



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:Raghavendra N Poojari	DATE:17/06/2024
AGE:26 Years	
SEX:Male	
REF BY:Govt. Dialysis	REF NO:530

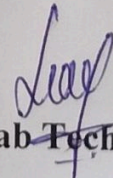
Test	Result	Normal Range	Unit
Haemoglobin	:11.0	12.0 - 16.0(F) 14.0-18.0(M)	gm/dl gm/dL
W.B.C Count	: 7,100	4,000 - 10,000	cells/cmm
DIFFERENTIAL COUNTS			
Neutrophils	: 50	40 - 75	%
Lymphocytes	: 44	20 - 45	%
Eosinophils	: 04	01 - 06	%
Monocytes	: 02	0 - 4	%
Basophils	:00	0 - 1	%

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

Blood Urea Method:UREASE-GLDH Method	:51	10 - 40	mg/dl
Creatinine Method:Modified Jaffes Method	:5.7	0.7 - 1.4(M) 0.6 - 1.0 (F)	mg/dl mg/dl
Albumin Method : BCG method	:3.1	3.5-5.5	gm/dl
S.G.P.T Method IFCC Method	: 40	0-40	IU/L
S.G.O.T Method IFCC Method	: 38	0-40	IU/L

ELECTROLYTES

Sodium	:140	135 - 145	mEq/L
Potassium	:4.7	3.5 - 5.5	mEq/L


Lab Technician



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

Patient Name : MR. RAGHAVENDRA N POOJARI

Age / Gender : 26 years / Male

Patient ID :13895

Client : Veerabhadreswra Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS

Collection Time : Jun 17, 2024, 08:01 a.m.

Receiving Time : Jun 17, 2024, 08:15 a.m.

Reporting Time : Jun 17, 2024, 01:10 p.m.

Sample ID :



241690001

Test Description	Value(s)	Reference Range	Unit(s)
HEPATITIS B SURFACE ANTIGEN (HBSAg) (ELISA)			
HEPATITIS B SURFACE ANTIGEN (HBSAg) Method : ELISA	Non Reactive : 0.30	<1.0 Non Reactive >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 : Vani

Dr Madhumati
MBBS MD Microbiology
67106
Consultant Microbiologist



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Referral : Dr. GOVT DIALYSIS
Collection Time : Jun 17, 2024, 08:01 a.m.
Receiving Time : Jun 17, 2024, 08:15 a.m.
Reporting Time : Jun 17, 2024, 01:11 p.m.
Sample ID :



241690001

Test Description	Value(s)	Reference Range	Unit(s)
HIV 1 & 2 Antibodies (ELISA)			
HIV 1 & 2 Antibodies Method : ELISA	Non Reactive: 0.28	>1.0 Reactive <1.0 Non reactive	

Interpretation

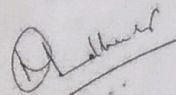
1. A non-reactive result implies that no anti HIV I or Anti II antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV or HIV II infection or the sample has tested during the window phase (before the development of detectable levels of antibodies).

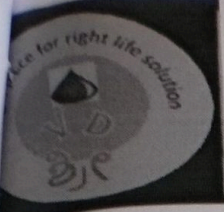
2. A provisionally reactive or borderline reactive result suggests the possibility of HIV I / HIV II infection and confirmatory diagnosis should be done by WESTERN BLOT tests.

END OF REPORT



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Sample ID :



241690001

Test Description	Value(s)	Reference Range	Unit(s)
HCV ANTIBODIES -ELISA			
HCV ANTIBODIES	Non reactive : 0.20	>1.0 reactive <1.0 Non reactive	S/Co
Method : ELISA			

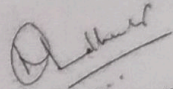
Comments:
Hepatitis C Virus was identified in 1989 as the main aetiological agent of non-A, non-B hepatitis (NANBH) accounting for greater than 90% of posttransfusion hepatitis cases. HCV is a spherical virus of about 30-60 nm in diameter with single positive stranded RNA and is related to the family 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 : Vani


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67106
Consultant Microbiologist

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Sample ID :



Test Description

PHOSPHORUS SERUM

Phosphorus (Inorganic)*
Method : Phosphomolybdate

Value(s)	Reference Range	Unit(s)
5.5	2.3 - 5.0	mg/dL

END OF REPORT



Verified By : Ashritha

Dr. Arjun C.P.
MBBS, MD
KMC Reg. No. 89655
Consultant Pathologist