

Patient Name	: Master.ABUZAR IQBAL	Collected	: 28/Oct/2023 12:23PM
Age/Gender	: 16 Y 0 M 0 D /M	Received	: 28/Oct/2023 03:15PM
UHID/MR No	: DSIE.0000002196	Reported	: 28/Oct/2023 04:59PM
Visit ID	: DSIEOPV2576	Status	: Final Report
Ref Doctor	: DR JAMAL KHAN	Client Name	: PCC SHIBPORE
IP/OP NO	:	Patient location	: ,HOWRAH

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16.4	g/dL	13-17	Spectrophotometer
PCV	47.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.93	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97	fL	83-101	Calculated
MCH	33.3	pg	27-32	Calculated
MCHC	34.3	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	2	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4320	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2160	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	144	Cells/cu.mm	20-500	Calculated
MONOCYTES	576	Cells/cu.mm	200-1000	Calculated

PLATELET COUNT	166000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC- Normocytic Normochromic.

WBC- Normal Morphology.

Platelet- Adequate.



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
MALARIA VIVAX ANTIGEN , WHOLE BLOOD EDTA	NEGATIVE		NEGATIVE	Immunochromotography.
MALARIA FALCIPARUM ANTIGEN , WHOLE BLOOD EDTA	NEGATIVE		NEGATIVE	Immunochromotography

Comment:

1. The test uses monoclonal anti-pf HRP-2 antibody (for P. Falciparum) and monoclonal anti-pv specific pLDH antibody (P. vivax)
2. This is only a screening test. The results of the test are to be interpreted within the epidemiological, clinical and therapeutic context.
3. Since the HRP-2 levels persists for upto 15 days even after successful therapy, a reactive test result does not indicate a failed therapeutic response.
4. Patient with rheumatoid factor, anti-nuclear antibody or dengue may give false positive results.



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UHID/MR No	: DSIE.0000002196	Reported	: 28/Oct/2023 03:34PM
Visit ID	: DSIEOPV2576	Status	: Final Report
Ref Doctor	: DR JAMAL KHAN	Client Name	: PCC SHIBPORE
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DEPARTMENT OF BIOCHEMISTRY

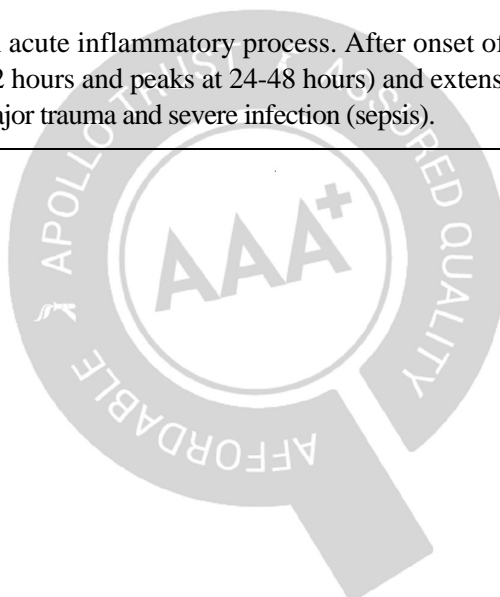
Test Name	Result	Unit	Bio. Ref. Range	Method
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C-REACTIVE PROTEIN CRP (QUANTITATIVE) , <i>SERUM</i>	33.27	mg/L	<5	Latex Particle Immunoturbidimetric
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Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).



Patient Name	: Master.ABUZAR IQBAL	Collected	: 28/Oct/2023 12:23PM
Age/Gender	: 16 Y 0 M 0 D /M	Received	: 28/Oct/2023 02:56PM
UHID/MR No	: DSIE.0000002196	Reported	: 28/Oct/2023 04:53PM
Visit ID	: DSIEOPV2576	Status	: Final Report
Ref Doctor	: DR JAMAL KHAN	Client Name	: PCC SHIBPORE
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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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DENGUE NS1 ANTIGEN , <i>SERUM</i>	0.08	INDEX	<1	ELISA with Fluorescent Detection
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Comment:

RESULT (Dengue NS1 Antigen)	INTERPRETATION
<1 INDEX	NEGATIVE
≥1 INDEX	POSITIVE

This is only a screening test and will only indicate the presence or absence of Dengue NS1 antigen in the specimen. All reactive samples should be confirmed by confirmatory test. Results should be interpreted after taking into consideration the patient's clinical history and symptomatology. False positive results can be obtained due to cross reaction with Murray Valley and encephalitis, Japanese encephalitis, yellow fever and West Nile viruses



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UHID/MR No	: DSIE.0000002196	Reported	: 28/Oct/2023 03:31PM
Visit ID	: DSIEOPV2576	Status	: Final Report
Ref Doctor	: DR JAMAL KHAN	Client Name	: PCC SHIBPORE
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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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TYPHIDOT IgG AND IgM , SERUM

TYPHIDOT - IGM	NEGATIVE		NEGATIVE	ICT
TYPHIDOT - IGG	NEGATIVE		NEGATIVE	ICT

Comment:

This test simultaneously detects and differentiates IgG and IgM antibodies to S. Typhi and paratyphi antigen. IgM positive or IgM/IgG both positive suggest current infection, while IgG positive suggests late stage of infection, previous infection or latent infection.

A negative result can occur if the quantity of anti-S. typhi or paratyphi antibodies present in the sample is below the detection limit of the assay. Samples containing unusually high titers of heterophile antibodies or rheumatoid factor may affect expected results.

The results of this test should be interpreted in conjunction with other diagnostic procedures and clinical findings.



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DEPARTMENT OF SEROLOGY

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DENGUE IgG & IgM - ELISA , SERUM

DENGUE IgG ANTIBODIES	0.11	INDEX	<1	ELISA with Fluorescent Detection
DENGUE IgM ANTIBODIES	0.24	INDEX	<1	ELISA with Fluorescent Detection

Comment:

RESULT (Dengue IgG & IgM Antibodies)	INTERPRETATION
<1 INDEX	NEGATIVE
≥1 INDEX	POSITIVE

This is only a screening test and will only indicate the presence or absence of Dengue NS1 antigen and Dengue IgG&IgM antibodies in the specimen. All reactive samples should be confirmed by confirmatory test.

Results should be interpreted after taking into consideration the patient's clinical history and symptomatology. False positive NS1 antigen results can be obtained due to cross reaction with Murray Valley and encephalitis, Japanese encephalitis, yellow fever and West Nile viruses. False positive antibody results can be obtained due to cross reaction with Epstein-Barr virus, RA, Leptospira, Malaria, Hepatitis-A, Influenza A& B, S. typhi, Japanese encephalites, West Nile virus disease. Immunosuppressive treatments may induce negative IgG or IgM results in Dengue patients.

*** End Of Report ***



DR.DEBAJYOTI SINGHA ROY
MBBS,MD
Consultant Pathologist



Dr. ABHIK BANERJEE
M.B.B.S, M.D(Pathology)
Consultant Pathologist

