

IDEAL PATHOLOGY

Facilities Available

- Ultrasound • Colour Doppler
- Computerised Pathology • Digital X-ray
- ECG • EEG • PFT • TMT

ISO 9001:2015 Certified

A Fully Computerised Diagnostic Lab

24 Hours Facilities Available
Mobile : 8294823371



Address :

Dr. Gope Campus, Near Dr. (Major) A. K. Singh,
Dr. G. K. Mishra Road, Nawabganj, Hazaribagh - 825301 (Jharkhand)

Name : ARJUN PANDEY
Sex : M Age : 66 Years
Refd. by : Dr. VIKAS KUMAR. MBBS.
IDEAL PATHOLOGY HAZARIBAGH ID : 20240702014

Received on : 02/07/2024
Reported on : 02/07/2024 12:58



Investigation	Result	Unit	Expected Value
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H.C.V.
(Card Test)

NON-REACTIVE

NON-REACTIVE

HCV Rapid Test is performed for qualitative detection of antibodies to hepatitis C v (HCV) in human serum, plasma, and whole blood samples. HCV rapid test is used as an in the diagnosis of Hepatitis C infection. Hepatitis C is a major cause of liver inf mation, liver disease & liver cancer. Hepatitis C is a single stranded positive sense RNA v belonging to the family of Flaviviridae. Many people who are infected with the hepat C virus do not show the symptoms, thus are not aware of the infection. Serological e ence of HCV infection may be obtained by testing for HCV antigens or antibodies in s of individuals suspected of hepatitis C infection. Antibodies to HCV can be dete throughout infection period. Therefore, the use of highly sensitive antibody assay the primary approach in serodiagnosis of HCV infection.

Blood Urea

Sample - Serum, Method- CDC UREASE/GLDH

(H) 124.0

mg/dl

0 - 40 mg/dl

Urea is the major Nitrogen - containing metabolic product of protein catabolism i humans , accounting for more than 75% of the non-protein nitrogen eventually excrete. It is synthesized in the liver from the ammonia produced as a result of deamination of amino acids. Urea is transported by blood to the kidneys from where it is excrete. Increased Urea levels are found in liver diseases , renal diseases , urinary obstruction, shock , congestive heart failure , and burns . Decreased Urea levels ar found in malnutrition , hepatic failure and pregnancy.

Serum Creatinine

Sample - Serum, Method- ENZYMATIC IFCC

(H) 6.80

mg/dl

0.6 - 1.2 mg/dl

Serum creatinine levels can be used to diagnose renal insufficiency. Serum creatinine is a more specific and sensitive indicator of renal disease than BUN. It is increased in impaired kidney function, muscle disease, prerenal azotemia, postrenal azotemia.



Dr. A. Singh
MBBS, MD (Path.) AIIMS
Ex-Consultant UK & middle east
(Consultant Histo & Cyto Pathologist)

All laboratory investigations have limitations due to variable sensitivity and specificity of individual assay procedures, quality of the specimen received by the lab : (haemolysis during collection/lipaemia/icterus/intering substances), limitations of the kits used, clinical course of disease and drug effects. If this report doesnot correlate with clinical or other diagnostic parameters then please contact us for review/re-evaluation. This report is not valid for medico legal purpose.

Our Branch : Nidan Health Care & Research Centre, Lohsighna maldan, Near Kallu Chowk, Hazaribagh
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Investigation	Result	Unit	Expected Value
Complete Blood Count			
TOTAL W.B.C. COUNT	4600	/cumm	4000 - 11000
D.C. of W.B.C.:			
Neutrophils	72	%	55 - 70
Lymphocytes	21	%	22 - 35
Eosinophils	05	%	01 - 05
Monocytes	02	%	02 - 08
Basophil	00	%	00 - 01
HAEMOGLOBIN	(L) 7.2 (49%)	gm/dl	11.0 - 16.0
R.B.C. INDICES			
R.B.C. COUNT	(L) 2.6	10 ⁶ mm ³	4.5 - 6.5
PCV	(L) 22.1	%	36 - 54
MCV	84.9	fL	76 - 96
MCH	27.0	pg	27 - 32
MCHC	(L) 31.8	%	32 - 36
RDW-CV	15.7	%	11 - 16
RDW-SD	51.2	fL	35 - 56
PLATELETS INDICES			
PLATELETS COUNT	(L) 0.82	Lacs/Cu mm	1.5 - 4.5
E.S.R. First hr.	(H) 25	mm	< 10 mm

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