Charak dhar DIAGNOSTICS Pvt. Ltd.

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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.ABHAY SINGH	Visit No	: CHA250046320
Age/Gender	: 20 Y/M	Registration ON	: 16/Mar/2025 12:06PM
Lab No	**: 10143615**	Sample Collected ON	: 16/Mar/2025 12:07PM
Referred By	: Dr.DURGESH SRIVASTAVA	Sample Received ON	: 16/Mar/2025 12:17PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 06:41PM
Doctor Advice	: CHEST PA,PELVIS WITH BOTH HIP AP,HCV ELISA,HBSAg,HIV,PPD,HLA-B27,CRP (Quantitative),CREATININE,SGPT,ESR,CBC (WHOLE BLOOD)		

PR.

ESR

Erythrocyte Sedimentation Rate ESR	10.00	0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

CRP-QUANTITATIVE

CRP-QUANTITATIVE TEST	**18.1**	MG/L	0.1 - 6

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

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MD MICROBIOLOGY

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
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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.

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 ELISA

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

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HLA-B27 (Real time PCR test)

REAL TIME PCR TEST FOR HLA-B27

Human leukocyte antigen B27 (HLA-B27) -- DETECTED

Specimen:- EDTA whole Blood
Interpretation

RESULT	COMMENTS
HLA-B27 Detected	Amplification of HLA-B27 target gene
HLA-B27 Not Detected	No amplification of HLA-B27 target gene

IPC* - Internal positive control

Target selection:
The gene target sequence for this assay is exon 2 of HLA-B and human RNase P .

Test Principle:
This analysis is done on True lab real time PCR by using the higher sensitive and specific TAQMAN assay method. Amplified products are indicated by threshold cycle (Ct) in amplification curve. The cycle threshold (Ct) is defined as the number of amplification cycles required for the fluorescent signal to cross the threshold (i.e. exceed the background signal). Ct levels are inversely proportional to the amount of target nucleic acid in the sample. (i.e. lower the ct level the greater is the amount of target nucleic acid in the sample). The result will be classified based on the delta Ct from the internal control using the software algorithm.

Pathogen Information:
Human leukocyte antigen B 27 (HLA-B27) is a protein located on the surface of the white blood cells. An HLA-B27 test is a blood test that identifies HLA-B27 proteins. Human leukocyte antigens (HLAs) are proteins commonly found on white blood cells. These antigens help immune system identify the differences between healthy body tissue and foreign substances that may cause infection. Although most HLAs protect the body from harm, HLA-B27 is a specific type of protein that contributes to immune system dysfunction. The presence of HLA-B27 on your white blood cells can cause your immune system to attack those otherwise healthy cells. When this occurs, it can result in an auto-immune or immune-mediated disease, such as juvenile rheumatoid arthritis or ankylosing spondylitis.

Method: Real Time PCR.

Note: A specimen for which the Truenat® assay reports "Not Detected" cannot be concluded to be negative for the concerned pathogen. As with any diagnostic test, results from the Truenat® assay should be interpreted in the context of other clinical and laboratory findings.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.8	%	36 - 45	Pulse hieght detection
MCV	95.4	fL	80 - 96	calculated
MCH	31.4	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	**20.7**	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**12440**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytrometry
LYMPHOCYTES	29	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	319,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	319000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**8,335**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,608	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	124	/cmm	20-500	Calculated
Absolute Monocytes Count	373	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with mild anisocytosis+.WBCs show leukocytosis. Platelets are adequate. No parasite seen.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	**45.0**	U/L	5 - 40	UV without P5P

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

MC-2491

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