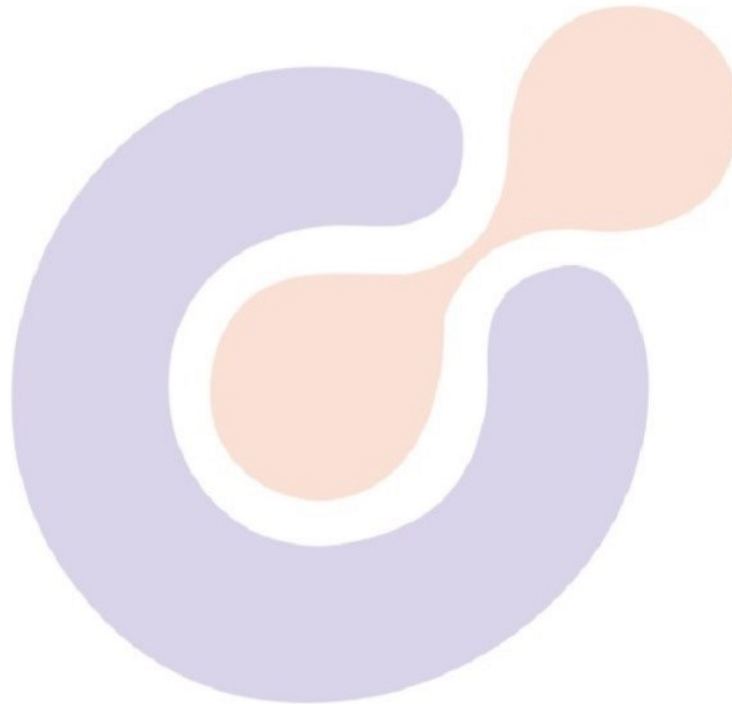


| | |
|---|---|
| Patient Name : Ms.AMRITA SINGH | Visit No : CHA250034230 |
| Age/Gender : 33 Y/F | Registration ON : 25/Feb/2025 05:49PM |
| Lab No : 10131526 | Sample Collected ON : 25/Feb/2025 05:52PM |
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| Doctor Advice : CHEST PA,ECG,LIPID-PROFILE,25 OH vit. D,VIT B12,TSH,HBA1C (EDTA),PT/PC/INR,HCV,HBSAg,HIV,LFT,KIDNEY FUNCTION TEST - I,BLOOD GROUP,CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 20.00 | | 0 - 15 | Westergreen |



CHARAK

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Print.Date/Time: 25-02-2025 22:15:11

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------|----------|------|-----------------|--------|
| BLOOD GROUP | | | | |
| Blood Group | "B" | | | |
| Rh (Anti -D) | POSITIVE | | | |

| HBA1C | | | | |
|---------------------------------|-----|---|---------|-------------|
| Glycosylated Hemoglobin (HbA1c) | 5.0 | % | 4 - 5.7 | HPLC (EDTA) |

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

| | |
|-------------|----------------------------------|
| Bio system | Degree of normal |
| 4.0 - 5.7 % | Normal Value (OR) Non Diabetic |
| 5.8 - 6.4 % | Pre Diabetic Stage |
| > 6.5 % | Diabetic (or) Diabetic stage |
| 6.5 - 7.0 % | Well Controlled Diabet |
| 7.1 - 8.0 % | Unsatisfactory Control |
| > 8.0 % | Poor Control and needs treatment |

LIPID-PROFILE

| | | | |
|-----------------------|------|-------|---------------------------------|
| Cholesterol/HDL Ratio | 3.63 | Ratio | Calculated |
| LDL / HDL RATIO | 2.09 | Ratio | Calculated |
| | | | Desirable / low risk - 0.5 -3.0 |
| | | | Low/ Moderate risk - 3.0-6.0 |
| | | | Elevated / High risk - >6.0 |
| | | | Desirable / low risk - 0.5 -3.0 |
| | | | Low/ Moderate risk - 3.0-6.0 |
| | | | Elevated / High risk - > 6.0 |

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------------|-----------|------|-----------------|----------------|
| PT/PC/INR | | | | |
| PROTHROMBIN TIME | 13 Second | | 13 Second | Clotting Assay |
| Prothrombin concentration | 100 % | | 100 % | |
| INR (International Normalized Ratio) | 1.00 | | 1.0 | |

HEPATITIS B SURFACE ANTIGEN (HBsAg)

Sample Type : SERUM

| | | | |
|-----------------------------|--------------|------------------------------------|------|
| HEPATITIS B SURFACE ANTIGEN | NON REACTIVE | <1 - Non Reactive >1 - Reactive | CMIA |
|-----------------------------|--------------|------------------------------------|------|

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 employ 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]

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| 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)

