Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.ADARSH RAJ	Visit No	: CHA250033492
Age/Gender	: 21 Y/M	Registration ON	: 24/Feb/2025 06:36PM
Lab No	**: 10130788**	Sample Collected ON	: 24/Feb/2025 06:37PM
Referred By	: Dr.INDIRA GANDHI EYE HOSPITA	Sample Received ON	: 24/Feb/2025 07:46PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 10:23AM
Doctor Advice	: HIV,VDRL,TPHA ,CREATININE,CT ORBITS,CT HEAD		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

Done by: Vitros ECI (Sandwich Assay)
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

VDRL			
VDRL	NON REACTIVE		Slide Agglutination
TPHA			
TREPONEMA PALLIDUM HAMAGGLUTINATION(TPHA)	Negative	NEGATIVE	BY CARD

INTERPRETATION:
IMMUTREP TPHA is a specific, sensitive passive haemagglutination test for the detection of antibodies to Treponemapallidum in serum or CSF.The causative organism of syphilis, Treponemapallidum cannot be grown on conventional laboratory culture media or in the tissue culture. Infection is normally diagnosed by detecting antibodies specific for T. pallidum in the patient's serum or CSF. Antibody becomes detectable at about 3-4 weeks following exposure, and may remain at detectable levels for long periods after treatment.

LIMITATIONS:
1) No serological haemagglutination test can discriminate between antibody due to T.pallidum infection and antibody due to infection with other pathogenic treponemes, i.e. T.pertenue and T.carateum.Positive results should be confirmed, by FTA-Abs, and complemented by clinical findings.
2) A low or suspected positive result should be re-assessed. Diagnosis should not be made solely on the findings of one clinical assay.
3) The test may also be negative in early active syphilis or in late latent syphilis. To complete the profile of results to aid the physician, it is also recommended that a VDRL/Carbon Antigen or RPR test is performed on the patient's sample since these tests will detect an active case of syphilis.

[Checked By]

Print.Date/Time: 25-02-2025 14:47:20
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

***** End Of Report *****

MC-2491

[Checked By]

Print.Date/Time: 25-02-2025 14:47:22

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DR. NISHANT SHARMA PATHOLOGIST

DR. SHADAB PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST

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PR.

CT STUDY OF HEAD PLAIN & CONTRAST

Contrast study performed by using non ionic contrast media

Contrast study performed before and after injecting (intravenous) 40ml of non ionic contrast media.

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Both the cerebral hemispheres show normal gray and white matter differentiation.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are seen normally.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

IMPRESSION:

- **NO EVIDENCE SUGGESTIVE OF ANY FOCAL / DIFFUSE PARENCHYMAL DISEASE OR ANY SPACE OCCUPYING LESION IS IDENTIFIED.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

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CT STUDY OF ORBIT PLAIN AND CONTRAST

- Left optic nerve is thickened and more bulky than right optic nerve. The left optic sheath shows enhancement. No mass lesion is seen.
- Both orbits show normal structures. Bilateral extraocular muscles are seen normally.
- Both globes are normal in outline.
- Sellar and bilateral parasellar areas are seen normally.
- No retrobulbar space occupying lesion is seen.

OPINION:

- **THICKENED AND MORE BULKY LEFT OPTIC NERVE----? OPTIC NEURITIS**

ADV: M.R.I FOR OPTIMAL EVALUATION

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

***** End Of Report *****