Dr. Anurag Tandon
M.D., D.M. (GASTROENTEROLOGY)
SENIOR CONSULTANT
LIVER AND DIGESTIVE DISEASES
Reg. No. : MCI - 6939
DMC - 10338

METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

METRO HOSPITALS & HEART INSTITUTE
we treat... HE CURES
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
(NABH & ISO 9001: 2008 Certified)

Date : 31/X/20

Hospital No. : 60660

Mrs Amita

T Enterup 0.5mg OD - WH.

- HBeAg, HBV DNA Quantitative, LFT, Alpha feto Protein
- Colonoscopy after Colopreg bowel prep. (Man).
- ~~Collect~~ Anti ds-DNA

Tandon.

13.11.20 ~~Continue~~ T. Enterup. - Stop

[HBV DNA (Quantitative) after 3 months
LFT
HBsAg

T Allegra 120mg OD. 9am.
Calcidryl lotion LA.

For Appointments and enquiries please contact: Mr. Sanjeev : +91 98185 47822 / Mr. Joshi : +91 93122 25057 / Mr. Shyam : +91 99112 74327
Queries related to Endoscopy please contact Mr. Ashok Rawat : +91 99718 56075 / Mr. Kalu Ram : +91 90136 03521

Dr. Rajiv Motiani

M.B.B.S., MD (Medicine), DM (Neurology)
CONSULTANT NEUROPHYSICIAN
Reg. No. 1368 (D.M.C.)

A-199, Sector-26
Noida-201301
Timings : 11 A.M. To 2 P.M. Sunday Closed
For Appointment Call 9560079275
9818103364, 0120-2558980, 4123450

10 MAY 2019

Amita chaudhary
F/ 45
BP 140/90
Wt 61 kg

Δ Chr lumbar Radiculo (L) × (1) yr

Taken (6) cycles of chemo - last on 18th Feb 2019 (Post Sx) for CA colon (R hemicolec tomy)

Now Recurrence of (L) lumbar Radiculo recently × few days

HbsAg +ve - Taken Rx

PIVD L4-5

muscle contraction cephalgia +

Adv

MRI Brain c̄ screening of whole spine

non sp leukoaraiotic chgs

Multiple cx PIVDs + L5 S1

NCV all (4) limbs

(N)

Rx

(1) Cap Vibrana D (1) daily (9PM)
(2) T Maxgalin AT (1/1) tab (9PM)

Tab NAXDOM 250 mg 1 sos for headache

Review × 3 month

25/4/19

DR. RAJIV MOTIANI
MD, DM,
Sr. Consultant Neuro Physician
Reg. No. 1368 (D.M.C.)
NEO Hospital, Sector-50, Noida

10/5/19

24/6/19

℞

① Rx Amnurite 10 mg ① Daily (9PM)

Review / Mark

24/6/19

26 AUG 2019

BP 150/90

℞

① T Amlong 2.5 ① daily (9PM)

② T AMNURITE 10 ① daily (9PM)

22/8/19

BP-120/80

Review x ① Mk

① Rx Amlong 2.5 ① Daily (9PM)

② Rx Amnurite 5mg ① Daily (9PM)

Review 2 months

22/8/19

DR. RAJIV MOTIANI
MD, DM,
Sr. Consultant Neuro Physician
Reg. No. 1368 (D.M.C.)
NEO Hospital, Sector-50, Noida

DR. RAJIV MOTIANI

M.B.B.S. MD (Medicine), DM (Neurology)

CONSULTANT NEUROPHYSICIAN

A-199, Sector-26
Noida-201301
0120-2556755

Timings : 11 am to 2 pm (Sunday Closed)

For Appointment Call: 9818103364, 9560079275, 0120-2558980, 4123450

21 FEB 2020

Rx

Anita Chaudhary

F/46

BP 110/70

wt 60 kg

Δ Chr (L) lumbar radiculopathy
x 2 yrs c̄ recent exacerbation c̄ chr musclecontrac cephalgia c̄ HTN

k/c/o CA Colon s/p (R) hemicolectomy s/b (6) cycle of chemo (Last 18/2/19)

HbsAg +ve (Taken Rx)

[PIVD L4-5 L5S1 + Cx PIVDs]

Rx

1. T Amlong 2.5 (1) daily (9PM)
2. T AMNURITE 5 (1) daily @ (9PM)

Review x 2 mths

DR. RAJIV MOTIANI
MD, DM,
Sr. Consultant Neuro Physician
Reg. No. 1363 (D.M.C.)
NEO Hospital, Sector-50, Noida

DIAGNOSTIC REPORT

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Cert. No. MC-2015

SRL Diagnostics

CLIENT CODE : C000053943

CLIENT'S NAME AND ADDRESS :
WALK IN SRL NOIDA
J-29, SECTOR-18, OPP. GIP MALL,

NOIDA 201301
UTTAR PRADESH INDIA
9810440145 0120-4264805

SRL LIMITED
SRL,REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE,UDYOG VIHAR,SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956
Email : connect@srl.in

PATIENT NAME : AMITA CHAUDHARY PATIENT ID : **AMITF477585640**

ACCESSION NO : **0009TJ082552** AGE : 47 Years SEX : Female DATE OF BIRTH :

DRAWN : 31/10/2020 14:14 RECEIVED : 31/10/2020 17:13 REPORTED : 03/11/2020 18:55

REFERRING DOCTOR : DR. ANURAG TANDON CLIENT PATIENT ID :

