AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

## LABORATORY REPORT

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|---|---|---|---|---|---|
| **NAME** | **: MR.SI0655** | REFERRED BY | : SELF | VISIT NO | : VAMP26148113 |
| AGE | : 40Y 0M 0D | ZERO TARIFF CLIENT CODE | | COLLECTED ON | : 21-04-2026 10:00 |
| GENDER | : Male | **LAB MR#** | **: AAMP01479392** | RECEIVED ON | : 21-04-2026 18:11 |
| OP / IP / DG # | : | | | APPROVED ON | : 22-04-2026 19:50 |
| | | | | REPORT STATUS | : Final Report |

| Test Name | Result | Biological Ref. Interval | Unit |
|---|---|---|---|
| **Hepatitis Panel - Acute Screen-Iii** | | | |
| **SEROLOGY AND IMMUNOLOGY** | | | |
| **Hepatitis A virus (HAV) IgM** *(Serum)* | | | |
| Hepatitis A virus (HAV) IgM<br>*ELISA* | 0.09 | Negative : <0.8<br>Equivocal : 0.8-1.2<br>Positive : >1.2 | Index |

**Interpretation:**

Hepatitis A Virus (HAV) is a RNA virus of Picornavirus family transmitted by fecal- oral route. Infection with HAV is self limiting though 5-10% cases may show a secondary rise in enzymes. Since symptomatic Hepatitis A virus infections are clinically indistinguishable from Hepatitis B or C virus, serological testing is an extremely important tool to achieve proper diagnosis. During the acute phase of HAV infection, IgM appears in patient's serum in nearly all cases at the onset of symptoms, peaks within the first month of illness and persists for 3-6 months. It declines to undetectable levels within 12 months. The most effective diagnostic determination of HAV acute infection is the detection of Anti HAV- IgM. Patients exhibiting Borderline Reactivity should be monitored at weekly intervals. This will distinguish rising Anti HAV- IgM levels associated with Acute Hepatitis A infection from decreasing or unchanging levels associated with recovery. Rheumatoid factor can give rise to false positive results. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

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|---|---|---|---|
| **Hepatitis B core Antibody IgM (Anti HBc - IgM)** *(Serum)* | | | |
| Anti HBc - IgM<br>*ELISA* | 0.23 | Negative : <1.00<br>Positive : >1.00 | Index Value |

**Interpretation:**

A positive result indicates recent acute hepatitis B infection. A negative test result does not exclude the possibility of exposure to hepatitis B virus. Anti- HBc IgM is the earliest specific antibody appearing usually within 2 weeks after HBsAg. It is found in high titres for a short period during the acute phase that covers the serologic window and declines to low levels during recovery. It may be detectable upto 6 months.Results from immunosuppressed patients should be interpreted with caution. Testing additional HBV markers is recommended for the final diagnosis of the infection, in those very particular cases.

| | | | |
|---|---|---|---|
| **Hepatitis B Envelope Antigen (HBeAg)** *(Serum)* | | | |
| Hepatitis B Envelope Antigen<br>*ELISA* | 0.16 | Negative : <0.9<br>Equivocal : 0.9-1.1<br>Positive : >1.1 | Index |

**Interpretation:**

HBeAg is a marker of active HBV replication in the liver indicating a highly infectious state. It appears within 1 week after appearance of HBsAg and is found only when HBsAg is present. HBeAg appears early in disease before biochemical changes and disappears after liver enzymes peak which is usually after 3-6 weeks. Persistence for more than 20 weeks suggests progression to Chronic carrier state and possible Chronic Hepatitis. It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery. The presence of HBeAg in chronic infection usually indicates active hepatic replication of the virus and also a higher probability of liver damage and infectivity. However certain wild type strains with pre-core mutation may undergo active replication even in the absence of HBeAg.

| | | | |
|---|---|---|---|
| **Hepatitis B surface antigen (HBsAg) - Screening** *(Serum)* | | | |
| HBsAg<br>*CLIA* | 0.02 | Non-reactive : <0.05<br>Reactive : >0.05 | IU/mL |



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**Hepatitis Panel - Acute Screen-Iii**

**Interpretation:**

HBsAg is the first marker to appear after Hepatitis B infection and may be observed 2 or 3 weeks before the clinical and biological symptoms of the disease appear. Its period of presence may be very short (a few days) or very long (several years). HBs Ag persisting beyond 6 months in the serum denotes "chronic hepatitis".Because of the existence of numerous asymptomatic chronic carriers, hepatitis B represents an important transfusion hazard and the prevention of the transmission is based upon the detection of the HBs Ag at the time of each blood donation. This is a screening test and all positive samples must be confirmed by confirmatory tests like Neutralization assay or PCR.

False positive results can be obtained due to the presence of other antigens or elevated levels of Rheumatoid factor (RF), although this is seen in less than 1% of the samples tested.

**Hepatitis E Virus (HEV) Antibody - IgM** *(Serum)*

| | | | |
|---|---|---|---|
| HEV- IgM<br>*ELISA* | 0.28 | Negative : <1.0<br>Borderline : 1.0 - 1.2<br>Positive : >1.2 | Index Value |

**Interpretation:**

Hepatitis E virus (HEV) is a non enveloped single standard RNA virus. Antibodies may be undetectable during the early stage of the disease and in some immunosuppressed individuals.Therefore negative results obtained are only indication that the sample does not contain detectable level of HEV IgM class antibodies and any negative result should not be considered as conclusive evidence that the individuals is not infected with HEV. Infection with HEV induces Acute or Sub clinical Liver diseases similar to Hepatitis A Virus. The over all case fatality is 0.5-3 % but much higher 15-25 % in pregnant women.

**Hepatitis C Virus (HCV) Antibody** *(Serum)*

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|---|---|---|---|
| HCV -Antibody<br>*CLIA* | 0.07 | Non-reactive:<1.00<br>Reactive: =>1.00 | S/CO |

**Interpretation:**

The 4th generation HCV test utilizes a unique combination of modified HCV antigens from the putative core, NS3, NS4 and NS5 regions of the virus to selectively identify all subtypes of Hepatitis C Virus in human serum/plasma with a high degree of sensitivity and specificity. This is only a screening test and all reactive samples should be further confirmed by supplemental assays like RIBA or Qualitative PCR. A non-reactive test does not exclude the possibility of HCV infection.

**Hepatitis B Envelope Antibody (Anti-HBe)** *(Serum)*

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|---|---|---|---|
| Hepatitis B envelope Antibody<br>*ELISA* | 0.08 | Negative : <0.9<br>Equivocal : 0.9-1.1<br>Positive : >1.1 | Index |

**Interpretation:**

Anti HBe appears after HBeAg disappears and remains detectable for several years. Persistence indicates decreasing infectivity suggesting good prognosis for resolution of acute infection. Association of Anti HBe with Anti HBc in the absence of HBsAg and Anti HBs confirms recent acute infection. Anti HBe is an indicator for resolution of acute infection and reduced level of infectivity.



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Dr. G. Amitha
MBBS, MD (MICROBIOLOGY)
Consultant Microbiologist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.



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