

Patient Name : Mr. YASIR BABU	Visit No : CHA250035835
Age/Gender : 13 Y/M	Registration ON : 27/Feb/2025 10:34PM
Lab No : 10133131	Sample Collected ON : 27/Feb/2025 10:38PM
Referred By : Dr. INDRA GANDHI EYE HOSP. **	Sample Received ON : 27/Feb/2025 11:15PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 09:19AM
Doctor Advice : BTCT,RANDOM,PT/PC/INR,HCV,HBSAg,HIV,CBC (WHOLE BLOOD),ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	17.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

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Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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

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.

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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)

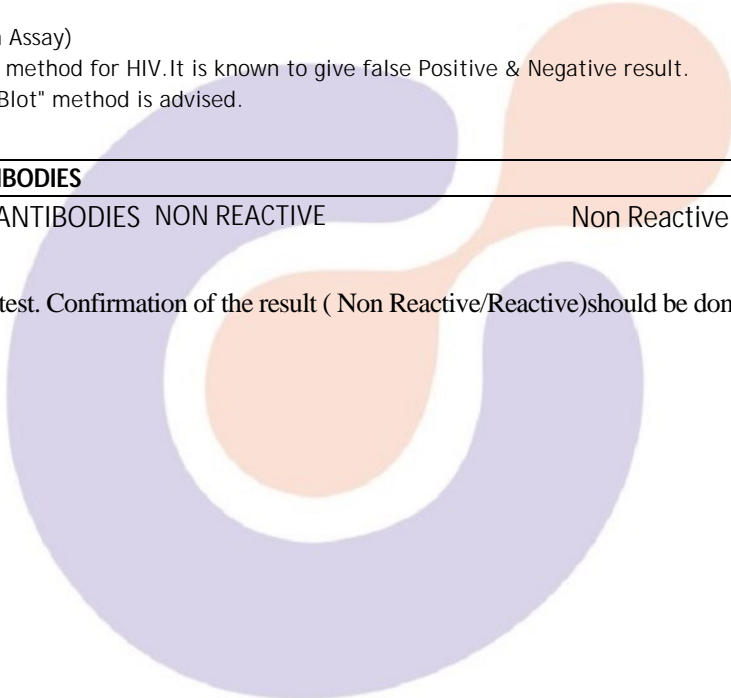
Note:-Elisa test is a screening method for HIV. It is known to give false Positive & Negative result.
Hence confirmation: "Western Blot" method is advised.

HEPATITIS C VIRUS (HCV) ANTIBODIES

HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE	Non Reactive
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(TRIO DOT ASSAY)

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



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Referred By : Dr. INDRA GANDHI EYE HOSP. **	Sample Received ON : 27/Feb/2025 11:12PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 09:42AM
Doctor Advice : BTCT,RANDOM,PT/PC/INR,HCV,HBSAg,HIV,CBC (WHOLE BLOOD),ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.0	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	4 - 5.1	Electrical Impedence
PCV	37.0	%	31 - 43	Pulse hieght detection
MCV	85.8	fL	76 - 87	calculated
MCH	27.8	pg	26 - 28	Calculated
MCHC	32.4	g/dL	33 - 35	Calculated
RDW	13.3	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	13690	/cmm	4500 - 13500	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	89	%	40 - 70	Flowcytometry
LYMPHOCYTES	9	%	30 - 50	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	2	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	274,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	274000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	12,184	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,232	/cmm	1000-3000	Calculated
Absolute Monocytes Count	274	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	110	mg/dl	70 - 170	Hexokinase

*** End Of Report ***



CHARAK



MC-2491

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