CLINICAL INFORMATION :

CASH

Test Report Status **Final**	Results	Biological Reference Interval	Units

EIA - INFECTIOUS SECTION

HEPATITIS B E ANTIGEN, SERUM

HEPATITIS B E ANTIGEN	Nonreactive	NON REACTIVE
METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)		
PATIENT VALUE	0.23	< 1.00 (Non Reactive) > or = 1.00 (Reactive)

METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)

Interpretation(s)
HEPATITIS B E ANTIGEN, SERUM-
Hepatitis B is caused by infection with Hepatitis B virus, an enveloped DNA agent that is classified as hepadnavirus.During the course of the illness, various serological markers appear. One of these markers is the HbeAg, found in theearly phase of hepatitis B infection soon after hepatitis B surface antigen is detectable. Titers of both antigens rise rapidly during the period of viral replication.

Test Utility:
The presence of HBeAg correlates with infectivity, the number of viral Dane Particles, the presence of core antigen in the nucleus of the hepatocyte and presence of viral DNA polymerase in serum. The presence of HBeAg usually indicates active viral replication and infectivity. This test can therefore be used for diagnosis and monitoring of hepatitis B virus infectivity and for recognition of resolution of hepatitis B infection with seroconversion of the HbeAg to hepatitis Be antibody (anti-HBe). Absence or disappearance of HbeAg or anti-HBe does not rule out chronic hepatitis B carrier state and / or infectivity. On the other hand the presence of the anti-HBe antibody indicates the decrease of the active replication phase of virus and is a useful tool to monitor the seroconversion in case of acute infection or to determine the condition of HBV chronic carriers.

Limitations:
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. If the antibody results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- Heterophilic antibodies in human serum can interfere with the test. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis.

DIAGNOSTIC REPORT

CAP ACCREDITED

Cert. No. MC-2015

SRL Diagnostics

CLIENT CODE : C000053943

CLIENT'S NAME AND ADDRESS :
WALK IN SRL NOIDA
J-29, SECTOR-18, OPP. GIP MALL,

NOIDA 201301
UTTAR PRADESH INDIA
9810440145 0120-4264805

SRL LIMITED
SRL,REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE,UDYOG VIHAR,SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956
Email : connect@srl.in

PATIENT NAME : AMITA CHAUDHARY PATIENT ID : **AMITF477585640**

ACCESSION NO : **0009TJ082552** AGE : 47 Years SEX : Female DATE OF BIRTH :

DRAWN : 31/10/2020 14:14 RECEIVED : 31/10/2020 17:13 REPORTED : 03/11/2020 18:55

REFERRING DOCTOR : DR. ANURAG TANDON CLIENT PATIENT ID :

CLINICAL INFORMATION :

CASH

Test Report Status **Final**	Results	Units

* HBV VIRAL LOAD BY REAL TIME PCR

HBV VIRAL LOAD	<3.8	IU/ml

Comments

NOTE: THE HBV VIRAL LOAD IS NOT DETECTED.
SPECIMEN SOURCE: PLASMA

Interpretation(s)
HBV VIRAL LOAD BY REAL TIME PCR-
Clinical Utility: The viral load provides the direct and reliable estimate of the level of HBV replication. Quantitation of HBV DNA level is important as it serves to be a prognostic marker of HBV infection. It is used for establishing baseline levels in patients before initiation of the therapy and for monitoring therapeutic response and disease progression. A sudden rise in the viral load may indicate emergence of resistant strains during the therapy.

Interpretation: HBV viral load is expressed as IU/ml. For conversion to WHO International Units (IU): 1 IU corresponds to approximately 7.5 copies/ml. The lower limit of detection of this assay is 3.8 IU/mL. Values below 3.8 IU/ml does not exclude the possibility of an infection. It may reflect a viral load below the detection limit of the assay. An increase or decrease of more than threefold may be considered clinically significant. Follow up viral load values below the detectable limit may indicate resolution of the infection after therapy. Reappearance or increasing viral load may indicate relapse or resistance to the therapy. All viral load results should be interpreted in conjunction with the clinical history, clinical status of the patient and other diagnostic parameters.

Recommendations: Viral load is a monitoring test and hence should not be used for screening or diagnostic purpose. Wide variations in viral load have been observed due to following reasons:
a) Use of different technologies/ platforms for follow up testing. Hence, it is recommended to monitor patients using same technology.
b) Non adherence to specimen collection protocol. Hence, it is recommended to immediately freeze the serum/EDTA plasma after collection and separation.

Limitations: PCR is a highly sensitive technique common reasons for paradoxical results are contamination during specimen collection, selection of inappropriate specimens and inherent PCR inhibitors in the specimen.

References
1. Hepatology (1989) 10: 198202
2. New England Journal of Medicine (1990) 323:295301.
3. Hepatology (1997) 25: 241244.
4. Antiviral Res (1997) 35: 65 82.
5. WHO: Blood Safety & Clinical Technology (2002) 19.

Note: The performance of this assay has been evaluated at SRL Limited.

