Hi-Tech Diagnostics

Head Office : Near Gibb High School, Court Road, KUMTA - 581 343.
Tel. 08386-221990, 221991 Cell. 9448289330 e-mail : hitechkumta@gmail.com
Branches @ Karwar, Honnavar, Ankola, Sirsi & Yellapur.

Ref No : 1851 2375

Date : 19/06/2024

Patient's Name : Abdul Khadar , 67 Years/Male

Ref. By. : Govt. Dialysis Sirsi,

Haemoglobin	: 9.8	14.0 - 18.0	gm/dl

HEMATOLOGY

W.B.C Count	: 6,700	4000 - 10000	Cells/ cumm

DIFFERENTIAL COUNTS

Neutrophils	: 68	40 - 75	%
Lymphocytes	: 25	20 - 45	%
Eosinophils	: 03	01 - 06	%
Monocytes	: 02	0 - 4	%
Basophils	: 00	0 - 1	%
Random Blood Sugar HK G6P-DH	: 134	80-140	mg/dl
Blood Urea *Urease UV liquid*	: 69	10 - 50	mg/dl
Creatinine *Jaffe Gen.2 compensated*	: 5.1	0.7 - 1.4	mg/dl

ELECTROLYTES

Sodium *I.S.E. indirect potentiometry*	: 137	137 - 148	mEq/L
Potassium *I.S.E. indirect potentiometry*	: 3.7	3.5 - 5.6	mEq/L

Dr. Namritha Nayak
MBBS, DCP
Consultant Pathologist

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S.G.O.T IFCC without pyridoxal phosphate	: 28.9	0 - 40	U/L
S.G.P.T IFCC without pyridoxal phosphate	: 32.0	0 - 40	U/L
Albumin BCG Gen.2	: 4.2	3.5 - 5.5	gm/dl

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Consultant Pathologist

Apollo DIAGNOSTICS
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Patient Name	: Mr.ABDUL KHADAR	Collected	: 15/Jun/2024 05:43PM
Age/Gender	: 67 Y 0 M 0 D /M	Received	: 16/Jun/2024 10:58AM
UHID/MR No	: DHLI.0000164488	Reported	: 16/Jun/2024 12:14PM
Visit ID	: DHLIOPV172931	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: HI-TECH DIAGNOSTICS KUMTA
IP/OP NO	:	Center location	: Hubli,Hubli

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HIV I AND II ANTIBODIES , *SERUM*	0.1	s/co	<1.0 Non Reactive >=~1.0 Reactive	CLIA

Comment:

RESULTS IN S/C UNITS	INTERPRETATION
< 0.9	NON-REACTIVE
0.9 - 1.1	EQUIVOCAL
>1.1	REACTIVE

This test uses 4 recombinant antigens derived from HIV-1 core (p24), HIV-1 envelope (env 10 and env13) and HIV-2 envelope (env AI). These antigens detect antibodies to HIV-1 and antibodies to HIV-2 in the same test.
Reactive results suggest the presence of HIV-1 and/or HIV-2 infection, but it is not diagnostic for HIV infection and should be considered preliminary. The results from this or any other diagnostic kit should be used and interpreted only in the context of the overall clinical picture.
A negative test result does not exclude the possibility of exposure to or infection with HIV. Levels of HIV antibodies may be undetectable in the early stages of infection

Test Name	Result	Unit	Bio. Ref. Range	Method
HBsAg , *SERUM*	0.19	S/C UNITS		ECLIA

Comment:

VALUE IN S/C UNITS	INTERPRETATION
<0.90	NEGATIVE
0.90 - 1.00	INDETERMINATE
> 1.00	POSITIVE

Interpretation:
- This is a screening assay which detects the first serological marker of Hepatitis B as early as 4-16 weeks after exposure.
- It persists during acute illness and usually disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than 6 months indicates development of carrier state or chronic liver disease
- A negative test result does not exclude with certainty a possible exposure to or an infection with the hepatitis B virus.

DR.MIR SALMAN ALI
M.B.B.S,MD
Consultant Microbiologist

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COLLEGE of AMERICAN PATHOLOGISTS

SIN No:SE02175508
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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DEPARTMENT OF SEROLOGY

- It is recommended that a positive result of HBsAg must be be confirmed using a different enzyme immunoassay kit or by using a confirmatory assay based on neutralisation with human anti hepatitis B surface antibody and/or HBV PCR
- Based upon clinical history it may become necessary to test for presence of other markers of hepatitis B virus infection.

R.MIR SALMAN ALI
.B.B.S,MD
onsultant Microbiologist
N No:SE02175508

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Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

MC-2438

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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
ANTI HCV , *SERUM*	0.17	S/Co	0-0.99	ECLIA

Comment:

VALUE IN S/C UNITS	RESULTS
<0.99	NON-REACTIVE
0.99 - 1.00	INDETERMINATE
>1.00	REACTIVE

Interpretation:

• This is a Screening assay.HCV Antibodies are usually not detectable during the first 2 months following infection, and they are usually detectable by the late convalescent stage (>6 months of onset) of infection.

• A positive result indicates the presence of Hepatitis C virus (HCV) – specific IgG antibodies due to past (resolved) or chronic Hepatitis C. CDC recommendation on anti-HCV testing includes the use of method specific optimal signal-to-cut-off ratio in interpretation & reporting results. For s/co ratio - between 1 to 6- further supplemental tests are suggested for confirmation, while s/co ratio > or = 6 associated with 95% or more high probability of being true positive.

• Suggested supplemental test for confirmation are direct detection of HCV RNA by the reverse transcriptase-PCR (RT-PCR)

• An indeterminate result indicates that HCV-specific IgG antibodies may or may not be present.Indeterminate results should be interpreted along with patient's risk factors for HCV infection and clinical findings. Individuals at risk for HCV infection with indeterminate results should be retested with an HCV antibody confirmatory test in 1 to 2 months to determine the definitive HCV antibody status.

• A non-reactive result does not exclude the possibility of exposure to or infection with HCV.Patients with auto-immune liver diseases, renal disorders may show falsely reactive results.

*** End Of Report ***

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