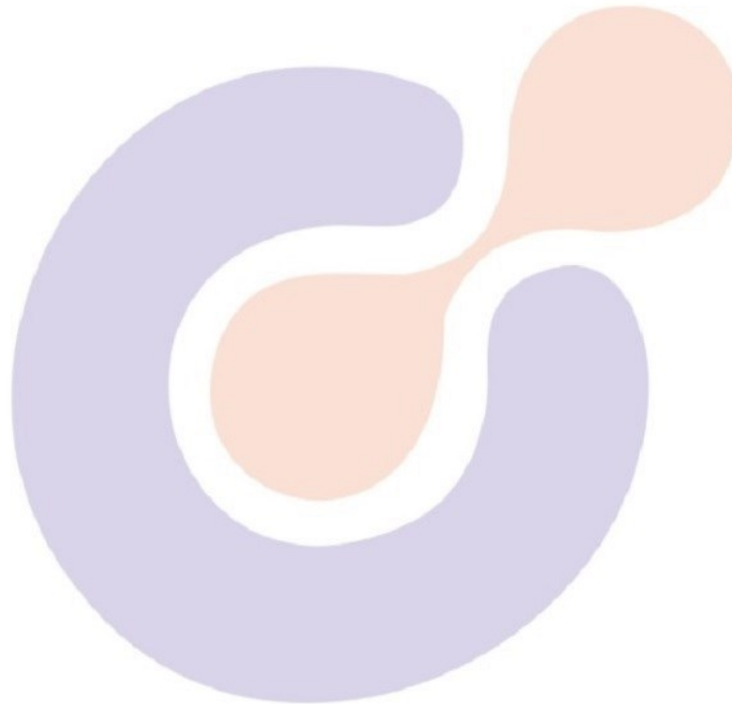


Patient Name : Ms. VARSHA PARWANI  
Age/Gender : 48 Y 4 M 18 D/F  
**Lab No : 10139485**  
Referred By : Dr. NEHA GUPTA  
Refer Lab/Hosp : CGHS (BILLING)  
Doctor Advice : HCV,T3T4TSH,HBSAg,HIV,PT/PC/INR,FASTING,CBC+ESR

Visit No : CHA250042190  
Registration ON : 09/Mar/2025 07:28AM  
Sample Collected ON : 09/Mar/2025 07:30AM  
Sample Received ON : 09/Mar/2025 07:46AM  
Report Generated ON : 09/Mar/2025 10:09AM



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>21.00</b>		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 09-03-2025 11:53:37

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

Patient Name : Ms. VARSHA PARWANI	Visit No : CHA250042190
Age/Gender : 48 Y 4 M 18 D/F	Registration ON : 09/Mar/2025 07:28AM
Lab No : 10139485	Sample Collected ON : 09/Mar/2025 07:30AM
Referred By : Dr. NEHA GUPTA	Sample Received ON : 09/Mar/2025 08:05AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 11:12AM
Doctor Advice : HCV,T3T4TSH,HBSAg,HIV,PT/PC/INR,FASTING,CBC+ESR	



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.

[Checked By]



Print.Date/Time: 09-03-2025 11:53:40

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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: 09-03-2025 11:53:41

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DR. SHADAB  
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Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse height detection
MCV	90.3	fL	80 - 96	calculated
MCH	30.8	pg	27 - 33	Calculated
MCHC	34.1	g/dL	30 - 36	Calculated
RDW	12.4	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5530	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	54	%	40 - 75	Flowcytometry
LYMPHOCYTE	40	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	207,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	207000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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Referred By : Dr. NEHA GUPTA	Sample Received ON : 09/Mar/2025 08:05AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 09:54AM
Doctor Advice : HCV,T3T4TSH,HBSAg,HIV,PT/PC/INR,FASTING,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	85.6	mg/dl	70 - 110	Hexokinase



**CHARAK**



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.14	nmol/L	1.49-2.96	ECLIA
T4	126.82	n mol/l	63 - 177	ECLIA
TSH	<b>6.58</b>	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 \*\*\*

CHARAK



[Checked By]



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