



# SHREE VEERABHADRESHWARA DIAGNOSTICS

ಶ್ರೀ ವೀರಭದ್ರೇಶ್ವರ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ಸ್

Near 5 road circle opposite Marikamba Tyres and Rayappa Hulekal School

Sirsi (U.K) 581 401

Ph:7892637060 / 9845753744 Email id:shreevd45@gmail.com

NAME: Manju Poojari	DATE:15/06/2024
AGE: 60Years	
SEX:Male	
REF BY: Govt. Dialysis Sirsi	REF NO:502

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>	<u>Unit</u>
Haemoglobin	:8.0	12.0 - 16.0(F) 14.0-18.0(M)	gm/dl gm/dL
W.B.C Count	: 5,900	4,000 - 10,000	cells/cmm
<b>DIFFERENTIAL COUNTS</b>			
Neutrophils	: 64	40 - 75	%
Lymphocytes	: 30	20 - 45	%
Eosinophils	: 04	01 - 06	%
Monocytes	: 02	0 - 4	%
Basophils	:00	0 - 1	%

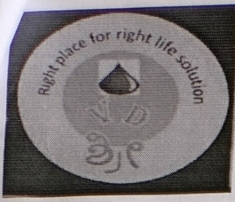
*Instrument : Five part differential Cell Counter (Mindray BC-1800)*

Blood Urea Method:UREASE-GLDH Method	: 97	10 - 40	mg/dl
Creatinine Method:Modified Jaffes Method	:12.1	0.7 - 1.4(M) 0.6 - 1.0 (F)	mg/dl mg/dl

## ELECTROLYTES

Sodium	: 145	135 - 145	mEq/L
Potassium	: 5.1	3.5 - 5.5	mEq/L

Lab Technician



# SHREE VEERABHADRESHWARA DIAGNOSTICS

ಶ್ರೀ ವೀರಭದ್ರೇಶ್ವರ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ಸ್

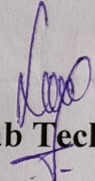
Near 5 road circle opposite Marikamba Tyres and Rayappa Hulekal School

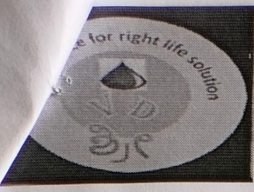
Sirsi (U.K) 581 401

Ph:7892637060 / 9845753744 Email id:shreevd45@gmail.com

NAME: Manju Poojari	DATE:15/06/2024
AGE: 60Years	
SEX:Male	
REF BY: Govt. Dialysis Sirsi	REF NO:502

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>	<u>UNIT</u>
S.G.P.T Method IFCC Method	: 28	0-40	IU/L
S.G.O.T Method IFCC Method	: 25	0-40	IU/L
Albumin Method : BCG method	: 3.8	3.5-5.5	gm/dl

  
Lab Technician



# SHREE VEERABHADRESHWARA DIAGNOSTICS

ಶ್ರೀ ವೀರಭದ್ರೇಶ್ವರ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ಸ್

Near 5 road circle opposite Marikamba Tyres and Rayappa Hulekal School

Sirsi (U.K) 581 401

Ph:7892637060 / 9845753744 Email id:shreevd45@gmail.com

Patient Name : MR. MANJU POOJARY

Age / Gender : 60 years / Male

Patient ID :13767

Client : Veerabhadreshwara Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS

Collection Time : Jun 16, 2024, 08:53 a.m.

Receiving Time : Jun 16, 2024, 09:07 a.m.

Reporting Time : Jun 16, 2024, 09:53 a.m.

Sample ID :



241680025

Test Description	Value(s)	Reference Range	Unit(s)
<b>PHOSPHORUS SERUM</b>			
Phosphorus (Inorganic)* Method : Phosphomolybdate	5.2	2.3 – 5.0	mg/dL

\*\*END OF REPORT\*\*



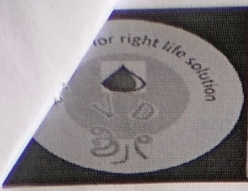
Verified By : Ashritha

**Dr. Arjun C.P.**

MBBS, MD

KMC Reg. No. 89655

Consultant Pathologist



# SHREE VEERABHADRESHWARA DIAGNOSTICS

ಶ್ರೀ ವೀರಭದ್ರೇಶ್ವರ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ಸ್

Near 5 road circle opposite Marikamba Tyres and Rayappa Hulekal School

Sirsi (U.K) 581 401

Ph:7892637060 / 9845753744 Email id:shreevd45@gmail.com

Patient Name : MR. MANJU POOJARY

Age / Gender : 60 years / Male

Patient ID :13767

Client : Veerabhadreshwara Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS

Collection Time : Jun 16, 2024, 08:53 a.m.

