H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Shuchi	**Lab No :**	ASN24121107
Age / Sex :	25 Y / F	**Registration On :**	08-Dec-24 14:53
Referred By :	Dr. SHUCHI	**Patient ID :**	UASN.0000006127
Centre :	SCC ADARSH NAGAR		

Widal

Serum Sample

Accession No: SE00328167 **Collected On:** 08-Dec-24 14:53 **Received On:** 08-Dec-24 20:29 **Approved On:** 08-Dec-24 21:48

Observation	Result	Unit	Biological Ref. Interval	Method
Salmonella Typhi O	1:80			Slide semi-Quantitative
Salmonella Typhi H	1:160			Slide semi-Quantitative
S.Paratyphi A H	1:20			Slide semi-Quantitative
S.Paratyphi B H	1:20			Slide semi-Quantitative

Clinical Significance:
The Widal test is used to make a presumptive diagnosis of enteric fever or typhoid fever. This method relies on a reaction in a test-tube or on a slide between antibodies present in the infected persons blood sample and specific antigens of Salmonella typhi (H and O), which produces visible clumping or agglutination.
- Antibody titres of 1:80 or more are considered dianostically significant. However, the significant titre may vary from between populations and needs ti be established for each area .
- H agglutination is more reliable than O agglutinin.
- Agglutinin starts appearing in serum by the end of 1st week with sharp rise in 2nd and 3rd week and the titre remains steady till 4th week after which it declines.

Limitations:
- The Widal test may be falsely positive in patients who have had previous vaccination or infection with S. Typhi.
- Besides cross-reactivity with other Salmonella species, the test cannot distinguish between a current infection and a previous infection or vaccination against typhoid.
- False positive Widal test results are also known to occur in typhus, acute falciparum malaria (particularly in children), chronic liver disease associated with raised globulin levels and disorders such as rheumatoid arthritis, myelomatosis and nephrotic syndrome.
- False negative results may be associated with early treatment, with hidden organisms in bone and joints, and with relapses of typhoid fever. Occasionally, false negative results may also be due to the infecting strains being poorly immunogenic, antibody responses being blocked by early antimicrobial treatment or following a typhoid relapse.

Please correlate results with clinical condition.

Dengue NS1

Serum Sample

Accession No: SE00328167 **Collected On:** 08-Dec-24 14:53 **Received On:** 08-Dec-24 20:29 **Approved On:** 08-Dec-24 22:14

Observation	Result	Unit	Biological Ref. Interval	Method
Dengue NS1 Antigen	**1.39**	Index Value	<1:Negative ≥1:Positive	CLIA

Interpretation:

Interpretation	Remarks
Negative	No detectable Dengue NS1. The result does not rule our dengue infection. An additional sample for IgG and IgM ishould be tested after 7-14 days.
Equivocal	Repeat Sample after 1 Week
Positive	Presence of detectable NS1 Antigen. Dengue IgG and IgM Assay Should Be Performed after 5-7 days of onset of fever, to confirm dengue infecton

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Clinical Advise: For the first 5 days of fever, advised screening test is Dengue NS1 Antigen, After 7-10 of fever onset, the receommended screening test is Dengue IgG and IgM Serology.

Advise: Please note that this is a screening test only. Advised confirmation with Dengue by PCR for further diagnosis.

Please correlate results clinically.

Dr. Santosh Suman
Consultant – Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: R/11938

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

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CBC

EDTA Whole Blood Sample

Accession No: ED01181943 **Collected On:** 08-Dec-24 14:53 **Received On:** 08-Dec-24 17:06 **Approved On:** 09-Dec-24 09:27

Observation	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	13.1	gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	4.31	million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	**120**	X 10^3 / µL	150 - 410 x 10^3/µL	Impedance
Total Leucocyte Count (WBC)	**2.56**	X 10^3 / µL	4.0 - 10.0	Flow Cytometry
Differential Leucocyte Count (DLC)				
Neutrophils	49.4	%	40 - 80	Flow Cytometry
Lymphocytes	36.2	%	20 - 40	Flow Cytometry
Monocytes	10.0	%	2 - 10	Flow Cytometry
Eosinophils	3.9	%	1 - 6	Flow Cytometry
Basophils	0.5	%	0 - 1	Flow Cytometry
Absolute Neutrophil Count	**1.26**	X 10^3 / µL	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	**0.93**	X 10^3 / µL	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.26	X 10^3 / µL	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.1	X 10^3 / µL	0.04 - 0.44	Flow Cytometry
Absolute Basophil Count	0.02	X 10^3 / µL	0.00 - 0.30	Flow Cytometry
Indices				
Hematocrit (PCV)	40.0	%	36 - 46	Calculated
Mean Corpuscular Volume (MCV)	92.8	fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	30.4	pg	27 - 32	Calculated
MCH Concentration (MCHC)	32.8	g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	12.4	%	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	44.6	fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	**12.3**	fL	7-5 - 12.0	Calculated
P-LCC	36	10^9/L	30-90	SF Cube
P-LCR	30	%	11-45	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	1.36	Ratio		Calculated
Mentzer Index	21.53	Index		Calculated
Platelet Count (Optical Reading)	**120**	X 10^3 / µL	150-410	Optical

Giant platelets seen on peripheral smear.

Remarks: *Please correlate with clinical conditions*

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
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Centre :	SCC ADARSH NAGAR		

ESR

EDTA Whole Blood Sample

Accession No: ED01181943 **Collected On:** 08-Dec-24 14:53 **Received On:** 08-Dec-24 17:06 **Approved On:** 09-Dec-24 09:21

Observation	Result	Unit	Biological Ref. Interval	Method
ESR	**35**	mm/hr	<20	Modified Westergren

Clinical Notes for ESR:
Increased ESR is seen in:
- In any chronic infection
- Active rheumatic fever
- Acute myocardial infection
- Nephrosis
- All type of shocks

Decreased ESR is seen in:
- Newborn infants
- Polycythemia
- Congestive heart failure
- Sickel cell anaemia

Remarks: Please correlate results with clinical conditions.

Dr. Nitin Kumar Garg
Consultant – Pathologist
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DMC Reg. No.: 29632

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Conditions Of Reporting

- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed.
- In case of any discrepancy due to typing error, kindly get it rectified immediately.
- Neither HOD or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- Test results are not valid for medico legal purposes.
- In case of any issues or suggestions about your test results, please email us on quality@houseofdiagnostics.com
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests. Our liability is limited to the amount of investigations booked with us.

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Facilities Available

Radiology
- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology
- Biochemistry
- Immunoassay
- Hematology
- Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine
- **India's First** Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan • Rest MUGA

Cardiology Investigations
- ECG (Electrocardiogram)
- Echocardiography
- TMT
- Stress Echocardiography
- Stress Thallium

Neurology Investigations
- EEG - ElectroEncephaloGram
- EMG - ElectroMyoGraphy
- NCV - Nerve Conduction Velocity
- VEP - Visual Evoked Response
- SSEP

Dental Imaging
- CBCT - Cone Beam CT Scan
- OPG - OrthoPantomoGram

Other Tests
- PFT

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