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Dr. Rashmi Talwar, PhD	Dr. Mamta Kumari, MBBS,MD	Dr. Yoginder Pal Singh, Ph.D	Dr.Chandan Hazarika
Section Head- Genetics	Chief Microbiologist	Molecular Biologist	Sr.Microbiologist

DIAGNOSTIC REPORT

CAP ACCREDITED

Cert. No. MC-2015

SRL Diagnostics

CLIENT CODE : C000053943

CLIENT'S NAME AND ADDRESS :
WALK IN SRL NOIDA
J-29, SECTOR-18, OPP. GIP MALL,

NOIDA 201301
UTTAR PRADESH INDIA
9810440145 0120-4264805

SRL LIMITED
SRL,REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE,UDYOG VIHAR,SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956
Email : connect@srl.in

PATIENT NAME : AMITA CHAUDHARY PATIENT ID : **AMITF477585640**

ACCESSION NO : **0009TJ082552** AGE : 47 Years SEX : Female DATE OF BIRTH :

DRAWN : 31/10/2020 14:14 RECEIVED : 31/10/2020 17:13 REPORTED : 03/11/2020 18:55

REFERRING DOCTOR : DR. ANURAG TANDON CLIENT PATIENT ID :

CLINICAL INFORMATION :

CASH

Test Report Status **Final**	Results	Units

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
   a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
   b. Incorrect specimen type
   c. Request for testing is withdrawn by the ordering doctor or patient
   d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

SRL Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

TEST REPORT

542031501292 73

AMITA CHAUDHARY 201038356

PID NO: P542000152673
Age: 47.0 Year(s) Sex: Female

Reference: Dr.ANURAG THAKUR
Sample Collected At:
METRO HOSPITAL NOIDA (NON CGHS) C'O METRO HEART INSTITUTE - H0072,L- 94, SECTOR - 11 NOIDA
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 54203150129273
Registered On:
31/10/2020 06:53 PM
Collected On:
31/10/2020 4:00PM
Reported On:
04/11/2020 03:12 PM

Investigation	Observed Value	Unit	Biological Reference Interval
DNA (Double Strand) Antibody NcX (Serum,EIA)	Negative(<10)	IU/mL	Negative: < 100 Positive: >= 100

Interpretation:

1. Anti-dsDNA-NcX ELISA, this assay ensures clear presentation of the major dsDNA epitopes along with purified nucleosomes (free of Scl70, histoneH1 and other non-histone components), simultaneous testing of DsDNA with purified nucleosomes gives advantage of detecting high avidity IgG anti-dsDNA antibodies with improved sensitivity of 60.8% & specificity of 98.2%.
2. Anti-dsDNA antibodies are useful as a diagnostic & prognostic marker for SLE (systemic lupus erythematosus). Anti-nucleosomal antibodies are also frequently found in SLE patients & have been identified against parts of nucleosome proteins which are free from H1, Scl-70 & non-histone proteins. Further, these specific anti-nucleosomal antibodies also correlate better with disease activity.
3. Interpretation should be done in conjunction with other serological tests and clinical findings.

Reference - Anti-dsDNA-NcX ELISA: dsDNA-loaded nucleosomes improve diagnosis and monitoring of disease activity in systemic lupus erythematosus. Biesen et al. Arthritis Research & Therapy 2011,13; R26.

-- End of Report --

Dr. Geeta Chopra .
M.D (Pathology)

Look for '●' mark for the authenticity of this report.

Results relate only to the sample as received. Refer to conditions of reporting overleaf.

† This test was outsourced to Metropolis Healthcare Ltd. Delhi

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Patient ID	:	11140448	Age	:	47 YEARS
Patient	:	MRS. AMITA CHAUDHARY	Sex	:	FEMALE
Hospital ID	:	OPD Cash Customer	Reg. Date	:	02/11/2020 16:38
Ref. Doctor	:	ANURAG TANDON	Report Date	:	06/11/2020 9:48
Reference No.	:	200045942	OPIP	:	OPD

Primary Sample : TISSUE SPECIMEN

HISTOPATHOLOGY NO.MMH/1623/20

CLINICAL DETAILS :

- Superficial anastomotic ulcers present at the suture line

SPECIMEN :

- Colonoscopic biopsy

GROSS :

- Received multiple grey brown soft tissue pieces together measuring 0.5 x 0.4 x 0.2 cm.
- MMH/1623/20- All processed

MICROSCOPIC EXAMINATION :

- Section from colonoscopic biopsy show ulceration of mucosa, with acute on chronic inflammation. No granuloma, dysplasia, malignancy seen.
- Adviced correlation.

Grossing done by Dr. Charul Dabral.

Note: 1.Specimen will be retained 30 days after reporting. Slide & parafin Block can be collected on request between 9:30 AM to 4:30 PM on working days. (24 hours after placing the written request along with bill).
2. All malignancies to be confirmed by IHC.
3. Please correlate the test results with clinical history of the patient. This is a professional opinion only not for medico-legal purposes

Completed By :BHUMIKA

Dr. Charul Dabral
HOD PATHLAB

Report Electronically Validated By :-

Dr. Radha Kumari Rokkam

Dr. Charul Dabral
HOD PATHLAB

Dr. Rajan Chopra

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Patient ID	: 2010383560	Age	: 47 Years / FEMALE
Patient Name	: MRS. AMITA CHAUDHARY	Collect. Date	: 31/10/2020 12:17
Hospital ID	: METRO HEART - OPD	Report Date	: 31/10/2020 13:45
Ref. Doctor	: ANURAG TANDON	Page	: Page 1 of 3
Reference No.	:	IPOP	: OPD
Primary Sample:	Blood		

IMMUNOLOGY & SEROLOGY

Investigation	Result	Units	Biological Reference Interval
ALPHA FETO PROTEIN* Chemiluminescence	1.53	IU/ml	

