



Ultrasonography Report

HOSPITAL COPY

Name :	Mr. Jatin Goyal	Age:	19 Yrs	Sex.:	M
Date :	01.09.2021	I.P.D.No.:			510615
Ref. by:	DR. Harsh Udwat	SONO No.:			5390/17

ULTRASONOGRAPHY SCAN OF WHOLE ABDOMEN

LIVER:

Liver is enlarged in size with bright in echogenicity. No focal parenchymal Lesion is seen. Intra hepatic biliary radicals are not dilated, Intra hepatic vascular pattern is normal. Liver measures about 16.99 cm.

GALL BLADDER:

Evidence of gall bladder sludge is noted.

PORTAL VEIN:

Normal in diameter, Portal vein measures about 10.4 mm.

CBD:

Normal in diameter. No calculus seen. CBD measures about 4.2 mm.

PANCREAS:

Poor visualization due to obscuration by bowel gases , however appears mild bulky & heterogeneous with mildly inflamed peripancreatic fat. No evidence of any peri pancreatic collection seen.

SPLEEN:

Mildly enlarged in size and normal echotexture. Margins are smooth, No mass lesion or calcification seen. Spleen measures about 13.30 cm.

BOTH KIDNEYS:

Normal in size, shape and normal in echotexture. Cortico-medullary differentiation is maintained. No hydronephrosis seen. No calculus seen. No mass lesion is seen.

Right kidney measures about 11.32 x 5.21 cm.

Left kidney measures about 11.53 x 5.53 cm.

BOTH URETERS:

Not dilated.

[Contd....] 2]

DEPARTMENT OF RADIODIAGNOSIS

Ultrasonography Report

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URINARY BLADDER: Distended with normal sonolucency. Wall thickness is normal.

PROSTATE: Normal size, shape and echogenicity.

OTHERS: Bilateral minimal pleural effusion seen [Left > Right].

Trace ascites seen.

IMPRESSION: FINDINGS ARE SUGGESTIVE OF :-

- Hepatomegaly with fatty changes.
- Gall bladder sludge.
- Mild splenomegaly.
- Acute pancreatitis.
- Bilateral minimal pleural effusion [Left > Right].
- Trace ascites.

AM
DR. MANISH GOYAL
(DMRD RADIOLOGIST)
RMC NO. 23702/12597

H.T.-Anshul



Brig. T.K.Narayanan
Department of Pathology
Santokba Durlabhji Memorial Hospital
Bhawani Singh Marg, Jalpur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL	Age:	19 Years	Sex:	Male
Ward/Bed :	FR6	LIS/LAB No.:	3695761 / 27317	IPD/UHID No.	510615 2015294
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time :	02/09/2021 17:35	Address :			
Sample Collected at:	02/09/2021 17:45:08	Sample Accepted at:	02/09/2021 17:45:15	Authenticated at:	03/09/2021 11:16:06

Microbiology / Serology

Test Name: SCRUB TYPHUS IgM

Method : Enzyme Immuno Assay
Instrument Used : Euroimmun 1-2P
Specimen : Serum

Report

Investigations

Result

Scrub Typhus IgM : 0.14
Interpretation : Negative

Reference Ranges:

Less than 0.80 - Negative
More than 0.80 - Positive

Clinical Information:

Scrub Typhus is an infectious disease that is caused by *Orientia tsutsugamushi* (formerly Rickettsia), a tiny parasite about the size of bacteria that belongs to the family Rickettsiaceae. A bite from the larval trombiculid mite, a parasite of rodents, will transmit the disease. An ulcer of the skin is characteristic of a bite from a trombiculid mite, followed by symptoms including fever, a spotted rash on the torso, and swelling of the lymph glands. Scrub typhus generally occurs after exposure to areas with secondary (scrub) vegetation, which is where its name is derived from. However, the disease can also be prevalent in sandy, mountainous, and tropical areas.

Limitation of the test:

- (1) This test detects the presence of IgG, IgM or IgA antibodies to *O. tsutsugamushi* in the specimen and should not be used as the sole criterion for the diagnosis of Scrub Typhus.
- (2) As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
- (3) If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended. Also a negative result does not preclude the possibility of an infection of *O. tsutsugamushi*.

*** End of Report ***

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Name:	MR JATIN GOYAL		Age :	19 Years	sex: Male
Ward/Bed :	FR6	LIS/LAB No	3695761 / 27317	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat				
Visit Date & Time :	02/09/2021 17.35	Address :			
Sample Collected at	02/09/2021 17.45.08	Sample Accepted at.	02/09/2021 17.45.15	Authenticated at.	03/09/2021 13.13.38

ELISA

Test Name: **DENGUE FEVER IgG & IgM**

Method :	Enzyme Immuno- Assay
Instrument Used :	Euroimmun 1-2P
Specimen :	Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
DENGUE FEVER IgM	Negative			
DENGUE FEVER IgG	Negative			

INTERPRETATION OF RESULT:

- Positive for IgM antibodies : Primary dengue infection.
Positive for IgG antibodies : Secondary Dengue infection.
Positive for IgM & IgG antibodies : Secondary Dengue infection.

Limitations of the Test:

- (1) A negative result can occur if the quantity of Dengue virus NS1 antigen present in the specimen is below the detection limits of the assay, or the antigens that are detected are not present during the stage of disease in which a sample is collected.
- (2) A negative test result cannot exclude a recent infection.
- (3) The presence of detectable Dengue virus NS1 Ag may mean positive for early Dengue infection. As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
- (4) In early infections and some secondary infections, detectable levels of IgM Antibodies may be low. Some patients may not produce detectable levels of antibody within the first seven to ten days after infection. Where symptoms persist, patients should be re-tested 3-4 days after the first specimen.
- (5) Serological cross-reactivity across the Flavivirus group (Dengue Virus, St.Louis encephalitis, Japanese encephalitis, West Nile and Yellow Fever Virus) is common.

Note: Retest in 3-4 days if dengue infection is suspected.

