

Patient Name : Mr.SHIV SHANKAR	Visit No : CHA250035708
Age/Gender : 40 Y/M	Registration ON : 27/Feb/2025 06:09PM
<b>Lab No : 10133004</b>	Sample Collected ON : 27/Feb/2025 06:11PM
Referred By : Dr.VIJAY KUMAR	Sample Received ON : 27/Feb/2025 06:17PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 08:09PM
Doctor Advice : CREATININE,CBC (WHOLE BLOOD),RANDOM,HBSAg,HCV,HIV,CT FACE WITH NECK	



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

HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<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: 28-02-2025 11:55:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal



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
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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)

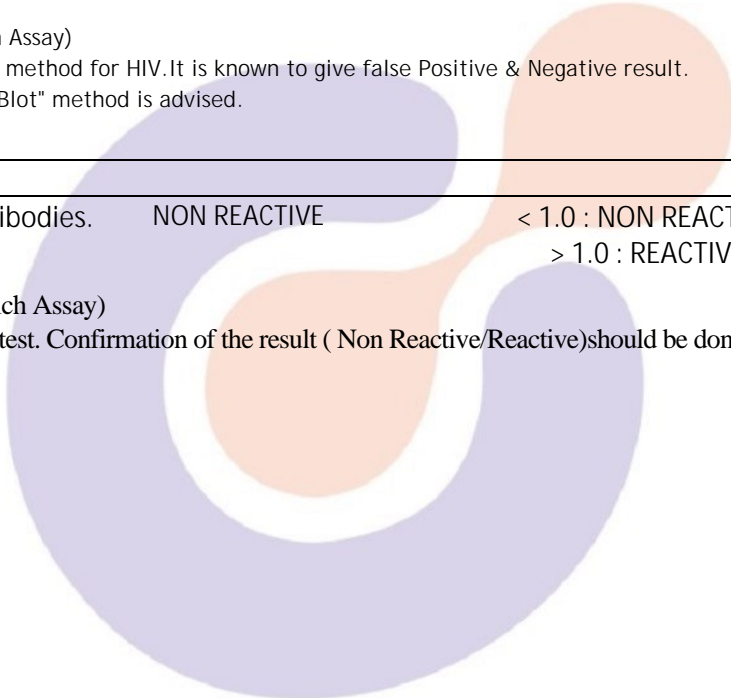
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.  
Hence confirmation:"Western Blot" method is advised.

**HCV**

Anti-Hepatitis C Virus Antibodies.	NON REACTIVE	< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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Done by: Vitros ECI ( Sandwich Assay)

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**CHARAK**

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Referred By : Dr. VIJAY KUMAR	Sample Received ON : 27/Feb/2025 06: 15PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 07: 36PM
Doctor Advice : CREATININE,CBC (WHOLE BLOOD),RANDOM,HBSAg,HCV,HIV,CT FACE WITH NECK	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.4	%	36 - 45	Pulse hieght detection
MCV	94.5	fL	80 - 96	calculated
MCH	30.6	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6140	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	7	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	191,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	191000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,500	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,026	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	430	/cmm	20-500	Calculated
Absolute Monocytes Count	184	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



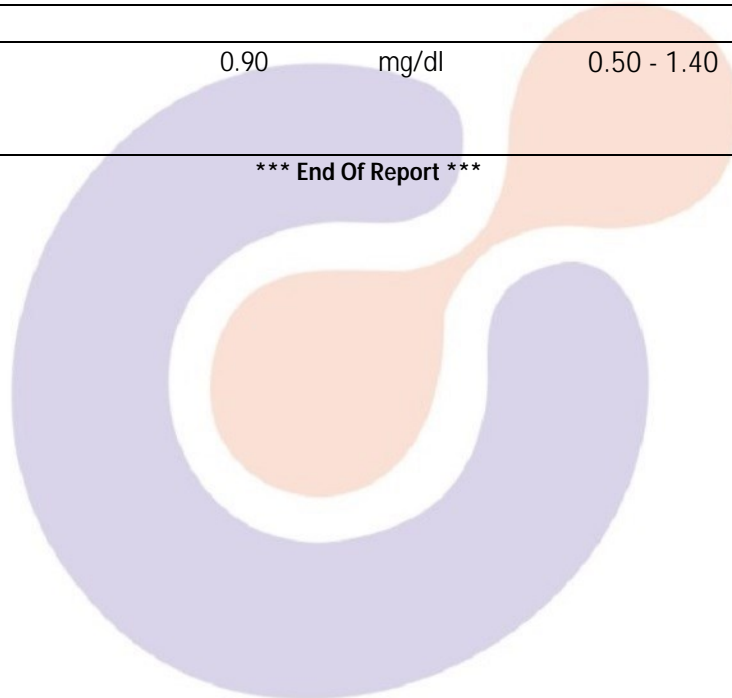
*Shadab Khan*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	99.3	mg/dl	70 - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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



**CHARAK**



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### **CECT STUDY OF FACE AND NECK**

- A mildly enhancing soft tissue space occupying lesion is seen involving hard palate, adjacent part of right upper alveolus and floor of right maxillary sinus with bony erosion and intra-sinus extension. Upper gingivo-buccal sulcus is involved. Pterygoid muscles are not involved. This space occupying lesion measures 27 x 21 x 24mm in size.
- The nasopharynx is seen normally. No obvious mass lesion is seen. No mass lesion is seen in the parapharyngeal region.
- Bilateral submandibular and parotid glands are seen normally.
- The aryepiglottic folds and epiglottis are seen normally.
- The valleculae and pyriform sinuses are seen normally.
- The laryngeal airway and cartilages are seen normally.
- Enlarged & subcentimetric upper cervical lymphnodes are seen in right submandibular region, largest measuring approx. 14 x 11mm.
- The great vessels of neck are seen normally with maintained fascial planes.
- Cervical vertebral bodies are normal in size, shape and outline and density. No evidence of any lytic or sclerotic area is seen.
- No abnormal paraspinal soft tissue shadow is seen.
- Thyroid gland is normal in size and density.
- Right maxillary sinus shows mucosal thickening.

#### **IMPRESSION:**

- **MILDLY ENHANCING SOFT TISSUE SPACE OCCUPYING LESION INVOLVING HARD PALATE, ADJACENT RIGHT UPPER ALVEOLUS AND FLOOR OF RIGHT MAXILLARY SINUS WITH BONY EROSION AS DESCRIBED — MALIGNANT GROWTH.**
- **RIGHT UPPER CERVICAL LYMPHADENOPATHY.**

**Clinical correlation is necessary.**

**[DR. RAJESH KUMAR SHARMA, MD]**

Transcribed by Priyanka...



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

