Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.DEVENDRA	Visit No	: CHA250039707
Age/Gender	: 38 Y/M	Registration ON	: 05/Mar/2025 12:24PM
Lab No	**: 10137002**	Sample Collected ON	: 05/Mar/2025 12:27PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 05/Mar/2025 12:32PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 02:52PM
Doctor Advice	: HBSAg,HCV,HIV,CHEST PA,RANDOM,T3T4TSH,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,ABDOMEN ERECT AP		

PR.

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

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]

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

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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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS C VIRUS (HCV) ANTIBODIES				
HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE		Non Reactive	

(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.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 02:17PM
Doctor Advice	: HBSAg,HCV,HIV,CHEST PA,RANDOM,T3T4TSH,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.0**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.0	%	36 - 45	Pulse hieght detection
MCV	81.8	fL	80 - 96	calculated
MCH	**25.0**	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6750	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**23**	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	233,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	233000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,792	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,552	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	135	/cmm	20-500	Calculated
Absolute Monocytes Count	270	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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

MC-2491

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Doctor Advice	: HBSAg,HCV,HIV,CHEST PA,RANDOM,T3T4TSH,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	**208**	mg/dl	70 - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.63	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.45	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	67.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**59.0**	U/L	5 - 40	UV without P5P
SGOT	**42.0**	U/L	5 - 40	UV without P5P

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Doctor Advice	: HBSAg,HCV,HIV,CHEST PA,RANDOM,T3T4TSH,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.17	nmol/L	1.49-2.96	ECLIA
T4	164.44	n mol/l	63 - 177	ECLIA
TSH	1.82	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 *****

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is **mildly enlarged in size measures 162 mm and shows increased 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 partially distended (post prandial) 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 **borderline enlarged in size measures 122 mm** and shows homogenous echotexture of parenchyma. No SOL is seen.
- **Few prominent mesenteric lymphnodes are seen, size upto 14 x 12 mm with faint hilum.**
- **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 93 x 42 mm in size. Left kidney measures 98 x 41 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with **multiple floating internal echoes in lumen.** No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Abdomen shows dilated bowel loops, filled with semisolid content with air and hypokinetic bowel movement with minimal inter bowel fluid... S.A.I.O.**

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Borderline splenomegaly.**
- **Few prominent mesenteric lymphnodes with faint hilum.**
- **S.A.I.O.**
- **Cystitis (ADV : Urine R/M).**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna

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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are 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.**

SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- Few air fluid levels are seen in mid abdomen …..? SAIO .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

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