*** End of Report ***

© P&R Reno2 F

Dr. G.N. Gupta

Dr. C.S. Joshi

Dr. Vibha Bhargava

(Resident Doctor)

Shyam Lal Saini

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ELISA

Test Name: **DENGUE FEVER Ag NS1**

Method :	Enzyme Immuno- Assay
Instrument Used :	Euroimmun 1-2P
Specimen :	Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
DENGUE FEVER Ag NS1		Negative		

INTERPRETATION OF RESULT:

- Positive for IgM antibodies : Primary dengue infection.
- Positive for IgG antibodies : Secondary Dengue infection.
- Positive for IgM & IgG antibodies : Secondary Dengue infection.

Limitations of the Test:

- 1) A negative result can occur if the quantity of Dengue virus NS1 antigen present in the specimen is below the detection limits of the assay, or the antigens that are detected are not present during the stage of disease in which a sample is collected.
- 2) A negative test result cannot exclude a recent infection.
- 3) The presence of detectable Dengue virus NS1 Ag may mean positive for early Dengue infection. As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
- 4) In early infections and some secondary infections, detectable levels of IgM Antibodies may be low. Some patients may not produce detectable levels of antibody within the first six to ten days after infection. Where symptoms persist, patients should be re-tested 3-4 days after the first specimen.
- 5) Serological cross-reactivity across the Flaviviridae group (Dengue Virus, St.Louis encephalitis, Japanese encephalitis, West Nile and Yellow Fever Virus) is common.

Note: Retest in 3-4 days if dengue infection is suspected.

*** End of Report ***

OPIORHO2F
By OPIORHO2F

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Name:	MR JATIN GOYAL		Age :	19 Years	sex :	Male	
Ward/Bed :	FR6		LIS/LAB No	3695761 / 27317	IPD/UHID No.:	510615 20152945	
Ref. By:	Dr. Harsh Udwat		Lab/Hosp.:				
Visit Date & Time :	02/09/2021	17:35	Address :				
Sample Collected at:	02/09/2021	17:45:08	Sample Accepted at	02/09/2021	17:45:15	Authenticated at	03/09/2021 13:13:38

Test Name:	ELISA
ANTIBODIES TO LAPTOSPIRA (IgM & IgG)	
Method :	Immuno Chromatography
Instrument Used :	NA
Specimen :	Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
IgM Antibodies to Laptospira		Negative		
IgG Antibodies to Laptospira		Negative		

Interpretation:

- IgM Positive : Primary or current Infection.
- IgM & IgG Positive : In the middle stage of infection.
- IgG Positive : For second infection of conferred lasting immunity.
- IgM & IgG Negative : No Leptospirosis.

Remarks:

Leptospirosis is an infectious disease caused by the pathogenic bacteria Leptospires. Human caused by the species Leptospira interrogans, the pathogenic member of the gens Letospira. Infection is transmitted by host urine-contaminated soil or water, rat bites or animal tissues.

Clinical Manifestations:

The disease presents in our board clinical categories:

1. A mild, influenza-like illness.
 2. Weil's syndrome characterized by jaundice, renal failure, haemorrhage and myocarditis with arrhythmias 3. Meningitis/ meningoencephalitis
 4. -monary haemorrhage with respiratory failure.
- The average incubation period is 7- 14 days. The symptoms persist for approximately seven days. The most prevalent cause of death is renal failure, cardiopulmonary failure and widespread haemorrhage.
- IgM antibodies are detected between 2 and 6 days after onset of symptoms.
IgG antibodies are detectable after 5 or 8 days respectively.

*** End of Report ***

Gupta
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(Pathologist)

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Shyam Lal Saini

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Name: **MR JATIN GOYAL**

Age: 19 Years Sex: Male

Ward/Bed : FR6

LIS/LAB No: 3695847 / 109 IPD/UHID No 510615 20152945

Ref. By: Dr. Harsh Udwat

Lab/Hosp.:

Visit Date & Time : 02/09/2021 19:44

Address : 02/09/2021

Sample Accepted at: 02/09/2021

19:47:30

Authenticated at:

02/09/2021

Method :

Strip Method

URINE ANALYSIS

Instrument Used :

COBAS U 411

Specimen : Urine

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Routine Examination Urine				
Appearance		CLEAR		Clear
Colour		AMBER		Straw Colored
U. + Glucose		NORMAL	mg/dl	Negative
Bilirubin		1	mg/dl	Negative
Ketone		NEGATIVE	mg/dl	Negative
Specific Gravity		1.010		1.001 - 1.035
Occult Blood		NEGATIVE	uL	0 - 10
pH		7		4.6 to 8
Protein		+1	mg/dl	Negative
Urothiogen		8	mg/dl	Upto 1.0 Normal
Nitrite		NEGATIVE		Negative
Leucocyte		NEGATIVE	uL	Upto 10: Normal
MICROSCOPIC EXAMINATION				
RBCS/HPF		NIL	hpf	0 - 2
WBCS/HPF		1-2	hpf	0 - 5
Epithelial/ HPF		1-2		
Casts		NIL		
Crystals		NIL		
Ov. Cells		NIL		

Interpretation of Urine Sugar:

Normal	:	Negative
1+	:	25-75 mg/dl
2+	:	76-150 mg/dl
3+	:	> 150 mg/dl
4+	:	

Interpretation Urine Protein:

Normal	:	Negative
1+	:	25-75 mg/dl
2+	:	76-150 mg/dl
3+	:	> 150 mg/dl

Remarks This is a semi-quantitative strip test, not to be correlated with quantitative test on auto-analyzer.

Reference taken from Henry's Clinical Diagnosis & Management by Laboratory Methods 22nd Edition.

Disclaimer In case of discordance in chemical analysis (Occult blood & Leucocyte) and Microscopy (RBC, WBC) clinical correlation is advised.

