Medical Laboratory Report

LUPIN DIAGNOSTICS
Good health starts here

Patient Information		Specimen Information		Client / Doctor Information	
Name	: Mrs.ANUSHRI DUBEY	Visit ID	: L822657	Client Code	: PUP2881
Age/Gender	: 27 Y 0 M 0 D /Female	Collected	: 26/Apr/2024 13:45	Client Name	: PUP VIJAYA DIAGNOSTICS 2
MobileNo	: 9630062321	Received	: 26/Apr/2024 15:28	Client Add.	: JABALPUR
UHID	: LDAA01463791	Reported	: 26/Apr/2024 17:29	Client No.	: 7697962596
Address	: JALA RAM BAPU NAGAR	IP/OP/Barcode	:	Ref Doctor	: Dr.Priya Duggal
		Report Status	: Final Report		

Test Name	Result	Bio. Ref. Range	Unit	Method
Complete Blood Count (CBC) , *WHOLE BLOOD EDTA*				
Hemoglobin (Hb)	**10.3**	12-15	g/dL	Spectrophotometry
Red Blood Cell (RBC) Count	3.80	3.8-4.8	Million/cu.mm	Impedance
Packed Cell Volume (PCV) / Hematocrit	**29.8**	36-46	%	Calculated
Mean Corpuscular Volume (MCV)	**78.4**	83-101	fL	Calculated
Mean Corpuscular Hemoglobin (MCH)	27.0	27-32	pg	Calculated
Mean Corpuscular Hb Concentration (MCHC)	34.4	31.5-34.5	g/dL	Calculated
Red Cell Distribution Width (RDW)	13.7	11.6-14	%	Calculated
Total Leucocyte Count (TLC)	9,680	4000-10000	Cells/cu.mm	Impedance
Differential Leucocyte Count (DLC)				
Neutrophils	**83.0**	40-80	%	Impedance & FCM
Lymphocytes	**14.0**	20-40	%	Impedance & FCM
Monocytes	2.0	2-10	%	Impedance & FCM
Eosinophils	1.0	1-6	%	Impedance & FCM
Basophils	0.0	0-2	%	Impedance & FCM
Band forms	0.00		%	Microscopy
Metamyelocytes	0.00		%	Microscopy
Myelocytes	0.00		%	Microscopy
Promyelocytes	0.00		%	Microscopy
Blasts	0.00		%	Microscopy
Nucleated RBC (nRBC)	0.00		/100 WBCs	Microscopy
Absolute Leucocyte Count				
Neutrophils	**8,034**	2000-7000	Cells/cu.mm	Calculated
Lymphocytes	1,355	1000-3000	Cells/cu.mm	Calculated
Monocytes	**194**	200-1000	Cells/cu.mm	Calculated
Eosinophils	97	20-500	Cells/cu.mm	Calculated
Platelet Count	**144,000**	150000-410000	per cu.mm	Impedance
Mean Platelet Volume (MPV)	9.8	7.4-12.0	fL	Impedance

SIN No:HA00752684

This test has been performed at Lupin Diagnostics Laboratory, PCL JABALPUR Plot No.23, Madanmahal Extension, Subhadra Kumari Chauhan ward,,JABALPUR,JABALPUR , 482001

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Test Name	Result	Bio. Ref. Range	Unit	Method

Hepatitis B surface Antigen (HBsAg), Rapid method , *SERUM*

Hepatitis B surface Antigen (HBsAg), Rapid method	Non Reactive	Non Reactive		Rapid Immunochromatography

Interpretation:
This is a visual and rapid one step screening immunoassay based on the antigen capture, or "sandwich" principle for the qualitative detection of Hepatitis B Surface Antigen (HBsAg) in human serum or plasma. The assay is intended to be used as an aid in the recognition and diagnosis of acute infections and chronic infectious carriers of the Hepatitis B Virus (HBV).

Samples found to be reactive by the above screening test must be rechecked by confirmatory test.

