

Patient Name : Ms. SIMRAN VERMA	Visit No : CHA250037584
Age/Gender : 24 Y O M O D /F	Registration ON : 02/Mar/2025 11:17AM
Lab No : 10134879	Sample Collected ON : 02/Mar/2025 11:20AM
Referred By : Dr. AK AGARWAL	Sample Received ON : 02/Mar/2025 11:26AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 01:20PM
Doctor Advice : USG WHOLE ABDOMEN,CHEST PA,HBSAg,LFT,CBC (WHOLE BLOOD)	



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.

[Checked By]

Print.Date/Time: 02-03-2025 14:15:46

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Referred By : Dr.AK AGARWAL	Sample Received ON : 02/Mar/2025 11:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 01:07PM
Doctor Advice : USG WHOLE ABDOMEN,CHEST PA,HBSAg,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.1	%	36 - 45	Pulse hieght detection
MCV	82.5	fL	80 - 96	calculated
MCH	25.9	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	17.5	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7770	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	80	%	40 - 75	Flowcytometry
LYMPHOCYTES	15	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	169,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	169000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,216	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,166	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	78	/cmm	20-500	Calculated
Absolute Monocytes Count	311	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic, anisocytosis +. WBCs show neutrophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 12:20PM
Doctor Advice : USG WHOLE ABDOMEN,CHEST PA,HBSAg,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.66	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.51	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	40.0	U/L	5 - 40	UV without P5P
SGOT	76.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~157mm) and shows mild inhomogenous 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 110 x 50 mm in size. Left kidney measures 110 x 49 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.
- **Uterus** is normal in size, measures 65 x 41 x 19 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.8 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **MILD HEPATOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA.**

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

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Gausiya



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SKIAGRAM CHEST PA VIEW

- Extensive tiny nodular opacities are seen in both fields.
- Bilateral hilar shadows are prominent.
- 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:

- ? MILIARY MOTTLING .

Adv: Sputum for AFB & Hematological examination.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