Reference ABD Mayo clinic guidelines 2017

*** End of Report ***

OPPO Reno2 F

Dr. G.N.Gupta
(Head of Department)

Dr. Rohit Jain
(Pathologist)

Dr. Rateesh Sareen
(Pathologist)

Nisha

Dr. Nisha Singh
(Resident Doctor)

Nitin
Technologist

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Name:	MR JATIN GOYAL		Age :	19 Years	sex: Male
Ward/Bed :	FR6	LIS/LAB No	3696076 / 89	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time :	03/09/2021 07 19	Address :			
Sample Collected at	03/09/2021 07 45 03	Sample Accepted at	03/09/2021 07 45 21	Authenticated at:	03/09/2021 08 20 18

BIOCHEMISTRY

Test Name: **TRIGLYCERIDES**
Method : Lipase / GK / GPO / POD
Instrument Used : Vitros Fusion 5, 1 FS
Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Triglycerides		176	mg/dL	See Below

Interpretation:

The National Cholesterol Education Program (NCEP) has set the following guidelines for (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and older.

(Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <200 Normal: <230 High: >230	Low: removed HDL :<40 Optimal: <100		
Borderline high: 230-279 Borderline high: 150-199 Normal: 40-60		Near Optimal: 100-129	
High: > or =240 High: >199 Very high: > or =500	High: >60	Borderline high: 130-159	High: 160-189
	Very high: > or =500	Very high: > or =190	Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17 : (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170 Normal: <200 High: >200	Low HDL: <40 Desirable: <110		
Borderline high: 170-199 Borderline high: 90-129 Borderline low: 40-59 Borderline high: 110-129			
High: > or =200 High: > or =130 Normal: > or =40 High: > or =130			

*** End of Report ***

Nisla

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Head of Department
Opportunities

Dr. Rohit Jain
Pathologist

Dr. Ratnesh Sareen
(Pathologist)

Dr. Nisha Singh
(Resident Doctor)

Dinesh Kasotiya
Technologist

Abbreviations Meaning: H - High, L - Low, HC - Critically High, LC - Critically Low, @ Repeat
Investigations have their limitations. Solitary Pathologist result never confirms the final diagnosis of the disease. Report authenticated by resident pathologist should be considered as provisional. The results have to be correlated with the clinical findings

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Name:	MR JATIN GOYAL	Age :	19 Years	sex :	Male
Ward/Bed :	FR6	LIS/LAB No	3696076 / 89	IPD/UHID No. :	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time :	03/09/2021 07 19	Address :			
Sample Collected at	03/09/2021 07 45 03	Sample Accepted at:	03/09/2021 07 45 21	Authenticated at:	03/09/2021 08 10 00

Test Name:

BIOCHEMISTRY

ELECTROLYTES TO INCLUDE SOD,POT,CHL

Method :	Direct Ion-Selective Electrode
Instrument Used :	Vitros Fusion 5, 1 FS
Specimen :	Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Sodium	L	130	mmol/L	137 - 145
Potassium		3.7	mmol/L	3.5 - 5.1
Chloride		99	mmol/L	98 - 107

*** End of Report ***

OPPO Reno2 F

Nisha

G.N.Gupta

Dr. Rohit Jain

Dr. Rakesh Sareen

Dr. Nisha Sinha

Dinesh Kano

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Bhawani Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL	Age :	19 Years	sex :	Male
Ward/Bed :	FR6	LIS/LAB No	3696076 / 89	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
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Test Name:

CALCIUM TOTAL

Method : Arsenazo III Dye
 Instrument Used : Vitros Fusion 5, 1 FS
 Specimen : Serum

BIOCHEMISTRY

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Calcium	L	7.9	mg/dL	9.3 - 10.3

Reference Values:

Males

1-4 years : 9.0-10.4 mg/dL
 5-10 years : 9.0-10.4 mg/dL
 11-12 years : 9.0-10.4 mg/dL
 13-17 years : 9.0-10.3 mg/dL
 > 18 years : 8.9-10.1 mg/dL

Females

01-11 years : 9.6-10.4 mg/dL
 12-14 years : 9.5-10.4 mg/dL
 15-18 years : 9.1-10.3 mg/dL
 >= 19 years : 8.9-10.1 mg/dL

Interpretation:

Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH). A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomeomalacia.

Hypercalcemia is brought about by increased mobilization of calcium from the skeletal system or increased intestinal absorption. The majority of cases are due to primary hyperparathyroidism (pHPT) or bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung. Patients who have pHPT and hypercalcemia may result in cardiac arrhythmia. Total calcium levels also may reflect protein levels.

*** End of Report ***

Dr. G.N.Gupta

Head of Department of Renal Pathologist

Dr. Rohit Jain

Renal Pathologist

Dr. Rateesh Sareen
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Nisha
Dr. Nisha Singh
(Resident Doctor)

Dinesh Kasot
Technologist

Abbreviations Meaning: H - High, L - Low, HI - Critically High, LL - Critically Low. @ Report
Investigations have their limitations. Solitary Pathologist result may not be accurate.

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Name:	MR JATIN GOYAL	Age :	19 Years	sex: Male	
Ward/Bed:	FR6	LIS/LAB No	3695761 / 481	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time:	02/09/2021 17:35	Address:			
Sample Collected at:	02/09/2021 17:45:08	Sample Accepted at:	02/09/2021 17:45:15	Authenticated at:	02/09/2021 19:04:27

BIOCHEMISTRY

Test Name: TRIGLYCERIDES

Method : Lipase / GK / GPO / POD

Instrument Used : Vitros Fusion 5, 1 FS

Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Triglycerides		197	mg/dL	See Below

Interpretation:

The National Cholesterol Education Program (NCEP) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and up.:

(Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable:<200	Normal:<150	Low(removed HDL):<40	Optimal:<100
Bdr-line high:200-239	Bdr-line high:150-199 Normal:40-60		Near Optimal:100-129
High: > or =240	High:200-499	High: >60	Bdr-line high:130-159
	Very high: > or =500		High: 160-189
			Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17 : (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170	Normal: <90	Low HDL: <40	Desirable: <110
Bdr-line high:170-199 Bdr-line high:90-129 Bdr-line low:40-59 Bdr-line high:110-129			
High: > or =200	High: > or =130	Normal: > or =60	High: > or =130

