Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.ASHAD	Visit No	: CHA250043958
Age/Gender	: 25 Y/M	Registration ON	: 11/Mar/2025 02:18PM
Lab No	**: 10141253**	Sample Collected ON	: 11/Mar/2025 02:20PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 11/Mar/2025 02:41PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 04:40PM
Doctor Advice	: T3T4TSH,FOLIC ACID,VIT B12,HCV,HBSAg,HIV,CHEST PA,USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	**124.0**	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorpative processes. Malabsorption is the major cause of this deficiency.

FOLIC ACID				
FOLIC ACID	8.02	ng/ml	3.89 26.8	CMIA

Method: Electrochemiluminescence

COMMENTS: Folate deficiency causes megaloblastic anemia and eventualy leukopenia and thrombocytopenia.Folic acidis believedto play a role in irth defects such as spina bifida,anencephaly,and oro-facial clefts as well as in inducing cardiovascular morbidity and mortality.Symptoms of deficiency take about 3 months to appear and can be caused by inadequate intake,increased body demand or folate antagonism by drugs.For diagnostics purposes,the folate findings should always be assessed in conjuction with the patient~smedical history,clinicalexamination and other findings.This deficiency canresult from diets devoid of raw fruits.vegetablesor other foods rich in foic acid ,as may be the casewith chronic alcoholics,drug addicts,the elderly or persons of low socioeconomic status,etc.In addition,low serum also occurs during pregnancy.Folate assays are affected by hemolysis within the specimen.

CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 17:39:57
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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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

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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Doctor Advice	: T3T4TSH,FOLIC ACID,VIT B12,HCV,HBSAg,HIV,CHEST PA,USG WHOLE ABDOMEN		

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
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.

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Doctor Advice	: T3T4TSH,FOLIC ACID,VIT B12,HCV,HBSAg,HIV,CHEST PA,USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.99	nmol/L	1.49-2.96	ECLIA
T4	127.10	n mol/l	63 - 177	ECLIA
TSH	2.60	ulU/ml	0.47 - 4.52	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

MC-2491

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