

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 : MRS. SUMITRA B TALAVAR

Age / Gender : 67 years / Female

Patient ID :7184

Client : Veerabhadreswra Laboratory Sirsi-UI217

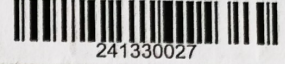
Referral : Dr. GOVT DIALYSIS

Collection Time : May 12, 2024, 09:35 a.m.

Receiving Time : May 12, 2024, 10:23 a.m.

Reporting Time : May 12, 2024, 02:36 p.m.

Sample ID :



241330027

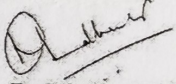
Test Description	Value(s)	Reference Range	Unit(s)
HIV 1 & 2 Antibodies (ELISA)			
HIV 1 & 2 Antibodies Method : ELISA	Non Reactive: 0.30	>1.0 reactive <1.0 Non reactive	

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 : Imran


Dr Madhumati
MBBS MD Microbiology
67106
Consultant Microbiologist

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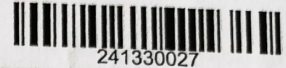
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Sample ID :



241330027

Test Description	Value(s)	Reference Range	Unit(s)
HCV ANTIBODIES -ELISA			
HCV ANTIBODIES Method : ELISA	Non Reactive: 0.04	>1.0 reactive <1.0 Non reactive	

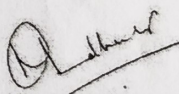
Comments:

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.

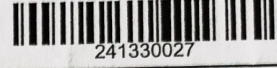
****END OF REPORT****

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Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
HEPATITIS B SURFACE ANTIGEN (HBSAg) (ELISA)			
HEPATITIS B SURFACE ANTIGEN (HBSAg) Method : ELISA	Non Reactive: 0.36	<1.0 Non Reactive >1.0 Reactive	

Remark:

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

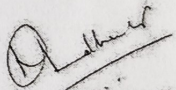
Note

- 1.Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. 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.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended

END OF REPORT



Verified By : Imran


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67106
Consultant Microbiologist

Vishwa Seva Samiti
Dr. Lalita R. Kamat Memorial Pathological Laboratory
 Rotary Charitable Hospital, SIRSI – 581 401
 Ph: 08384 – 226980, 228490

NAME	SUMITRA TALWAR	RECEIVED TIME	12.30 PM
AGE	55 YRS	REPORTED TIME	1.45 PM
SEX	FEMALE	DATE	29.05.2024
REF DR	RAJESH SHET	LAB NO	1898

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>
HAEMOGLOBIN	: 9.9 gm/dl	: 11.5-16.0 gm/dl(F) 12.0 – 18.0 gm/dl(M)
RED BLOOD CELLS COUNT	: 3.37 millions/cu.mm	: 3.8-5.8 millions/cu.mm
TOTAL LEUCOCYTE COUNT	: 9,000 Cells/cu.mm	: 4000-11,000 Cells/cu.mm
P C V	: 25.5 %	: 33 – 45 %
M C V	: 75.6 fL	: 78.0-94.0 fL
M C H	: 29.5 picogram	: 27.0-32.0 picograms
M C H C	: 39.0 g/dl	: 32.0-38.0 g/dl
PLATELET COUNT	: 1.14 Lakh/cu.mm	: 1.50-4.5 Lakh/cu.mm
DIFFERENTIAL COUNT		
NEUTROPHILS	: 86 %	: 40-75 %
LYMPHOCYTES	: 11 %	: 20-45 %
EOSINOPHILS	: 01 %	: 01-06 %
MONOCYTES	: 02 %	: 01-10 %
BASOPHILS	: 00 %	: 00-01 %

DENGUE TEST

(Screening Method)


NS1Ag	:	NEGATIVE
IgG	:	NEGATIVE
IgM	:	NEGATIVE

TYPHI TEST

(Screening Method)

IgG	:	NEGATIVE
IgM	:	NEGATIVE

SODIUM	: 139.5 mmol/L	: 135-145 mmol/L
POTTASIAM	: 4.89 mmol/L	: 3.5-5.5 mmol/L


 TECHNOLOGIST

Vishwa Seva Samiti
Dr. Lalita R. Kamat Memorial Pathological Laboratory
 Rotary Charitable Hospital, SIRSI - 581 401
 Ph: 08384 - 226980, 228490

NAME	SUMITRA TALWAR	RECEIVED TIME	12.30 PM
AGE	55 YRS	REPORTED TIME	
SEX	FEMALE	DATE	29.05.2024
REF DR	RAJESH SHET	LAB NO	18/58

TEST DESCRIPTION	OBSERVED VALUE	REFERENCE RANGE
RANDOM BLOOD SUGAR	: 108.0 mg/dl	: 80.0-140.0 mg/dl
SERUM CREATININE	: 9.1 mg/dl	: Male 0.5-1.4 mg/dl : Female 0.6 - 1.1 mg/dl
SERUM TOTAL BILIRUBIN	: 0.9 mg/dl	: UP TO 1.2 mg/dl
SERUM DIRECT BILIRUBIN	: 0.2 mg/dl	: UP TO 0.4 mg/dl
S.G.O.T (A.S.T)	: 48.0 U/L	: 10-35 U/L
S.G.P.T (A.L.T)	: 53.0 U/L	: 0-38.0 U/L