*** End of Report ***

Dr. G.N. Gupta
(Head of Department)

Dr. Rohit Jain
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Dr. Rateesh Sareen
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Dr. Smitirupa Mishra
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Kamlesh Ghatal
Technologist

OPD No. 101

Abbreviations Meaning: H - High, L- Low, HH-Critically High, LL- Critically Low, @ Repeat
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Test Name:

ELISA

Method : Enzyme Immuno- Assay
 Instrument Used : Chorus TRIO
 Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
ANTI MUMPS IgM		0.40	Ndx	Less than 0.80 - Negative 0.8 to 1.20 - Borderline More Than 1.20 - Positive
Interpretation		Negative		
Anti Mumps IgG		0.50	Ndx	Less than 0.80 - Negative 0.8 to 1.20 - Borderline More Than 1.20 - Positive

Mumps is a frequent childhood disease which is normally diagnosed on the basis of the parotitis which constitutes the presenting symptom. However, patients presenting with the most common complication, i.e. orchitis, meningitis or meningoencephalitis, without inflammation of the salivary glands, may require confirmation of the infection by serological methods.

*** End of Report ***

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Dr. C.S. Joshi
(Pathologist)

Dr. Vibha Bhargava
(Pathologist)

(Resident Doctor)
(Resident Doctor)

Bajrang Lal
Technologist

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 Investigations have their limitations. Solitary Pathologist result never confirms the final diagnosis of the disease, Report authenticated by resident pathologist should be considered as provisional. The results have to be correlated with the clinical findings

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Test Name:**BIOCHEMISTRY****CALCIUM TOTAL**

Method : Arsenazo III Dye
 Instrument Used : Vitros Fusion 5, 1 FS
 Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Calcium	L	7.9	mg/dL	9.3 - 10.3

Reference Values:**Males**

01-14 years : 9.6-10.6 mg/dL
 15-16 years : 9.5-10.5 mg/dL
 17-18 years : 9.5-10.4 mg/dL
 19-21 years : 9.3-10.3 mg/dL
 >= 22 years : 8.9-10.1 mg/dL

Females

01-11 years : 9.6-10.6 mg/dL
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Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH). A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomealacia.

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OPD Officer

Dr. Rohit Jain
 (Pathologist)

Dr. Rateesh Sareen
 (Pathologist)

Smitirupa Mishra
Dr. Smitirupa Mishra
 (Resident Doctor)

Kamlesh Ghas
 Technologist

Abbreviations Meaning: H - High, L - Low, HH-Critically High, LL- Critically Low, @ Repeat
 Investigations have their limitations. Solitary Pathologist result never confirms the final diagnosis of the disease, Report authenticated should be considered as provisional The report is issued on the basis of the information provided by the clinician.

Brig. T.K.Narayanan
Department of Pathology
Santokha Durlabhji Memorial Hospital
Bhawani Singh Marg, Jalpur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL		Age :	19 Years	sex:	Male
Ward/Bed :	FRG		LIS/LAB No	3695761 / 27317	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat		Lab/Hosp.:			
Visit Date & Time :	02/09/2021 17:35		Address :			
Sample Collected at:	02/09/2021	17:45:08	Sample Accepted at:	02/09/2021	17:45:15	Authenticated at: 02/09/2021 19:03:04

Test Name:	ELISA
Method :	Procalcitonin
Instrument Used :	Time-Resolved Amplified Cryptate Emission (TRACE Tech.)
Specimen :	Kryptor Compact Plus
	Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Procalcitonin (PCT)		2.00	µg/L	See below
Comment	Moderate risk for progression to severe systemic infection (Severe sepsis). The patients should be closely monitored both clinically and by re-assessing PCT within 6- 24 hours.			

(**Unit convert- 1 ng/ml = 1 µg/L)

BIOLOGICAL REFERENCE INTERVAL:

{ Procalcitonin (PCT) µg/L }

{ Analysis }

(1) . PCT <0.5 µg/L

Systemic infection (Sepsis) is not likely

Low risk for progression to severe systemic infection (Severe sepsis)

(2) . PCT ≥0.5 and <2.0 µg/L

Systemic infection (sepsis) is possible, but various conditions are known to induce PCT levels as well.

Moderate risk for progression to severe systemic infection (Severe sepsis). The patients should be closely monitored both clinically and by re-assessing PCT within 6- 24 hours.

(3) . PCT ≥2.0 and <10.0 µg/L

Systemic infection (sepsis) is likely, unless other causes are known.

High risk for progression to severe systemic infection (Severe sepsis).

(4) . PCT ≥10.0 µg/L

- Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock.

High likelihood of severe sepsis or septic shock.

PCT increase a couple of hours after bacterial induction, reaching levels above 0.1 µg/L in localised infections like LRTI (Lower Respiratory Tract Infection) and raising above 0.50 µg/L when infection becomes systemic. PCT levels in sepsis are generally greater than 1-2 µg/L and often reach values between 10 µg/L and 100 µg/L, or even higher in individual patients with severe sepsis and septic shock. As the septic infection resolves, the PCT levels also return to ranges below <0.50 µg/L, with a half life of 24 hours.

Consequently, in vitro determination of PCT can be efficiently used not only for diagnosis of bacterial infection, but also to monitor the course and prognosis of clinically relevant bacterial infections and sepsis and to control the therapeutic interventions.

*** End of Report ***

Goyal
Dr. G.N. Gupta
(Head of Department)

Dr. C.S. Joshi
(Pathologist)

Dr. Vibha Bhargava
(Pathologist)

(Resident Doctor)
(Resident Doctor)

Bajrang Lal
Technologist

Abbreviations Meaning: H - High, L- Low, HH-Critically High, LL- Critically Low, @ Repeat.
Investigations have their limitations. Solitary Pathologist result never confirms the final diagnosis of the disease. Report authenticated by resident pathologist should be considered as provisional. The results have to be correlated with the clinical findings.

