



PO No :PO1905788028-108



Name	: Mr.HARSH KATARIA	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 25/Male	Registration Date	: 24/Mar/2024 09:26AM
Patient ID	: MGB713020	Collection Date	: 24/Mar/2024 05:58AM
Barcode ID/Order ID	: D9342997 / 9254525	Sample Receive Date	: 24/Mar/2024 12:12PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 24/Mar/2024 03:13PM

HAEMATOLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Complete Blood Count</b>				
Hemoglobin	15.5	g/dL	13.0-17.0	Cyanide-free SLS-Hemoglobin
RBC	4.85	mili/cu.mm	4.5 - 5.5	DC Impedence Method
HCT	46.7	%	40 - 50	Pulse height average
MCV	96.2	fL	83 - 101	Calculated
MCH	31.9	pg	27 - 32	Calculated
MCHC	33.2	g/dL	31.5 - 34.5	Calculated
RDW-CV	13.9	%	11.6-14.0	Calculated
Total Leucocyte Count	6.03	10 <sup>3</sup> /μL	4 - 10	Impedence / Microscopy
<b>Differential Leucocyte Count</b>				
Neutrophils	62.5	%	40-80	Double hydrodynamic sequential system/Microscopy
Lymphocytes	24.3	%	20-40	Flowcytometry DHSS/Microscopy
Monocytes	9.5	%	2-10	Flowcytometry DHSS/Microscopy
Eosinophils	3.2	%	1-6	Double hydrodynamic sequential system/Microscopy
Basophils	0.5	%	0-2	Double hydrodynamic sequential system/Microscopy
<b>Absolute Leucocyte Count</b>				
Absolute Neutrophil Count	3.77	10 <sup>3</sup> /μL	2-7	Calculated
Absolute Lymphocyte Count	1.47	10 <sup>3</sup> /μL	1-3	Calculated
Absolute Monocyte Count	0.57	10 <sup>3</sup> /μL	0.2-1	Calculated
Absolute Eosinophil Count	0.19	10 <sup>3</sup> /μL	0.02-0.5	Calculated
Absolute Basophil Count	0.03	10 <sup>3</sup> /μL	0.02-0.1	Calculated
Platelet Count	229	10 <sup>3</sup> /μL	150-410	Impedence Variation /Microscopy

NABL certificate and scope



This test has been performed at  
**TATA 1MG BANGALORE**  
Address: No 607, Ground, 1st,2nd, & 3rd Floor,  
80 Feet Road, 6th Block, Koramangala,  
Bengaluru, 560095

*Dr. Pritha Aggarwal*

**Dr. Pritha Aggarwal**  
MBBS, MD (Pathologist)  
Consultant Pathologist  
Reg No: 20120000011

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HAEMATOLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
MPV	9.1	fL	6.5 - 12	Calculated
PDW	13.8	fL	9-17	Calculated

Comment:

- 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.

Erythrocyte Sedimentation Rate

Erythrocyte Sedimentation Rate 1 mm/hour <=10 Modified Westergren at 18C

Comment:

- ESR provides an index of progress of the disease and is widely used as an indicator of inflammation, infection, trauma, or malignant diseases. Changes are more significant than a single abnormal test
- It is specifically indicated to monitor the course or response to the treatment of diseases like rheumatoid arthritis, tuberculosis bacterial endocarditis ,acute rheumatic fever ,Hodgkins disease,temporal arthritis , and systemic lupus erythematosus; and to diagnose and monitor giant cell arteritis and polymyalgia rheumatica.
- An elevated ESR may also be associated with many other conditions, including autoimmune disease, anemia, infection,malignancy,pregnancy, multiple myeloma, menstruation, and hypothyroidism.
- Although a normal ESR cannot be taken to exclude the presence of organic disease, its rate is dependent on various physiologic and pathologic factors.
- The most important component influencing ESR is the composition of plasma. High level of C-Reactive Protein, fibrinogen, haptoglobin, alpha-1antitrypsin, ceruloplasmin and immunoglobulins causes the elevation of Erythrocyte Sedimentation Rate.
- Drugs that may cause increase ESR levels include: dextran, methyldopa, oral contraceptives, penicillamine, procainamide, theophylline, and Vitamin A. Drugs that may cause decrease levels include: aspirin, cortisone, and quinine

