

Patient Name : Mr.SUJAY SHUKLA	Visit No : CHA250039089
Age/Gender : 24 Y/M	Registration ON : 04/Mar/2025 03: 32PM
<b>Lab No : 10136384</b>	Sample Collected ON : 04/Mar/2025 03: 35PM
Referred By : Dr.ASHISH SRIVASTAVA	Sample Received ON : 04/Mar/2025 03: 47PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 06: 13PM
Doctor Advice : ECG,HCV,HBSAg,HIV,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD),ANKLE AP LAT	



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
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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: 04-03-2025 21:14:45

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

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

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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.

CHARAK

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<b>Lab No : 10136384</b>	Sample Collected ON : 04/Mar/2025 03:35PM
Referred By : Dr.ASHISH SRIVASTAVA	Sample Received ON : 04/Mar/2025 03:55PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 05:15PM
Doctor Advice : ECG,HCV,HBSAg,HIV,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD),ANKLE AP LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.9	%	36 - 45	Pulse hieght detection
MCV	92.1	fL	80 - 96	calculated
MCH	30.9	pg	27 - 33	Calculated
MCHC	33.5	g/dL	30 - 36	Calculated
RDW	13	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7750	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	70	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	319,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	319000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,425	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,938	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	78	/cmm	20-500	Calculated
Absolute Monocytes Count	310	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



MC-2491

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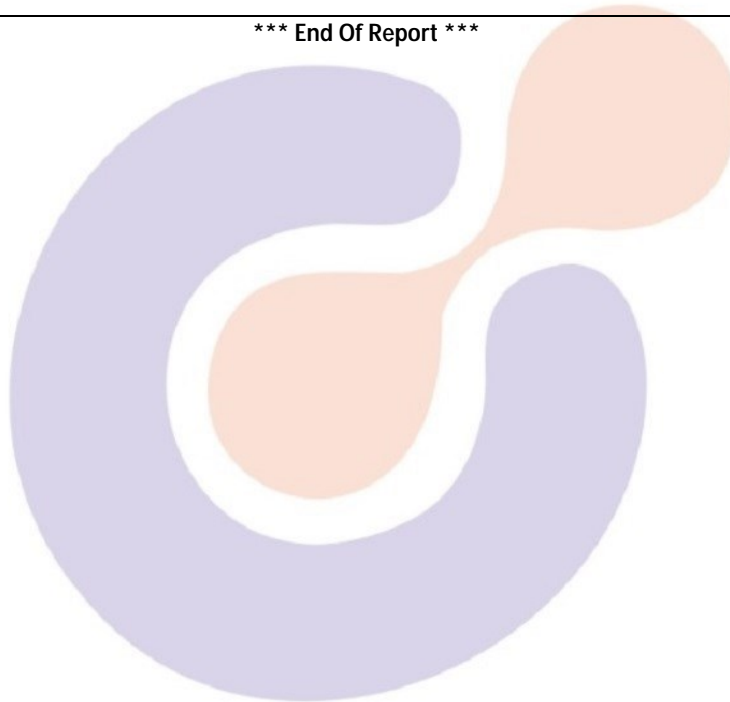
Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Referred By : Dr.ASHISH SRIVASTAVA	Sample Received ON : 04/Mar/2025 03:47PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 08:37PM
Doctor Advice : ECG,HCV,HBSAg,HIV,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD),ANKLE AP LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	103.6	mg/dl	70 - 170	Hexokinase

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



**CHARAK**



[Checked By]

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PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

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MD (MICROBIOLOGY)

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### **ECG -REPORT**

RATE : 68 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: ECG WITH IN NORMAL LIMITS**  
(FINDING TO BE CORRELATED CLINICALLY )

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



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**SKIAGRAM LEFT ANKLE AP & LATERAL**

- Fracture lower end of fibula is seen .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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