OPPO Reno2 F

Brig. T.K.Narayanan
Department of Pathology
Santokha Durlabhi Memorial Hospital
Bhawani Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL		Age :	19 Years	sex : Male
Ward/Bed :	FRG		LIS/LAB No	3695761 / 379	IPD/UHID No. : 510615 20152945
Ref. By:	Dr. Harsh Udwat		Lab/Hosp.:		
Visit Date & Time :	02/09/2021	17:35	Address :		
Sample Collected at:	02/09/2021	17:45:08	Sample Accepted at:	02/09/2021	17:45:15
				Authenticated at:	02/09/2021 19:19:20

HAEMATOLOGY**MALARIAL PARASITES (PBF)**

Method :	Microscopy
Instrument Used :	Microscope
Specimen :	Whole Blood

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Malaria Parasite		MALARIAL PARASITE NOT SEEN		

Interpretation:**MALARIA PARASITE DENSITY**

- + = 1-10 parasites per 100 oil-immersion thick film fields.
- ++ = 11-100 parasites per 100 oil-immersion thick film fields.
- +++ = 1-10 parasites per single oil-immersion thick film field.
- ++++ = more than 10 parasites per single oil-immersion thick film field.

*** End of Report ***

G.N. Gupta
 Head of Department
 G.D.B.R.H.S.P.T.

Dr. Rohit Jain
 (Pathologist)

Dr. Rateesh Sareen
 (Pathologist)

Dr. Smitirupa Mishra
 (Resident Doctor) Technologist

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 Investigations have their limitations. Solitary Pathologist result never confirms the final diagnosis of the disease, Report authenticated by resident pathologist
 should be considered as provisional. The results have to be rechecked.

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Bhawani Singh Marg, Jalpur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL	Age :	19 Years	sex:	Male
Ward/Bed :	FR6	LIS/LAB No	3695761 / 22531	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time :	02/09/2021 17:35	Address :			
Sample Collected at:	02/09/2021 17:45:08	Sample Accepted at:	02/09/2021 17:45:15	Authenticated at:	02/09/2021 19:36:20

Test Name: **ECI**

VITAMIN - B12

Method : Chemiluminescence
 Instrument Used : Vitros 3600
 Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Vitamin B 12	H	>1000	pg/mL	239 - 931

Interpretation:

Reduced levels of vitamin B 12 may indicate the presence of vitamin dependant anemia. Elevated of Vitamin B 12 have been associated with pregnancy, the use of oral contraceptives and multi-vitamins and in myoproliferative disease such as chronic granulocytic leukemia and myelomonocytic leukemia .An elevated level of Vit. B 12 is not known to clinical problems.Measurement of Vitamin B 12 is intended to identify and monitor Vitamin B 12 deficiency.This can arise from the following :

- Defect in secretion of intrinsic factor, resulting in inadequate absorption from food (pernicious anemia).
- Gastrectomy and malabsorption due to surgical resection and
- A variety of bacterial or inflammatory disease affecting the small intestine.

*** End of Report ***

Dr. G.N. Gupta
(Head of Department)

Dr. C.S. Joshi
(Pathologist)

Dr. Vibha Bhargava
(Pathologist)

(Resident Doctor)
(Resident Doctor)

Bajrang Lal
Technologist

OPPO Reno2 F

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Brig T.K.Narayanan
Department of Pathology
Santokha Durlabhji Memorial Hospital
Bhawan Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 ext.- 459

Name: MR JATIN GOYAL	Age : 19 Years	Sex : Male
Ward/Bed : FR6	LIS/LAB No 3694491/ 298	IPD/UHD No.: 510615 20152945
Ref. By: Dr. Harsh Udwat	Lab/Hosp.:	
Visit Date & Time : 01/09/2021 14:08	Address :	
Sample Collected at: 01/09/2021 14:23:21	Sample Accepted at: 01/09/2021 14:23:28	Authenticated at: 01/09/2021 15:39:09

Method :	HAEMATOLOGY		
Instrument used :	Hb-ELS; HCT:RBC Pulse Height Detection; WBC/Eosinophils Fluorescence Flow Cytometry; PC/PLT:Hydrodynamic Focusing Impedance; Abs Count Fluorescent e Flow Cytometry/Staining; RBC Indices : Calc; ESR:Photometric Capillary Sloped Flow Kinetic Analysis Sysmex XN- 1000 (I)		
	Specimen :	EDTA Blood	

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE				
B.C Total	L	3.00	X 10 ⁶ /uL	4.5 - 5.5
Hæmoglobin	L	10.3	gm / dl	13 - 17
Haematocrit	L	32.1	%	40 - 50
M.C.V	H	107.0	fL	83 - 101
M.C.H	H	34.3	pg	27 - 32
M.C.H.C	H	32.1	g/dL	31.5 - 34.5
RDW-CV	H	15.0	%	11.6 - 14
RDW-SD	H	59.0	fL	39 - 46
W.B.C Total	H	16.71	thys/uL	4 - 10

DIFFERENTIAL COUNT

Neutrophils		83.9	%
Lymphocyte		15.3	%
Monocyte		0.4	%
Eosinophilis		0.3	%
Basophils		0.1	%
IG		1.3	%
Neutrophils(Abs)	H	14.04	X 10 ³ /uL
mphocyte(Abs)		2.55	X 10 ³ /uL
monocyte(Abs)	L	0.06	X 10 ³ /uL
Eosinophilis(Abs)		0.05	X 10 ³ /uL
Basophils(Abs)	L	0.01	X 10 ³ /uL
IG (Abs)		0.21	X 10 ³ /uL
NLR		5.51	

PLATELET

Platelet Count	275	X 10 ³ /uL	150 - 410
----------------	-----	-----------------------	-----------

COMMENT

RBC NORMOCYTIC NORMOCHROMIC MILD ANISOCYTOSIS. FEW MACROCYTIC NORMOCHROMIC RBCS ALSO SEEN
 WBC SHOW TOTAL LEUCOCYTOSIS WITH ABSOLUTE NEUTROPHILIA
 PLATELETS ARE ADEQUATE IN NUMBER

Remarks / References / Methodology :

The current recommendations state that the absolute count is the preferred reporting method for the WBC differential. (CAP Hematology and C.L.S.I.). Partical Haematology, Dacie & Lewis 11th Edition.

