

Patient Name : Ms.SABA	Visit No : CHA250038963
Age/Gender : 29 Y/F	Registration ON : 04/Mar/2025 01:19PM
<b>Lab No : 10136258</b>	Sample Collected ON : 04/Mar/2025 01:43PM
Referred By : Dr.NAIMA SHAHEEN	Sample Received ON : 04/Mar/2025 01:43PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 04:03PM
Doctor Advice : URINE COM. EXMAMINATION,TSH,HCV,HBSAg,HIV,VDRL,RANDOM,BLOOD GROUP,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP</b>				
Blood Group	"B"			
Rh (Anti -D)	<b>POSITIVE</b>			

<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
Sample Type : SERUM				
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 17:05:11

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

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

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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)

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**VDRL**

VDRL	NON REACTIVE	Slide Agglutination
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**URINE EXAMINATION REPORT**

Colour-U	<b>Light yellow</b>		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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	13.2	g/dl	12 - 15	Non Cyanide
<b>Comment:</b> Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.				
<b>TLC</b>				
TOTAL LEUCOCYTES COUNT	9900	/cmm	4000 - 10000	Flocytometry
<b>DLC</b>				
NEUTROPHIL	73	%	40 - 75	Flowcytometry
LYMPHOCYTE	21	%	20-40	Flowcytometry
EOSINOPHIL	03	%	1 - 6	Flowcytometry
MONOCYTE	03	%	2 - 10	Flowcytometry
BASOPHIL	<b>00</b>	%	00 - 01	Flowcytometry
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	118.3	mg/dl	70 - 170	Hexokinase

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.68	uIU/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 \*\*\*

CHARAK



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