Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
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.ISLAM	Visit No	: CHA250039852
Age/Gender	: 55 Y/M	Registration ON	: 05/Mar/2025 01:51PM
Lab No	**: 10137147**	Sample Collected ON	: 05/Mar/2025 01:53PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 05/Mar/2025 02:16PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 04:22PM
Doctor Advice	: HCV,HBSAg,HIV,ABDOMEN ERECT AP,USG WHOLE ABDOMEN,PP,FASTING,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)		

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. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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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
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.

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Referred By	: Dr.MANISH TANDON	Sample Received ON	: 05/Mar/2025 02:10PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 03:50PM
Doctor Advice	: HCV,HBSAg,HIV,ABDOMEN ERECT AP,USG WHOLE ABDOMEN,PP,FASTING,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.8	%	36 - 45	Pulse hieght detection
MCV	91.8	fL	80 - 96	calculated
MCH	30.4	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7050	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**82**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**15**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**111,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**120000**	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,781	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,058	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	70	/cmm	20-500	Calculated
Absolute Monocytes Count	141	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilia. Platelets are reduced. No immature cells or parasite seen.

MC-2491

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 03:15PM
Doctor Advice	: HCV,HBSAg,HIV,ABDOMEN ERECT AP,USG WHOLE ABDOMEN,PP,FASTING,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.9	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	124.8	mg/dl	up to - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.80	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.14	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.66	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	119.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**141.0**	U/L	5 - 40	UV without P5P
SGOT	**42.0**	U/L	5 - 40	UV without P5P

MC-2491

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Referred By	: Dr.MANISH TANDON	Sample Received ON	: 05/Mar/2025 02:16PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 03:46PM
Doctor Advice	: HCV,HBSAg,HIV,ABDOMEN ERECT AP,USG WHOLE ABDOMEN,PP,FASTING,T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	133.00	n mol/l	63 - 177	ECLIA
TSH	2.13	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

Excessive gaseous abdomen

- **Liver** is **mildly enlarged in size (~157mm) 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 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 **mildly enlarged in size (~130mm)** 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. **A small calculus is seen at mid pole of left kidney measuring approx 3.3mm.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 84 x 34 mm in size. Left kidney measures 100 x 41 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is **enlarged in size measures 36 x 36 x 30 mm with weight of 21 gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Post void residual urine volume – Nil.**

OPINION:

- **MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **SMALL LEFT RENAL CALCULUS.**
- **PROSTATOMEGALY GRADE -I.**

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

Clinical correlation is necessary.

[DR. R.K SINGH, MD]

Report typed by GAUSIYA

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PR.

SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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