

Patient Name : Ms.AMRAWATI DEVI	Visit No : CHA250038962
Age/Gender : 45 Y/F	Registration ON : 04/Mar/2025 01:18PM
<b>Lab No : 10136257</b>	Sample Collected ON : 04/Mar/2025 01:21PM
Referred By : Dr.KGMU	Sample Received ON : 04/Mar/2025 01:21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 04:03PM
Doctor Advice : URINE COM. EXMAMINATION,2D ECHO,ECG,CHEST PA,PT/PC/INR,HCV,HBSAg,HIV,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PT/PC/INR</b>				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				

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 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: 04-03-2025 19:41:56

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

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL  
PATHOLOGIST PATHOLOGIST PATHOLOGIST

Patient Name : Ms.AMRAWATI DEVI	Visit No : CHA250038962
Age/Gender : 45 Y/F	Registration ON : 04/Mar/2025 01:18PM
<b>Lab No : 10136257</b>	Sample Collected ON : 04/Mar/2025 01:21PM
Referred By : Dr.KGMU	Sample Received ON : 04/Mar/2025 01:21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 04:03PM
Doctor Advice : URINE COM. EXMAMINATION,2D ECHO,ECG,CHEST PA,PT/PC/INR,HCV,HBSAg,HIV,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



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.

**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.015</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	

**MICROSCOPIC EXAMINATION**

Pus cells / hpf	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf
Ca-oxalate	PRESENT		

[Checked By]



Print.Date/Time: 04-03-2025 19:41:56

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

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms.AMRAWATI DEVI	Visit No : CHA250038962
Age/Gender : 45 Y/F	Registration ON : 04/Mar/2025 01:18PM
<b>Lab No : 10136257</b>	Sample Collected ON : 04/Mar/2025 01:21PM
Referred By : Dr.KGMU	Sample Received ON : 04/Mar/2025 01:31PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 02:50PM
Doctor Advice : URINE COM. EXMAMINATION,2D ECHO,ECG,CHEST PA,PT/PC/INR,HCV,HBSAg,HIV,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>11.9</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.6	%	36 - 45	Pulse hieght detection
MCV	83.2	fL	80 - 96	calculated
MCH	<b>25.0</b>	pg	27 - 33	Calculated
MCHC	30.1	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>11580</b>	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>88</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>9</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	308,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	308000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>10,190</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,042	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	116	/cmm	20-500	Calculated
Absolute Monocytes Count	232	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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

Patient Name : Ms. AMRAWATI DEVI Visit No : CHA250038962  
Age/Gender : 45 Y/F Registration ON : 04/Mar/2025 01:18PM  
**Lab No : 10136257** Sample Collected ON : 04/Mar/2025 01:21PM  
Referred By : Dr. KGMU Sample Received ON : 04/Mar/2025 01:38PM  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 04/Mar/2025 02:21PM  
Doctor Advice : URINE COM. EXMAMINATION, 2D ECHO, ECG, CHEST PA, PT/PC/INR, HCV, HBSAg, HIV, NA+K+, CREATININE, UREA, LFT, CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	26.40	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	99.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	23.9	U/L	5 - 40	UV without P5P
SGOT	28.8	U/L	5 - 40	UV without P5P

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

CHARAK



[Checked By]



*Sharma*

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

---

Patient Name	: Ms.AMRAWATI DEVI	Visit No	: CHA250038962
Age/Gender	: 45 Y/F	Registration ON	: 04/Mar/2025 01:18PM
<b>Lab No</b>	<b>: 10136257</b>	Sample Collected ON	: 04/Mar/2025 01:18PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 03:22PM

---

**ECG -REPORT**

RATE : 118 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: SINUS TACHYCARDIA**

(FINDING TO BE CORRELATED CLINICALLY )

**[DR. RAJIV RASTOGI, MD, DM]**





Patient Name	: Ms.AMRAWATI DEVI	Visit No	: CHA250038962
Age/Gender	: 45 Y/F	Registration ON	: 04/Mar/2025 01:18PM
<b>Lab No</b>	<b>: 10136257</b>	Sample Collected ON	: 04/Mar/2025 01:18PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 07:06PM

### 2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm<sup>2</sup> (PHT)

**Anterior Mitral Leaflet:**

- (a) **Motion:** Normal                      (b) **Thickness :** Normal                      (c) **DE** :1.6 cm.  
 (d) **EF** :68 mm/sec                      (e) **EPSS** : 06 mm                      (f) **Vegetation** : -  
 (g) **Calcium** : -

**Posterior mitral leaflet :** Normal

- (a). **Motion :** Normal                      (b) **Calcium:** -                      (c) **Vegetation** : -

**Valve Score : Mobility /4    Thickness /4    SVA /4**  
**Calcium /4    Total /16**

2. **AORTIC VALVE STUDY**

- (a) **Aortic root** :2.9cms                      (b) **Aortic Opening** :2.0cms                      (c) **Closure:** Central  
 (d) **Calcium** : -                      (e) **Eccentricity Index** : 1                      (f) **Vegetation** : -

(g) **Valve Structure** : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

- (a) **EF Slope** : -                      (b) **A Wave** : +                      (c) **MSN** : -

(D) **Thickness** :                      (e) **Others** :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY**                      6. **AORTIC MITRAL CONTINUITY**

**Left Atrium** : 2.6 cms

**Clot** : -

**Others** :

**Right Atrium** : Normal

**Clot** : -

**Others** : -

Contd.....



---

Patient Name	: Ms.AMRAWATI DEVI	Visit No	: CHA250038962
Age/Gender	: 45 Y/F	Registration ON	: 04/Mar/2025 01:18PM
<b>Lab No</b>	<b>: 10136257</b>	Sample Collected ON	: 04/Mar/2025 01:18PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 07:06PM

---

VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**  
**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.8 cm (s) 1.5 cm

**Motion** : normal

**LVPW (D)** 0.7 cm (s) 1.4 cm

**Motion** : Normal

**LVID (D)** 4.2 cm (s)2.5cm

**Ejection Fraction** :70%

**Fractional Shortening** :40 %

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

NORMAL LV RV DIMENSION  
GOOD LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

AOV - NORMAL  
**PV - NORMAL**  
TV - NORMAL

**Mitral valve level** :

MV - NORMAL

**Papillary Muscle Level** :

NO RWMA

**Apical 4 chamber View** :

No LV CLOT



Patient Name	: Ms.AMRAWATI DEVI	Visit No	: CHA250038962
Age/Gender	: 45 Y/F	Registration ON	: 04/Mar/2025 01:18PM
<b>Lab No</b>	<b>: 10136257</b>	Sample Collected ON	: 04/Mar/2025 01:18PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 07:06PM

**PERICARDIUM**

Normal

**DOPPLER STUDIES**

	Velocity (m/sec)	Flow pattern ( /4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.6 a = 0.8	a > e	-	-	-
AORTIC	1.6	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

---

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

---

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70%
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**DR. RAJIV RASTOGI, MD,DM**





---

Patient Name	: Ms.AMRAWATI DEVI	Visit No	: CHA250038962
Age/Gender	: 45 Y/F	Registration ON	: 04/Mar/2025 01:18PM
<b>Lab No</b>	<b>: 10136257</b>	Sample Collected ON	: 04/Mar/2025 01:18PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 02:57PM

---

**SKIAGRAM CHEST PA VIEW**

- Rotation +.
- Small healed calcified foci are seen in right para-hilar region.
- Rest of the both lung field is 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 EXCEPT FOR HEALED CALCIFIED FOCI.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

---

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

