DIAGNOSTIC REPORT

MC-5839

agilus diagnostics
Lifeline Laboratory

PATIENT NAME : ANIKA SINGH	**REF. DOCTOR :** DR. AMARJEET SINGH	
47-B ARJUN NAGAR NEW DELHI	ACCESSION NO : **0372YF001785**	AGE/SEX : 12 Years Female
	PATIENT ID : ANIKF250712372	DRAWN : 10/06/2025 19:24:47
	CLIENT PATIENT ID: EMAIL	RECEIVED : 10/06/2025 19:28:04
	ABHA NO :	REPORTED : 10/06/2025 20:29:28

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

HAEMATOLOGY - CBC

CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE BLOOD

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	13.3	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMICALLY FOCUSSES IMPEDENCE	**4.90 High**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	**3.51 Low**	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : HYDRODYNAMICALLY FOCUSSES IMPEDENCE	165	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : HYDRODYNAMICALLY FOCUSSES IMPEDENCE	41.6	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED	84.9	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED	27.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED	32.0	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED	12.8	11.6 - 14.0	%
MEAN PLATELET VOLUME (MPV)	9.9	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOWCYTOMETRY	67	40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY	26	20 - 40	%
MONOCYTES METHOD : FLOWCYTOMETRY	7	2 - 10	%
EOSINOPHILS METHOD : FLOWCYTOMETRY	**0 Low**	1 - 6	%
BASOPHILS METHOD : FLOWCYTOMETRY	0	0 - 1	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED	2.35	2.0 - 7.0	thou/µL

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Chief Pathologist

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ABSOLUTE LYMPHOCYTE COUNT	**0.91 Low**	1.0 - 3.0	thou/µL
METHOD : CALCULATED			
ABSOLUTE MONOCYTE COUNT	0.25	0.2 - 1.0	thou/µL
METHOD : CALCULATED			
ABSOLUTE EOSINOPHIL COUNT	**0.00 Low**	0.02 - 0.50	thou/µL
METHOD : CALCULATED			
ABSOLUTE BASOPHIL COUNT	0	0.0 - 0.1	thou/µL
METHOD : CALCULATED			
BAND (STAB) CELLS	0	0 - 5	%
METHOD : FLOWCYTOMETRY			
METAMYELOCYTE	0	0.0 - 1.0	%
METHOD : FLOWCYTOMETRY			
MYELOCYTES	0	0.0 - 0.1	%
METHOD : FLOWCYTOMETRY			
PROMYELOCYTES	0	0.0 - 0.1	%
METHOD : FLOWCYTOMETRY			
BLASTS	0	0.0 - 0.1	%
METHOD : FLOWCYTOMETRY			

PS(PERIPHERAL SMEAR EXAM,EDTA WHOLE BLOOD

IMPRESSION	The red blood cells are normocytic and normochromic. Leukopenia is seen. The platelets are adequate.		
METHOD : MANUAL			

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	3	0 - 10	mm at 1 hr
METHOD : PHOTOMETRICAL CAPILLARY STOP FLOW ANALYSIS			

Interpretation(s)
BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :- Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.
- ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION : **Increase** in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

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In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia
LIMITATIONS : **False elevated** ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)
REFERENCE : Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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SEROLOGY

TYPHIDOT IGM,SERUM/PLASMA EDTA/EDTA WB,RAPID

RAPID TYPHI IGM	NEGATIVE	NEGATIVE

METHOD : IMMUNOCHROMATOGRAPHY

WIDAL TEST, SERUM RESULT PENDING

Interpretation(s)
TYPHIDOT IGM,SERUM/PLASMA EDTA/EDTA WB,RAPID-RAPID TYPHI IgM

Typhoid fever is a bacterial infection caused by Salmonella serotypes including S.typhi, S.paratyphi A, S. paratyphi B and Salmonella sendai. The symptoms of the illness include high fever, headache, abdominal pain, constipation and appearance of skin rashes. Accurate diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but to identify and treat the potential carriers and prevent acute typhoid fever outbreaks. The conventional WIDAL test usually detects antibodies to S.typhi in the patient serum from the second week of onset of the symptoms. Early rising antibodies to Lypopolysaccharides (LPS) O are predominantly IgM in nature.

Test Utility:
Detection of S.typhi specific IgM antibodies instead of IgG or both IgG and IgM (as measured by Widal test) serve as a rapid marker for recent infection.

Limitations:
A negative result does not rule out recent of current infection, as the positivity is influenced by the time elapsed from the onset of fever and immunocompetence of the patient. However, if S.typhi infection is still suspected, retesting with second specimen obtained 5-7 days later is recommended.

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

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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 AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
   i. Specimen received is insufficient or inappropriate
   ii. Specimen quality is unsatisfactory
   iii. Incorrect specimen type
   iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (01149575757 / 9111591115) within 48 hours of the report.

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