"Test conducted on Whole Blood - EDTA "

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Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 24/Mar/2024 01:35PM

HAEMATOLOGY

FEVER PACKAGE EXTENSIVE

Peripheral Smear Examination

RBC- Predominantly Normocytic Normochromic.

WBC - Normal leucocyte count and morphology.

PLATELETS - Adequate on the smear.

IMPRESSION - Peripheral Smear within normal limits.



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Dr. Vinisha Nahata  
MBBS, DCP (Pathology)  
Consultant Pathologist  
Reg No: 108310





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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 24/Mar/2024 02:50PM

## HAEMATOLOGY

## FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Malarial Antigen (Vivax &amp; Falciparum) Detection</b>				
Plasmodium falciparum Antigen	NEGATIVE		Negative	Immunochromatography
Plasmodium vivax Antigen	NEGATIVE		Negative	Immunochromatography

## Comment:

- Four species of the Plasmodium parasites are responsible for human malaria infection - P.falciparum, P.vivax, P.ovale and P.malariae. P.falciparum and P.vivax are the most prevalent. Falciparum infection is 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.
- This is only a screening test. The results must always be correlated with clinical history and relevant epidemiological and therapeutic context.
- A Positive result indicates malarial infection. False Positives may be seen due to cross reactivity and persistence antigenemia.
- False negatives may be seen in patient's with very low parasitic index.

Malaria P.f/P.v Ag Test is an immunochromatographic assay for the differential detection between Plasmodium falciparum Histidine -Rich Protein-II (HRP-II) and pLDH (plasmodium lactate dehydrogenase) specific to Plasmodium vivax in human whole blood.

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Sample Type	: Serum	Report Date	: 24/Mar/2024 03:09PM

BIOCHEMISTRY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-Reactive Protein Quantitative				
C-Reactive Protein (Quantitative)	14.10	mg/L	<5.0	Turbidimetry

Comment:

- C-Reactive Protein [CRP] is an acute phase reactant ,hepatic secretion of which is stimulated in response to inflammatory cytokines.
- CRP is a very sensitive but nonspecific marker of inflammation and infection.
- The CRP test is useful in patient with Inflammatory bowel disease, arthritis, Autoimmune diseases, Pelvic inflammatory disease (PID), tissue injury or necrosis and infections.
- CRP levels can be elevated in the later stages of pregnancy as well as with use of birth control pills or hormone replacement therapy i.e. estrogen. Higher levels of CRP have also been observed in the obese.
- As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, he intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia.



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 24/Mar/2024 02:04PM

SEROLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Typhi Dot/Salmonella Typhi IgG & IgM				
Typhidot - IgM	NEGATIVE		Negative	Immunocromatography
Typhidot - IgG	NEGATIVE		Negative	Immunocromatography

Comment:

Typhoid fever is an infection caused by a bacterium, Salmonella Typhi. Timely diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but also to identify and treat the potential carrier state in order to prevent acute typhoid fever outbreaks. TYPHIDOT is an immunochromatographic assay designed for the qualitative detection and differentiation of specific IgM and IgG antibodies against specific Salmonella Typhi antigen in human serum or plasma. This test is an aid in the early diagnosis of typhoid infection.

Note:-

- It is a rapid, qualitative, screening test for early detection of antibodies to Salmonella Typhi in human serum/plasma. All positive results should be confirmed by supplement tests.
- A negative result does not rule out recent infection, as positive result is influenced by the time elapsed after the onset of fever and immuno- competence of the patient.

