

Patient Name : Mr. SHAHAB ATEEQ ANSARI	Visit No : CHA250044018
Age/Gender : 30 Y/M	Registration ON : 11/Mar/2025 03:32PM
<b>Lab No : 10141313</b>	Sample Collected ON : 11/Mar/2025 03:35PM
Referred By : Dr. CARE HOSPITAL	Sample Received ON : 11/Mar/2025 03:35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 06:27PM
Doctor Advice : CBC (WHOLE BLOOD),HCV,HIV,HBSAg,URINE COM. EXMAMINATION,CHEST PA	



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

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 20:00:11

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



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
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.

**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.

**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Acidic (6.5)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

[Checked By]



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<b>Lab No : 10141313</b>	Sample Collected ON : 11/Mar/2025 03:35PM
Referred By : Dr. CARE HOSPITAL	Sample Received ON : 11/Mar/2025 03:41PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 06:01PM
Doctor Advice : CBC (WHOLE BLOOD),HCV,HIV,HBSAg,URINE COM. EXMAMINATION,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	15.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.6	%	36 - 45	Pulse hieght detection
MCV	87.8	fL	80 - 96	calculated
MCH	29.6	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7900	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	88	%	40 - 75	Flowcytometry
LYMPHOCYTES	10	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	1	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	35,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	42000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,952	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	790	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	79	/cmm	20-500	Calculated
Absolute Monocytes Count	79	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show relative neutrophilia. Platelets are reduced with gaint form.No parasite seen.

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



[Checked By]



*Shadab Khan*