

LPL - RAJ SINGH-FPSC BABARPUR
E-3, OLD NO-2/29, MAIN BABARPUR ROAD,
DELHI
NORTH EAST DELHI



Name	: Mr. ARCHIT	Collected	: 10/9/2019 12:55:00PM
Lab No.	: 148338871	Age: 12 Years	Gender: Male
A/c Status	: P	Ref By: Dr. TILAK RAJ DANGWAL	Report Status: Final
		Received	: 10/9/2019 1:06:53PM
		Reported	: 10/9/2019 9:52:42PM

Test Name	Results	Units	Bio. Ref. Interval
FEVER PANEL 1			

COMPLETE BLOOD COUNT;CBC

Hemoglobin (Photometry)	10.20	g/dL	11.50 - 15.50
Packed Cell Volume (PCV) (Calculated)	30.20	%	35.00 - 45.00
RBC Count (Electrical Impedence)	3.37	mill/mm3	4.00 - 5.20
MCV (Electrical Impedence)	89.60	fL	77.00 - 95.00
MCH (Calculated)	30.30	pg	25.00 - 33.00
MCHC (Calculated)	33.80	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW) (Electrical Impedence)	14.20	%	11.50 - 14.50
Total Leukocyte Count (TLC) (Electrical Impedence)	2.39	thou/mm3	5.00 - 13.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils	88.80	%	
Lymphocytes	7.10	%	
Monocytes	0.80	%	
Eosinophils	2.90	%	
Basophils	0.40	%	
Absolute Leucocyte Count (Calculated)			
Neutrophils	2.12	thou/mm3	2.00 - 8.00
Lymphocytes	0.17	thou/mm3	1.00 - 5.00
Monocytes	0.02	thou/mm3	0.20 - 1.00
Eosinophils	0.07	thou/mm3	0.10 - 1.00
Basophils	0.01	thou/mm3	0.01 - 0.10



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Platelet Count (Electrical impedance)	53.0	thou/mm3	150.00 - 450.00
Mean Platelet Volume (MPV) (Electrical Impedence)	14.20	fL	6.50 - 12.00

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



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URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Physical			
Colour	Light Yellow		Pale yellow
Specific Gravity	1.015		1.001 - 1.030
pH	5		5.0 - 8.0
Chemical			
Proteins	Nil		Nil
Glucose	Nil		Nil
Ketones	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	0-1 RBC/HPF		Negative
Pus Cells	Negative		0-5 WBC / hpf
Epithelial Cells	Few		Few
Casts	Nil		Nil /lpf
Crystals	Nil		Nil
Others	Nil		-



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Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary photometry)	36	mm/hr	0 - 15

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

WIDAL TEST, SERUM

(Slide Agglutination)

Salmonella typhi O (TO)	Reactive upto Titre 1:160
Salmonella typhi H (TH)	Reactive upto Titre 1:40
Salmonella paratyphi A, H (AH)	Non Reactive
Salmonella paratyphi B, H (BH)	Non Reactive

- Note:
1. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant
 2. Rising titres are significant
 3. The recommended Widal test is by Tube Agglutination Method

Comments

This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases. Non specific febrile disease may cause this titre to increase (anamnestic reaction). The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages. The recommended test specially in the first week after infection is Blood Culture.



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Test Name	Results	Units	Bio. Ref. Interval
MALARIA PARASITE / BLOOD PARASITE IDENTIFICATION (Microscopy)	No MP seen in smears examined.		

Note: A Single negative smear does not rule out malaria

BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION (Microscopy)	Predominantly normocytic normochromic RBCs. There is leucopenia. Platelets are reduced. Trophozoites and schizonts of Plasmodium vivax seen. Advised: Followup and clinical correlation
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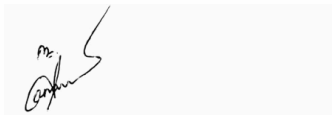
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MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN (ICT)			
Plasmodium falciparum antigen	Not Detected		
Plasmodium vivax antigen	Detected		

- Note:**
1. In the gametogony stage, P.falciparum may not be secreted. Such carriers may show falsely negative result
 2. This test is used to indicate therapeutic response. Positive test results 5-10 days post treatment indicate the possibility of a resistant strain of malaria
 3. Test conducted on EDTA whole blood

Comments

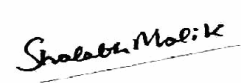
Malaria is a protozoan parasitic infection, prevalent in the Tropical & Subtropical areas of the world. Four species of plasmodium parasites are responsible for malarial infections in humans viz. P.falciparum, P.vivax, P.ovale & P.malariae. Falciparum infections are associated with Cerebral malaria and drug resistance whereas vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.falciparum and P.vivax is of utmost importance for better patient management and speedy recovery.



Dr Anand Chandrasekaran Annan
MD (American Board of Pathology)
PhD (Molecular & Cellular Pathology)
HOD - Oncopathology



Dr Ritu Nayar
MD, Microbiology
Deputy HOD - Microbiology & Serology
NRL - Dr Lal PathLabs Ltd



Dr Shalabh Malik
MD, Microbiology
National Head - Microbiology & Serology
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Dr Anil Arora
MD, Pathology
HOD Hematology & Immunohematology
NRL - Dr Lal PathLabs Ltd



Dr Parul Chopra
MD, Laboratory Medicine
Consultant
NRL - Dr Lal PathLabs Ltd

-----End of report -----



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