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## SEROLOGY

## FEVER PACKAGE EXTENSIVE

## Widal Test (Slide Agglutination)

ANTIGEN	OBSERVED TITRE	BIOLOGICAL REFERENCE INTERVAL	METHOD
Salmonella Typhi 'O'	< 1: 20	< 1: 80	Slide Agglutination
Salmonella Typhi 'H'	< 1: 20	< 1: 80	Slide Agglutination
Salmonella Paratyphi 'AH'	< 1: 20	< 1: 80	Slide Agglutination
Salmonella Paratyphi 'BH'	< 1: 20	< 1: 80	Slide Agglutination

## NOTE:

- Widal test is a serological test, used for invitro detection and quantitative estimation of specific antibodies to Salmonella antigen (O, H, AH, & BH) in the serum.
- A positive Widal test confirms Enteric fever (typhoid fever or paratyphoid fever) caused by Gram negative bacteria, Salmonella enterica sub spp typhi or paratyphi A, B. However, A false positive result can sometimes be obtained by slide Widal test, which needs to be confirmed by Tube Widal test.
- The Widal test uses 'O' and 'H' antigens of S.typhi, S. paratyphi A and S. paratyphi B.
- Titers  $\geq 1:80$  of O antigen, H antigen of S. typhi S. paratyphi A & B are significant.
- In the case of Low titres, it is suggested to perform a repeat test after a week. A four fold rise in titre with gap of 1 week confirms the Widal test.

## LIMITATION:

- False Positive:** Anamnestic response is seen in people who have had prior enteric infection or immunisation with TAB vaccine. This response is seen during an unrelated fever like- Malaria, Tuberculosis, Dengue, Influenza, Brucellosis, Rheumatic fever etc. A transient rise in H antibody titre is seen in such cases, whereas in the patients with enteric fever a sustained rise is observed.
- In endemic areas,** people may show moderately elevated levels of 'O' and 'H' agglutinins.
- False negative:** seen in early course of disease (1<sup>st</sup> week) and in immunosuppression.
- False negative** results can be seen in patient where antibiotic treatment is started before the sample is collected.

## COMMENTS:

Widal Test detects antibodies against common somatic 'O' antigen and flagellar 'H' 'AH' 'BH' antigens of Salmonella typhi, paratyphi



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## SEROLOGY

## FEVER PACKAGE EXTENSIVE

A and paratyphi B, respectively. The antigens appear at the end of the first week and an increase in titre of antibodies is observed after 1-2 weeks and then the decline. If there is no rise in antibody titres in the consecutive weeks, it could be due to Anamnestic reaction. Therefore, it is recommended to test for Blood culture in first week of infection and Widal test at the end of first week or in the beginning of second week of infection.

TATA 1mg Labs

NABL certificate  
and scope

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SEROLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Chikungunya IgM				
Chikungunya IgM	NEGATIVE			

Comment:

Chikungunya virus (CHIKV) is an insect-borne virus of the Alphavirus, that is transmitted to humans by Aedes mosquitoes. CHIKV causes an illness similar to dengue fever but unlike dengue there is no hemorrhagic fever or shock syndrome. CHIKV manifests with an acute febrile phase of the illness lasting only two to five days, followed by a prolonged arthralgic disease that affects the joints of the extremities.

NOTE

1. This is only a screening test . All samples detected reactive must be confirmed by using confirmatory test.
2. False positive results can be obtained due to cross reaction with Epstein-BARR virus, Influenza A & B, Brucella and Dengue virus.
3. False negative results are seen if IgM antibody is below the detectable limit.
4. A negative result does not preclude the possibility of exposure or infection with CHIKV



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 24/Mar/2024 06:46PM

## SEROLOGY

## FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Dengue NS1 Antigen				
Dengue NS1 Antigen				
Result	0.1474	Index	<0.8	ELISA
Interpretation	Negative		Negative	

## Comment:

RESULT IN INDEX	REMARKS
Negative (<0.8)	No detectable dengue NS1 antigen.
Equivocal (0.8- <1.1)	Repeat sample after 1 week.
Positive (≥1.1)	Presence of detectable dengue NS1 antigen.

