

Patient Name : Mr.SATISH KUMAR	Visit No : CHA250040657
Age/Gender : 50 Y/M	Registration ON : 06/Mar/2025 03: 14PM
Lab No : 10137952	Sample Collected ON : 06/Mar/2025 03: 16PM
Referred By : Dr.SC MAURYA	Sample Received ON : 06/Mar/2025 03: 22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 05: 10PM
Doctor Advice : USG WHOLE ABDOMEN,HBSAg,HCV,CBC (WHOLE BLOOD),LFT	



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
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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 17:45:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS C VIRUS (HCV) ANTIBODIES				
HEPATITIS C VIRUS (HCV) ANTIBODIES	REACTIVE (18.9)		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.



CHARAK

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Print.Date/Time: 06-03-2025 17:45:10

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Lab No : 10137952	Sample Collected ON : 06/Mar/2025 03: 16PM
Referred By : Dr.SC MAURYA	Sample Received ON : 06/Mar/2025 03: 25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 04: 56PM
Doctor Advice : USG WHOLE ABDOMEN,HBSAg,HCV,CBC (WHOLE BLOOD),LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	8.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	27.5	%	36 - 45	Pulse hieght detection
MCV	80.6	fL	80 - 96	calculated
MCH	24.6	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	15.9	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4790	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	8	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	126,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,682	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,485	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	240	/cmm	20-500	Calculated
Absolute Monocytes Count	383	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells show cytopenia with normocytic normochromic. Platelets are just adequate with giant form. No immature cells or parasite seen.



[Checked By]

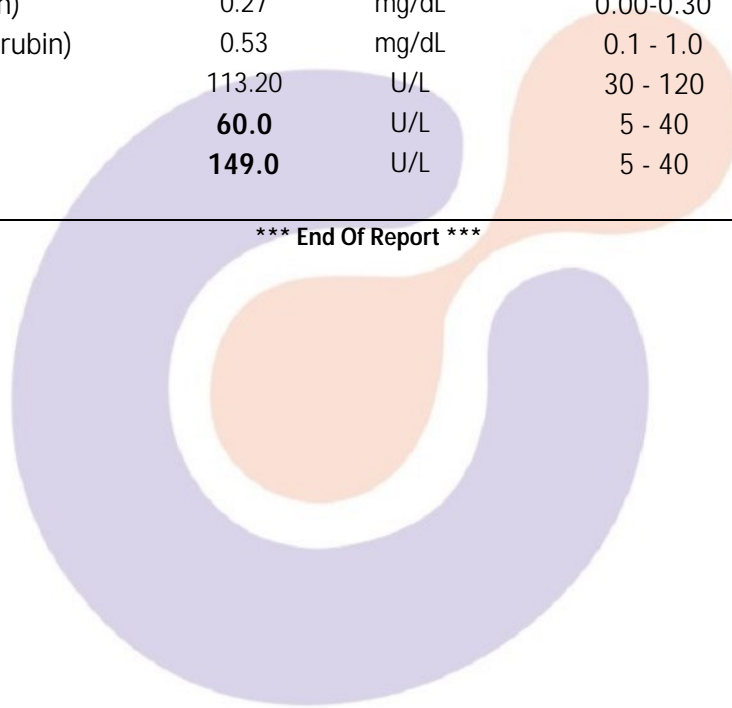


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.80	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.27	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.53	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	113.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	60.0	U/L	5 - 40	UV without P5P
SGOT	149.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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PATHOLOGIST

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver is mildly enlarged in size** and shows homogenous 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. **Few tiny echogenic bright foci with comet tail artifacts are seen at GB wall – early adenomyomatosis/cholesterolosis changes.**
- **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** and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- **Mild 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 90 x 36 mm in size. Left kidney measures 92 x 37 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **MILD HEPATO-SPLENOMEGALY WITH MILD ASCITES----? CHRONIC LIVER DISEASE...Adv: LFT and fibroscan.**
- **EARLY ADENOMYOMATOSIS/CHOLESTEROLOSIS CHANGES IN GALL BLADDER...Adv: follow up.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***