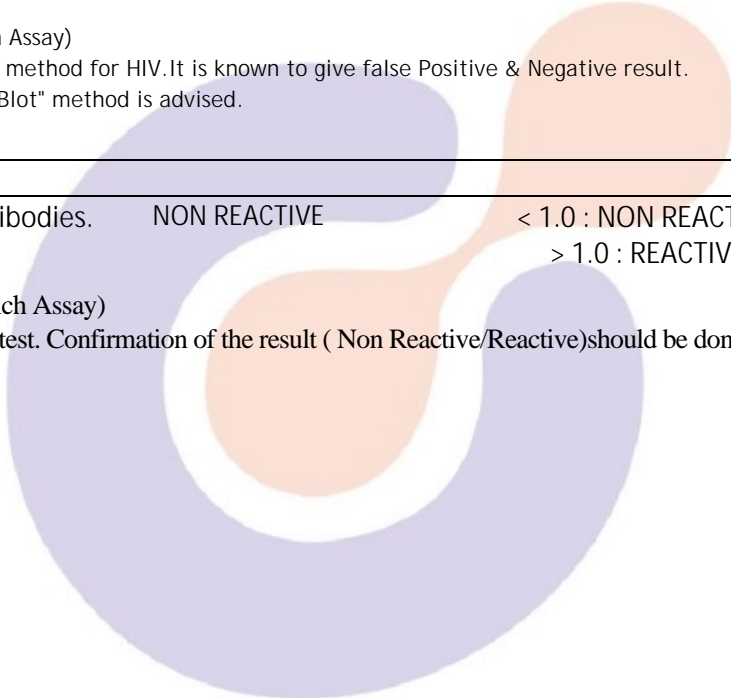
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

HCV

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

Done by: Vitros ECI (Sandwich Assay)

Note:This is only a Screening test. Confirmation of the result (Non Reactive/Reactive)should be done by performing a PCR based test.



CHARAK

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Print.Date/Time: 25-02-2025 22:15:17

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|---------|---------|-----------------|--------------------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 10.1 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 3.60 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 31.5 | % | 36 - 45 | Pulse height detection |
| MCV | 86.3 | fL | 80 - 96 | calculated |
| MCH | 27.7 | pg | 27 - 33 | Calculated |
| MCHC | 32.1 | g/dL | 30 - 36 | Calculated |
| RDW | 14.6 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.9 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 4900 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 68 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 24 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 5 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 3 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 266,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 266000 | /cmm | 150000 - 450000 | Microscopy . |
| Mentzer Index | 24 | | | |
| Peripheral Blood Picture | : | | | |

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



[Checked By]



Shadab Khan

| | |
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------|---------------|-------|--|----------------------------|
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 0.45 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.12 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.33 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 86.10 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 17.9 | U/L | 5 - 40 | UV without P5P |
| SGOT | 17.2 | U/L | 5 - 40 | UV without P5P |
| LIPID-PROFILE | | | | |
| TOTAL CHOLESTEROL | 205.00 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 151.00 | mg/dL | Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Serum, Enzymatic, endpoint |
| H D L CHOLESTEROL | 56.50 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 118.30 | mg/dL | Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl | CO-PAP |
| VLDL | 30.20 | mg/dL | 10 - 40 | Calculated |



[Checked By]



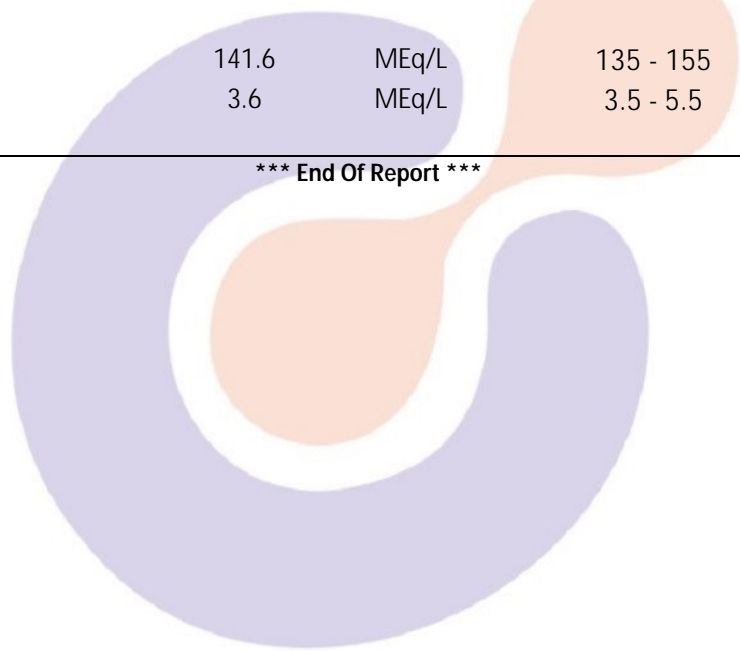
Shadab Khan

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------|--------|-------|-----------------|--------------------------|
| KIDNEY FUNCTION TEST - I | | | | |
| Sample Type : SERUM | | | | |
| BLOOD UREA | 35.60 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 141.6 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 3.6 | MEq/L | 3.5 - 5.5 | ISE Direct |

*** End Of Report ***



CHARAK



[Checked By]



Shadab Khan

Patient Name : Ms.AMRITA SINGH Visit No : CHA250034230
Age/Gender : 33 Y/F Registration ON : 25/Feb/2025 05:49PM
Lab No : 10131526 Sample Collected ON : 25/Feb/2025 05:49PM
Referred By : Dr.VISHAL SINGH NEGI Sample Received ON :
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 25/Feb/2025 07:12PM

ECG -REPORT

RATE : 78 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



| | | | |
|----------------|------------------------|---------------------|-----------------------|
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| Refer Lab/Hosp | : CGHS (DEBIT) | Report Generated ON | : 25/Feb/2025 09:40PM |

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. K K SINGH , RADIOLOGIST]

[DR. R.K SINGH , MD]

*** End Of Report ***