URINE ANALYSIS

PHYSICAL EXAMINATION

Colour : Pale yellow
 Appearance : S TURBID
 PH : 7.0
 Specific Gravity : 1.015

CHEMICAL EXAMINATION

Sugar : NIL
 Albumin : PRESENT(+)
 Bile salt : ABSENT
 Bile pigment : ABSENT

MICROSCOPIC EXAMINATION

Pus cells : 6 - 8 cells/hpf
 Epithelial cells : NUMEROUS cells/hpf
 RBC'S : 10 - 12 cells/hpf
 Casts : Not Seen
 Crystals : Not Seen
 Bacilli : Not Seen
 Others : Not Seen


 TECHNOLOGIST



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Sirsi (U.K) 581 401

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

NAME:Shekar Madival	DATE:17/05/2024
AGE:50Years	
SEX:Male	
REF BY:Govt Dialysis	REF NO:405

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>	<u>Unit</u>
Haemoglobin	: 8.5	12.0 - 16.0(F) 14.0-18.0(M)	gm/dl gm/dL

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

Blood Urea Method:UREASE-GLDH Method	: 105	10 - 40	mg/dl
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Creatinine Method:Modified Jaffes Method	: 9.0	0.7 - 1.4(M) 0.6 - 1.0 (F)	mg/dl mg/dl
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Random Blood Sugar Method: GOD-PAP TRINDERS Method	: 305	80-140	mg/dl
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ELECTROLYTES

Sodium	: 142	135 - 145	mEq/L
Potassium	: 4.8	3.5 - 5.5	mEq/L
Chloride	: 108	98 - 108	mEq/l

Lab Technician



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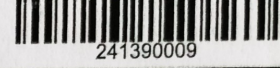
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Sirsi (U.K) 581 401

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

Patient Name : MR. SHEKAR MADIVAL
Age / Gender : 50 years / Male
Patient ID :8306
Client : Veerabhadreswra Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS
Collection Time : May 18, 2024, 08:51 a.m.
Receiving Time : May 18, 2024, 09:12 a.m.
Reporting Time : May 18, 2024, 02:13 p.m.
Sample ID :



241390009

Test Description	Value(s)	Reference Range	Unit(s)
HEPATITIS B SURFACE ANTIGEN (HBsAg) (ELISA)			
HEPATITIS B SURFACE ANTIGEN (HBsAg)	Non Reactive: 0.21	<1.0 Non Reactive >1.0 Reactive	S/Co
Method : ELISA			

Remark:

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

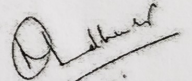
Note

- 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



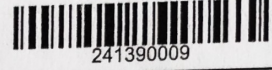
Verified By : Rohith


Dr Madhumati
MBBS MD Microbiology
67106
Consultant Microbiologist



Patient Name : MR. SHEKAR MADIVAL
Age / Gender : 50 years / Male
Patient ID :8306
Client : Veerabhadreswra Laboratory Sirsi-UI217

Referral : Dr. GOVT DIALYSIS
Collection Time : May 18, 2024, 08:51 a.m.
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Sample ID :



241390009

Test Description	Value(s)	Reference Range	Unit(s)
HEPATITIS C VIRUS (HCV) ANTIBODIES			
Hepatitis C Antibody (HCV)	Non Reactive: 0.14	>1.0 Reactive <1.0 Non Reactive	S/CO
Method : CMIA			

Interpretation:

HCV (Hepatitis C Virus) is an RNA virus accounting for 95% hepatitis infection in recipients of blood transfusion & 50% Sporadic cases of Non A, Non B hepatitis. The test is used

1. To detect infection with HCV.
2. To followup patients under treatment with interferon.

Reactive test result indicates presence of Hepatitis C virus infection. Active infection to be confirmed by HCV RNA PCR test. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.

****END OF REPORT****



Verified By : Rohith

Dr Madhumati
MBBS MD Microbiology
67106
Consultant Microbiologist



Patient Name : MR. SHEKAR MADIVAL

Age / Gender : 50 years / Male

Patient ID : 2308

Client : Veerabhadreshwara Laboratory Sira-UG17

Referral : Dr. GOVT DIALYSIS

Collection Time : May 18, 2024, 09:51 a.m.

Receiving Time : May 18, 2024, 09:12 a.m.

Reporting Time : May 18, 2024, 02:14 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
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HIV 1 & 2 Antibodies (ELISA)

HIV 1 & 2 Antibodies

Non Reactive: 0.09 >1.0 reactive

S/Cs

Unit: S/Cs

<1.0 Non reactive

Interpretation

1. A non-reactive result implies that no anti HIV 1 or Anti 2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV or HIV 2 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 1 / HIV 2 infection and confirmatory diagnosis should be done by WESTERN BLOT tests.

"END OF REPORT"



Verified By : Ruchith

Dr. Veerabhadreshwara
M.D. Microbiology
2708
Consultant Microbiologist