## Note:

- The referring centre/ Lab is responsible for informing concerned Local authorities on notifiable disease.
- Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue virus antibodies IgG & IgM by ELISA.
- NS1 Positive diagnosis to be confirmed by IgM Capture ELISA.

## Comments:

Dengue viruses belong to the family Flaviviridae and have 4 serotypes ( 1-4).It is transmitted by the mosquito Aedes aegypti and Aedes albopictus and is widely distributed in Tropical and Subtropical areas of the world. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.

**Positive:** The presence of Dengue nonstructural protein 1 (NS1) antigen is typically detectable within 1 to 2 days following infection and up to 9 days following symptom onset.NS1 antigen may also be detectable during secondary dengue virus infection, but for a shorter duration of time (1-4 days following symptom onset).

**Negative:** The absence of dengue NS1 antigen is suggestive of absence of acute phase of the infection. The NS1 antigen may be negative if specimen is collected too early such as immediately following dengue virus infection (<24-48 hours) or is collected following 9 to 10 days of symptoms. Results should always be interpreted in conjunction with clinical presentation and exposure history.

## Limitations:

- Cross reactivity is seen in the Flavivirus group between Dengue virus,Zika virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses.
- Negative NS1 antigen results may occur if the specimen was collected after 7 days following symptom onset. Serologic testing for the presence of IgM and IgG antibodies to Dengue Virus is recommended in such cases.

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SEROLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Barcode ID/Order ID	: D9342907 / 9254525	Sample Receive Date	: 24/Mar/2024 12:13PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 24/Mar/2024 03:51PM

CLINICAL PATHOLOGY

FEVER PACKAGE EXTENSIVE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	Visual
Specific gravity	1.030		1.003 - 1.035	pKa change
pH	6.0		4.6 - 8.0	Double Indicator
Glucose	NEGATIVE		Negative	GOD-POD
Protein	NEGATIVE		Negative	Protein Error Principle
Ketones	NEGATIVE		Negative	Nitroprusside
Blood	NEGATIVE		Negative	Peroxidase
Bilirubin	NEGATIVE		Negative	Diazonium
Urobilinogen	NORMAL		Normal	Ehrlich
Leucocyte Esterase	NEGATIVE		Negative	Pyrrole
Nitrite	NEGATIVE		Negative	Diazonium Compound
Pus cells	2-3	/hpf	0-5	Microscopy
Red Blood Cells	NIL	/hpf	0-2	Microscopy
Epithelial cells	1-2	/hpf	Few	Microscopy
Casts	NIL	/lpf	Nil	Microscopy
Crystals	NIL		Nil	Microscopy
Yeast	NIL		Nil	Microscopy
Bacteria	NIL		Nil	Microscopy

Comment:

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.  
•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs. • Urine microscopy is done in centrifuged urine specimens

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

Conditions of Laboratory Testing & Reporting:



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CLINICAL PATHOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mail ID care@1mg.com				
<b>Disclaimer:</b> Results relate only to the sample received. Test results marked "BOLD" indicate abnormal results i.e. higher or lower than normal. All lab test results are subject to clinical interpretation by a qualified medical professional. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information. The test reports alone may not be conclusive of the disease/condition, hence clinical correlation is necessary. Reports should be vetted by a qualified doctor only.				



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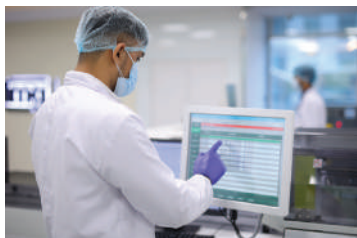
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