



ROYAL MEDICAL LABORATORY (RML)

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M.R.# 7563

Examination Date: 25-Feb-2023

Patient Details

Name: Muhammad Ashir S/O: Muhammad Shafique Gender: Male Date of Birth: 28-Nov-2001

Contact No.: 0300-6491855 C.N.I.C. #: 34601-4016330-9 Nationality: Pakistan Height: 5.8' Weight: 71

Reference: Self (Lab Test) For: Pre-Medical Specimen: Blood 125

LABORATORY INVESTIGATION

Special Chemistry Profile

| Test Description | Result | Comments |
|------------------|--------------|---|
| Anti HCV | Non-Reactive | Anti HCV is a screening test based on the description of antibodies against Hepatitis C Virus. For following up and therapeutic, consideration, following tests are recommended: <ul style="list-style-type: none">HCV Core Antigen detection.HCV RNA detection by PCR |
| HbsAg | Non-Reactive | - |
| HIV | Non-Reactive | - |
| TPHA | Negative | Reactive VDRL can be caused by diseases such as infections mononucleosis, leprosy, lupus, erythematosis, vaccinia, and virus pneumonia. |
| VDRL | Non-Reactive | Reactive VDRL test specimens should be subject to further serological studies (i.e. TPHA, FTA and ABS) since, as with any serological testing procedure, the diagnosis of syphilis should not be made on a single reactive result. |

Hematology and Chemistry

| Test Description | Result | Normal Ranges |
|------------------|-----------|------------------|
| Hemoglobin | 15.4 g/dl | 11.0 - 16.8 g/dl |
| BSR | 108 g/dl | 80 - 180 g/dl |
| Creatinine | 0.7 g/dl | 0.5 - 1.2 g/dl |
| LFT | Normal | - |

SEROLOGY REPORT

| Test Description | Result | Normal Ranges |
|---|--------|--|
| NOTE: This Report is valid for 90 Days from the Date of Issue. This Report is not Valid For any Court or any Legal Proceedings. | Normal | - |
| Mycobacterium | Normal | - |
| Typhidot IgM | Normal | IgM Positive only: Acute Typhoid Fever. |
| | | IgM and IgG Positive only: Acute Typhoid Fever. (in the middle stage of infection) |
| | | IgG Positive Only: Implications for the presence of IgG antibodies include previous infection (in which case current fever may not due to typhoid), or replace or re-infection. Therefore, it is important that interpretation be made together with the clinical symptoms in order to diagnose, if the patient is Currently having typhoid. |
| | | IgM and IgG negative: Probably Not Typhoid. |
| | | Clinical Pathologist |

The Above Patient Report is

NORMAL

