



Baby. JHANURIKA S MH2350791

PID NO: P642300384231

Age: 5.0 Year(s) Sex: Female



Reference: Dr.DHANASEKARAN

Sample Collected At:
MEDWAY HOSPITALS
#2/26 1ST MAIN RD UNITED INDIA
COLONY,KODAMBAKKAM 600024.
Processing Location:- Metropolis
Healthcare Ltd, #3, Jagannathan Road,
Nungambakkam, Chennai - 600 034

VID: 230064000661164

Registered On:

10/09/2023 12:07 AM

Collected On:

10/09/2023 12:07AM

Reported On:

12/09/2023 03:27 PM

Investigation



Scrub typhus IgM Serum#
(Serum)

Observed Value

Non Reactive(0.28)

Unit

Ratio

Biological Reference Interval

Non Reactive: <= 1.0
Reactive: > 1.0

Interpretation :

1. The scrub Typhus Detect IgM ELISA test for exposure to *Orientia tsutsugamushi* (OT; formerly *Rickettsia*) is an ELISA assay system for the detection of IgM antibodies in human serum to OT derived recombinant antigen (1-10). This test is to aid in the diagnosis of human exposure to OT species.
2. Scrub Typhus is an infectious disease that is caused by *Orientia tsutsugamushi* (formerly *Rickettsia*), a tiny parasite about the size of bacteria that belongs to the family Rickettsiaceae. A bite from a trombiculid mite, a parasite of rodents, will transmit the disease. An ulcer of the skin is characteristic of a bite from a trombiculid mite, followed by symptoms including fever, a spotted rash on the torso, and swelling of the lymph glands. Scrub typhus generally occurs after exposure to areas with secondary (scrub) vegetation, which is where its name is derived from. However, the disease can also be prevalent in sandy, mountainous, and tropical areas.
3. Scrub Typhus is a world wide illness, but particular to South East Asia and the Western pacific. It accounts for approximately 20% of fever in some regions, in South East Asia, where it is endemic. Illness lasts for a period of 10 to 12 days after the initial bite. With therapy, the fever will break within 36 hours, but if left untreated, complications or death may occur.



Leptospira IgM
(Serum,EIA)

Negative(2.05)

units

Negative: < 9
Equivocal: 9-11
Positive: > 11
Kit interpretation range.



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Investigation**Observed Value****Unit****Biological Reference Interval****Interpretation :**

Positive	Detection of Leptospira IgM antibodies may indicate a recent infection or recent exposure to antigens (vaccine).
Equivocal	It is recommended to repeat the test with a fresh sample of convalescent serum collected in 2 to3 weeks. If results of fresh sample is still equivocal then it is considered negative or should be tested by an alternative/ confirmatory method.
Negative	Antibodies may not be present or may be present at undetectable levels during early disease. Sample should be collected 7-10 days post onset of illness

Note:

- A single negative by this assay result does not exclude diagnosis.
- Antibody presence alone cannot be used for diagnosis of acute infection because antibodies from prior exposure may circulate for a prolonged period of time.
- This is only a screening test and will only indicate the presence or absence of Leptospira antibodies in the specimen.
- All positive samples should be confirmed by confirmatory test. Leptospira PCR can be done for confirmation. During first week blood is the ideal sample and after 1 week urine.
- Nonreactive results may occasionally occur due to samples tested too early in the infection or due to delayed seroconversion and does not rule out current infection.
- As per regulation, specimen collecting Laboratory is responsible for reporting positive Leptospira cases to Municipal corporation/concerned government authority.
- False positive results can be obtained due to cross reaction with Epstein-BARR virus, Influenza, A & B , Brucella , Dengue Virus.

Associated tests: Leptospira IgG Test code (L0040), Leptospira PCR Test code (L0038/L0039)**References:**

- CDC: Leptospirosis. Accessed 13/09/2019. Available at: www.cdc.gov/leptospirosis/
- Musso D, Scola.Journal of Microbiology, Immunology and Infection. 2013 46(4), 245-252.
- World Health Organization.Human leptospirosis: guidance for diagnosis, surveillance and control WHO, Geneva (2003) Available at: <http://www.who.int/zoonoses/resources/Leptospirosis/en/index.html>
- In Chapter 48. The Spirochetes. Forbes B.A, Sahm D.H., Weissfeld AS. Bailey & Scott 's Diagnostic Microbiology, 12th Edn. St. Louis, Mosby, Inc. 2007.
- Pack Insert

-- End of Report --

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2518

MC-2518

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