

Patient Name : Mr.SADDAM	Visit No : CHA250033925
Age/Gender : 30 Y/M	Registration ON : 25/Feb/2025 12:02PM
<b>Lab No : 10131221</b>	Sample Collected ON : 25/Feb/2025 12:06PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 25/Feb/2025 12:19PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02:29PM
Doctor Advice : HCV ELISA,HBSAg,HIV,PP,FASTING,T3T4TSH,USG WHOLE ABDOMEN,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				

HEPATITIS B SURFACE ANTIGEN	REACTIVE (10600)		<1 - Non Reactive >1 - Reactive	CMIA
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Note: This is only a Screening test. Confirmation of the result ( Non Reactive/Reactive)should be done by performing a PCR based test.

**COMMENTS:**

- HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers.
- Borderline cases must be confirmed with confirmatory neutralizing assay.

**LIMITATIONS:**

- Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed.
- Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.
- HBsAg mutations may result in a false negative result in some HBsAg assays.
- If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

[Checked By]

Print.Date/Time: 25-02-2025 16:46:14

\*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
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**HIV**

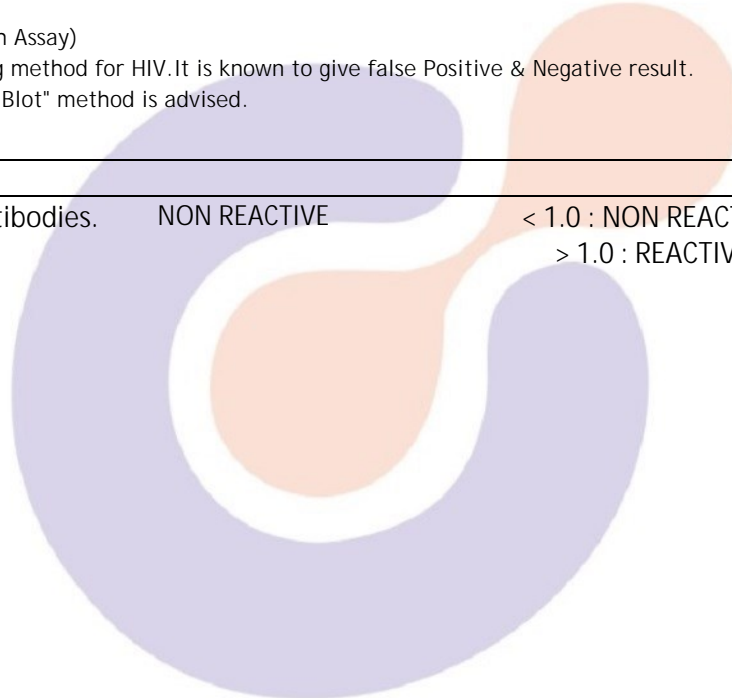
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
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Done by: Vitros ECI ( Sandwich Assay)

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.

**HCV ELISA**

Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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**CHARAK**

[Checked By]

Print.Date/Time: 25-02-2025 16:46:15

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DR. NISHANT SHARMA  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	15.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.8	%	36 - 45	Pulse hieght detection
MCV	91.1	fL	80 - 96	calculated
MCH	30.6	pg	27 - 33	Calculated
MCHC	33.6	g/dL	30 - 36	Calculated
RDW	12.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6140	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	50	%	40 - 75	Flowcytometry
LYMPHOCYTES	39	%	25 - 45	Flowcytometry
EOSINOPHIL	8	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	140,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,070	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,395	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	491	/cmm	20-500	Calculated
Absolute Monocytes Count	184	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	93.9	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	125.7	mg/dl	up to - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	1.04	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.84	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	92.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>45.0</b>	U/L	5 - 40	UV without P5P
SGOT	38.0	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	144.37	n mol/l	63 - 177	ECLIA
TSH	2.63	uIU/ml	0.47 - 4.52	ECLIA

**Note**

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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

CHARAK



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*Signature*  
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### ULTRASOUND STUDY OF WHOLE ABDOMEN

#### **Excessive gaseous abdomen**

- **Liver** is mildly enlarged in size, and shows homogenously increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 95 x 39 mm in size. Left kidney measures 92 x 42 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 33 x 30 x 26 mm with weight of 13 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

#### **OPINION:**

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**

(Possibility of acid peptic disease could not be ruled out).

[DR. R.K SINGH , MD]

TRANSCRIBED BY: ANUP

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