EXPECTED NORMAL SERUM AFP VALUES IN MEN AND NON PREGNANT FEMALES

% age of population	RANGE	UNIT
77 %	0-2	IU/ML
18 %	2-4	IU/ML
3 %	4-6	IU/ML
2 %	6-10	IU/ML
0%	> 10	IU/ML

Pregnant woman Post LMP

Week+Day	VALUE (IU/ml)	Range (IU/ml)
14+3	21.73	18.2 to 45.5
15+3	25	21.1 to 52.7
16+3	28.75	24.5 to 61.0
17+3	33.08	28.3 to 70.7
18+3	38.05	32.8 to 81.9
19+3	43.78	37.9 to 95.0
20+3	50.36	40 to 100
21+3	57.93	45 to 120
22+3	66.11	52 to 138

AFP is a useful screening test for early prenatal detection of open neural tube defect and for monitoring high risk pregnancies (especially fetal distress and death) In cancerology, high AFP levels are found in primary hepatocellular, nonseminomatous germinal tumour of the testis and germ cell tumours of ovary. Infact 90% of patients with hepatocellular carcinoma have very high levels of AFP, which is unusual in other conditions. Occasionally modest elevation may occur in cancer of stomach ,and pancreas ,as well as, benign conditions like hepatitis and cirrhosis, thereby lacking specificity as a tumour marker. It also has a prognostic significance .

*** END OF REPORT ***

Completed By DHARAM S

Report Electronically Validated By

Dr. Charul Dabral
HOD PATHLAB

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Patient ID : 2010383560
Patient Name : MRS. AMITA CHAUDHARY
Hospital ID : METRO HEART - OPD
Ref. Doctor : ANURAG TANDON
Reference No. :
Primary Sample: Blood

Age : 47 Years / FEMALE
Collect. Date : 31/10/2020 12:17
Report Date : 31/10/2020 12:53

IPOP : OPD

CLINICAL CHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LFT (LIVER FUNCTION TEST)			
BILIRUBIN (TOTAL) Azobilirubin/dyphylline	0.54	mg/dL	0.2 - 1.3
BILIRUBIN (DIRECT) Dual Wavelength Spectrophotometric	0.12	mg/dL	0 - 0.3
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0 - 1.1
SGOT (AST) Kinetic (leuco dye) with pyridoxal 5 phosphate(visible method)	22.8	U/L	15 - 37
SGPT (ALT) Kinetic with Pyridoxal 5 phosphate-(lectate dehydrogenase/NADH)	22.0	U/L	9 - 52
ALKALINE PHOSPHATASE 4-Nitrophenyl phosphate (pNPP)/AMP(2-amino-2-methyl-1-propanol) buffer	138.60	U/L	53 - 141
TOTAL PROTEINS Biuret (alkaline cupric sulfate) end point	**8.50**	g/dL	6.40 - 8.30
ALBUMIN Bromocresol green dye binding	4.93	g/dL	3.4 - 5.0
GLOBULIN Calculated	3.57	g/dL	2.0 - 4.0
A:G RATIO Calculated	1.38		0.9 - 2.0

*** END OF REPORT ***

Radha

Completed By DHARAM S

Report Electronically Validated By

Dr. Radha Kumari Rokkam
CONSULTATNT LAB MEDICINE

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

All blood and other tests have certain limitations and must be read with other symptoms and signs and interpreted by the attending physicians, contact lab within 24 hours in case of non-correlating report for remedial action

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Patient ID	: 2010383560	Age	: 47 Years / FEMALE
Patient Name	: MRS. AMITA CHAUDHARY	Collect. Date	: 31/10/2020 12:17
Hospital ID	: METRO HEART - OPD	Report Date	: 31/10/2020 12:39
Ref. Doctor	: ANURAG TANDON	Page	: Page 3 of 3
Reference No.	:	IPOP	: OPD
Primary Sample:	Blood		

HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
CBC (COMPELETE BLOOD COUNT) - AUTOMATED CELL COUNTER			
HAEMOGLOBIN SLS-End point colorimetric method	13.50	gm/dL	12.0 - 15.0
TLC Flourescence flow cytometry	5500	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	64.0	%	40 - 80
Lymphocytes Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	28.0	%	20 - 40
Eosinophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	2.0	%	0 - 7
Monocyte Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	6.0	%	1 - 9
Basophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	0.0	%	0 - 2
RBC Hydrodynamic focussing technology/DC detection	**4.96**	M/uL	3.8 - 4.8
PCV Cummulative pulse height detection	42.0	%	36 - 46
MCV Calculated - Automated	84.70	fl	83.0 - 101.0
M C H Calculated - Automated	27.20	pg	27.0 - 32.0
MCHC Calculated - Automated	32.10	g/dL	31.5 - 34.5
PLATELET COUNT Hydrodynamic focussing technology/DC detection	197.0	K/uL	150 - 410

*** END OF REPORT ***

Radha

Completed By DHARAM S

Report Electronically Validated By **Dr. Radha Kumari Rokkam**
CONSULTATNT LAB MEDICINE

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

DIAGNOSTIC REPORT

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Cert. No. MC-2015

SRL Diagnostics

CLIENT CODE : C000053943

CLIENT'S NAME AND ADDRESS :
WALK IN SRL NOIDA
J-29, SECTOR-18, OPP. GIP MALL,

NOIDA 201301
UTTAR PRADESH INDIA
9810440145 0120-4264805

SRL LIMITED
SRL,REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE,UDYOG VIHAR,SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956
Email : connect@srl.in

