

Patient Name : Ms. REETA DEVI	Visit No : CHA250041321
Age/Gender : 26 Y/F	Registration ON : 07/Mar/2025 03:00PM
<b>Lab No : 10138616</b>	Sample Collected ON : 07/Mar/2025 03:01PM
Referred By : Dr. DEEP SHIKHA GUPTA	Sample Received ON : 07/Mar/2025 03:15PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 03:57PM
Doctor Advice : HBSAg,HCV,HIV,PT/PC/INR,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>30.00</b>		0 - 15	Westergreen



**CHARAK**

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DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 05:13PM
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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 employ 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
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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)

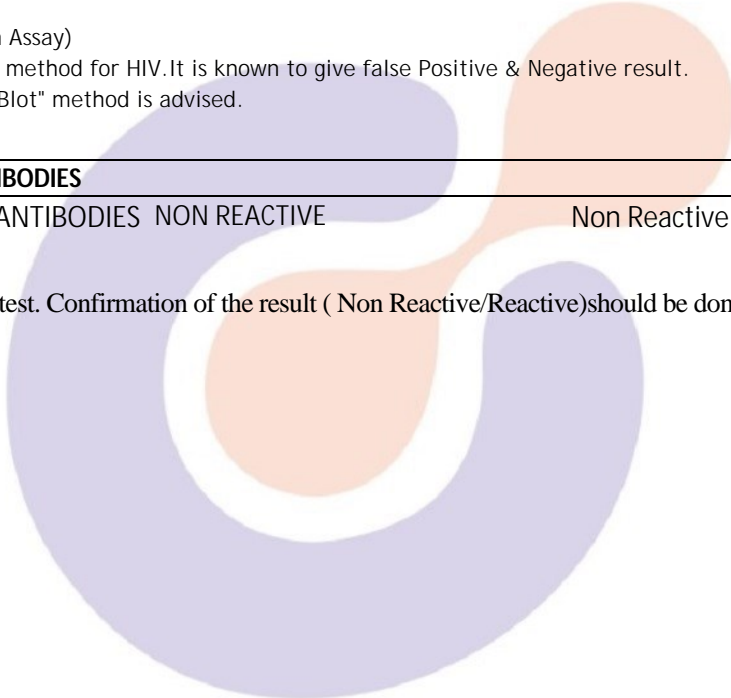
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.  
Hence confirmation:"Western Blot" method is advised.

**HEPATITIS C VIRUS (HCV) ANTIBODIES**

HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE	Non Reactive
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(TRIO DOT ASSAY)

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<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.2	%	36 - 45	Pulse height detection
MCV	<b>97.7</b>	fL	80 - 96	calculated
MCH	31.5	pg	27 - 33	Calculated
MCHC	32.2	g/dL	30 - 36	Calculated
RDW	<b>15.5</b>	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>11730</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>76</b>	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	183,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	183000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	25			
Peripheral Blood Picture	:			

.Red blood cells are normocytic normochromic. WBCs show mild neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



MC-2491

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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 07/Mar/2025 04:58PM  
Doctor Advice : HBSAg,HCV,HIV,PT/PC/INR,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.69	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.53	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	113.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	29.0	U/L	5 - 40	UV without P5P
SGOT	32.0	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	26.60	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct

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

CHARAK



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