Name	: **Ms. AMRITA**		
Lab No.	: **183310661**	**Age**	: **54 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **29/8/2024 2:50:00PM**	**Reported**	: **29/8/2024 6:38:21PM**
A/c Status	: **P**	**Report Status**	: **Final**
Collected at	: **Ghosiya Bazar-RCC 00,BHAWANIPUR.,G.T. ROAD.,TAHSHIL AURAI BHADOHI., GYANPUR, SANT RAVIDAS NAGAR221301 UTP ,IND**	**Processed at**	: **Dr. Lal Path Labs Ltd Lanka ,Varanasi 221005**

Test Report

FEVER PANEL - BASIC

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (Electrical Impidence, Flow Cytometry, SIs, Capillary Photometry)			
Hemoglobin	**11.60**	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	36.70	%	36.00 - 46.00
RBC Count	**3.51**	mill/mm3	3.80 - 4.80
MCV	**104.60**	fL	83.00 - 101.00
Mentzer Index	29.8		
MCH	**33.00**	pg	27.00 - 32.00
MCHC	31.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**16.50**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	7.12	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	61.90	%	40.00 - 80.00
Lymphocytes	32.30	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	2.20	%	1.00 - 6.00
Basophils	0.40	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.41	thou/mm3	2.00 - 7.00
Lymphocytes	2.30	thou/mm3	1.00 - 3.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Monocytes	0.23	thou/mm3	0.20 - 1.00
Eosinophils	0.16	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	164	thou/mm3	150.00 - 410.00
Mean Platelet Volume	**13.4**	fL	6.5 - 12.0
E.S.R.	30	mm/hr	0.00 - 30.00

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

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

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN (Immunochromatography)			
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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Collected	: **29/8/2024 2:50:00PM**	**Report Status**	: **Final**
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Collected at	: **A45 - Ghosiya Bazar-RCC 00,BHAWANIPUR.,G.T. ROAD.,TAHSHIL AURAI BHADOHI., GYANPUR, SANT RAVIDAS NAGAR221301 UTP ,IND**	**Processed at**	: **A45 - Dr. Lal Path Labs Ltd Lanka ,Varanasi 221005**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
WIDAL TEST, SERUM (Slide Agglutination)			
Salmonella typhi O (TO)	Non Reactive		Non-Reactive
Salmonella typhi H (TH)	Non Reactive		Non-Reactive
Salmonella paratyphi A H (AH)	Non Reactive		Non-Reactive
Salmonella paratyphi B H (BH)	Non Reactive		Non-Reactive

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against Salmonella spp.
Non-Reactive	Indicates absence of IgM & IgG antibodies against Salmonella spp.

Note:

1. Titres ≥1:80 of “O” antigen & ≥1:160 of “H” antigen for Salmonella typhi and titres ≥1:80 of “H” antigen for Salmonella paratyphi A & B are significant.
2. Rising titres in paired samples taken 7-10 days apart are more significant than a single test.
3. Reactive results indicates ongoing or recent infection by Salmonella spp. and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
4. The reactivity will vary with stage of the disease with appearance in 1st week to increase in titres till end of 4th week post which it starts decreasing.
5. In TAB vaccinated patients, high titres of H antibody of ≥1:160 to each of Salmonellae is observed. They tend to persist for many months and even years while O antibody shows lower titres and disappears within 6 months.
6. Antibiotic treatment during 1st week before the appearance of antibodies tend to supress the immune response in the form of no or decreasing antibody levels.
7. False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc. in the form of transient rise in H antibody in Widal test.
8. False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.
9. Test conducted on serum.

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

Uses

- To diagnose infection due to Salmonella spp. (Enteric fever).
- To monitor the progression of disease.
- To assess the response to therapy (decreasing titres) in patients being treated for Enteric fever.

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip test, Chemical, Light microscopy)			
Gross Examination			
Colour	Light Yellow		Pale yellow
Specific Gravity	<=1.005		1.001 - 1.030
pH	5		5.0 - 8.0
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Normal		Normal
Blood	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0-2 RBC/hpf
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	3-5 Epi Cells/hpf		0-5 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	91.90	mg/dL	70.00 - 140.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.07	ng/mL	0.80 - 2.00
T4, Total	6.85	µg/dL	5.10 - 14.10
TSH	**4.58**	µIU/mL	0.27 - 4.20

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

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

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory. •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.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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