Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.RENU OJHA	Visit No	: CHA250042445
Age/Gender	: 40 Y/F	Registration ON	: 09/Mar/2025 12:27PM
Lab No	**: 10139740**	Sample Collected ON	: 09/Mar/2025 12:28PM
Referred By	: Dr.QMH	Sample Received ON	: 09/Mar/2025 12:32PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 09/Mar/2025 02:30PM
Doctor Advice	: USG TVS,HCV,HBSAg,HIV,PROLACTIN,TSH,CALCIUM,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.3	mg/dl	8.8 - 10.2	dapta / arsenazo III
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
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]

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PATHOLOGIST

DR. SHADAB
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MD (MICROBIOLOGY)

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Test 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay

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.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.7	%	36 - 45	Pulse hieght detection
MCV	94.2	fL	80 - 96	calculated
MCH	30.2	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8160	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	75	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**20**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**130,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**140,000**	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,120	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,632	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	82	/cmm	20-500	Calculated
Absolute Monocytes Count	326	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

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

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	19.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.45	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	106.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**63.3**	U/L	5 - 40	UV without P5P
SGOT	**57.2**	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.65	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 mysedema 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 cacabolic state and may revert tonormal when the patient recovers.
(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

PROLACTIN				
PROLACTIN Serum	**17.8**	ng/ml	2.64 - 13.130	CLIA

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

MC-2491
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PR.

TRANSVAGINAL ULTRASOUND

- **Uterus** is normal in size, measures 79 x 52 mm and shows homogenous myometrial echotexture. **Endometrium is thickened measures 15 mm and shows multiple tiny cysts within.** No endometrial collection is seen.
- **Cervix** is normal in size measures 28 x 29mm & echotexture.
- **Both ovaries** are normal in size & echotexture. Right ovary measures 14 x 18 x 21 mm vol. 2.9 cc. Left ovary measures 23 x 30 x 31 mm vol. 11.8 cc.
- No adnexal mass lesion is seen.
- **Mild fluid is seen in pelvis.**

OPINION:

- **THICKENED ENDOMETRIUM WITH CYSTIC CHANGES.**
- **MILD FLUID IN PELVIS.**

Note:-
Features of pelvic inflammatory disease cannot be ruled out on USG. In view of smelling PV discharge and lower abdominal pain with fluid in pouch of douglas....Finding are favour of pelvic inflammatory disease. Needs clinical correlation.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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