False positive results can be obtained due to the presence of RA antibodies, patients with auto- immune disease, liver problems, renal disorders and antenatal samples.

A non-reactive result does not exclude the possibility of exposure to or infection with HBV. Additional follow up testing using available clinical methods is required if this test is non-reactive with persisting clinical symptoms.

For a definitive diagnosis, the patient's clinical history, symptomatology as well as results of supplemental and confirmatory assays should be considered.

Hepatitis C Antibodies (HCV), Rapid , *SERUM*

Hepatitis C Antibodies (HCV), Rapid	Non Reactive	Non Reactive		Rapid Immunochromatography

Interpretation:
This is a visual and rapid screening immunoassay for the detection of antibodies to the Hepatitis C virus (HCV) in human serum or plasma using HCV antigens that are immobilized on a porous immunofiltration membrane. This assay utilizes a combination of modified HCV antigens from the putative core, NS3, NS4 & NS5 regions of the virus to selectively identify all subtypes of Hepatitis C Virus.

Samples found to be reactive by the above screening test must be rechecked by supplementary assays. The presence of anti-HCV does not imply a Hepatitis C infection but may be indicative of recent and / or past infection by HCV.

False reactivity could be seen in cases of auto-immune liver diseases, renal disorders, antenatal samples or due to non-specific binding of the sample to the membrane.

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Test Name	Result	Bio. Ref. Range	Unit	Method

A non-reactive result does not exclude the possibility of exposure to or infection with HCV.

For a definitive diagnosis, the patient's clinical history, symptomatology as well as results of supplemental assays should be considered.

HIV 1 & 2 Antibodies, Rapid , *SERUM*

HIV 1 & 2 Antibodies, Rapid	Non Reactive	Non Reactive		Rapid Immunochromatography

Interpretation:
This is a visual and rapid screening immunoassay for the differential detection of Human Immunodeficiency Virus (HIV-1 & HIV-2) antibodies (IgM, IgG & IgA) in human serum or plasma using HIV-1 & HIV-2 antigens immobilized on a membrane and detected via a Lateral flow Immunochromatography technique.

HIV-1 and HIV-2 viruses share many morphological and biological characteristics. It is likely that due to this, their antibodies have a cross reactivity of 30-70%. Reactivity for HIV-1 and HIV-2 antibodies on the test device does not necessarily imply co-infection from HIV-1 & HIV-2.

Antibody Testing may not be reliable in the following situation:

1. Window Period (Not Detectable during this phase).
2. <18 months of age (Babies of HIV positive mothers may have passively acquired maternal antibodies and hence it is difficult to differentiate them from those produced by the infant.

False reactivity could be seen in cases of naturally occurring antibodies, passive immunization, certain infections, renal disorders, hypergammaglobulinemia, neoplasms, rheumatoid arthritis, tetanus vaccination, autoimmune diseases, blood transfusion, hemophilia and lipemic samples.

Samples found to be reactive by the above screening test must be confirmed by standard supplemental assays, like Western Blot.

A non-reactive result does not exclude the possibility of exposure to or infection with HIV.

For a definitive diagnosis, the patient's clinical history, symptomatology as well as results of supplemental and confirmatory assays should be considered.

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Test Name	Result	Bio. Ref. Range	Unit	Method
VDRL (RPR), Serum				
Result	Non Reactive	Non Reactive		Slide Flocculation

Interpretation:
Rapid Plasma Reagin (RPR) test is a Macroscopic Slide flocculation test for detection and quantitation of antilipoidal antibodies for syphilis testing.

Syphilis is a venereal (sexually transmitted) disease caused by Treponema pallidum. After infection the host forms Treponemal antibodies to Treponema pallidum, in addition, the host also forms Non-Treponemal antilipoidal antibodies in response to the lipoidal material released from the damaged host cell. These antibodies (Reagin) are captured in this test.

RPR test cannot be performed on Cerebrospinal fluid.

***** End Of Report *****

Dr. Ashok Methwani
Consultant Pathologist

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