Reception ID: 14-001-0084273 PR No: 14-05-001112 (05, May 14. 0:01) Entered: Patient Name: Ms. Sana Asif Qureshi (Female: 29 Year(s)) Printed: 05, May, 14. 10:29

Referred By: Dr.Qamar Un Nisa Ward: Ward D

Glucose group

Plasma Glucose (R) 79 mg/dl (<200)

Interpretation

(ADA 2006)

Normal: <100 (F), <200 (2hr); Diabetes Mellitus: >126 (F) or >200 (2hr); Pre-diabetes: Impaired Glucose Tolerance (IGT): 140-200 (2hr); Impaired Fasting Glycaemia (IFG): 100-126 (F). All values mg/dl, venous plasma/serum. True Random plasma glucose value, the one having no relationship with meal has limited screening/diagnostic/prognostic value. For clinical purposes, the diagnosis of diabetes should be confirmed by repeating the test unless there is unequivocal hyperglycaemia with acute metabolic decompensation or obvious symptoms.

Complete Blood Counts						
	Haemoglobin WBC	10.8 g/dl 14.46 x10^9/l	(12.5 - 16.5) (4.0 - 11.0)	Neu	69.8 %	(40 - 70)
	Platelets RBC	238 x10^9/I 4.12 x10^12/I	(150 - 400) (4.1 - 5.5)	Lym	22.1 %	(20 - 45)
	PCV MCV	0.3240 I/I 78.6 fl	(0.37 - 0.47) (80 - 100)	Mono	4.9 %	(2 - 10)
	MCHC 33.3 g/s RDW-SD 40.9 fl	26.2 pg 33.3 g/dl	(27.0 - 32.0) (30 - 35)	Eos	2.9 %	(1 - 6)
		-		Baso	0.3 %	(0.1 - 1)
		(11)		Neu	10.08 X10^9/I	(2.0 - 7.5)
				Lym	3.20 X10^9/I	(1.5 - 4.0)
				Mono	0.71 X10^9/I	(0.2 - 0.8)
				Eos	0.42 X10^9/I	(0.04 - 0.4)
				Baso	0.05 X10^9/I	(0.02 - 0.1)

Comments

Neutrophilic Leukocytosis.suggest:rule out bacterial infection/inflammation,sepsis.

Notes: Electronically verified report, signatures not required. Identity of the patient not verified. Any query about this report may be addressed within twenty four hours of reporting, the duration for which the samples are preserved.

Dr. Fazle Raziq

MBBS, M.Phil, FCPS (Haem),FCPP Professor, Consultant Haematologist (HOI): Head of Pathology Department & Blood Bank

Dr. Shahtaj Khan

Consultant Haematologist MBBS, DCP, FCPS

Dr. Jehan Zeb

BSc, MD, P.Phil Prof. & Consultant Chemical Pathologist

Dr. Syed Sarwar Ali

MBBS, FCPS (Haematology) Asst. Professor & Consultant Haematologist Dr. Syed Sarwar Ali

MBBS, FCPS (Haematology) Asst. Professor & Consultant Haematologist

Dr. Shahtaj Khan

Consultant Haematologist

MBBS, DCP, FCPS

Dr. Salar Zai

Dip.Med.Microbiology MSS. M. Philipphielogistro

Dr. Jehan Zeb BSc, MD, P.Phil

Prof. & Consultant Chemical Pathologist

14-001-0084273 Reception ID: PR No: 14-05-001112 Entered: (05, May 14. 0:01) Patient Name: Ms. Sana Asif Qureshi (Female: 29 Year(s)) Printed: 05, May, 14. 10:29

Referred By: Dr.Qamar Un Nisa Ward: Ward D

Hepatitis B Profile

Hepatitis B Surface Antigen

0.25(Nonreactive)

(<1.0)

