

Patient Name : Mr. SATTAR ALI	Visit No : CHA250047137
Age/Gender : 60 Y/M	Registration ON : 17/Mar/2025 01:36PM
Lab No : 10144432	Sample Collected ON : 17/Mar/2025 01:48PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 17/Mar/2025 02:05PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 04:24PM
Doctor Advice : PT/PC/INR,HBSAg,HCV,HIV,RANDOM,LFT,Albumin,NA+K+,CREATININE,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	80.00		0 - 20	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	11.4	MG/L	0.1 - 6
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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 measurement of CRP represents a useful laboratory 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

SERUM ALBUMIN

ALBUMIN	3.0	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
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Print.Date/Time: 17-03-2025 17:55:24

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
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Signature
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	19 Second		13 Second	Clotting Assay
Prothrombin concentration	58 %		100 %	
INR (International Normalized Ratio)	1.51		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 employ 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	

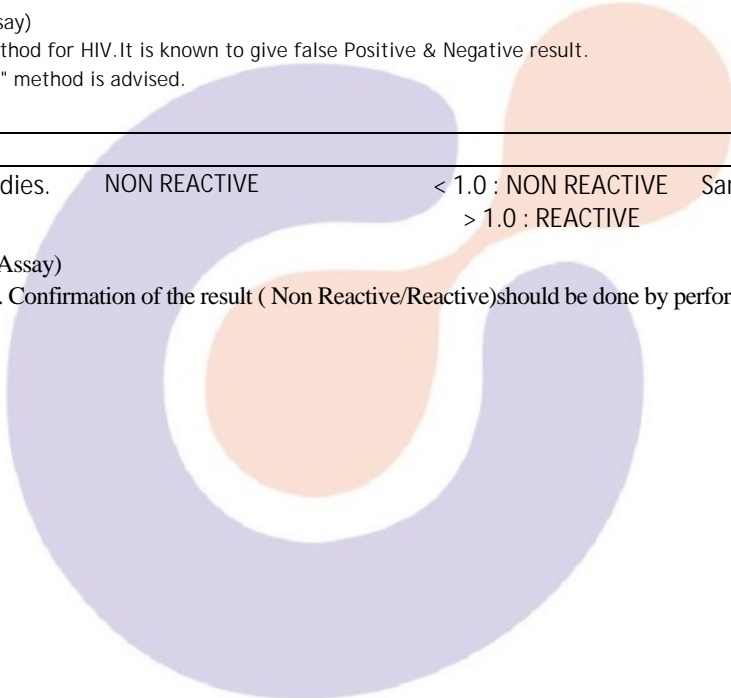
Done by: Vitros ECI (Sandwich Assay)

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.

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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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	5.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	2.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	20.1	%	36 - 45	Pulse hieght detection
MCV	92.2	fL	80 - 96	calculated
MCH	25.7	pg	27 - 33	Calculated
MCHC	27.9	g/dL	30 - 36	Calculated
RDW	23.6	%	11 - 15	RBC histogram derivation
RETIC	6.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	17770	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	82	%	40 - 75	Flowcytometry
LYMPHOCYTES	10	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	126,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	135000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	14,571	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,777	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	888	/cmm	20-500	Calculated
Absolute Monocytes Count	533	/cmm	200-1000	Calculated
Mentzer Index	42			
Peripheral Blood Picture	:			

Red blood cells show cytopenia,microcytic,macrocytes with anisocytosis.WBCs show neutrophilic leukocytosis. Platelets are just adequate. No parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	111.9	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	2.06	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.68	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	1.38	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	115.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	42.0	U/L	5 - 40	UV without P5P
SGOT	74.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

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