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.SHAHINA MUSHFIQ | Visit No | : CHA250040363 |
| Age/Gender | : 45 Y/F | Registration ON | : 06/Mar/2025 11:12AM |
| **Lab No** | **: 10137658** | Sample Collected ON | : 06/Mar/2025 11:17AM |
| Referred By | : Dr.MJ HOSPITAL | Sample Received ON | : 06/Mar/2025 11:33AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 06/Mar/2025 01:21PM |
| Doctor Advice | : HBSAg,HIV,HCV,APTT,PT/PC/INR,RANDOM,HBA1C (EDTA),NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HBA1C** | | | | |
| Glycosylated Hemoglobin (HbA1c ) | 5.5 | % | 4 - 5.7 | HPLC (EDTA) |

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED ( RESULT ) RANGE :

| Bio system | Degree of normal |
|---|---|
| 4.0 - 5.7 % | Normal Value (OR) Non Diabetic |
| 5.8 - 6.4 % | Pre Diabetic Stage |
| > 6.5 % | Diabetic (or) Diabetic stage |
| 6.5 - 7.0 % | Well Controlled Diabet |
| 7.1 - 8.0 % | Unsatisfactory Control |
| > 8.0 % | Poor Control and needs treatment |

| Test Name | Result | Bio. Ref. Range | Method |
|---|---|---|---|
| **PT/PC/INR** | | | |
| PROTHROMBIN TIME | 13 Second | 13 Second | Clotting Assay |
| Protrhromin concentration | 100 % | 100 % | |
| INR (International Normalized Ratio) | 1.00 | 1.0 | |



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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **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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| 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<br>>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<br>>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<br>> 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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| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 06/Mar/2025 12:26PM |
| Doctor Advice | : HBSAg,HIV,HCV,APTT,PT/PC/INR,RANDOM,HBA1C (EDTA),NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC (COMPLETE BLOOD COUNT)** | | | | |
| Hb | **7.9** | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | **3.50** | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | **28.4** | % | 36 - 45 | Pulse hieght detection |
| MCV | 80.5 | fL | 80 - 96 | calculated |
| MCH | **22.4** | pg | 27 - 33 | Calculated |
| MCHC | **27.8** | g/dL | 30 - 36 | Calculated |
| RDW | **17.5** | % | 11 - 15 | RBC histogram derivation |
| RETIC | 2.0 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 7030 | /cmm | 4000 - 10000 | Flocytrometry |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| NEUTROPHIL | **76** | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTES | **20** | % | 25 - 45 | Flowcytrometry |
| EOSINOPHIL | **0** | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | 171,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 171000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 5,343 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 1,406 | /cmm | 1000-3000 | Calculated |
| Absolute Monocytes Count | 281 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 23 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells show cytopenia + with normocytic normochromic, microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.



MC-2491

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **BLOOD SUGAR RANDOM** | | | | |
| BLOOD SUGAR RANDOM | 113.1 | mg/dl | 70 - 170 | Hexokinase |
| **NA+K+** | | | | |
| SODIUM Serum | 137.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.3 | MEq/L | 3.5 - 5.5 | ISE Direct |
| **BLOOD UREA** | | | | |
| BLOOD UREA | 18.90 | mg/dl | 15 - 45 | Urease, UV, Serum |
| **SERUM CREATININE** | | | | |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| **LIVER FUNCTION TEST** | | | | |
| TOTAL BILIRUBIN | 0.72 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED ( D. Bilirubin) | 0.12 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED ( I.D. Bilirubin) | 0.60 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 58.70 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 20.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 23.0 | U/L | 5 - 40 | UV without P5P |

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



MC-2491

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