PATIENT NAME : AMITA CHAUDHARY PATIENT ID : **AMITF477585640**

ACCESSION NO : **0009TJ082552** AGE : 47 Years SEX : Female DATE OF BIRTH :

DRAWN : 31/10/2020 14:14 RECEIVED : 31/10/2020 17:13 REPORTED : 31/10/2020 18:47

REFERRING DOCTOR : DR. ANURAG TANDON CLIENT PATIENT ID :

CLINICAL INFORMATION :

CASH

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

EIA - INFECTIOUS SECTION

HEPATITIS B E ANTIGEN, SERUM

HEPATITIS B E ANTIGEN	Nonreactive	NON REACTIVE

METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)

PATIENT VALUE	0.23	< 1.00 (Non Reactive) > or = 1.00 (Reactive)

METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)

Interpretation(s)
HEPATITIS B E ANTIGEN, SERUM-
Hepatitis B is caused by infection with Hepatitis B virus, an enveloped DNA agent that is classified as hepadnavirus.During the course of the illness, various serological markers appear. One of these markers is the HbeAg, found in theearly phase of hepatitis B infection soon after hepatitis B surface antigen is detectable. Titers of both antigens rise rapidly during the period of viral replication.

Test Utility:
The presence of HBeAg correlates with infectivity, the number of viral Dane Particles, the presence of core antigen in the nucleus of the hepatocyte and presence of viral DNA polymerase in serum. The presence of HBeAg usually indicates active viral replication and infectivity. This test can therefore be used for diagnosis and monitoring of hepatitis B virus infectivity and for recognition of resolution of hepatitis B infection with seroconversion of the HbeAg to hepatitis Be antibody (anti-HBe). Absence or disappearance of HbeAg or anti-HBe does not rule out chronic hepatitis B carrier state and / or infectivity. On the other hand the presence of the anti-HBe antibody indicates the decrease of the active replication phase of virus and is a useful tool to monitor the seroconversion in case of acute infection or to determine the condition of HBV chronic carriers.

Limitations:
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. If the antibody results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- Heterophilic antibodies in human serum can interfere with the test. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis.

Dr. Anurag Tandon
M.D., D.M. (GASTROENTEROLOGY)
SENIOR CONSULTANT
LIVER AND DIGESTIVE DISEASES
Reg. No. : MCI - 6939
DMC - 10338

METRO CENTRE FOR LIVER & DIGESTIVE DISEASES

METRO HOSPITALS & HEART INSTITUTE
we treat.... HE CURES
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
(NABH & ISO 9001: 2008 Certified)

Date : 30/6/18 Hospital No. : 60660

Mrs Amita Chaudhary

Plan
- HBeAg LFT, Hb.
- HBV DNA (Quantitative)
- UGI Endoscopy, Colonoscopy after Colprep preperation 7 ... 8 ...
- Old records.
- USG U/A

A Tandon

℞
T Nexpro 40mg OD o · bef BF
Syp Gaviscon 2tsf BD = = after ½
T Zenvel 1tab only. after D 1w

A Tandon.

Continue T Tenvir 300mg OD.

For Appointments and enquiries please contact: Mr. Sanjeev : +91 98185 47822 / Mr. Joshi : +91 93122 25057 / Mr. Shyam : +91 99112 74327
Queries related to Endoscopy please contact Mr. Ashok Rawat : +91 99718 56075 / Mr. Kalu Ram : +91 90136 03521

Metro Centre for Liver & Digestive Diseases
Metro Multispeciality Hospital
L-94, Sector-11, Noida-201301
Tel.: +91 120 2442 666, 2522 959 (Ext.: 415/416)
Fax: +91 120 2522056
E-mail: mcldd.noida@yahoo.com

Metro Hospital & Heart Institute
14, Ring Road, Lajpat Nagar-IV, New Delhi-110024
Tel.: 011-26442277, 26483462, 26442390
Fax : 011-26481356

Metro Heart Institute
X-1, Sector-12, Noida-201301
Tel.: +91 120 2533 491, 2519 489-91
Fax: +91 120 2533 487

E-mail : info@metrohospitals.com, Website: www.metrohospitals.com

9 July CECT whole abdomen
13

11/7/18. PDC
Surgical review
Review of Bx

A Lundon

AMITA CHAUDHARY 11104395 PID NO: P54200002135 Age: 46 Year(s) Sex: Female	Reference: Dr.ANURAG TANDAN Sample Collected At: METRO HOSPITAL NOIDA (NON CGHS) C'O METRO HEART INSTITUTE - H0072,L- 94, SECTOR - 11 NOIDA 0	VID: 54203602225 Registered On: 12/04/2020 03:57 PM Collected On: 14/04/2020 9:13AM Reported On: 14/04/2020 07:24 PM

HBV-Hepatitis B Viral load(Quantitative)

Test Principle : Real Time PCR

Target Selected : Highly conserved pre-Core/Core region of the HBV genome across A-G genotypes is selected for amplification & detection.

