

Patient Name : Ms.USHA SINGH	Visit No : CHA250042473
Age/Gender : 38 Y/F	Registration ON : 09/Mar/2025 01:04PM
Lab No : 10139768	Sample Collected ON : 09/Mar/2025 01:06PM
Referred By : Dr.ANJANA PANKAJ	Sample Received ON : 09/Mar/2025 01:24PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 02:22PM
Doctor Advice : BOTH KNEE AP LAT,CHEST PA,HCV,HBSAg,HIV,SGPT,CREATININE,CALCIUM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 15	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 17:40:19

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.9	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
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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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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)

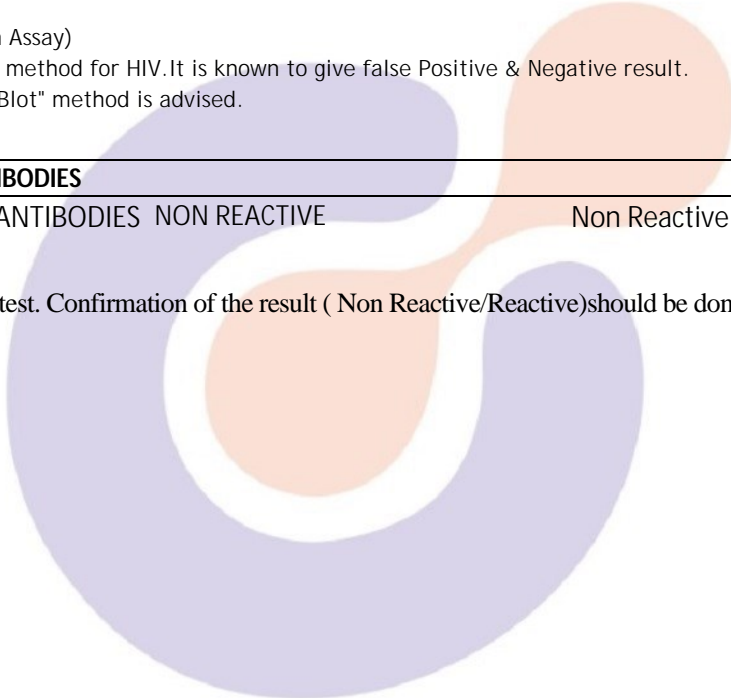
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

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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CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.4	%	36 - 45	Pulse hieght detection
MCV	89.6	fL	80 - 96	calculated
MCH	28.3	pg	27 - 33	Calculated
MCHC	31.6	g/dL	30 - 36	Calculated
RDW	12.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9900	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTE	27	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	156,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	156000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

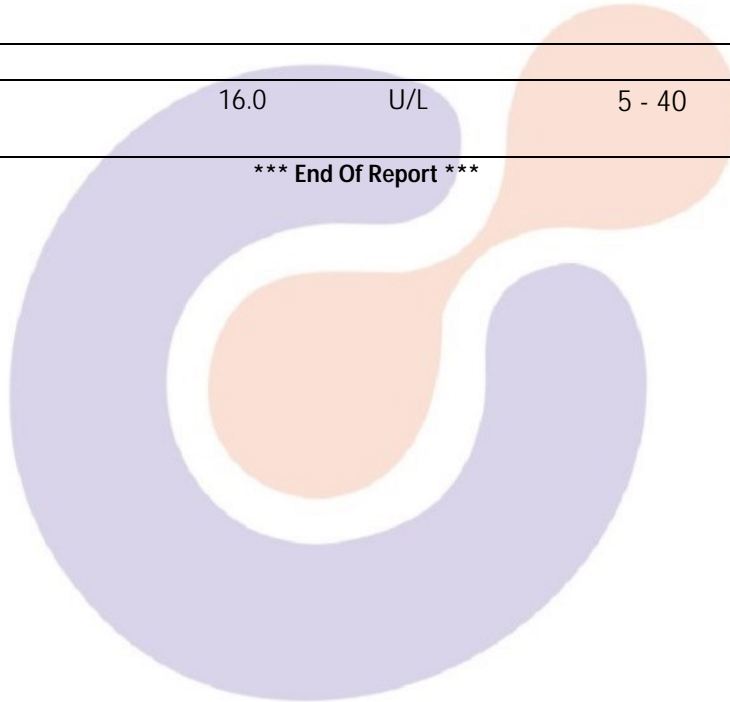
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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	16.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK



MC-2491

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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

SKIAGRAM BOTH KNEES AP [STANDING] AND LATERAL

- Bone density is normal.
- Articular margins are smooth.
- Joint spaces are maintained.
- Tibial spines are normal.
- No soft tissue calcification is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

