

Patient Name : Mr. RAJU	Visit No : CHA250039854
Age/Gender : 62 Y/M	Registration ON : 05/Mar/2025 01:55PM
Lab No : 10137149	Sample Collected ON : 05/Mar/2025 01:57PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 05/Mar/2025 02:51PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 09:05AM
Doctor Advice : HCV-RNA QUANTITATIVE (EDTA PLASMA), CHEST PA, RANDOM, ASCITIC FLUID CYTOLOGY, ASCITIC FLUID C/S, ASCITIC FLUID ADA, AFB, FLUID PROTEIN, ALBUMIN (FLUID), Sugar (Fluid), TLC Fluid, DLC (Fluid), GRAM S STAIN, Albu	



Test Name	Result	Unit	Bio. Ref. Range	Method
HCV-RNA QUANTITATIVE				

Result Detected 3.25
x 10⁰⁵ IU/ml
(Log 5.51)

HCV – viral load (Quantitative)	Result in IU/mL
Log Values	Log value Result in log IU/mL

Result interpretation

Result (IU / MI)	Log values	Comments
HCV Not detected	Not applicable	HCV RNA Not detected
Below LOQ	Log 1.00	HCV RNA Detected A. More than 4 IU/mL and Less than 10 IU/mL for plasma. B. More than 6.1 IU/mL and less than 10 IU/mL for serum
10 – 100000000	Log 1 – Log 8	HCV RNA detected within linear range of assay
Above 100000000	Above log 8	HCV RNA detected above linear range of assay

Note :-

1. This assay results will always be interpreted in IU/mL only.
2. This is a quantitative assay and can't be used for blood screening.
3. This is a quantitative assay used for diagnosis and monitoring of patient and not a qualitative assay used for screening. Hence a target not detected result should not be consider as HCV Negative for the patient.
4. Quantitative viral load result are best reflected when reported using log transformed units. Logarithmic expression best reflects the process of viral replication and less subjected to error interpretation of non – clinical significant (Minor) changes.

[Checked By]



Ahmad

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Lab No	: 10137149	Sample Collected ON	: 05/Mar/2025 01: 57PM
Referred By	: Dr. MANISH TANDON	Sample Received ON	: 05/Mar/2025 02: 17PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 04: 12PM
Doctor Advice	: HCV-RNA QUANTITATIVE (EDTA PLASMA), CHEST PA, RANDOM, ASCITIC FLUID CYTOLOGY, ASCITIC FLUID C/S, ASCITIC FLUID ADA, AFB, FLUID PROTEIN, ALBUMIN (FLUID), Sugar (Fluid), TLC Fluid, DLC (Fluid), GRAM S STAIN, Albu		



ASCITIC FLUID CYTOLOGY

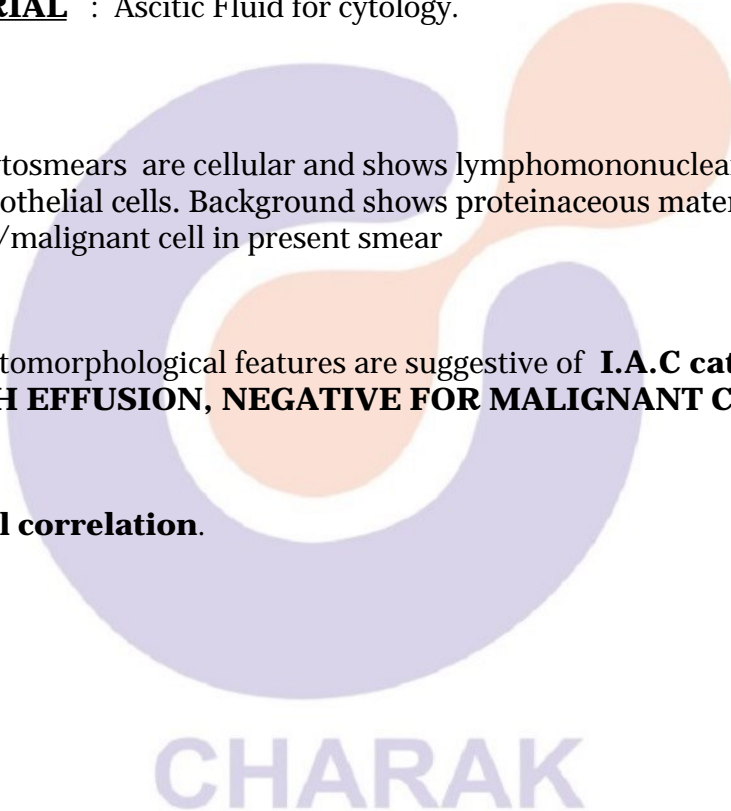
336/25-CYTOLOGICAL EXAMINATION REPORT

SOURCE OF MATERIAL : Ascitic Fluid for cytology.

MICROSCOPY : Cytosmears are cellular and shows lymphomononuclear cells along with few clusters of reactive mesothelial cells. Background shows proteinaceous material mixed with RBC's. No evidence of atypical/malignant cell in present smear

IMPRESSION : Cytomorphological features are suggestive of **I.A.C category II B - LYMPHOCYTE RICH EFFUSION, NEGATIVE FOR MALIGNANT CELLS.**

Clinico- Radiological correlation.



[Checked By]

Print.Date/Time: 06-03-2025 09:40:11

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST


DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HCV-RNA QUANTITATIVE

Specimen : EDTA Plasma
Equipment : Gene Xpert system
Test Principle : Real-Time QRT-PCR (Real-Time quantitative reverse transcription PCR)

HCV – viral load (Quantitative)	Result in IU/mL
Log Values	Log value Result in log IU/mL

Result interpretation

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[Checked By]



Ahmad

MC-2491

Print.Date/Time: 06-03-2025 09:40:14

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 06-03-2025 09:40:15

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Ahmad

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