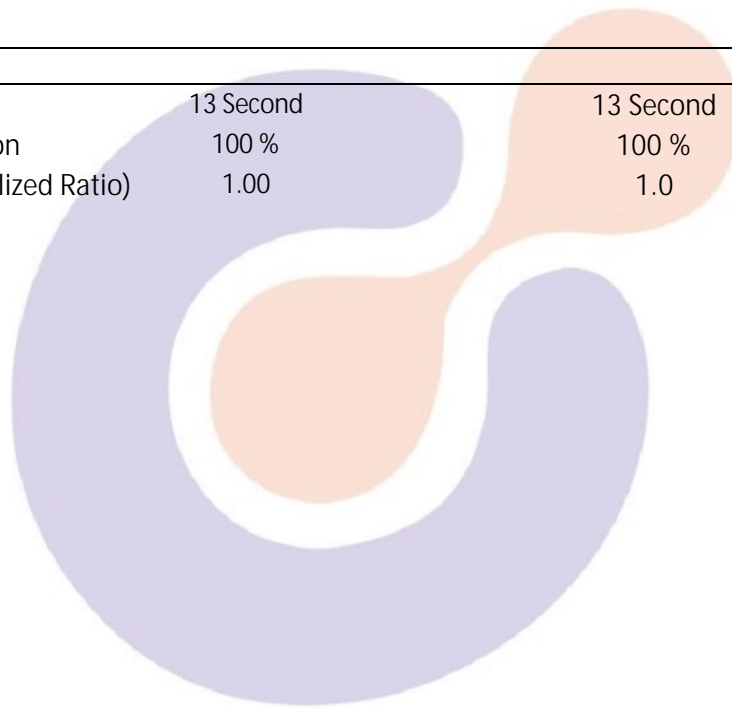


Patient Name : Mr. AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr. MANISH TANDON	Sample Received ON : 10/Mar/2025 11:50AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:01PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM ALBUMIN				
ALBUMIN	3.7	gm/dl	3.20 - 5.50	Bromocresol Green (BCG)

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: 10-03-2025 14:38:41

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 11:50AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:01PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				

HEPATITIS B SURFACE ANTIGEN	REACTIVE (10900)		<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]

Print.Date/Time: 10-03-2025 14:38:42

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 11:50AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:01PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



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)

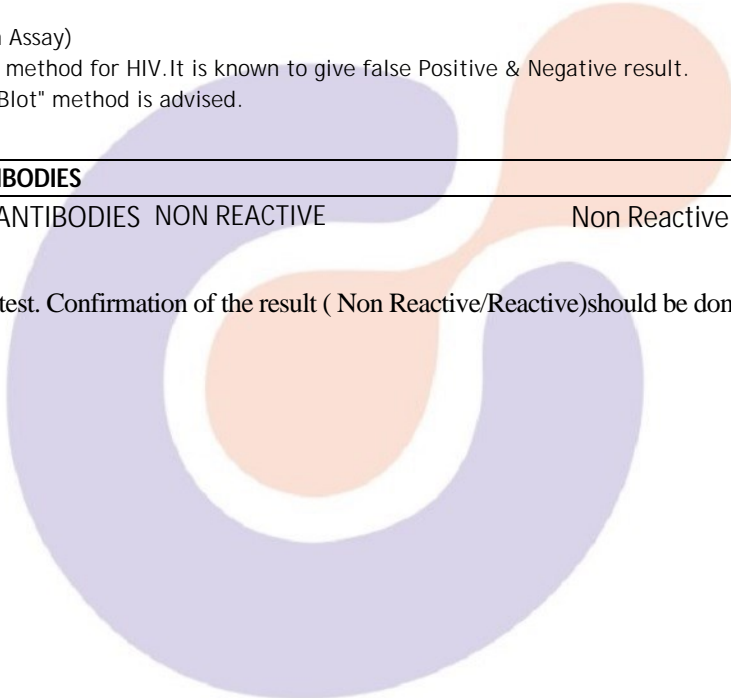
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

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.



CHARAK

[Checked By]

Print.Date/Time: 10-03-2025 14:38:43

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 11:54AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 01:29PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	4 - 5.1	Electrical Impedence
PCV	36.3	%	31 - 43	Pulse hieght detection
MCV	91.4	fL	76 - 87	calculated
MCH	29.2	pg	26 - 28	Calculated
MCHC	32	g/dL	33 - 35	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4380	/cmm	4500 - 13500	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 70	Flowcytometry
LYMPHOCYTES	19	%	30 - 50	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	54,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	60,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,373	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	832	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	44	/cmm	20-500	Calculated
Absolute Monocytes Count	131	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilia. Platelets are reduced. No immature cells or parasite seen.



[Checked By]

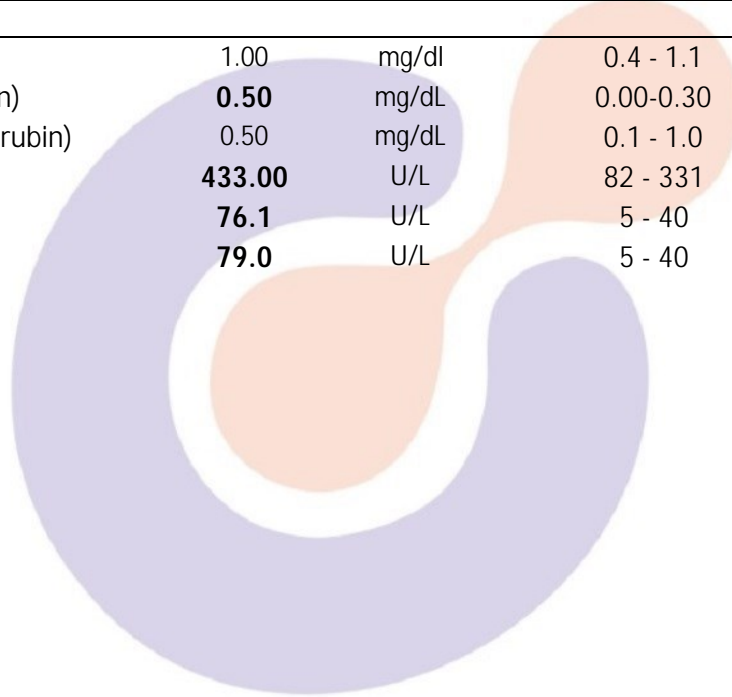


Patient Name : Mr.AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 11:50AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 12:55PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	174.7	mg/dl	70 - 170	Hexokinase

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.00	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.50	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	433.00	U/L	82 - 331	PNPP, AMP Buffer
SGPT	76.1	U/L	5 - 40	UV without P5P
SGOT	79.0	U/L	5 - 40	UV without P5P



CHARAK



[Checked By]



Sham

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

Patient Name : Mr.AJAY	Visit No : CHA250042908
Age/Gender : 14 Y/M	Registration ON : 10/Mar/2025 11:44AM
Lab No : 10140203	Sample Collected ON : 10/Mar/2025 11:45AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 11:50AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 01:39PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,Albumin,LFT,PT/PC/INR,CBC (WHOLE BLOOD),RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	68.65	n mol/l	63 - 177	ECLIA
TSH	1.10	uIU/ml	0.7 - 6.4	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)

*** End Of Report ***

CHARAK



[Checked By]



Sham

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