Equipment : COBAS AmpliPrep and COBAS TaqMan

Result :

HBV - Hepatitis B Viral load (Quantitative)	**295 IU/mL**
Log Value	**2.47**
HBV - Hepatitis B Viral load	**1717 copies/ml**

Result Interpretation:

Result (IU/ml)	Log Value	Comments
Target Not Detected	Not Applicable	HBV DNA Not Detected
Below 20 IU/ml	Below 1.30	HBV DNA Detected, less than 20 HBV DNA IU/ml.
> 20 - 170000000	1.30 - 8.23	HBV DNA Detected within the linear range of the assay
Above 170000000	Above 8.23	HBV DNA Detected above the linear range of the assay

Note:

- This assay is a quantitative assay used for monitoring patients on therapy and not qualitative assay used for screening. Hence a Target Not Detected result should not be considered as HBV status Negative for the patient.
- Quantitative viral load results are best reflected when reported using log transformed units. Logarithmic expression best reflects the process of viral replication and is less subject to over interpretation of non-clinically significant (minor) changes.

Test Details:

Limit of Detection: 20 IU/ml
Measuring Range: 20 - 170000000 IU/ml
Conversion Factor: 1 IU/ml - 5.82 copies/ml

Clinical utility:

- Determine need to treat chronic HBV infection
- Indicator of chronic hepatitis
- Monitor virological response to therapy
- Demonstrate viral replication in patients with mutant HBV

Dr. Niranjan Patil
MD(Micro)
HOD - Microbiology & Molecular Biology

AMITA CHAUDHARY 11104395

PID NO: P54200002135
Age: 46 Year(s) Sex: Female

Reference: Dr.ANURAG TANDAN

Sample Collected At:
METRO HOSPITAL NOIDA (NON CGHS)
C'O METRO HEART INSTITUTE -
H0072,L- 94, SECTOR - 11 NOIDA
0

VID: 54203602225
Registered On:
12/04/2020 03:57 PM
Collected On:
14/04/2020 9:13AM
Reported On:
14/04/2020 07:24 PM

- Predict likelihood of response to therapy
- Indicate emergence of resistant variants during antiviral therapy

Clinical Background:

- HBV is the most common cause of chronic liver disease worldwide. HBV is a DNA virus that is transmitted primarily through blood exposure and sexual contact, and from mothers to their children.
- The clinical manifestations range from sub clinical hepatitis to symptomatic hepatitis and, in rare instances, fulminant hepatitis. Long-term complications of hepatitis B include cirrhosis and hepatocellular carcinoma.
- Perinatal or childhood infection is associated with few or no symptoms but has a high risk of becoming chronic.
- HBV DNA detection and HBV DNA level measurement are essential for the diagnosis, decision to treat and subsequent monitoring of patients.
- Follow-up using sensitive real-time PCR quantification assays is strongly recommended because of their sensitivity, specificity, accuracy and broad dynamic range.

Limitation of Assay:

PCR is a highly sensitive technique; common reasons for paradoxical results are contamination during specimen collection, selection of inappropriate specimen and inherent PCR inhibitors in the sample. Confirmed HBV cases may have viral load below this detection range. Hence the results Below 20 IU/ml do not indicate that the patient is negative for HBV. It is not advisable to compare viral loads between two different techniques.

Reference:

- EASL Clinical practice guidelines: Management of chronic hepatitis B. J Hepatol 2012; 57:167-185.
- Lok ASF, McMahan BJ, Chronic hepatitis B: Update 2009.HEPATOLOGY 2009, 50:No.3.
- WHO Hepatitis B Fact sheet N 204 July 2012.

-- End of Report --

Dr. Niranjan Patil
MD(Micro)
HOD - Microbiology & Molecular Biology

TEST REPORT

AMITA CHAUDHARY 11104395

PID NO: P54200002135
Age: 46 Year(s) Sex: Female

Reference: Dr.ANURAG TANDAN
Sample Collected At:
METRO HOSPITAL NOIDA (NON CGHS)
C'O METRO HEART INSTITUTE -
H0072,L- 94, SECTOR - 11 NOIDA
0

VID: 54203602225
Registered On:
12/04/2020 03:57 PM
Collected On:
12/04/2020
Reported On:
14/04/2020 07:24 PM

Investigation	Observed Value	Unit	Biological Reference Interval
HBeAg-Hepatitis B Envelope Antigen * (Serum,CMIA)	Non Reactive(0.369)	S/CO	Non Reactive: < 1.0 Reactive: >= 1.0

Abbreviation :
CMIA : Chemiluminescence Microparticle Immunoassay

@sim
Dr. Asim Israr Khan
M.D (Pathology)

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Lab ID	:	11104302	UHID	:	2018017900
Patient Name	:	MRS. AMITA CHAUDHARY	Sam. Rec. Date	:	10/04/2020 01:52:32PM
Age/Sex	:	46 YEARS / FEMALE	Report Date	:	10/04/2020 03:55PM
Hospital Ref.	:	OPD Cash Customer	IPD/OPD	:	OPD
Ref. Doctor	:	ANURAG TANDON	Ward/Bed No	:	0
Reference No.	:	200000729	Page	:	Page 1 of 5
Primary Sample:		Blood			

SEROLOGY

Investigation	Result	Units	Biological Reference Interval
HIV I & II ELISA/ ECi			
HIV I & II ELISA/ ECi*	NEGATIVE (0.35)		Negative < 0.90 Borderline >=0.9 - <1.0 Reactive >= 1.0

LIMITATIONS OF TEST:
1. The test is screening test for the combined detection of anti-HIV-1 and anti-HIV-2 antibodies using HIV recombinant antigens using enhanced chemiluminescence (ECi) method.
2. Assay results should be interpreted taking into consideration the patient history and the results of other tests performed.
3. A negative result does not exclude the possibility of exposure to or infection with HIV.
4. Heterophilic antibodies in serum or plasma samples may cause interference in immunoassay.
4. The test assay must be supplemented by additional techniques like Western Blot and / or other screening tests for the detection of anti-HIV antibodies.
5.For further counseling or classification you may visit ICTC (NOIDA) at ambedkar multispeciality Hospital, Room no. 123 / 124 between 8 AM to 2 PM or ICTC (Delhi) Lal Bahadur Hospital.
Room No. 93 between 9 AM TO 2 PM.