Test is performed by (CMIA) Architect ci 8200 System

Interpretation

- 1.The cut-off value for HBsAg varies from 0.05 to 2.00 depending upon the technique/analyser used for the assay.
- Therefore the values obtained from two different labs/instruments may not be comparable.
- 2. Value more than cut-off is REACTIVE. Test is performed by one of the following systems as indicated with the respective cut off value.
 - ·Chemiluminescent Microparticle Immunoassay (CMIA) Architect i 1000 SR System
 - ·Electrochemiluminescence Immunoassay (ECLIA) Cobas e 4 11 System Interpretation
 - 1.HBsAg indicates exposure to HBV.
 - 2.Reactive HBsAg indicates active infection and its presence for more than 06 months indicates
 - 3.chronic infection.
 - 4. Absence of HBsAg rules out HBV infection with the exception of window-period.
- 5.The detection of HBsAg must be correlated with patient symptoms and other hepatitis B viral serological markers.
- 6.In positive case the viral load may be determined by quantitative PCR for further confirmation.

Notes: Electronically verified report, signatures not required. Identity of the patient not verified. Any query about this report may be addressed within twenty four hours of reporting, the duration for which the samples are preserved.

Dr. Syed Sarwar Ali

Dr. Jehan Zeb

14-001-0084273 Reception ID: PR No: 14-05-001112 Entered: (05, May 14. 0:01) Patient Name: Ms. Sana Asif Qureshi (Female: 29 Year(s)) Printed: 05, May, 14. 10:29

Referred By: Dr.Qamar Un Nisa Ward: Ward D

Viral Profile

Anti-HCV (Antibodies)

0.11(Nonreactive)

(<1.0)

Test is performed by (CMIA) Architect ci 8200 System

Value more than cut-off is REACTIVE.

Test is performed by one of the following systems as indicated with the respective cut off value.

- a.Chemiluminescent Microparticle Immunoassay (CMIA) Architect ci 8200 System.
- b.Electrochemiluminescence Immunoassay (ECLIA) Hitachi E170 System.
- c.Chemiluminescent Immunoassay Advia Centaure.

Interpretation:

REACTIVE Result: A postive Anti-HCV antibodies test requires confirmation by immunoblot test or by PCR. Negative Result: A negative test does not exclude the possibility of exposure or infection with Anti-HCV antibodies. The testing for HCV by PCR is not indicated in cases with negative Anti-HCV sero-status.

Gray Zone Result:

Please repeat the test with a fresh blood sample for confirmation or preferably it should be repeated after 08 weeks.Indeterminate Result: Please repeat the test with a fresh blood sample after 08 weeks or confirm by PCR. In positive case the viral load may be determined by quantitative PCR for further confirmation.

Notes: Electronically verified report, signatures not required. Identity of the patient not verified. Any query about this report may be addressed within twenty four hours of reporting, the duration for which the samples are preserved.

Dr. Jehan Zeb

Reception ID: 14-001-0084273 PR No: 14-05-001112 Entered: (05, May 14. 0:01)
Patient Name: Ms. Sana Asif Qureshi (Female : 29 Year(s)) Printed: 05, May, 14. 10:29

Referred By: Dr.Qamar Un Nisa Ward: Ward D

Anti-HIV I & II (Antibodies) 0.31(Nonreactive) (<1.0)

Test is performed by (CMIA) Architect ci 8200 System

Interpretation

The cut-off value of Anti-HIV antibodies is 1.00. Value more than cut-off is REACTIVE.

Test is performed by:

a. Chemiluminescent Microparticle Immunoassay (CMIA) Architect i 1000 SR System (HIV Ag/Ab Combo). The ARCHITECT HIV Ag/Ab Combo assay is a chemiluminescent microparticle immunoassay (CMIA) for the simultaneous qualitative detection of HIV p24 antigen and antibodies to HIV type 1 and 2.

b.Electrochemiluminescence Immunoassay (ECLIA) Hitachi E170 System Interpretation Indeterminate/REACTIVE test result must be confirmed by western blot test and or PCR.

Notes: Electronically verified report, signatures not required. Identity of the patient not verified. Any query about this report may be addressed within twenty four hours of reporting, the duration for which the samples are preserved.