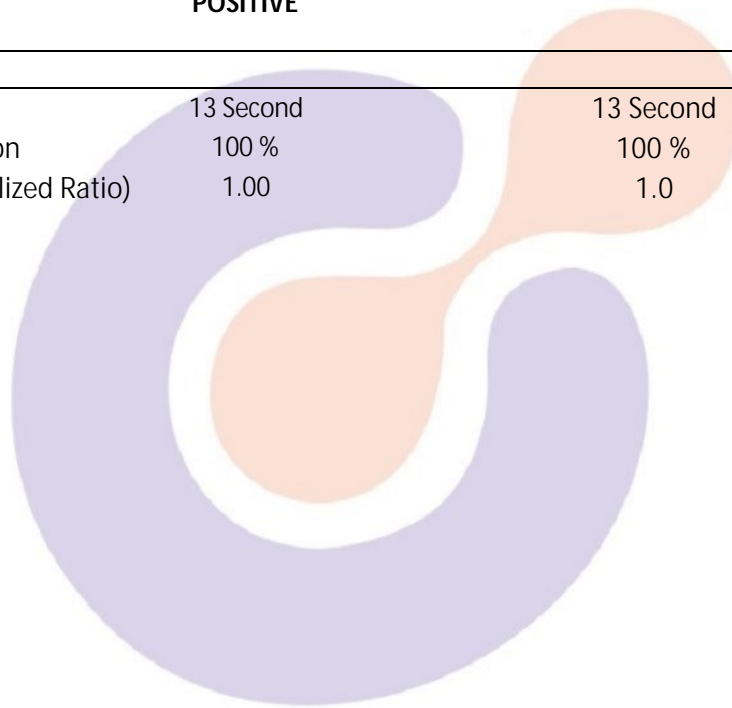


Patient Name : Mr. ZEENAT	Visit No : CHA250041574
Age/Gender : 26 Y/M	Registration ON : 08/Mar/2025 09:03AM
Lab No : 10138869	Sample Collected ON : 08/Mar/2025 09:05AM
Referred By : Dr. UZMA MUBASHSHIR	Sample Received ON : 08/Mar/2025 09:05AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 01:38PM
Doctor Advice : BTCT,PT/PC/INR,URINE COM. EXMAMINATION,BLOOD GROUP,HCV,HBSAg,HIV,TSH,RANDOM,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	"A"			
Rh (Anti -D)	POSITIVE			

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	



CHARAK



[Checked By]

Print.Date/Time: 08-03-2025 14:40:59

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

Patient Name : Mr. ZEENAT	Visit No : CHA250041574
Age/Gender : 26 Y/M	Registration ON : 08/Mar/2025 09:03AM
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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 >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.

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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr. ZEENAT	Visit No : CHA250041574
Age/Gender : 26 Y/M	Registration ON : 08/Mar/2025 09:03AM
Lab No : 10138869	Sample Collected ON : 08/Mar/2025 09:05AM
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Doctor Advice : BTCT,PT/PC/INR,URINE COM. EXMAMINATION,BLOOD GROUP,HCV,HBSAg,HIV,TSH,RANDOM,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
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HIV

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

HEPATITIS C VIRUS (HCV) ANTIBODIES

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.

URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.015		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	Absent	mg/dl	ABSENT Dipstick
Glucose	Absent		
Ketones	Absent		Absent
Bilirubin-U	Absent		Absent
Blood-U	Absent		Absent
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0
Leukocytes-U	Absent		Absent
NITRITE	Absent		Absent

MICROSCOPIC EXAMINATION

Pus cells / hpf	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

BT/CT

BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.



[Checked By]

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Lab No : 10138869	Sample Collected ON : 08/Mar/2025 09:05AM
Referred By : Dr. UZMA MUBASHSHIR	Sample Received ON : 08/Mar/2025 10:02AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 12:20PM
Doctor Advice : BTCT,PT/PC/INR,URINE COM. EXMAMINATION,BLOOD GROUP,HCV,HBSAg,HIV,TSH,RANDOM,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	10.8	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	99.2	mg/dl	70 - 170	Hexokinase

TSH				
TSH	3.05	uIU/ml	0.47 - 4.52	ECLIA

- Note**
- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
 - (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
 - (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
 - (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
 - (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
 - (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
 - (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
 - (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



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

Signature