Anti HCV ELISA/ECi			
Anti HCV ELISA/ECi*	NEGATIVE (0.02)		Reactive >= 1.00 Negative < 1.00

Rajan

Completed By DHARAM S

Report Electronically Validated By **Dr. Rajan**
Consultant lab medicine

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

Lab ID	:	11104302	UHID	:	2018017900
Patient Name	:	MRS. AMITA CHAUDHARY	Sam. Rec. Date	:	10/04/2020 01:52:32PM
Age/Sex	:	46 YEARS / FEMALE	Report Date	:	10/04/2020 03:54PM
Hospital Ref.	:	OPD Cash Customer	IPD/OPD	:	OPD
Ref. Doctor	:	ANURAG TANDON	Ward/Bed No	:	0
Reference No.	:	200000729	Page	:	Page 2 of 5
Primary Sample:		Blood			

SEROLOGY

Investigation	Result	Units	Biological Reference Interval

LIMITATIONS OF TEST:

1. The test is screening test for the quantitative detection of antibodies to Hepatitis C virus using enhanced chemiluminescence (ECI) method.
2. Assay results should be interpreted taking into consideration the patient history and the results of other tests performed.
3. A negative result does not exclude the possibility of exposure to or infection with HCV.
4. Heterophilic antibodies in serum or plasma samples may cause interference in immunoassay. Results which are inconsistent with clinical observations indicate the need for additional testing.
5. The test assay must be supplemented by additional techniques like HCV-PCR and / or other screening tests for the detection of anti-HCV antibodies.

HBsAg ELISA / ECI*	REACTIVE (5540)		

Completed By DHARAM S

Report Electronically Validated By Dr. Rajan
Consultant lab medicine

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Lab ID	:	11104302	UHID	:	2018017900
Patient Name	:	MRS. AMITA CHAUDHARY	Sam. Rec. Date	:	10/04/2020 01:52:32PM
Age/Sex	:	46 YEARS / FEMALE	Report Date	:	10/04/2020 03:57PM
Hospital Ref.	:	OPD Cash Customer	IPD/OPD	:	OPD
Ref. Doctor	:	ANURAG TANDON	Ward/Bed No	:	0
Reference No.	:	200000729	Page	:	Page 3 of 5
Primary Sample:		Blood			

SEROLOGY

Investigation	Result	Biological Reference Interval
		Negative < 0.9 Borderline >= 0.9- <1.0 Reactive >= 1.0

LIMITATIONS OF TEST:

1. It is a qualitative test for the detection of HBsAg in human serum or plasma using enhanced chemiluminescence (ECI) technique.
2. As interference (i.e anti-idiotype antibody) may be encountered with certain sera, the test should be declared positive only after taking into account the patient history and the results of other hepatitis B markers.
3. In rare cases there may be lack of antigen reactivity to the antibodies in HBsAg tests.
4. Heterophilic antibodies in serum or plasma samples may cause interference in immunoassay.
5. The presence of modified HBsAg (variant) cannot be excluded. The antigen in this case may have been incorrectly recognized or not recognized by the antibodies in the reagent.
6. A negative HBsAg result does not exclude exposure to or infection with HBV. The HBsAg serum levels may be undetectable both in early infection and late after infection.
7. If a positive result is obtained for a patient with no previous history, the assay may be repeated and confirmed using supplemental tests.
8. The result of this test must be interpreted taking into consideration the patient history and the result of other tests performed (neutralization tests, HBV-DNA etc).

*** END OF REPORT ***

Rajan

Completed By DHARAM S

Report Electronically Validated By Dr. Rajan
Consultant lab medicine

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Lab ID	: 11104302	UHID	: 2018017900
Patient Name	: MRS. AMITA CHAUDHARY	Sam. Rec. Date	: 10/04/2020 01:52:32PM
Age/Sex	: 46 YEARS / FEMALE	Report Date	: 10/04/2020 03:04PM
Hospital Ref.	: OPD Cash Customer	IPD/OPD	: OPD
Ref. Doctor	: ANURAG TANDON	Ward/Bed No	: 0
Reference No.	: 200000729	Page	: Page 4 of 5
Primary Sample:	Blood		

CLINICAL CHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LFT (LIVER FUNCTION TEST)			
BILIRUBIN (TOTAL) Azobilirubin/dyphylline	0.52	mg/dL	0.2 - 1.3
BILIRUBIN (DIRECT) Dual Wavelength Spectrophotometric	0.26	mg/dL	0 - 0.3
BILIRUBIN (INDIRECT)	0.26	mg/dL	0.0 - 1.1
SGOT (AST) Kinetic (leuco dye) with pyridoxal 5 phosphate(visible method)	18.3	U/L	15 - 37
SGPT (ALT) Kinetic with Pyridoxal 5 phosphate-(lectate dehydrogenase/NADH)	21.0	U/L	9 - 52
ALKALINE PHOSPHATASE 4-Nitrophenyl phosphate (pNPP)/AMP(2-amino-2-methyl-1-propanol) buffer	141.00	U/L	53 - 141
TOTAL PROTEINS Biuret (alkaline cupric sulfate) end point	8.05	g/dL	6.40 - 8.30
ALBUMIN Bromocresol green dye binding	4.56	g/dL	3.4 - 5.0
GLOBULIN Calculated	3.49	g/dL	2.0 - 4.0
A:G RATIO Calculated	1.31		0.9 - 2.0