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Dr. Kanu Sharma
(Resident Doctor)

Sanwar Mal
Technologist

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Name: MR JATIN GOYAL	Age : 19 Years	Sex : Male
Ward/Bed : FR6	LIS/LAB No 3694491/ 298	IPD/UHID No.: 510615 20152945
Ref. By: Dr. Harsh Udwat	Lab/Hosp.:	
Visit Date & Time : 01/09/2021 14:08	Address :	
Sample Collected at: 01/09/2021 14:23:21	Sample Accepted at: 01/09/2021 14:23:28	Authenticated at: 01/09/2021 15:39:09

HAEMATOLOGY

Method :	Hb;SLS; HCT;RBC Pulse Height Detection; WBC/Eosinophils Fluorescence Flow Cytometry; RBC/PLT-Hydrodynamic Focusing Impedance; Abs Count Fluorescence Flow Cytometry/Staining; RBC Indices ; Calc; ESR:Photometrical Capillary Slopped Flow Kinetic Analysis	
Instrument used :	Sysmex XN- 1000 (I)	Specimen : EDTA Blood

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval

*** End of Report ***

Dr. G.N.Gupta
 (Head of Department)

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 (Pathologist)

Dr. Rateesh Sareen
 (Pathologist)

Dr. Kanu Sharma
 (Resident Doctor)

Kanu
Sanwar M
 Technology

OPPO Reno2 F

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Santokba Durlabhji Memorial Hospital
Bhawani Singh Marg, Jalpur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name:	MR JATIN GOYAL	Age :	19 Years	sex:	Male	
Ward/Bed :	FR6	LIS/LAB No	3694491 / 12904	IPD/UHID No.:	510615 20152945	
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:				
Visit Date & Time:	01/09/2021 14:08	Address :				
Sample Collected at:	01/09/2021 14:16:57	Sample Accepted at:	01/09/2021 14:23:28	Authenticated at:	01/09/2021 16:31:00	

Test Name:

BLOOD BANK**BLOOD GROUP AND SCREENING**

Method : Column Agglutination Technique
 Instrument Used : ORTHO VISION
 Specimen : Blood

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
BLOOD GROUPING A.B.O		AB		
Rh Type		POSITIVE		
Antibody Screening		NEGATIVE		

*** End of Report ***

OPPO Reno2 F

G.N. Gupta

Dr. C.S. Joshi
(Pathologist)

(Pathologist)

(Resident Doctor)
(Resident Doctor)Deepak Ra
Technologi

Name:	MR JATIN GOYAL		Age :	19 Years	sex : Male
Ward/Bed :	FR6	LIS/LAB No	3694491 / 379	IPD/UHID No.:	510615 20152945
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:			
Visit Date & Time :	01/09/2021 14:08	Address :			
Sample Collected at:	01/09/2021 14:23:21	Sample Accepted at:	01/09/2021 14:23:28	Authenticated at:	01/09/2021 15:08:50

Test Name:

BIOCHEMISTRY

Method : CREATININE
 Enzymatic (Creatinine Amidohydrolase)
 Instrument Used : Vitros Fusion 5, 1 FS
 Specimen : Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Creatinine e-GFR using CKD-EPI	L	0.6 145.76	mg/dL	0.8 -1.3

Reference Values :

Males : 1-2 years : 0.1-0.4 mg/dL
 5-9 years : 0.2-0.6 mg/dL
 12-13 years : 0.4-0.8 mg/dL
 > or =16 years : 0.8-1.3 mg/dL

3-4 years : 0.1-0.5 mg/dL
 10-11 years : 0.3-0.7 mg/dL
 14-15 years : 0.5-0.9 mg/dL

Reference values have not been established for patients that are <12 months of age.

Females : 1-3 years : 0.1-0.4 mg/dL
 6-8 years : 0.3-0.6 mg/dL
 > or =16 years : 0.6-1.1 mg/dL

4-5 years : 0.2-0.5 mg/dL
 9-15 years : 0.4-0.7 mg/dL

Reference values have not been established for patients that are <12 months of age.

Interpretation:

Because serum creatinine is inversely correlated with glomerular filtration rate (GFR), when renal function is near normal, absolute changes in serum creatinine reflect larger changes than do similar absolute changes when renal function is poor. For example, an increase in serum creatinine from 1 mg/dL to 2 mg/dL may indicate a decrease in GFR of 50 mL/min (from 100 mL/min to 50 mL/min), whereas an increase in serum creatinine level from 4 mg/dL to 5 mg/dL may indicate a decrease of only 5 mL/min (from 25 mL/min to 20 mL/min).

Because of the imprecision of serum creatinine as an assessment of GFR, there may be clinical situations where a more accurate GFR assessment must be performed, iothalamate or inulin clearance are superior to serum creatinine.

Several factors may influence serum creatinine independent of changes in GFR. For instance, creatinine generation is dependent upon muscle mass. Thus, young, muscular males may have significantly higher serum creatinine levels than elderly females, despite having similar GFRs. Also, because some renal clearance of creatinine is due to tubular secretion, drugs that inhibit this secretory component (eg, cimetidine and trimethoprim) may cause small increases in serum creatinine without an actual decrease in GFR.

Definition of Chronic Kidney Disease (CKD) : Abnormalities of kidney structure or function, present for >3 months, with implication for health under :

Criteria for CKD (either of the following present for >3 months)

1. Markers of kidney damage (one or more) :

Albuminuria (AER ≥ 30 mg/24 hours; ACR ≥ 30 mg/g [≥ 3mg/mmol]). / Urine sediment abnormalities. / Electrolytes & other abnormalities due to tubul disorders. / Abnormalities detected by histology. / Structural abnormalities detected by imaging. / History of kidney transplantation.

