SEEMA KAS <b>B</b> A YADAV IG) SAg,FASTING,TS D COUNT) tion Rate ESF	SH, KIDNEY FUNCT		rest - i,lf Unit	Sampl Sampl Repor	tration ON le Collected ON le Received ON rt Generated ON	: CHA25 : 02/Mai : 02/Mai : 02/Mai : 02/Mai	50037533 ar/2025 10:18 ar/2025 10:34 ar/2025 11:37 Methor Westergree	DAM FAM 7AM
· · · · · · · · · · · · · · · · · · ·		)	Unit			-	•	ļ
· · · · · · · · · · · · · · · · · · ·	R <b>30.00</b>	)			0 - 1	5	Westergre	een
		Cŀ	CH/	CHAF	CHARA	CHARAK	CHARAK	CHARAK



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 6

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Print.Date/Time: 02-03-2025 15:26:29 \*Patient Identity Has Not Been Verified. Not For Medicolegal

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Charak dhar				292/05, Tulsidas Marg, Basement Chowk, Lucknow-2 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 868836036 E-mail: charak1984@gmail.com				
DIAG	NOSTICS Pvt. Lt	d.		CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218				
Patient Name	: Ms.KUMARI SEEMA KAS	НҮАР	V	isit No	: CHA250	0037533	7	
Age/Gender	: 43 Y/F			egistration ON	: 02/Mar	/2025 10:18AM		
Lab No	: 10134828			ample Collected ON	: 02/Mar	/2025 10:20AM		
Referred By	: Dr.PUSHPLATA YADAV		S	ample Received ON	: 02/Mar	/2025 10:36AM		
Refer Lab/Hosp Doctor Advice	CGHS (BILLING) HCV,HIV,HBSAg,FASTING,TS		eport Generated ON BC+ESR	: 02/Mar,	/2025 02:49PM			
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	7	
HEPATITIS E	Test Name 3 SURFACE ANTIGEN (HBsAg)	Result	Unit	Bio. Ref. R	ange	Method	 _	

## Sample Type : SERUM

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HEPATITIS B SURFACE ANTIGEN

<1 - Non Reactive CMIA

>1 - Reactive

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

NON REACTIVE

## 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.



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD T MD (MICROBIOLOGY) Page 2 of 6

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Charak dhar			292/05, Tulsidas Marg, Basement Chowk, Lucknow-2 <b>Phone</b> : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, <b>Tollfree No.:</b> 868836036 <b>E-mail</b> : charak1984@gmail.com			
DIAG	IAGNOSTICS Pvt. Ltd.			CMO Reg. N NABL Reg. N Certificate N	o. RMEE 244 lo. MC-2491 o. MIS-2023-0	
Patient Name	: Ms.KUMARI SEEMA KAS	SHYAP		Visit No	: CHA25	0037533
Age/Gender	: 43 Y/F			Registration ON	: 02/Mar	r/2025 10:18AM
Lab No	: 10134828			Sample Collected ON	: 02/Mar	r/2025 10:20AM
Referred By	: Dr.PUSHPLATA YADAV			Sample Received ON		r/2025 10:36AM
Refer Lab/Hosp Doctor Advice	CGHS (BILLING) HCV,HIV,HBSAg,FASTING,TS	SH,KIDNEY FUNCTION	N TEST - I,LF	Report Generated ON T,CBC+ESR	: 02/Mar	r/2025 02:49PM
	Test Name	Result	Unit	Bio. Ref. F	Range	Method
HIV					9	
HIV-SERC	DLOGY	NON REACTIV	/E	<1.0 : NON	I REACTIVE	
				>1.0 : RI	EACTIVE	
HCV Anti-Hep	atitis C Virus Antibodies.	NON REACTIN	/E	< 1.0 : NON	N REACTIVE	Sandwich Assay
Ани-пер	atitis e virus Antiboules.	NON REACTA			EACTIVE	Sanuwich Assay
Dona bu: V	Vitros ECI (Sandwich Assay)				EXIONITE	
•	is only a Screening test. Confi	rmation of the resu	lt ( Non Re	active/Reactive)should	d be done by	performing a PCR based
		CH				



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 6

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## Charak dhar DIAGNOSTICS Pvt. Ltd.

