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 : Veerabadreswra 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 developmen 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 Microbiologis

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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.

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

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

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Vishwa Seva Samiti

Dr. Lalita R. Kamat Memorial Pathological Laboratory

Rotary Charitable Hospital, SIRSI – 581 401

Ph: 08384 – 226980, 228490

NAME	***SUMITRA TALWAR***	***RECEVIED 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

TEST DESCRIPTION	**OBSERVED VALUE**	**REFERENCE RANGE**
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
POTTASIUM	: 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 – 226990, 228429

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	1898

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 DIRCT 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	: 0-32.0 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