2. Decreased GFR : GFR < 60 mL/min/1.73 m² (GFR categories G3a-G5)

Abbreviations : GFR (Glomerular filtration rate) ; ACR (Albumin Creatinine Ratio) ; AER (albumin excretion rate)
Ref : KDIGO Guidelines

*** End of Report ***

Mamta

Dr. G.N.Gupta
 (Head of Department)

Dr. Rohit Jain
 (Pathologist)

Dr. Rateesh Sareen
 (Pathologist)

Dr. Mamta Choudhary
 (Resident Doctor)

Ravi Yadav
 Technologist

OPPO Remove

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Department of Pathology
Santokba Durlabhji Memorial Hospital
Bhawani Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name: MR JATIN GOYAL	Age : 19 Years	sex : Male
Ward/Bed : FR6	LIS/LAB No 3694491 / 379	IPD/UHID No. : 510615 20152945
Ref. By: Dr. Harsh Udwat	Lab/Hosp.:	
Visit Date & Time : 01/09/2021 14:08	Address :	
Sample Collected at: 01/09/2021 14:23:21	Sample Accepted at: 01/09/2021 14:23:28	Authenticated at: 01/09/2021 15:08:47

Test Name:**BIOCHEMISTRY****ELECTROLYTES TO INCLUDE SOD,POT,CHL****Method :**

Direct Ion-Selective Electrode

Instrument Used :

Vitros Fusion 5, 1 FS

Specimen :

Serum

REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Sodium	L	136	mmol/L	137 - 145
Potassium		3.7	mmol/L	3.5 - 5.1
Chloride		102	mmol/L	98 - 107

*** End of Report ***

Mamta

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Dr. G.N.Gupta
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Dr. Rohit Jain
 (Pathologist)

Dr. Rateesh Sareen
 (Pathologist)

Dr. Mamta Choudhary
 (Resident Doctor) Ravi Yadav
 Technolo

Brig. T.K.Narayanan
Department of Pathology
Santokba Durlabhji Memorial Hospital
Bhawan Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name: MR JATIN GOYAL

Ward/Bed : FR6

Ref. By: Dr. Harsh Udwat

Visit Date & Time : 01/09/2021 12:13:02

Age : 19 Years Sex : Male

LIS/LAB No 3694284/ 29033 IPD/UHID No. 510615 20152945
Lab/Hosp: Address :

Test Name:

Molecular Pathology Laboratory

COVID-19 Virus Qualitative PCR (Real Time PCR)
NP Swab & OP Swab

Specimen :

Investigations

REPORT

COVID-19

	Status	Result	Unit	Biological Reference Interval
--	--------	--------	------	-------------------------------

Interpretation:

NEGATIVE

Result	Comment
Positive	RNA Specific to SARS-CoV-2 Detected (Orf1a & E-gene)
Negative	RNA Specific to SARS-CoV-2 Not Detected
Inconclusive	Inconclusive. This could be due to low viral load in the sample, in the sample a repeat sample is recommended for confirmation.

Note:

Negative result does not rule out the possibility of Covid-19 infection. Presence of inhibitors, mutations & insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings. A negative result in a single upper respiratory tract sample does not rule out SARS-CoV-2 infection. Hence in such cases a repeat sample should be sent. Lower respiratory tract samples like Sputum, BAL, ET aspirate are appropriate samples especially in severe and progressive lung disease.

Covid-19 Test conducted as per kits approved by ICMR / CE-IVD / USFDA.

Kindly consult referring Physician / Authorized hospitals for appropriate follow up.

Test conducted on Nasopharyngeal & Oropharyngeal Swabs

Comments:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and kidney failure.

The Performance of this test is been Validated and Evaluated by ICMR & has been recommended by ICMR for Screening & Confirmation of COVID-19.

ICMR Registration Number-for COVID-19 is SDMHJR.

*** End of Report ***

Goyal
Dr. G.N. Gupta
(Head of Department)

Dr. Vibha Bhargava
(Pathologist)

Dr. Sunita Gupta
(Pathologist)

(Resident Doctor)
(Resident Doctor)

Dr. Pankaj Ag
Technologist

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Brig. T.K.Narayanan
Department of Pathology
Santokba Durlabhji Memorial Hospital

Bhawani Singh Marg, Jaipur-302 015 Phone No.: 0141-2566251 Ext.- 459

Name: **MR JATIN GOYAL**

Bed: E14 Age: 19 Years sex: Male
 By: Dr. Harsh Udwat LIS/LAB No 3698100 / 82 IPD/UHID No.: 510615 20152945
 Date & Time: 05/09/2021 07:15 Lab/Hosp.:
 Collected at: 05/09/2021 07:28:52 Address: Sample Accepted at: 05/09/2021 07:29:04 Authenticated at: 05/09/2021 08:12:08

Patient Name:

HAEMATOLOGY
HAEMOGLOBIN AND HAEMATOCRIT

Method:

Hb : SLS; HCT : RBC Pulse Height Detection; RBC : Hydrodynamic Focusing
 Impedance
 Sysmex XN- 1000 (I)
 Whole Blood

Investigations

REPORT

	Status	Result	Unit	Biological Reference Interval
R.C Total	L	2.57	X 10 ⁶ /uL	4.5 - 5.5
Haemoglobin	L	8.8	gm / dl	13 - 17
Haematocrit	L	26.0	%	40 - 50
C.V	H	101.2	fl	83 - 101
C.H	H	34.2	pg	27 - 32
C.H.C		33.8	g/dl	31.5 - 34.5
RBC NORMOCYTIC NORMOCHROMIC MILD ANISOCYTOSIS				

*** End of Report ***

Name:	MR JATIN GOYAL		Age: 19 Years	Sex: Male
Ward/Bed :	E14	LIS/LAB No.:	3697348 / 980	IPD/UHID No.
Ref. By:	Dr. Harsh Udwat	Lab/Hosp.:	510615 2015294	
Visit Date & Time :	04/09/2021 11:21:01	Address :		
Sample Collected at:	04/09/2021 11:33:47	Sample Accepted at:	04/09/2021 11:33:53	Authenticated at: 05/09/2021 12:24:05

