNOASSAY). [CLIA] Non-Reactive (0.15)

Interpretation:

- < 0.9 : Non-reactive
- > 0.9 to < 1.0 : Boderline.
- > 1.00 : Reactive

1. This test measures the presence of Hepatitis B virus surface antigen (HBsAg). HBsAg appears 4-8 weeks after infection and even before patient develop symptoms. Its titre rises rapidly during period of viral replication and is associated with infectivity. Usually disappears 12-20 weeks after onset of symptoms. Persistence more than 6 months defines carrier state. Hepatitis B vaccination does not cause a positive HbsAg.
2. It is a screening test. All reactive samples must be confirmed by HBV DNA (Real time PCR).
3. About 10% of patients with chronic hepatitis B are co-infected chronically with hepatitis C virus (HCV). The two viruses interfere with each other and one usually predominates. Patients infected with both viruses are at higher risk for complications of liver disease. If patient is positive for Hepatitis B then Hepatitis C virus is strongly recommended.
4. Non reactive test results does not exclude the possibility of exposure to HBsAg.

Advice: In case of positive result For further confirmation Complete Hepatitis B profile recommended HbeAg , Anti HbeAg, Anti HbcAg IgM and Total & Molecular test for Hepatitis B viral load and follow up with physician or Gastroenterologist.

HCV (IMMUNOASSAY). [CLIA] Non-Reactive (0.01)