

Patient Name : Mr.AMIT KUMAR SINGH	Visit No : CHA250041058
Age/Gender : 51 Y/M	Registration ON : 07/Mar/2025 11:00AM
<b>Lab No : 10138353</b>	Sample Collected ON : 07/Mar/2025 11:15AM
Referred By : Dr.KGMU	Sample Received ON : 07/Mar/2025 11:38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 02:23PM
Doctor Advice : DIGITAL 2,HCV,HIV,HBSAg,PT/PC/INR,CREATININE,UREA,NA+K+,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PT/PC/INR</b>				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				
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.

[Checked By]

Print.Date/Time: 07-03-2025 14:55:13

\*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
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**HIV**

HIV-SEROLOGY	NON REACTIVE	<1.0 : NON REACTIVE >1.0 : REACTIVE
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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**

Anti-Hepatitis C Virus Antibodies.	NON REACTIVE	< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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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.

**CHARAK**

[Checked By]

Print.Date/Time: 07-03-2025 14:55:14

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Referred By : Dr.KGMU	Sample Received ON : 07/Mar/2025 11:48AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 12:59PM
Doctor Advice : DIGITAL 2,HCV,HIV,HBSAg,PT/PC/INR,CREATININE,UREA,NA+K+,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	9.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	2.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	28.4	%	36 - 45	Pulse hieght detection
MCV	115.4	fL	80 - 96	calculated
MCH	39.4	pg	27 - 33	Calculated
MCHC	34.2	g/dL	30 - 36	Calculated
RDW	15.9	%	11 - 15	RBC histogram derivation
RETIC	1.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12350	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	85	%	40 - 75	Flowcytometry
LYMPHOCYTES	12	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	142,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	10,498	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,482	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	124	/cmm	20-500	Calculated
Absolute Monocytes Count	247	/cmm	200-1000	Calculated
Mentzer Index	46			
Peripheral Blood Picture	:			

Red blood cells show cytopenia++ macrocytes with anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	20.10	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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

**CHARAK**



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**SKIAGRAM LEFT HAND WITH WRIST AP AND LATERAL**

- Soft tissue swelling is seen in hand.
- Angulation of distal interphalangeal joint of index.
- Part is seen in P.O.P.

To be correlated with previous records.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

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

