
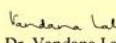


~S04~ LPL-SDA
C2/6 SAFDARJANG DEVELOPMENT AREA
HAUZ KHAS,

DELHI 110016


(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padma Shri
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA




Dr. Vandana Lal
M.B.B.S., M.D (PATH)
Chief of Pathology
SHRIMANI AWARD WINNER

Name: MR. RAHEE PUNYASHLOKA
Lab. No:12 2609835 Age:19 years Gender : M
A/C Status:C Ref. By:UNKNOWN

Collected:13/10/12 08:57
Received :13/10/12 08:59
Printed :13/10/12 17:38

Test Name	Result	Units	Ref. Range
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Haemoglobin	13.60	g/dL	(13.00 - 17.00)
Packed Cell Volume	40.70	%	(40.00 - 50.00)
Leukocyte Count, Total	8.45	thou/mm3	(4.00 - 10.00)
RBC Count	4.88	mill/mm3	(4.50 - 5.50)
MCV	83.40	fL	(80.00 - 100.00)
MCH	27.90	pg	(27.00 - 32.00)
MCHC	33.40	g/dL	(32.00 - 35.00)
RDW	14.20	%	(11.50 - 14.50)
Platelet Count	255.0	thou/mm3	(150.0 - 450.0)
Differential % Leukocyte Counts:			
Segmented Neutrophils	74.30	%	(40.00 - 80.00)
Lymphocytes	12.50	%	(20.00 - 40.00)
Monocytes	13.10	%	(2.00 - 10.00)
Eosinophils	0.00	%	(1.00 - 6.00)
Basophils	0.10	%	(< 2.00)
*Differential Absolute Leukocyte Counts:			
Neutrophil	6.27	thou/mm3	(2.00 - 7.00)
Lymphocyte	1.06	thou/mm3	(1.00 - 3.00)
Monocyte	1.11	thou/mm3	(0.20 - 1.00)
Eosinophil	0.00	thou/mm3	(0.02 - 0.50)

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Anil Lal
(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padmajitri
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA



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Test Name	Result	Units	Ref. Range
Basophil	0.01	thou/mm3	(0.01 - 0.10)

Note: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

MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN

Whole Blood
(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

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.

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Arvind Lal
(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.

Padmajithi
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA



Vandana Lal
Dr. Vandana Lal
M.B.B.S., M.D (PATH)
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Test Name	Result	Units	Ref. Range
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DENGUE FEVER NS1 ANTIGEN Serum (Lateral Flow ICT)	Positive		
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Note:


1. Test conducted on Serum
2. In suspected cases of Dengue fever presenting after 10 days of infection, the recommended test is Dengue fever antibodies IgG & IgM

Comments

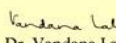
Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito *Aedes aegypti* and *Aedes albopictus*, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease 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.

NS1 antigen is present in high concentrations in the sera of Dengue infected patients during early clinical phase of the disease. It is detected from the 1st to 9th day after the onset of fever in cases of both Primary & Secondary Dengue.

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M.B.B.S., D.C.P.
Padmashree
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA




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M.B.B.S., M.D (PATH)
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Test Name	Result	Units	Ref. Range
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WIDAL SLIDE AGGLUTINATION TEST

Salmonella typhi, O Antigen (TO)	1:160	(< 1:80)
Salmonella typhi, H Antigen (TH)	1:40	(< 1:160)
Salmonella paratyphi A, H Antigen (AH)	< 1:20	(< 1:160)
Salmonella paratyphi B, H Antigen (BH)	< 1:20	(< 1:160)

Note

1. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant
2. Rising titres are significant
3. The recommended Widal test is by Tube Agglutination Method

Comments

This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases. Non specific febrile disease may cause this titre to increase (anamnestic reaction). The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages. The recommended test specially in the first week after infection is Blood Culture.

REPORT AUTHORIZED BY:-

Dr. Rachna Singh - Chief of Lab, SDA

REPORT COMPLETED

Tests Requested:

COMPLETE BLOOD COUNT;CBC, MALARIA PLAS.FALC/VIVAX, DENGUE FEVER NS1 ANTIGEN, WIDAL TEST, COMMENTS