

Patient Name : Mr. JUMMAN KHAN	Visit No : CHA250040287
Age/Gender : 57 Y/M	Registration ON : 06/Mar/2025 10:08AM
<b>Lab No : 10137582</b>	Sample Collected ON : 06/Mar/2025 10:09AM
Referred By : Dr. PK PANDEY ***	Sample Received ON : 06/Mar/2025 10:21AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 01:21PM
Doctor Advice : LFT, HBSAg, HCV, USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<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: 06-03-2025 13:55:34

\*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
<b>HEPATITIS C VIRUS (HCV) ANTIBODIES</b>				

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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PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	7.91	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	3.85	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	4.06	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	557.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	96.0	U/L	5 - 40	UV without P5P
SGOT	252.0	U/L	5 - 40	UV without P5P

FINDING CHECKED TWICE. PLEASE CORRELATE CLINICALLY

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

CHARAK



[Checked By]



*Sham*

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

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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size (~ 156 mm) and shows mildly coarsed echotexture of liver parenchyma with surface nodularity. 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. Diffuse edematous GB wall.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is prominent (approx 14.0 mm) 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 normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- Moderate to gross ascites is seen.
- **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 99 x 43 mm in size. Left kidney measures 103 x 52 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 42 x 30 x 37 mm with weight of 25gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Bilateral pleural effusion is seen (vol. 151cc on right side & vol. 181 cc on left side).

### **OPINION:**

- **Mild hepatomegaly with mild coarsed echotexture of liver parenchyma with surface nodularity with diffuse edematous GB wall with moderate to gross ascites & prominent portal vein --- chronic liver disease & portal hypertension. ADV: LFT correlation & fibroscan.**
- **Bilateral pleural effusion.**
- **Grade-I prostattomegaly.**

**Clinical correlation is necessary.**

**[DR. R.K. SINGH, MD]**

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