Receiving Time : Jun 16, 2024, 09:07 a.m.

Reporting Time : Jun 16, 2024, 02:10 p.m.

Sample ID :



241680025

Test Description	Value(s)	Reference Range	Unit(s)
<b>HIV 1 &amp; 2 Antibodies (ELISA)</b>			
HIV 1 & 2 Antibodies Method : ELISA	Non Reactive: 0.10	>1.0 Reactive <1.0 Non reactive	

### Interpretation

1. A non-reactive result implies that no anti HIV I or Anti II antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV or HIV II infection or the sample has tested during the window phase (before the development of detectable levels of antibodies).
2. A provisionally reactive or borderline reactive result suggests the possibility of HIV I / HIV II infection and confirmatory diagnosis should be done by WESTERN BLOT tests.

\*\*END OF REPORT\*\*



Verified By : Chandrakala

**Dr Madhumati**  
MBBS MD Microbiology  
67106  
Consultant Microbiologist

Patient Name : MR. MANJU POOJARY

Age / Gender : 60 years / Male

Patient ID :13767

Client : Veerabadreswra Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS

Collection Time : Jun 16, 2024, 08:53 a.m.

Receiving Time : Jun 16, 2024, 09:07 a.m.

Reporting Time : Jun 16, 2024, 02:10 p.m.

Sample ID :



241680025

Test Description	Value(s)	Reference Range	Unit(s)
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg) (ELISA)</b>			
HEPATITIS B SURFACE ANTIGEN (HBsAg)	Non Reactive: 0.11	<1.0 Non Reactive	
Method : ELISA		>1.0 Reactive	

**Remark:**

- All Reactive results must be confirmed by Neutralizing confirmatory test or by HBV DNA detection assay.

**Note**

- Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
- Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
- False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
- For monitoring HBsAg levels, Quantitative HBsAg assay is recommended

**\*\*END OF REPORT\*\***

Verified By : Chandrakala

**Dr Madhumati**  
MBBS MD Microbiology  
67106  
Consultant Microbiologis



# SHREE VEERABHADRESHWARA DIAGNOSTICS

ಶ್ರೀ ವೀರಭದ್ರೇಶ್ವರ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ಸ್

Near 5 road circle opposite Marikamba Tyres and Rayappa Hulekal School

Sirsi (U.K) 581 401

Ph:7892637060 / 9845753744 Email id:shreevd45@gmail.com

Patient Name : MR. MANJU POOJARY

Age / Gender : 60 years / Male

Patient ID :13767

Client : Veerabhadreshwara Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS

Collection Time : Jun 16, 2024, 08:53 a.m.

Receiving Time : Jun 16, 2024, 09:07 a.m.

Reporting Time : Jun 16, 2024, 02:10 p.m.

Sample ID :



241680025

Test Description	Value(s)	Reference Range	Unit(s)
<b>HCV ANTIBODIES -ELISA</b>			
HCV ANTIBODIES	Non Reactive: 0.18	>1.0 reactive	S/Co
Method : ELISA		<1.0 Non reactive	

### Comments:

Hepatitis C Virus was identified in 1989 as the main aetiological agent of non-A, non-B hepatitis (NANBH) accounting for greater than 90% of posttransfusion hepatitis cases. HCV is a spherical virus of about 30-60 nm in diameter with single positive stranded RNA and is related to the family flaviviridae. It is considered to be the major cause of acute chronic hepatitis, liver cirrhosis and hepatocellular carcinoma throughout the world. Antibodies to HCV can be detected throughout virtually the total infection period. Therefore, the use of highly sensitive antibody assays is the primary approach in serodiagnosis of HCV infection. The diagnosis of hepatitis C can be easily made by finding elevated serum ALT levels and presence of anti HCV in serum/plasma.

Specimens with Sample cut of OD values 1.00 are considered reactive. This is an Antibody detection test and results might depend on immune response of the individual. Patients with auto-immune liver diseases may show false reactive results. HCV Antibodies might take 2 weeks to 5 months to appear after acquiring HCV infection. This antibody may never become detectable in 5-10% of patients with acute hepatitis C, and levels of anti-HCV may rarely become undetectable after recovery. In patients with chronic hepatitis C, anti-HCV is detectable in >95% of cases.

**\*\*END OF REPORT\*\***



Verified By : Chandrakala

**Dr Madhumati**  
MBBS MD Microbiology  
67106  
Consultant Microbiologist