Test Name: WIDAL AGGLUTINATION

Method : Tube Dilution
 Instrument Used : Conventional
 Specimen : Serum

Microbiology / Serology

Investigations

Report

RIMARY SAMPLE

Result

: SERUM
 : NEGATIVE
 : NEGATIVE
 : NEGATIVE
 : NEGATIVE

INTERPRETATION OF RESULTS:

- Agglutination may be observed in a normal serum upto a titre of 1:60
- A titre of 1:80(slide) / 1:120(Tube) or more is considered significant and a rise in titre after a few days will confirm the diagnosis.
- Individuals who have previously been immunised or innoculated with TAB vaccine or have history of enteric infection may show too high initial titre when suffering from certain unrelated illness.To confirm the infection, a rise in titre after a few days should be checked.
- A moderate rise in titre of all three -H- agglutinins simultaneously against all -H- antigens is suggestive of TAB vaccination.
- Anamnestic Reactions: Persons who have suffered for enteric infection in past or who had received TAB vac may show appearance of agglutinins in moderate the when suffering from other unrelated illness. Such Anamnestic appearance of agglutinins can be differential form true infection by demonstrating the marked rise titre when the test is repeated after a few days.

MARKS:

Agglutination appears at the begining of the 2nd week, reach a maximum during third week and may persist for weeks or months after convalescence. Cross agglutination with the -O-suspension of S. typhi and S.paratyphi -A- and S. paratyphi -B- often takes place due to possession of some common epitopes.

*** End of Report ***

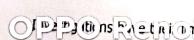
N. Gupta
 (of Department)

Dr. Vibha Bhargava
 (Pathologist)

Dr. Sunita Gupta
 (Pathologist)

(Resident Doctor)
 (Resident Doctor)

Nisha Anand
 Technologist



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Name: **MR JATIN GOYAL** Age: 19 Years Sex: Male
Ward/Bed : FR6 LIS/LAB No.: 3695847 / 15247 IPD/UHID No. 510615 2015294
Ref. By: Dr. Harsh Udwat Lab/Hosp.:
Visit Date & Time : 02/09/2021 19:44 Address:
Sample Collected at: 02/09/2021 19:47:27 Sample Accepted at: 02/09/2021 19:47:30 Authenticated at: 05/09/2021 11:33:14

Microbiology / Serology

Test Name: AUTOMATED IDENTIFIED & SENSITIVITY FOR URINE SAMPLE

Method : Color Metric/ Turbidity Method
Instrument Used : Conventional & VITEK-2C
Specimen : -

Report

Investigations

Result

Specimen : URINE
Result: NO AEROBIC PYOGENIC ORGANISM GROWN ON CULTURE.

Comments :

According to Clinical Laboratory Standards Institute (CLSI) -

Anti microbial agent combination may appear active in vitro but are not effective clinically.

Sr No.	Organism	Anti microbial agents that are not effective clinically
A	ESBL Producing (Klebsiella spp., Esch.coli) etc.	Penicillin, cephalosporin & aztreonam
B	Oxacillin - Resistant Staphylococcus	Penicillin, beta lactam/beta-lactamase inhibitor combination cephems & carbepenems
C	Salmonella spp & Shigella spp.	1st & 2nd generation cephalosporin, cephamycin & aminoglycoside
D	Enterococcus Spp.	Aminoglycoside (except high concentration), cephalosporin, clindamycin & trimethoprim sulpham ethoxazole

*** End of Report ***



Jatin Goyal	Age	19 Yrs	Date	06-SEP-21
Dr. Harsh Udwat				

CECT SCAN CHEST

Minimal left pleural effusion is seen with basal lung atelectasis.

Right lung parenchyma are normal. No consolidation, ground glass attenuation or nodules are seen.

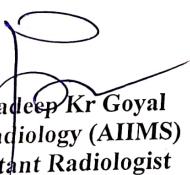
Trachea & mainstem bronchi are clear.

Mediastinal vasculature is unremarkable.

No evidence of hilar or mediastinal adenopathy is seen.

IMPRESSION:

- MINIMAL LEFT PLEURAL EFFUSION WITH BASAL LUNG ATELECTASIS.



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CECT WHOLE ABDOMEN

Pancreas is diffusely bulky & edematous. Partial nonenhancing parenchyma is seen in pancreatic body. Marked peripancreatic inflammatory stranding is seen. Inflammatory thickening of left gerota fascia is seen. Minimal periapancreatic fluid is seen. No focal collection is seen. No calcification is seen. Pancreatic duct is not dilated. SMA is normal. Mild inflammatory attenuation of splenic vein is seen. SMV & main portal vein are normal. Branches of celiac trunk are normal.

Inflammatory thickening of proximal jejunal loops & gastric wall is seen. Borderline dilatation of proximal jejunal loops is seen with no focal transition point.

Subcentimeter lymph nodes are seen in root of mesentery, aortocaval & left paraaortic regions. Liver is mildly enlarged measuring 16.5cm. There is no dilatation of IHBR or CBD. IVC and hepatic veins are normal.

Minimal diffuse edematous thickening is seen in gall bladder wall.

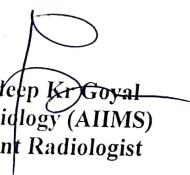
Both kidneys appear normal in size, shape, position & reveal normal functioning. There is no dilatation of pelvicalyceal system or ureters.

Spleen is mildly enlarged measuring 14cm. Adrenals do not reveal any significant abnormality.

Urinary bladder is well distended, has walls of normal thickness & its lumen is clear.
Prostate is normal.

IMPRESSION:

- DIFFUSELY BULKY EDEMATOUS PANCREAS WITH PARTIAL NECROSIS IN PANCREATIC BODY, MARKED PERIPANCREATIC INFLAMMATORY STRANDING & BORDERLINE DILATATION & INFLAMMATORY ATTENUATION OF SPLENIC VEIN SUGGESTIVE OF SEVERE GRADE ACUTE NECROTIZING PANCREATITIS (MODIFIED CT SEVERITY INDEX = 8/10).
- MILD HEPATOSPLENOMEGLY.


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