*** END OF REPORT ***

Radha

Completed By DHARAM S

Report Electronically Validated By **Dr. Radha Kumari Rokkam**
CONSULTATNT LAB MEDICINE

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Lab ID	: 11104302	UHID	: 2018017900
Patient Name	: MRS. AMITA CHAUDHARY	Sam. Rec. Date	: 10/04/2020 01:52:32PM
Age/Sex	: 46 YEARS / FEMALE	Report Date	: 10/04/2020 01:57PM
Hospital Ref.	: OPD Cash Customer	IPD/OPD	: OPD
Ref. Doctor	: ANURAG TANDON	Ward/Bed No	: 0
Reference No.	: 200000729	Page	: Page 5 of 5
Primary Sample:	Blood		

HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
CBC (COMPELETE BLOOD COUNT) - AUTOMATED CELL COUNTER			
HAEMOGLOBIN SLS-End point colorimetric method	12.60	gm/dL	12.0 - 15.0
TLC Flourescence flow cytometry	7200	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	66.0	%	40 - 80
Lymphocytes Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	26.0	%	20 - 40
Eosinophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	1.0	%	0 - 7
Monocyte Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	7.0	%	1 - 9
Basophils Flourescence flow cytometry / Romanowsky Giemsa Stain on peripheral blood smear & microscopy	0.0	%	0 - 2
RBC Hydrodynamic focussing technology/DC detection	4.62	M/uL	3.8 - 4.8
PCV Cummulative pulse height detection	38.4	%	36 - 46
MCV Calculated - Automated	83.10	fl	83.0 - 101.0
M C H Calculated - Automated	27.30	pg	27.0 - 32.0
MCHC Calculated - Automated	32.80	g/dL	31.5 - 34.5
PLATELET COUNT Hydrodynamic focussing technology/DC detection	154.0	K/uL	150 - 410

*** END OF REPORT ***

Radha

Completed By DHARAM S

Report Electronically Validated By **Dr. Radha Kumari Rokkam**
CONSULTATNT LAB MEDICINE

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.

we treat....HE CURES

METRO PATH LABS

Metro Hospitals & Heart Institutes, Noida
(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)
CIN No : U00000DL1990PTC039293
NABH, NABL (Cert No. M-0295) Accredited ISO 9001: 2008 Certified)

Lab ID	: 2004365216		UHID	:	
Patient Name	: MR. AMITA CHAUDHARY		Sam. Rec. Date	:	11/04/2020 03:07:17PM
Age/Sex	: 46 Years / MALE		Report Date	:	11/04/2020 04:28PM
Hospital Ref.	: NA		IPD/OPD	:	OPD
Ref. Doctor	: SELF		Ward/Bed No	:	
Reference No.	:		Page	:	Page 1 of 1

Primary Sample: Blood

IMMUNOLOGY & SEROLOGY

Investigation	Result	Units	Biological Reference Interval
ALPHA FETO PROTEIN* Chemiluminescence	<0.50	IU/ml	

EXPECTED NORMAL SERUM AFP VALUES IN MEN AND NON PREGNANT FEMALES

% age of population	RANGE	UNIT
77 %	0-2	IU/ML
18 %	2-4	IU/ML
3 %	4-6	IU/ML
2 %	6-10	IU/ML
0%	> 10	IU/ML

Pregnant woman Post LMP

Week+Day	VALUE (IU/ml)	Range (IU/ml)
14+3	21.73	18.2 to 45.5
15+3	25	21.1 to 52.7
16+3	28.75	24.5 to 61.0
17+3	33.08	28.3 to 70.7
18+3	38.05	32.8 to 81.9
19+3	43.78	37.9 to 95.0
20+3	50.36	40 to 100
21+3	57.93	45 to 120
22+3	66.11	52 to 138

AFP is a useful screening test for early prenatal detection of open neural tube defect and for monitoring high risk pregnancies (especially fetal distress and death) In cancerology, high AFP levels are found in primary hepatocellular, nonseminomatous germinal tumour of the testis and germ cell tumours of ovary. Infact 90% of patients with hepatocellular carcinoma have very high levels of AFP, which is unusual in other conditions. Occasionally modest elevation may occur in cancer of stomach and pancreas ,as well as, benign conditions like hepatitis and cirrhosis, thereby lacking specificity as a tumour marker. It also has a prognostic significance .

*** END OF REPORT ***

Radha

Completed By DHARAM S

Report Electronically Validated By **Dr. Radha Kumari Rokkam**
CONSULTATNT LAB MEDICINE

Dr. Charul Dabral
HOD PATHLAB

Dr. Radha Kumari Rokkam

Dr. Rajan Chopra

Note : The Tests Marked By * Are Not Accredited By NABL.

Note :- Laboratory Investigations are subjected to variations depending upon the patient condition,Sample collection, ambient temperature and kits used during test. Any discrepancy noted in the test may be referred back to the lab for remedial advise.