

Patient Name : Mr.SAGEER AHMAD	Visit No : CHA250043505
Age/Gender : 50 Y/M	Registration ON : 11/Mar/2025 08: 25AM
Lab No : 10140800	Sample Collected ON : 11/Mar/2025 08: 27AM
Referred By : Dr.MERAJ RASOOL	Sample Received ON : 11/Mar/2025 09: 20AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 11: 38AM
Doctor Advice : USG WHOLE ABDOMEN,HCV,HBSAg,HIV,LFT,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
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.

[Checked By]

Print.Date/Time: 11-03-2025 12:10:46

\*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
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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)

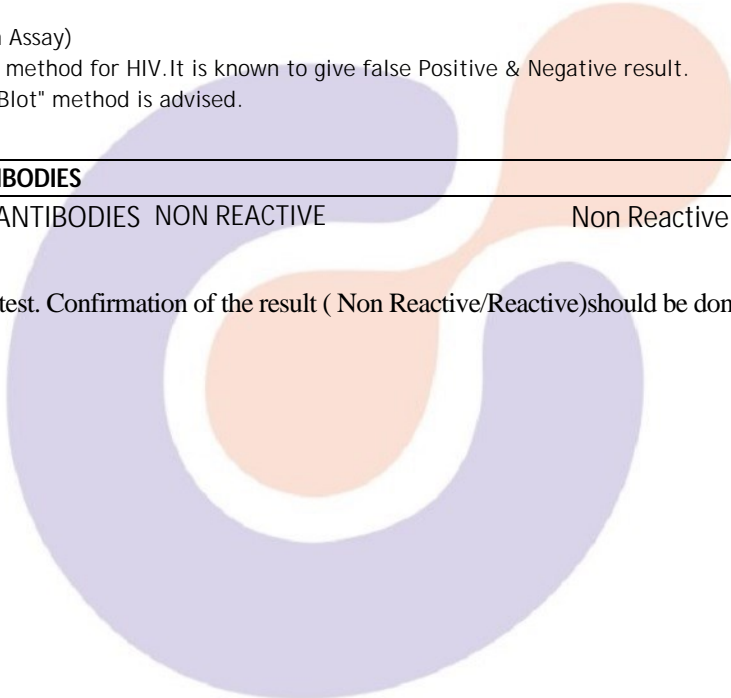
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.  
Hence confirmation:"Western Blot" method is advised.

**HEPATITIS C VIRUS (HCV) ANTIBODIES**

HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE	Non Reactive
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(TRIO DOT ASSAY)

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]

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	14.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.00</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.5	%	36 - 45	Pulse hieght detection
MCV	87.7	fL	80 - 96	calculated
MCH	28.2	pg	27 - 33	Calculated
MCHC	32.2	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8460	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	74	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>21</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	209,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	209000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,260	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,777	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	169	/cmm	20-500	Calculated
Absolute Monocytes Count	254	/cmm	200-1000	Calculated
Mentzer Index	18			
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
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	113.4	mg/dl	70 - 170	Hexokinase

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	1.00	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.84	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	87.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>93.0</b>	U/L	5 - 40	UV without P5P
SGOT	<b>45.0</b>	U/L	5 - 40	UV without P5P

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

CHARAK



[Checked By]



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**ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size (~162mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Right kidney** is normal in size and position. No hydronephrosis is seen. **A cortical cyst is seen at mid pole measuring approx 21 x 16mm.** No calculus is seen. **Loss of renal parenchymal echogenicity with not maintained cortico-medullary differentiation.** Right kidney measures 91 x 47 mm in size.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. **A cortical cyst is seen at mid pole measuring approx 17 x 15mm. Renal parenchymal echogenicity is raised.** No calculus mass lesion is seen. Cortico-medullary differentiation is well maintained. No scarring is seen. Left kidney measures 104 x 50 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged in size, measures 46 x 45 x 29 mm with weight of 32gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

**OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- RIGHT CHRONIC KIDNEYS DISEASE WITH CYST.
- ECHOGENIC LEFT KIDNEY WITH CYST.
- PROSTATOMEGALY GRADE-I.

Clinical correlation is necessary.

([DR. R. K. SINGH, MD])

Transcribed by Gausiya

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



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