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Ms.KUMARI SEEMA KASHYAP	Visit No	: CHA250037533
Age/Gender	: 43 Y/F	Registration ON	: 02/Mar/2025 10:18AM
Lab No	: 10134828	Sample Collected ON	: 02/Mar/2025 10:20AM
Referred By	: Dr.PUSHPLATA YADAV	Sample Received ON	: 02/Mar/2025 10:34AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 02/Mar/2025 11:37AM
Doctor Advice	HCV,HIV,HBSAg,FASTING,TSH,KIDNEY FUNCTION TEST - I,LI	FT,CBC+ESR	

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Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC+ESR (COMPLETE BLOOD COUNT)							
Hb	10.3	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	32.7	%	36 - 45	Pulse hieght			
				detection			
MCV	88.4	fL	80 - 96	calculated			
МСН	27.8	pg	27 - 33	Calculated			
MCHC	31.5	g/dL	30 - 36	Calculated			
RDW	14.3	%	11 - 15	RBC histogram			
				derivation			
RETIC	<mark>0.8 %</mark>	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	<mark>9470</mark>	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT							
NEUTROPHIL	70	%	40 - 75	Flowcytrometry			
LYMPHOCYTE	24	%	20-40	Flowcytrometry			
EOSINOPHIL	3	%	1 - 6	Flowcytrometry			
MONOCYTE	3	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	278,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	278000	/cmm	150000 - 450000	Microscopy.			
Mentzer Index	24		17				
Dorinhoral Pland Dictura							

Peripheral Blood Picture

Red blood cells show cytopenia + with normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 6

Charak dhar DIAGNOSTICS Pvt. Ltd			Phone : 0522-4062223, 9 9415577933, 933615410 E-mail : charak1984@gm CMO Reg. No. RMEE 2	0, Tollfree No.: 8688360360 ail.com 2445133		
DIAGNOSTICS Pvt. Ltd			NABL Reg. No. MC-249 Certificate No. MIS-202			
Patient Name : Ms.KUMARI SEEMA KASH	HYAP	Vis	it No : CHA:	250037533		
Age/Gender : 43 Y/F		Reg	gistration ON : 02/N	lar/2025 10:18AM		
Lab No : 10134828		Sar	nple Collected ON : 02/N	lar/2025 10:20AM		
Referred By : Dr.PUSHPLATA YADAV		Sar	nple Received ON : 02/N	lar/2025 10:36AM		
Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : HCV,HIV,HBSAg,FASTING,TSH	KIDNEY FUNCTIO		Report Generated ON : 02/Mar/2025 11:25AM T - I,LFT,CBC+ESR			
Test Name	Result	Unit	Bio. Ref. Range	Method		
FASTING						
Blood Sugar Fasting	97.7	mg/dl	70 - 110	Hexokinase		
LIVER FUNCTION TEST						
TOTAL BILIRUBIN	0.75	mg/dl	0.4 - 1.1	Diazonium Ion		
CONJUGATED ( D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization		
UNCONJUGATED ( I.D. Bilirubin)	0.62	mg/dL	0.1 - 1.0	Calculated		
ALK PHOS	118.90	U/L	30 - 120	PNPP, AMP Buffer		
SGPT	12.0	U/L	5 - 40	UV without P5P		
SGOT	27.0	U/L	5 - 40	UV without P5P		
KIDNEY FUNCTION TEST - I						
Sample Type : SERUM						
BLOOD UREA	23.10	mg/dl	15 - 45	Urease, UV, Serum		
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-		

CREATININE	0.60	mg/u	0.50 - 1.40	kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.2	MEq/L	3.5 - 5.5	ISE Direct





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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 5 of 6



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: Ms.KUMARI SEEMA KASHYAP	Visit No	: CHA250037533
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: 10134828	Sample Collected ON	: 02/Mar/2025 10:20AM
: Dr.PUSHPLATA YADAV	Sample Received ON	: 02/Mar/2025 10:36AM
CGHS (BILLING)	Report Generated ON	: 02/Mar/2025 11:25AM
. HCV,HIV,HDSAg,FASTING,ISH,KIDNETFUNCTION TEST - I,	LF1,UBU+ESK	
	: 43 Y/F : 10134828 : Dr.PUSHPLATA YADAV : CGHS (BILLING)	: 43 Y/FRegistration ON: 10134828Sample Collected ON: Dr.PUSHPLATA YADAVSample Received ON

Test Name	Result	Unit	Bio. Ref. Range	Method	
TSH					
TSH	1.16	ulU/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 \*\*\*

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 6 of 6