

Patient Name : Ms.KHADEEJA QURESHI	Visit No : CHA250046637
Age/Gender : 37 Y/F	Registration ON : 17/Mar/2025 08:58AM
Lab No : 10143932	Sample Collected ON : 17/Mar/2025 09:01AM
Referred By : Dr.UZMA MUBASHSHIR	Sample Received ON : 17/Mar/2025 09:01AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 10:25AM
Doctor Advice : PT/PC/INR,LFT,URINE COM. EXMAMINATION,HBSAg,HCV,HIV,APTT,BTCT,CREATININE,UREA,RANDOM,BLOOD GROUP,ESR,CBC (WHOLE BLOOD)	



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

ESR				
Erythrocyte Sedimentation Rate ESR	30.00		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.

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

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Test Name	Result	Unit	Bio. Ref. Range	Method
APTT				
Sample Type : SODIUM CITRATE				

APTT

APTT Patient Value 26 Seconds Seconds 26 - 38 Clotting Assay

INTERPRETATION

Determination of APTT helps in estimating abnormality in most of the clotting factors of the intrinsic pathway including congenital deficiency of factor VIII, IX, XI, and XII and is also a sensitive procedure for generating heparin response curve for monitoring heparin therapy.

Causes of a prolonged APTT:

- Disseminated intravascular coagulation.
- Liver disease.
- Massive transfusion with stored blood.
- Administration of heparin or contamination with heparin.
- A circulating anticoagulant.
- Deficiency of a coagulation factor other than factor VII.
- APTT is also moderately prolonged in patients on oral anticoagulant drugs and in the presence of Vitamin K deficiency.

Limitations of assay:

- Abnormalities of coagulation factor VII, factor XIII and platelets are not detected by this test procedure.
- Platelet factor IV, a heparin neutralizing factor can be released due to platelet aggregation or damage and may influence the test.
- Decrease in APTT time is observed in males under estrogen therapy and oral contraceptive administration in females.
- APTT based heparin therapeutic range is not established for this assay.

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

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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HIV

HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
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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 > 1.0 : REACTIVE	Sandwich Assay
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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 test.

URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Acidic (6.0)		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	

MICROSCOPIC EXAMINATION

Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	1-2	/hpf	0 - 5
RBC / hpf	Nil		< 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.0	%	36 - 45	Pulse hieght detection
MCV	84.1	fL	80 - 96	calculated
MCH	27.7	pg	27 - 33	Calculated
MCHC	33	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6160	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	127,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,758	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,094	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	123	/cmm	20-500	Calculated
Absolute Monocytes Count	185	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	99.5	mg/dl	70 - 170	Hexokinase
BLOOD UREA				
BLOOD UREA	22.70	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.55	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.44	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	138.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	22.0	U/L	5 - 40	UV without P5P
SGOT	19.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

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