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	: Ms.NAZMA	Visit No	: CHA250040157
Age/Gender	: 28 Y 1 M 4 D/F	Registration ON	: 05/Mar/2025 11:22PM
Lab No	**: 10137452**	Sample Collected ON	: 05/Mar/2025 11:24PM
Referred By	: Dr.UZMA MUBASHSHIR	Sample Received ON	: 05/Mar/2025 11:24PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 10:33AM
Doctor Advice	: URINE COM. EXMAMINATION,APTT,PT/PC/INR,BTCT,BLOOD GROUP,HCV ELISA,HBSAg,HIV,TSH,RANDOM,HB		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	''A''			
Rh (Anti -D)	**POSITIVE**			
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
APTT				
Sample Type : SODIUM CITRATE				
APTT				
APTT Patient Value	26 Seconds	Seconds	26 - 38	Clotting Assay

INTERPRETATION

Determination of APTT helps in estimating abnormality in most of the clotting factors of the intrinsic pathway including congenital deficiency of factor VIII, IX, XI, and XII and is also a sensitive procedure for generating heparin response curve for monitoring heparin therapy.

Causes of a prolonged APTT:

· Disseminated intravascular coagulation.
· Liver disease.
· Massive transfusion with stored blood.
· Administration of heparin or contamination with heparin.
· A circulating anticoagulant.
· Deficiency of a coagulation factor other than factor VII.
· APTT is also moderately prolonged in patients on oral anticoagulant drugs and in the presence of Vitamin K deficiency.

Limitations of assay:

· Abnormalities of coagulation factor VII, factor XIII and platelets are not detected by this test procedure.

· Platelet factor IV, a heparin neutralizing factor can be released due to platelet aggregation or damage and may influence the test.
· Decrease in APTT time is observed in males under estrogen therapy and oral contraceptive administration in females.
. APTT based heparin therapeutic range is not established for this assay.

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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
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.

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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.

HCV ELISA				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.005**		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	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	**11.6**	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	110	mg/dl	70 - 170	Hexokinase
TSH				
TSH	3.60	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 *****

MC-2491

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