

Name : Baby FATIMA	Age : 3 Years
Lab No. : 174410570	Gender : Female
Ref By : SELF	Reported : 6/10/2023 2:27:23AM
Collected : 5/10/2023 2:07:00PM	Report Status : Final
A/c Status : P	Processed at : LPL-PREET VIHAR
Collected at : FPSC JAFRABAD-2	Plot no. 33, Defence Enclave, Vikas Marg,
SHOP NO-679,GALI NO-27,JAFRABAD New Delhi	Preet Vihar, New Delhi-110092



Test Report

Test Name	Results	Units	Bio. Ref. Interval
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FEVER PANEL - ADVANCE

TYPHI DOT/ SALMONELLA TYPHI IgM (ICT)	Negative
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Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM antibodies against salmonella typhi.
Non-Reactive	Indicates absence of IgM antibodies against salmonella typhi.

Note:

1. Its positivity in serum indicates ongoing or recent infection by Salmonella typhi and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
2. IgM antibodies are typically detectable 5-7 days post symptom onset, peaking in 2nd week and frequently remain elevated for 2-4 months following infection.
3. False positive results may be due to cross reactivity with other Salmonella spp., Dengue virus infection & in patients with high levels of Rheumatoid factor.
4. False negative reaction may be due to processing of sample collected early in the course of disease, antibiotic treatment during 1st week and immunosuppression.
5. Test conducted on serum.

Use

- To diagnose infection due to Salmonella typhi (Enteric fever).

MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN (ICT)

Plasmodium falciparum antigen	Not Detected
Plasmodium vivax antigen	Not 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



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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.

AST (SGOT), SERUM (IFCC without P5P)	34.0	U/L	13.00 - 35.00
ALT (SGPT), SERUM (IFCC without P5P)	15.0	U/L	7.00 - 35.00
C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	54.77	mg/L	<5.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the 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 etc.





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COMPLETE BLOOD COUNT;CBC (Photometry,Electrical Impedence,VCS Technology,Calculated)			
Hemoglobin	9.30	g/dL	11.00 - 14.00
Packed Cell Volume (PCV)	31.10	%	34.00 - 40.00
RBC Count	5.10	mill/mm3	4.00 - 5.20
MCV	61.00	fL	75.00 - 87.00
MCH	18.30	pg	24.00 - 30.00
MCHC	30.00	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW)	17.80	%	12.10 - 15.60
Total Leukocyte Count (TLC)	15.60	thou/mm3	5.00 - 15.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	66.80	%	24.00 - 67.00
Lymphocytes	25.00	%	28.00 - 64.00
Monocytes	7.20	%	2.00 - 11.00
Eosinophils	0.90	%	0.00 - 7.00
Basophils	0.10	%	0.00 - 1.00
Absolute Leucocyte Count			
Neutrophils	10.42	thou/mm3	1.50 - 8.00
Lymphocytes	3.90	thou/mm3	6.00 - 9.00
Monocytes	1.12	thou/mm3	0.20 - 1.00
Eosinophils	0.14	thou/mm3	0.10 - 1.00
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	293	thou/mm3	200.00 - 490.00
Mean Platelet Volume	9.5	fL	6.5 - 12.0

Advised: Hb HPLC to rule out Thalassemia Minor
Note



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1. 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			
2. Test conducted on EDTA whole blood			



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
DENGUE FEVER ANTIGEN, NS1, EIA, SERUM (ELISA)			
DENGUE FEVER ANTIGEN NS1 EIA	0.07	Index	<0.9

Interpretation

RESULT IN INDEX	REMARKS
Negative (<0.90)	No detectable Dengue NS1 antigen.The Result does not rule out Dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal (0.90 - 1.10)	Repeat sample after 1 week
Positive (>1.10)	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assay should be performed on follow up samples after 5-7 days of onset of fever,to confirm dengue infection.

Note: 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 fever antibodies IgG & IgM by ELISA

Comments

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome

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FEVER PANEL - ADVANCE			
Physical			
Chemical			
URINE EXAMINATION, ROUTINE; URINE, R/E		Sample Not Received	
Microscopy			

Shalabh Malik

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology,
Infectious Disease Molecular &
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NRL - Dr Lal PathLabs Ltd

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



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<p>IMPORTANT INSTRUCTIONS</p> <p>•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory .</p> <p>•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted .•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.</p> <p>(#) Sample drawn from outside source.</p> <p>If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.</p> <p>Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com</p> <p>National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.</p>			

