

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 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.SHANTI CHAUDHARY

Age/Gender : 33 Y/F Lab No : 10141960

Referred By : Dr.MANISH TANDON Refer Lab/Hosp

: CHARAK NA

Doctor Advice

Visit No : CHA250044665

Registration ON : 12/Mar/2025 02:02PM

Sample Collected ON 12/Mar/2025 02:04PM Sample Received ON : 12/Mar/2025 02:09PM

Report Generated ON : 12/Mar/2025 03:53PM

 $. \ USG\ WHOLE\ ABDOMEN, PT/PC/INR, HBeAg, ANTI\ HBe, ANTI\ HBcAb-IgM, HBSAg, HCV, HIV, Albumin, LFT, CBC\ (WHOLE\ BLOOD)$

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM ALBUMIN				
ALBUMIN	4.6	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

ANTI HBcAb-IqM

PR.

HBcAb-IqM 0.06 0.0 - 0.79 NEGATIVE ~ 0.8 - Sandwich Assay

1.19 BORDERLINE~> 1.20 **POSITIVE**

HEPATITIS B ENVELOPE ANTIGEN(HBeAg)

HbeAg 0.20 NEGATIVE: < **CMIA**

> 1.0~EQUIVOCAL: 0.90-1.10~POSITIVE: >1.10

ANTI HBeAb

ANTI HBe 38.10 PEI-U/ml 0.09 - 0.79 NEGATIVE 0.80 Sandwich Assay

> - 1.19 BORDERLINE >1.20 **POSITIVE**

PT/PC/INR

PROTHROMBIN TIME Clotting Assay 13 Second 13 Second 100 % 100 % Protrhromin concentration INR (International Normalized Ratio) 1.00 1.0







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

RFACTIVE HEPATITIS B SURFACE ANTIGEN <1 - Non Reactive **CMIA** (3560)>1 - Reactive

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive) should be done by performing a PCR based test.

COMMENTS:

Doctor Advice

-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
- -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.



PATHOLOGIST



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: 12/Mar/2025 03:53PM

Test Name Bio. Ref. Range Method Unit Result 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.

HCV

Anti-Hepatitis C Virus Antibodies.

NON REACTIVE

< 1.0 : NON REACTIVE

Sandwich Assay

> 1.0 : REACTIVE

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

CHARAK



[Checked By]



PR.

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Doctor Advice : USG WHOLE ABDOMEN,PT/PC/INR,HBeAg,ANTI HBe,ANTI HBcAb-IgM,HBSAg,HCV,HIV,Albumin,LFT,CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method		
CBC (COMPLETE BLOOD COUNT)						
Hb	11.4	g/dl	12 - 15	Non Cyanide		
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical		
				Impedence		
PCV	34.8	%	36 - 45	Pulse hieght		
				detection		
MCV	92.6	fL	80 - 96	calculated		
MCH	30.3	pg	27 - 33	Calculated		
MCHC	32.8	g/dL	30 - 36	Calculated		
RDW	14.3	%	11 - 15	RBC histogram		
				derivation		
RETIC	0.6 %	%	0.5 - 2.5	Microscopy		
TOTAL LEUCOCYTES COUNT	8990	/cmm	4000 - 10000	Flocytrometry		
DIFFERENTIAL LEUCOCYTE COUNT	1					
NEUTROPHIL	75	%	40 - 75	Flowcytrometry		
LYMPHOCYTES	20	%	25 - 45	Flowcytrometry		
EOSINOPHIL	2	%	1 - 6	Flowcytrometry		
MONOCYTE	3	%	2 - 10	Flowcytrometry		
BASOPHIL	0	%	00 - 01	Flowcytrometry		
PLATELET COUNT	153,000	/cmm	150000 - 450000	Elect Imped		
PLATELET COUNT (MANUAL)	153000	/cmm	150000 - 450000	Microscopy.		
Absolute Neutrophils Count	6,742	/cmm	2000 - 7000	Calculated		
Absolute Lymphocytes Count	1,798	/cmm	1000-3000	Calculated		
Absolute Eosinophils Count	180	/cmm	20-500	Calculated		
Absolute Monocytes Count	270	/cmm	200-1000	Calculated		
Mentzer Index	24					
Peripheral Blood Picture	:					

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









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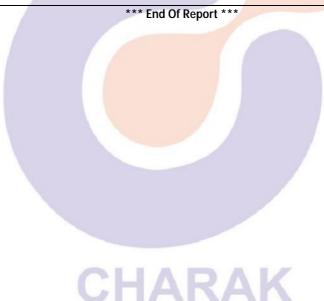
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.65	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.53	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	122.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	54.0	U/L	5 - 40	UV without P5P
SGOT	49.0	U/L	5 - 40	UV without P5P









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