

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.GULAFSHA

Age/Gender : 24 Y/F

PR

Lab No : 10139696

Referred By : Dr.SADHANA SINHA Refer Lab/Hosp

: CHARAK NA

. PT/PC/INR,HCV,HIV,HBSAg,VDRL,HB,USG OBSTETRICS Doctor Advice

Visit No : CHA250042401

Registration ON : 09/Mar/2025 11:53AM

Sample Collected ON Sample Received ON : 09/Mar/2025 12:05PM

Report Generated ON : 09/Mar/2025 05:08PM



: 09/Mar/2025 11:56AM

Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<1 - Non Reactive	CMIA
			>1 - Reactive	

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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Lab No : 10139696

Referred By : Dr.SADHANA SINHA
Refer Lab/Hosp : CHARAK NA

Doctor Advice : PT/PC/INR,HCV,HIV,HBSAg,VDRL,HB,USG OBSTETRICS

Visit No : CHA250042401

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Tes	t Name	Result	Unit	Bio. Ref. Range	Method
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.

HCV

Anti-Hepatitis C Virus Antibodies.

NON REACTIVE

< 1.0 : NON REACTIVE

Sandwich Assay

> 1.0 : REACTIVE

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

VDRL

VDRL NON REACTIVE Slide

Slide Agglutination

CHARAK





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Patient Name : Ms.GULAFSHA

Age/Gender : 24 Y/F

Lab No : 10139696

Referred By : Dr.SADHANA SINHA

Refer Lab/Hosp : CHARAK NA

Doctor Advice : PT/PC/INR,HCV,HIV,HBSAg,VDRL,HB,USG OBSTETRICS

Visit No : CHA250042401

Registration ON : 09/Mar/2025 11:53AM

Sample Collected ON : 09/Mar/2025 11:56AM

: 09/Mar/2025 12:07PM Sample Received ON

Report Generated ON : 09/Mar/2025 12:15PM

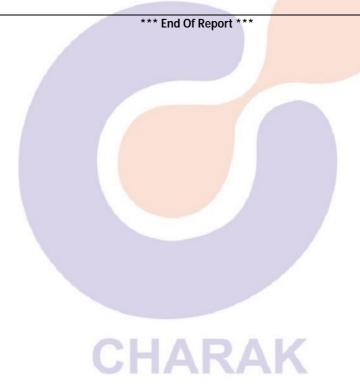


Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	10.9	g/dl	12 - 15	Non Cyanide

### Comment:

P.R.

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







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 : 24 Y/F
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 Lab No
 : 10139696
 Sample Collected ON
 : 09/Mar/2025 11:53AM

Referred By : Dr. SADHANA SINHA Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 09/Mar/2025 12:47PM

# **ULTRASOUND STUDY FOR FETAL WELL BEING (NOT ANOMALY SCAN)**

• LMP is 08/07/2024 EGA by LMP is 34 weeks + 6 days.

- Single live intrauterine foetus is seen in longitudinal lie cephalic presentation.
- Foetal heart rate is 149/min.
- Foetal gestation age is

BPD 84 mm 34 weeks + 0 day

HC 314 mm 35 weeks + 2 days

AC 292 mm 33 weeks + 1 day

FL 67 mm 34 weeks + 3 days

- Placenta is posterior wall with right lateral extension and shows grade II maturity changes.
- Amniotic fluid is adequate. AFI = 11-12 cm.
- EFW is approximately 2291 gms (± 334 gms).
- EDD is approximately 18/04/2025.
- No evidence of cord is seen around fetal neck at the time of examination.
- Cervical length could not be visualized due to inadequate window (empty bladder).

# **IMPRESSION:**

SINGLE LIVE INTRAUTERINE FOETUS OF 34 WEEKS + 2 DAYS (± 2.1 WEEKS).

Note:-- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Gulafsha, I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

## Clinical correlation is necessary.

DR. NISMA WAHEED MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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

