



SOHIT KAPOOR

Tel No : 9820175782

PID NO: P11190351938

Age: 39 Year(s) Sex: Male

Reference: Dr.AJAY JHAVERE

Sample Collected At:
AJAY BHARAT JHAVERI
203,FLOOR 2,14,DOCTOR HOUSE,DR
GOPALRAO DESHMUKH
MARG,CUMBALLA HILL,MUMBAI-
400026.
400004

VID: 11196340482

Registered On:

15/07/2019 04:05 PM

Collected On:

15/07/2019 4:05PM

Reported On:

16/07/2019 12:12 AM

Investigation

Observed Value

Biological Reference Interval

Malarial Antigen (Vivax & Falciparum) Detection

(EDTA Whole Blood)

Plasmodium Falciparum Antigen

Negative

Negative

Plasmodium Vivax Antigen

Negative

Negative

Method : Immunochromatography.

Interpretation :

1. This is only a screening test. The Results of the test are to be interpreted with in the epidemiological, clinical and therapeutic context.
2. A positive result indicates malarial infection. False Positives may be seen due to cross reactivity and Persistence Antigenemia.
3. False negatives may occur due to High Antigenemia.

Associated Test:

- "Fever Panel by Multiplex PCR" for early diagnosis of Dengue virus, Chikungunya virus, Salmonella spp., West Nile virus, Plasmodium spp., Rickettsia spp. and Leptospira spp.



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Typhi Dot IgM

(Serum,Immunochromatography)

Observed Value

Negative

Biological Reference Interval

Negative

Remark :

1. Typhidot is a dot enzyme immunoassay for the rapid diagnosis of IgM antibodies against Salmonella typhi.
2. Typhidot test becomes positive within 2-3 days after infection.
3. Sensitivity of the test is 95%, as compared to Widal 75% .
4. Negative predictive value for the test is 96.1%.

Associated Test:

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Routine Examination Urine*

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| <u>GENERAL EXAMINATION</u> | | | |
| Colour | Yellow | | Pale Yellow |
| Transparency (Appearance) | Clear | | Clear |
| Reaction (pH) | 5.5 | | 4.5-8 |
| Specific Gravity | 1.009 | | 1.005-1.025 |
| <u>CHEMICAL EXAMINATION (AUTOMATED URINE CHEMISTRY)</u> | | | |
| Urine Protein (Albumin) | Absent | | Absent |
| Urine Ketones (Acetone) | Absent | | Absent |
| Urine Glucose (Sugar) | Absent | | Absent |
| Urobilinogen | Normal | | Normal |
| Bilirubin | Negative | | Negative |
| Nitrite | Negative | | Negative |
| <u>MICROSCOPIC EXAMINATION(CUVETTE BASED IMAGING TECHNOLOGY)</u> | | | |
| Red blood cells | 0 | /hpf | 0-2 |
| Dysmorphic Red Blood Cells | Absent | | Absent |
| Pus cells (WBCs) | 0.15 | /hpf | 0-5 |
| Epithelial cells | 0.1 | /hpf | 0-5 |
| Crystals | 0 | /hpf | 0-1.36 |
| Bacteria | 17.7 | /hpf | 0-65.00 |
| Trichomonas Vaginalis | Absent | | Absent |
| Yeast cells | 0 | /hpf | 0-0.68 |

1. Urine routine and microscopy is a screening test .
2. Abnormal results of chemical examination are confirmed by manual methods.
3. Pre-test conditions 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, as applicable, avoid prolonged transit time & undue exposure to sunlight.
4. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
5. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc.
6. False reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc.
7. Physiological variations may affect the test results.

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CBC Haemogram

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|-----------------------------------|-------------------------|-------------|--------------------------------------|
| <u>Erythrocytes</u> | | | |
| Haemoglobin (Hb) | 15.0 | gm/dL | 14-18 |
| Erythrocyte (RBC) Count | 5.08 | mill/cu.mm | 4.4-6.0 |
| PCV (Packed Cell Volume) | 43.9 | % | 42-52 |
| MCV (Mean Corpuscular Volume) | 86.4 | fL | 82-101 |
| MCH (Mean Corpuscular Hb) | 29.4 | pg | 27-34 |
| MCHC (Mean Corpuscular Hb Conc.) | 34.1 | g/dL | 31.5-36 |
| RDW (Red Cell Distribution Width) | 13.1 | % | 11.5-14.0 |
| <u>RBC Morphology</u> | | | |
| Remark | Normochromic Normocytic | | |
| <u>Leucocytes</u> | | | |
| Total Leucocytes (WBC) count | <u>4,000</u> | cells/cu.mm | 4300-10300 |
| Absolute Neutrophils Count | 2480 | /c.mm | 2000-7000 |
| Absolute Lymphocyte Count | 1200 | /c.mm | 1000-3000 |
| Absolute Monocyte Count | 280 | /c.mm | 200-1000 |
| Absolute Eosinophil Count | <u>0</u> | /c.mm | 20-500 |
| Absolute Basophil Count | 40 | /c.mm | 20-100 |
| Neutrophils | 62 | % | 40-80 |
| Lymphocytes | 30 | % | 20-40 |
| Monocytes | 7 | % | 2.0-10 |
| Eosinophils | <u>0</u> | % | 1-6 |
| Basophils | 1 | % | 0-2 |
| <u>Platelets</u> | | | |
| Platelet count | 163 | 10^3 / μl | 140-440 |
| MPV (Mean Platelet Volume) | 8.1 | fL | 7.8-11 |
| PCT (Platelet crit) | <u>0.133</u> | % | 0.2-0.5 |
| PDW (Platelet Distribution Width) | 17.0 | % | 9-17 |

Note:- Kindly note change in reference ranges.

EDTA Whole Blood-Tests done on Automated Five Part Cell Counter. (RBC and Platelet count by impedance/Hydrodynamic focusing,WBC and differential by VCS technology/Impedance/Flow cytometry.Rest are calculated parameters).All Abnormal Haemograms are reviewed confirmed microscopically.Differential count is based on approximately 10,000 cells.



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Unit

Biological Reference Interval

ESR - Erythrocyte Sedimentation Rate 3
(EDTA Whole Blood)

mm/hr

0-15

Method: Automated Westergren

Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

-- End of Report --