

Patient Name : Ms. KUMARI	Visit No : CHA250043608
Age/Gender : 80 Y/F	Registration ON : 11/Mar/2025 10:01AM
<b>Lab No : 10140903</b>	Sample Collected ON : 11/Mar/2025 10:03AM
Referred By : Dr. ASHISH KUMAR	Sample Received ON : 11/Mar/2025 10:22AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:31PM
Doctor Advice : BMD WHOLE BODY,CHEST PA,2D ECHO,ECG,HBSAg,HCV,HIV,LFT,NA+K+,CREATININE,UREA,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PT/PC/INR</b>				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				
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]



Print.Date/Time: 11-03-2025 17:33:11

\*Patient Identity Has Not Been Verified. Not For Medicolegal

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
<b>HIV</b>				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

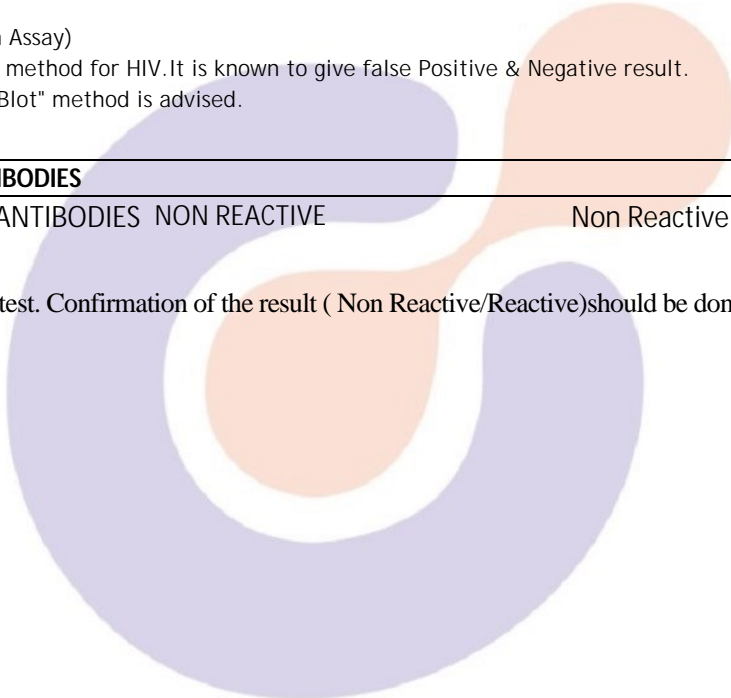
Done by: Vitros ECI ( Sandwich Assay)

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.

<b>HEPATITIS C VIRUS (HCV) ANTIBODIES</b>
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: 11-03-2025 17:33:12

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*Sharma*

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Referred By : Dr. ASHISH KUMAR	Sample Received ON : 11/Mar/2025 10:20AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 12:00PM
Doctor Advice : BMD WHOLE BODY,CHEST PA,2D ECHO,ECG,HBSAg,HCV,HIV,LFT,NA+K+,CREATININE,UREA,PT/PC/INR,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	7.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	2.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	24.4	%	36 - 45	Pulse hieght detection
MCV	92.8	fL	80 - 96	calculated
MCH	29.7	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	15.1	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6280	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	77	%	40 - 75	Flowcytometry
LYMPHOCYTES	13	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	219,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	219000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,836	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	816	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	377	/cmm	20-500	Calculated
Absolute Monocytes Count	251	/cmm	200-1000	Calculated
Mentzer Index	36			
Peripheral Blood Picture	:			

Red blood cells show cytopenia ++ with normocytic normochromic, anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	118.7	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	<b>54.40</b>	mg/dl	15 - 45	Urease, UV, Serum
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				
<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.46	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.37	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>122.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	14.0	U/L	5 - 40	UV without P5P
SGOT	19.0	U/L	5 - 40	UV without P5P

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



[Checked By]



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