

LAB NO.	: 254	SAMPLE DATE	: 08-May-2026 1:54 pm
PATIENT NAME	: MR HANSRAJ PATEL	REPORT DATE	: 08-May-2026 8:23 pm
REF. BY DR. 1	: DR JANAK SHAH	SEX / AGE	: Male / 67 Years
REF. BY DR. 2	:	SAMPLE COLL. AT	: Sample Collected At Home

AUSTRALIA ANTIGEN TEST

TEST

HBsAg

RESULT

Non Reactive

Method : Rapid Chromatography Immunoassay using HEPACARD.

- HBsAg is the most reliable serological marker of Hepatitis B viral infection.
- In cases of acute infection, it usually appears in 27 to 41 days of infection, persists during acute illness and disappears 12 to 20 weeks after onset of symptoms in 90% of cases.
- In absence of acute infection, persistence of HBsAg for more than 6 months indicates chronic carrier state.
- Negative result does not exclude possibility of exposure to or infection with Hepatitis B virus.

----- End of Report. -----



DR. Usha M S
M.D(Path)

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BIOCHEMICAL REPORT

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>NORMAL VALUES</u>
S.Creatinine	0.89	mg/dl	0.6 - 1.1

Test Done on Fully Automated Analyser FAB 120

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COMPLETE BLOOD COUNT

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>NORMAL VALUES</u>
Haemoglobin	8.7	gm/dl	male : 13 - 18 Female : 11 - 16
RBC Count	4.31	million/cu.mm.	4.0 - 6.0 million / cu.mm
PCV/HCT	30.3	%	37 - 54 %
<u>RBC INDICES</u>			
MCV	70.30	fl	76 - 96 fl
MCH	20.19	pg	27 - 32 pg
MCHC	28.71	%	30 - 35 %
RDW	17.8	fl	11.5 - 14.5 fl
<u>TOTAL WBC COUNT</u>			
Total WBC Count	6700	per cumm	4000 - 11000
Neutrophils	59	%	40 - 70 %
Lymphocytes	35	%	20 - 40 %
Eosinophils	04	%	00 - 06 %
Monocytes	02	%	00 - 10 %
Basophils	00	%	00 - 01 %
<u>PLATELETS</u>			
Platelet Count	2.61	X 10 ³ / μL	1.5 to 4 X 10 ³ / μL
Platelets on Smear	Adequate On Smear		
<u>PERIPHERAL BLOOD SMEAR</u>			
RBC Morphology	Hypochromia (+), Microcytosis (+)		
MPV	9.8	fl	6 - 11 fl

*CBC Done On Automated MISPA COUNT X PLUS Differential Cell Counter & Microscopy

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HIV I AND II ANTIBODY DETECTION TEST

TEST

Sample
HIV - 1
HIV - 2

RESULT

SERUM
NON REACTIVE
NON REACTIVE

Qualitative estimation of antibodies to HIV I/II in serum using TRIDOT.

- This is a screening test.
- False positive reaction may occur in this test as with other antibody detection tests.
- Every positive test result should be confirmed by Western Blot Assay before definitive diagnosis is made.
- Positive test does not indicate AIDS.
- Negative test means negative for antibodies to viral antigens.
- The test may be negative even in presence of HIV infection during seroconversion phase (window period) or when antibodies are present below the detection limit of the kit used. Hence negative result does not rule out the possibility of exposure to or infection with HIV.

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REPORT ON DETECTION OF HEPATITIS C VIRUS ANTIBODIES

TEST

RESULT

ANTI HCV TOTAL

Sample Serum
Result Non Reactive

METHOD-Rapid Chromatographic Immunoassay

- The Presence of Anti-HCV antibodies in serum or Plasma is an indication of an active Hepatitis C infection, either acute or Chronic
- This test is screening test and all positive test must be confirmed using an alternate test such as PCR.
- Anon reactive result does not exclude the possibility of exposure to or infection with HCV.
- Patients with auto-immune liver diseases may show false positive results.

Method - Rapid Chromatographic Immunoassay

Material Used -J.Mitra (Tridot)

----- End of Report. -----



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