Patient	: MR. SANTOSH	Age/Sex : 45 Yrs	Male	Registered On	: 17/08/2022 09:19:23
Ref by	: Dr. SUSHEEL KUMAR			Collected On	: 17/08/2022 09:20:20
Patient ID	: 13221305			Received On	: 17/08/2022 09:20:21
Perm ID	:			Reported On	: 17/08/2022 12:44:11

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Hb)	13.2	gm%	13.0 - 17.0
TOTAL LEUCOCYTE COUNT (TLC)	6500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	**76** H	%	40 - 75
LYMPHOCYTE	**18** L	%	20 - 40
EOSINOPHIL	01	%	01 - 06
MONOCYTE	05	%	01 - 10
BASOPHIL	00	%	00 - 01
RBC COUNT	5.16	Millions/cmm	4.50 - 5.50
P.C.V / HAEMATOCRIT	**37.8** L	%	40.0 - 50.0
M C V	**73.3** L	fl.	80.0 - 100.0
M C H	**25.6** L	Picogram	27.0 - 31.0
M C H C	34.9	gm/dl	32.0 - 36.0
PLATELET COUNT	**0.90** L	lakh/cumm	1.50 - 4.50
WBC ABSOLUTE VALUES			
ABSOLUTE NEUTROPHIL COUNT(ANC)	4940.0	/cumm	1500.0 - 8000.0
ABSOLUTE LYMPHOCYTE COUNT(ALC)	1170.0	/cumm	1000.0 - 3000.0
ABSOLUTE EOSINOPHIL COUNT(AEC)	65.0	/cumm	40.0 - 500.0
ABSOLUTE MONOCYTE COUNT(AMC)	325.0	/cumm	200.0 - 1000.0
ABSOLUTE BASOPHILS COUNT(ABC)	00	/cumm	0.0-0.1
RDW-SD	49.6	fL	40.0 - 55.0
RDW-CV	12	%	12 - 14
MPV	8.9	fL	7.5 - 11.5
PDW	13.30	%	8.30 - 25.00
P-LCR	40.3	%	
PCT	0.32	%	

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Contd...2

Patient : MR. SANTOSH	Age/Sex : 45 Yrs Male	Registered On : 17/08/2022 09:19:23
Ref by : Dr. SUSHEEL KUMAR		Collected On : 17/08/2022 09:20:20
Patient ID : 13221305		Received On : 17/08/2022 09:20:21
Perm ID :		Reported On : 17/08/2022 12:44:11

Test Name	Value	Unit	Biological Ref Interval

BIOCHEMISTRY

LIVER FUNCTION TEST - COMPLETE

BILIRUBIN TOTAL	**26.49** H	mg/dl	0.00 - 2.00
Method : Diazo, Photometry			
CONJUGATED (D. Bilirubin)	**8.10** H	mg/dl	0.00 - 0.50
Method : Diazo, Photometry			
UNCONJUGATED (I.D.Bilirubin)	**18.39** H	mg/dl	0.00 - 0.70
Method : Calculated			
SGOT/AST	**584.0** H	U/L	10.0 - 40.0
Method :UV Kinetic, IFCC			
SGPT/ALT	**365.6** H	U/L	10.0 - 35.0
Method :UV Kinetic, IFCC			
ALKALINE PHOSPHATASE	**214.0** H	U/L	53.0 - 128.0
Method : Kinetic, IFCC			
TOTAL PROTEIN	**6.3** L	gm/dl	6.4 - 8.3
Method : Biuret			
ALBUMIN	3.7	gm/dl	3.5 - 5.2
Method:Bromocresol-Green			
GLOBULIN	2.6	gm/dl	2.3 - 3.5
Method : Calculated			
A/G RATIO	1.4		1.2 - 1.8
Method : Calculated			
AST/ALT RATIO	1.6		
Method : Calculated			

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Contd...3

Patient	: MR. SANTOSH	Age/Sex : 45 Yrs	Male	Registered On :	17/08/2022 09:19:23
Ref by	: Dr. SUSHEEL KUMAR			Collected On	: 17/08/2022 09:20:20
Patient ID	: 13221305			Received On	: 17/08/2022 09:20:21
Perm ID	:			Reported On	: 17/08/2022 12:44:11

Test Name	Value	Unit	Biological Ref Interval

REMARKS :
Most causes of liver cell injury are associated with a greater increase in ALT than AST; however, an AST to ALT ratio of 2:1 or greater is suggestive of alcoholic liver disease, particularly in the setting of an elevated gamma-glutamyl transferase.

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Contd...4

Patient	: MR. SANTOSH	Age/Sex : 45 Yrs	Male	Registered On :	17/08/2022 09:19:23
Ref by	: Dr. SUSHEEL KUMAR			Collected On	: 17/08/2022 09:20:20
Patient ID :	13221305			Received On	: 17/08/2022 09:20:21
Perm ID	:			Reported On	: 17/08/2022 12:44:11

Test Name	Value	Unit	Biological Ref Interval

SEROLOGY

WIDAL TEST (SLIDE METHOD)

	1:20	1:40	1:80	1:160	1:320
TYPHY "O	+	+	+	+	-
TYPHI "H"	+	+	+	-	-
TYPHI "AH"	+	+	-	-	-
TYPHI "BH"	+	+	-	-	-

RESULT : **POSITIVE**

INTERPRETATION :

Sera from normal individuals may show agglutination in dilutions up to 1:40
Agglutination titres of 1:40 or more are significant and rising titres on repitition of test after few days is more suggestive of enteric fever.

LIMITATIONS OF WIDAL TEST:
Numerous false positives due to cross reacting antibodies and heterospecific anamnestic responses and false low titres as a result of partial treatment are observed. This makes clinical correlation with lab findings mandatory.

HBsAg	NON-REACTIVE	NON-REACTIVE

Method : *Immunochromatography*

COMMENTS :

Hepatitis B surface antigen (HBsAg), earlier known as Australia antigen is among the first serological markers that circulate in the blood of the infected persons even 2-3 weeks priior to the appearanceof clinical symptoms.
The levels of HBsAg are specially elevated during the symptomatic phase and decline thereafter . HBsAg detection is also useful for high risk groups of HBV and for differential diagnosis of hepatitis ifection .

*This is only a screening test. To be confirmed by "ELISA".

End of Report

Authenticated by : OMPRAKASH

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