Patient Name :	MS. SHWETA [UHIDNO:FHP30674910032024]
Age / Gender :	24 Yr / F
Address :	FLAT -901 B3 AMARPALI GOLF FORM SEC-4 HEIBATPUR, Sector-1 Greater Noida PO, Gautam Buddha Nagar, UTTAR PRADESH
Bed / Ward :	P / 7TH FLOOR
Req. Doctor:	Dr. ANSHUMALA SINHA
Regn. ID:	IPD.23-24-10119

CLINICAL PATHOLOGY

Request Date : 10-03-2024 06:51 PM **Reporting Date :** 10-03-2024 07:57 PM

Collection Date : 10-03-2024 07:04 PM | CLP13479 **Reporting Status :** Finalized

Acceptance Date : 10-03-2024 07:05 PM | **TAT:** 00:52 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	20	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.025		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	3-4	/HPF	F 0 - 5	
BACTERIA	ABSENT		ABSENT	
OTHER	KETONE PRESENT (+)			

Please correlate clinically

END OF REPORT.

Prepared By
Ms. RAGAPRIYA DHANRAJ

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

Patient Name :	MS. SHWETA [UHIDNO:FHP30674910032024]
Age / Gender :	24 Yr / F
Address :	FLAT -901 B3 AMARPALI GOLF FORM SEC-4 HEIBATPUR, Sector-1 Greater Noida PO, Gautam Buddha Nagar, UTTAR PRADESH
Bed / Ward :	P / 7TH FLOOR
Req. Doctor:	Dr. ANSHUMALA SINHA
Regn. ID:	IPD.23-24-10119

SEROLOGY

Request Date : 10-03-2024 06:51 PM **Reporting Date :** 10-03-2024 08:02 PM

Collection Date : 10-03-2024 07:04 PM | SE3276 **Reporting Status :** Finalized

Acceptance Date : 10-03-2024 07:05 PM | **TAT:** 00:57 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HIV 1 & 2 RAPID *[PLAIN TUBE]				
HIV 1	NON REACTIVE		NON REACTIVE	
HIV 2	NON REACTIVE		NON REACTIVE	

Technique:Rapid Immunochrometography

1.A non-reactive result implies that no Anti HIV I or Anti HIV 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 been 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.

Note: Positive results need to be confirmed by Elisa or RT-PCR methods.

**Test covered in NABL scope*

HEPATITIS C ANTIBODY (ANTI-HCV) RAPID *[PLAIN TUBE]	NON-REACTIVE		NON REACTIVE	

Technique: Immunochromatography

COMMENTS:

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions,transplantation, injection drug users, accidental needle punctures in healthcare workers,dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCVinfection is > 99% whereas in low risk populations it is only 25%.

Uses:

- *Indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection.*
- *Routine screening of low and high prevalence populations including blood donors.*
- *NOTE: ALL POSITIVE RESULTS NEED TO BE CONFIRMED BY ELISA OR RT-PCR METHOD*
- **Test covered in NABL scope.*

HEPATITIS B SURFACE ANTIGEN (HBsAG) RAPID *[PLAIN TUBE]	NOT DETECTED		NOT DETECTED	

Method:- Rapid Immunochromatography

COMMENTS:

This screening test is used to detect Hepatitis B surface antigen (HBsAg) HBsAg is a protein antigen produced by Hepatitis B virus (HBV) This antigen is the earliest indicator of acute hepatitis B and frequently identifies infected people before symptoms appear. HBsAg disappears from the blood during the recovery period.

NOTE: Positive report indicates HBV infection, this needs to be further confirmed with ELISA or Real time PCR.

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END OF REPORT.

Prepared By
Mr. SHIVAM

Verified by
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MBBS, MD, DNB
(PATHOLOGY)

Patient Name :	MS. SHWETA [UHIDNO:FHP30674910032024]
Age / Gender :	24 Yr / F
Address :	FLAT -901 B3 AMARPALI GOLF FORM SEC-4 HEIBATPUR, Sector-1 Greater Noida PO, Gautam Buddha Nagar, UTTAR PRADESH
Bed / Ward :	P / 7TH FLOOR
Req. Doctor:	Dr. ANSHUMALA SINHA
Regn. ID:	IPD.23-24-10119

HAEMATOLOGY

Request Date : 10-03-2024 06:51 PM **Reporting Date :** 10-03-2024 07:45 PM

Collection Date : 10-03-2024 07:04 PM | HA9347 **Reporting Status :** Finalized

Acceptance Date : 10-03-2024 07:05 PM | **TAT:** 00:40 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
PROTHROMBIN TIME (PT+INR) PT+PTI+INR *[EDTA]				
Prothrombin Time (Patient)	**14.30 H**	sec	8.77 - 13.4	
Control	11.30	sec		
INR(International Normalized Ratio)	**1.29 H**		0.8 - 1.21	
Performed On: WERFEN				
The prothrombin time (PT) is used, often along with a partial thromboplastin time (PTT), to help diagnose the cause of unexplained bleeding or inappropriate blood clots. The prothrombin time is a measure of the integrity of the extrinsic and final common pathways of the coagulation cascade. This consists of tissue factor and factors VII, II (prothrombin), V, X, and fibrinogen. The international normalized ratio (INR) is a calculation based on results of a PT and is used to monitor individuals who are being treated with the blood-thinning medication (anticoagulant) warfarin.				
The reference range for international normalized ratio (INR) is less than 1.35. For people taking warfarin, should have an INR of 2.0 to 3.0 for basic "blood-thinning" needs. For some who have a high risk of a blood clot, the INR needs to be higher - about 2.5 to 3.5.				
Method :Opto-mechanical measuring method				
PTTK (APTT) TIME TEST/CONTROL *[EDTA]	28.90	sec	27.7 - 40.48	Opto-mechanical measuring method.
Performed On: WERFEN				

END OF REPORT.

Prepared By
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Verified by
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(PATHOLOGY)