

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12: 58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01: 59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 01: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 03: 35PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP</b>				
Blood Group	"B"			
Rh (Anti -D)	<b>POSITIVE</b>			

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>8.7</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

**EXPECTED ( RESULT ) RANGE :**

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

**CHARAK**

[Checked By]



Print.Date/Time: 15-03-2025 16:55:11

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

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12: 58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01: 59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 01: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 03: 35PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



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
-----------------------------	--------------	--	------------------------------------	------

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: 15-03-2025 16:55:12

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



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12: 58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01: 59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 01: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 03: 35PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



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.

**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.

**VDRL**

VDRL	NON REACTIVE	Slide Agglutination
------	--------------	---------------------

**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 (6.0)	4.5 - 8.0		
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	1.5 gm/dl			
Ketones	Present (15 mg/dl)	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		

**MICROSCOPIC EXAMINATION**

Pus cells / hpf	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

[Checked By]



Print.Date/Time: 15-03-2025 16:55:13

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

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12:58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01:59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 02:06PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 03:35PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.4	%	36 - 45	Pulse hieght detection
MCV	82.5	fL	80 - 96	calculated
MCH	25.2	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	14	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6660	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	50	%	40 - 75	Flowcytometry
LYMPHOCYTES	40	%	25 - 45	Flowcytometry
EOSINOPHIL	8	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	149,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,330	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,664	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	533	/cmm	20-500	Calculated
Absolute Monocytes Count	133	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



MC-2491 Print.Date/Time: 15-03-2025 16:55:17  
\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

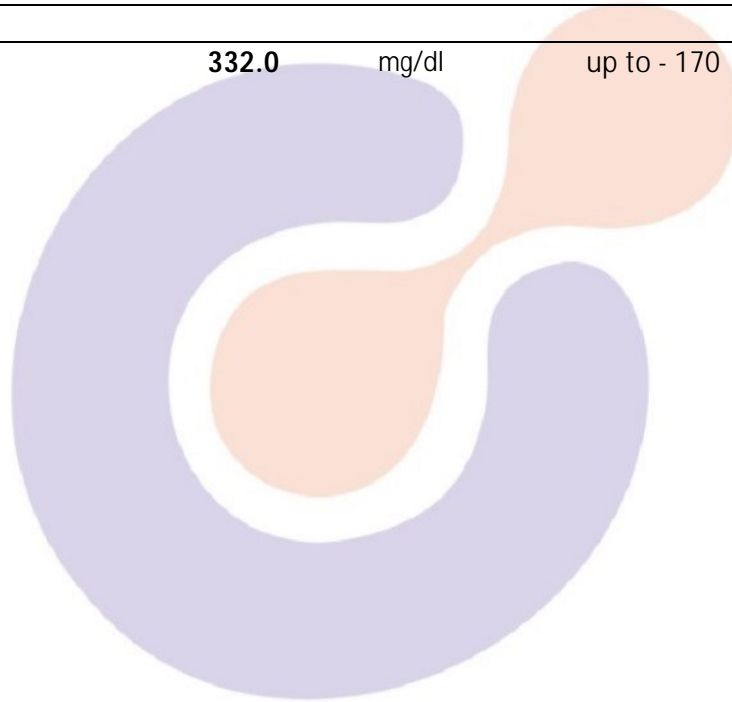
DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12: 58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01: 59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 02: 06PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 02: 49PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	237.0	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	332.0	mg/dl	up to - 170	Hexokinase



**CHARAK**



[Checked By]



MC-2491 Print.Date/Time: 15-03-2025 16:55:19  
\*Patient Identity Has Not Been Verified. Not For Medicolegal

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

*Aditi D Agarwal*

Patient Name : Ms.NOOR ZEHRA	Visit No : CHA250045808
Age/Gender : 29 Y/F	Registration ON : 15/Mar/2025 12: 58PM
<b>Lab No : 10143103</b>	Sample Collected ON : 15/Mar/2025 01: 59PM
Referred By : Dr.HUMA RIZVI	Sample Received ON : 15/Mar/2025 02: 06PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 02: 49PM
Doctor Advice : HBSAg,HCV,HIV,T3T4TSH,HBA1C (EDTA),PP,FASTING,VDRL,BLOOD GROUP,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	128.09	n mol/l	63 - 177	ECLIA
TSH	3.25	uIU/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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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



[Checked By]



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

*Signature*