

Patient Name : Ms.PARVEEN BANO	Visit No : CHA250043602
Age/Gender : 40 Y/F	Registration ON : 11/Mar/2025 09:56AM
Lab No : 10140897	Sample Collected ON : 11/Mar/2025 10:02AM
Referred By : Dr.MANISH TANDON	Sample Received ON : 11/Mar/2025 10:10AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:31PM
Doctor Advice : URIC ACID,USG WHOLE ABDOMEN,PT/PC/INR,ANTI HBe,HBeAg,HBSAg,HCV,HIV,Albumin,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6.6	mg/dL	2.40 - 5.70	Uricase,Colorimetric
SERUM ALBUMIN				
ALBUMIN	4.2	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
HEPATITIS B ENVELOPE ANTIGEN(HBeAg)				
HbeAg	0.23		NEGATIVE : < 1.0~EQUIVOCAL : 0.90- 1.10~POSITIVE : >1.10	CMIA
ANTI HBeAb				
ANTI HBe	0.44	PEI-U/ml	0.09 - 0.79 NEGATIVE 0.80 - 1.19 BORDERLINE >1.20 POSITIVE	Sandwich Assay
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

CHARAK

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Print.Date/Time: 11-03-2025 14:33:37

*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
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)

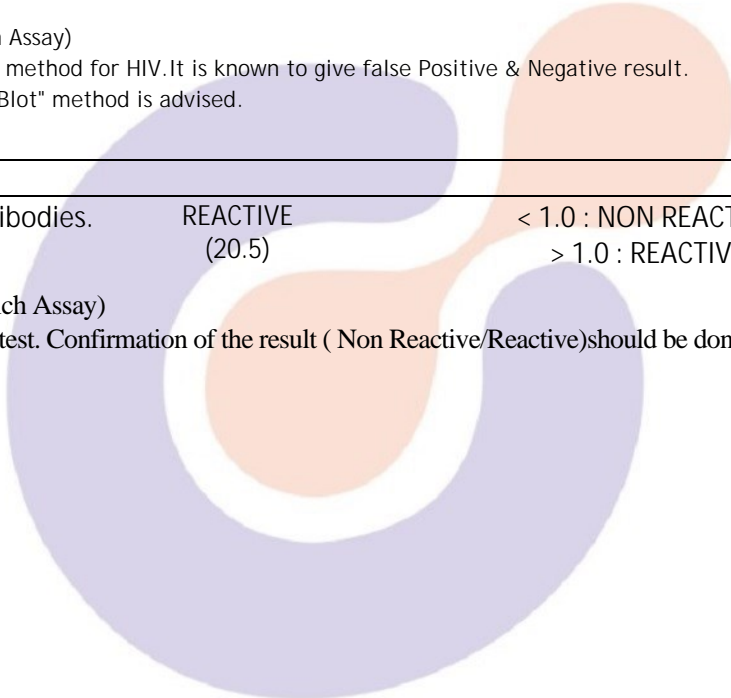
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

HCV

Anti-Hepatitis C Virus Antibodies.	REACTIVE (20.5)		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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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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Referred By : Dr. MANISH TANDON	Sample Received ON : 11/Mar/2025 10:13AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 12:00PM
Doctor Advice : URIC ACID,USG WHOLE ABDOMEN,PT/PC/INR,ANTI HBe,HBeAg,HBSAg,HCV,HIV,Albumin,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.5	%	36 - 45	Pulse hieght detection
MCV	89.9	fL	80 - 96	calculated
MCH	28.4	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8570	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 75	Flowcytometry
LYMPHOCYTES	18	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	220,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	220,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,599	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,543	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	86	/cmm	20-500	Calculated
Absolute Monocytes Count	343	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

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



[Checked By]



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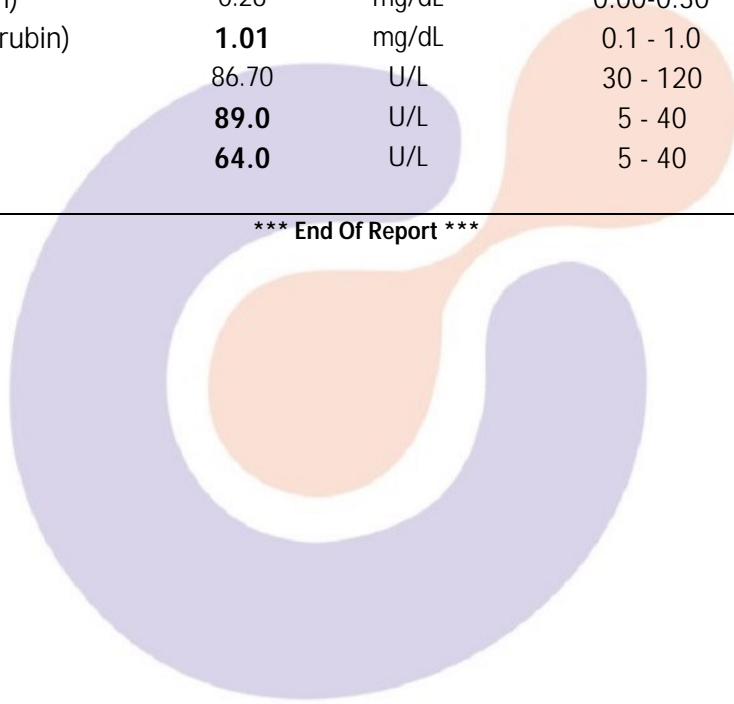
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.27	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.26	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	1.01	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	86.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	89.0	U/L	5 - 40	UV without P5P
SGOT	64.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size measures 132 mm and **shows increased echotexture of liver parenchyma. A well defined rounded cystic lesion of size 17 x 15 mm is seen in left lobe.** No intrahepatic biliary radicle dilatation is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is **partially distended, however appears grossly normal.**
- **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.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 97 x 45 mm in size. Left kidney measures 100 x 32 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.
- **Uterus** is **bulky in size, measures 100 x 46 mm** and shows homogenous myometrial echotexture. Endometrial thickness measures 8.4 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are not visualized.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **FATTY INFILTRATION OF LIVER GRADE I.**
- **HEPATIC CYST.**
- **BULKY UTERUS.**

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

