

**Lab No** : 477089760  
**Name** : MR.ECODE 261923 GIBSON VAZ  
**Age / Gender** : 20 Years / Male  
**Consulting Dr.** : SELF  
**Reg. Location** : Goa Lab, Margao

**Collected** : 16-Jan-2025 / 12:39  
**Reported** : 16-Jan-2025 / 14:09

### CBC+ESR

#### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.79	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.0	40-50 %	Measured
MCV	89.7	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	12.3	11.6-14.0 %	Calculated

#### **WBC PARAMETERS**

WBC Total Count	10610	4000-10000 /cmm	Elect. Impedance
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#### **WBC DIFFERENTIAL AND ABSOLUTE COUNTS**

Lymphocytes	46.0	20-40 %	
Absolute Lymphocytes	4880.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	604.8	200-1000 /cmm	Calculated
Neutrophils	39.2	40-80 %	
Absolute Neutrophils	4159.1	2000-7000 /cmm	Calculated
Eosinophils	8.0	1-6 %	
Absolute Eosinophils	848.8	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	116.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	315000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	10.7	11-18 %	Calculated

#### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

**Specimen:** EDTA Whole Blood

ESR, EDTA WB-ESR	05	2-15 mm at 1 hr.	Sedimentation
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**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sick cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*\*\* End Of Report \*\*\*



**Dr. SWATI SAHAY**  
**M.D. (PATH)**  
**Pathologist**

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**BLOOD SUGAR REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD SUGAR RANDOM, Fluoride Plasma Random	89.6	<u>Random:</u> <200 mg/dl <u>Fasting:</u> Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl <u>Post Prandial (PP):</u> Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

\*\*\* End Of Report \*\*\*



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### URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.025	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-4	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	0-20/hpf	
Yeast	Absent	Absent	
Others	-		

\*\*\* End Of Report \*\*\*

  
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### WIDAL

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
SALMONELLA TYPHI "O"	Negative	Negative	
SALMONELLA TYPHI "H"	Negative	Negative	
SALMONELLA PARATYPHI "A"	Negative	Negative	
SALMONELLA PARATYPHI "B"	Negative	Negative	

**SPECIMEN:** Serum sample

#### INTERPRETATION:

1. Widal Test is an agglutination test which detects the presence of serum agglutinins in patient's serum with typhoid and paratyphoid fever also called as "Enteric fever" caused by Salmonella organisms.
2. Antibodies to Salmonella organisms may be detected in the patient's serum from the second week after onset of infection. Usually titres of 1:80 and above are taken as diagnostically significant.

#### CLINICAL SIGNIFICANCE:

1. Salmonella antibody starts appearing in serum at the end of first week and rise sharply during the 3rd week of fever.
2. A rising titre is more significant than a single high titre. It is therefore necessary to evaluate two or more serum samples taken at 4- to 6-day intervals after the onset of the disease.

#### REFLEX TEST:

1. Blood culture - Gold Standard test for early diagnosis (positive in first week of infection) of Enteric Fever
2. Rapid Typhoid IgM

#### LIMITATIONS:

1. False Positive Widal test results are known to occur in typhus, cross-reactivity with other Salmonella species, acute falciparum malaria (particularly in children), chronic liver disease associated with raised globulin levels and disorders such as rheumatoid arthritis, myelomatosis and nephrotic syndrome.
2. TAB vaccinated patients may show a high titre of antibodies to each of the antigens. Similarly, an amnesic response to other vaccines and unrelated fevers in case of patients who have had prior infection or immunization may give a false result.
3. False Negative Widal tests may be due to antibody responses being blocked by early antimicrobial treatment or following a typhoid relapse.
4. Widal test has a sensitivity of 71.43% and specificity of 47.31%.

#### REFERENCE:

1. Cruickshank R., (1982), Medical Microbiology, 12th Edition, 403.
2. Felix A., (1942), Brit. Med. J., 11, 597.
3. Data on file: Tulip Diagnostics (P) Ltd.
4. J Clin Diagn Res. 2014 May; 8(5): DC22-DC25.

\*\*\* End Of Report \*\*\*



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