

Patient Name : Ms. TANZEELA	Visit No : CHA250046200
Age/Gender : 26 Y/F	Registration ON : 16/Mar/2025 10:13AM
Lab No : 10143495	Sample Collected ON : 16/Mar/2025 10:15AM
Referred By : Dr. ZA HOSPITAL	Sample Received ON : 16/Mar/2025 10:15AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 16/Mar/2025 12:25PM
Doctor Advice : TLC,BLOOD GROUP,BTCT,HB,HBsAg (QUANTITATIVE),HCV,TSH,RANDOM,VDRL,HIV,URINE R/M (DR.RNS)	



ANC PROFILE				
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP				
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Blood Group	"A"			
Rh (Anti -D)	POSITIVE			

HBsAg (HEPATITIS B SURFACE ANTIGEN)				
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HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> (Sandwich Assay)	
			1.0 : REACTIVE	

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

HCV				
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Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE	Sandwich Assay
			> 1.0 : REACTIVE	

VDRL				
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VDRL	NON REACTIVE			Slide Agglutination
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[Checked By]

Print.Date/Time: 16-03-2025 14:55:20

*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

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ANC PROFILE				
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE R/M (DR.RNS)				
Color	STRAW			
Appearance	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
Reaction (pH)	Acidic (6.0)		4.5-8.0	
Urine Protein	Absent		Absent	
Sugar	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin	Absent	mg/dl	ABSENT	
Blood	Absent		Absent	
Urobilinogen	0.20		0.2-1.0 EU/dl	
Leukocytes	Absent		Absent	
Nitrite	Absent		Absent	
MICROSCOPIC EXAMINATION				
Leukocytes (Pus Cells)/hpf	Occasional		<5/hpf	by an azo-coupling reaction
Epithelial Cells	Occasional	/hpf	0 - 5	
Red Blood Cells / hpf	Nil	/hpf	<3/hpf	

BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	



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PATHOLOGIST

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Aditi D Agarwal
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Referred By : Dr. ZA HOSPITAL	Sample Received ON : 16/Mar/2025 10:38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 16/Mar/2025 11:50AM
Doctor Advice : TLC,BLOOD GROUP,BTCT,HB,HBsAg (QUANTITATIVE),HCV,TSH,RANDOM,VDRL,HIV,URINE R/M (DR.RNS)	



ANC PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
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HAEMOGLOBIN				
Hb	12.3	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC				
TOTAL LEUCOCYTES COUNT	8100	/cmm	4000 - 10000	Flocytrometry

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	96.5	mg/dl	70 - 170	Hexokinase

TSH				
TSH	2.32	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
 - (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



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DR. NISHANT SHARMA PATHOLOGIST DR. SHADAB PATHOLOGIST Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)