Charak dhar DIAGNOSTICS Pvt. Ltd.

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
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.RAM SAHAY	Visit No	: CHA250047105
Age/Gender	: 52 Y/M	Registration ON	: 17/Mar/2025 01:12PM
Lab No	**: 10144400**	Sample Collected ON	: 17/Mar/2025 01:15PM
Referred By	: Dr.KG1	Sample Received ON	: 17/Mar/2025 01:32PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 04:23PM
Doctor Advice	: Albumin,PROTEIN ,LIPASE,AMYLASE,HCV,HBSAg,HIV,RANDOM,PT/PC/INR,CALCIUM,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.3	mg/dl	8.8 - 10.2	dapta / arsenazo III
PROTEIN				
PROTEIN Serum	**9.00**	mg/dl	6.8 - 8.5	
SERUM ALBUMIN				
ALBUMIN	**3.0**	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
AMYLASE				
SERUM AMYLASE	62.2	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase

LIPASE				
LIPASE	25.5	U/L	Upto 60	colorimetric

COMMENTS:as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease…….

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	16 Second		13 Second	Clotting Assay
Protrhromin concentration	72 %		100 %	
INR (International Normalized Ratio)	**1.27**		1.0	
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.

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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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay

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.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**8.5**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**29.5**	%	36 - 45	Pulse hieght detection
MCV	**73.8**	fL	80 - 96	calculated
MCH	**21.3**	pg	27 - 33	Calculated
MCHC	**28.8**	g/dL	30 - 36	Calculated
RDW	**21.5**	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9750	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytrometry
LYMPHOCYTES	26	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	7	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	214,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	214000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,240	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,535	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	292	/cmm	20-500	Calculated
Absolute Monocytes Count	682	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	87.9	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	29.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**2.74**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**1.18**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	**1.56**	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**297.70**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	30.0	U/L	5 - 40	UV without P5P
SGOT	**80.0**	U/L	5 - 40	UV without P5P

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

MC-2491

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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)