



Complete Diagnostic Solution Care

# SANJEEVINI DIAGNOSTIC & LABORATORY

A Complete Computersided Laboratory

## Main Office :

# 82, Rajareddy Building,  
Munnekolalu Last Bus Stop,  
Marathalli Post, Bangalore - 560 037.

## Branch Office :

No. 59, 1st Floor, G.S.N Reddy Building  
Church Road, Murgeshpalya,  
Bangalore - 560 017

## REPORT

Report No : EASY03241311

Name : Mr.SASWAT

Referred By : Dr.MANOJ KUMAR SHARMA,



Bill Date : 09-Mar-2024 11:12 AM

Age : 28Years / Male

Rep Date : 09-Mar-2024 12:27 pm

Test Name	Result	Unit	Reference Range
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT			
Haemoglobin (EDTA Blood/Automated Blood cell Counter)	15.0	gms%	12 - 18
Total Leukocyte Count (WBC) (EDTA Blood/Automated Blood cell Counter)	6200	Cells/cumm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Automated Blood cell Counter)	71	%	40 - 74
Lymphocytes (EDTA Blood/Automated Blood cell Counter)	20	%	14 - 46
Eosinophils (EDTA Blood/Automated Blood cell Counter)	04	%	01 - 06
Monocytes (EDTA Blood/Automated Blood cell Counter)	05	%	02 - 08
Basophils (EDTA Blood/Automated Blood cell Counter)	00	%	00 - 01
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.92	million/cmm	4.50 - 6.50
Packed Cell Volume(PCV)/Hematocrit (EDTA Blood/Automated Blood cell Counter)	51.4	%	37 - 54
Platelet Count (EDTA Blood/ Manuel/ Automated Blood cell Counter)	1.37*	Lakhs/cmm	1.50 - 4.50
Red Cell Distribution Width - CV (EDTA Blood/Automated Blood cell Counter)	13.2	%	11.5 - 14.0
Mean Corpuscular Volume (MCV) (EDTA Blood/Automated Blood cell Counter)	82.0	fl	78 - 98
Mean Corpuscular Haemoglobin (MCH) (EDTA Blood/Automated Blood cell Counter)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin Concentration (EDTA Blood/Automated Blood cell Counter)	35.3	%	32 - 36
ESR-Erythrocyte Sedimentation Rate (Citratd Blood/Automated ESR analyser)	140*	mm/hr	0 - 10
Malarial Falciparum and Vivax Antigen Method : Immunochromatography	Negative		Negative

## SEROLOGY

**NOTE : If the results alaraming or unexpected, Client advice to contact Laboratory immediately for possible remedial action**

**FREE Home Collection Available**

Time : 7.30 am to 8.00 pm



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Dengue NS1 Antigen

NEGATIVE

NEGATIVE

Method : Immunochromatography

### INTERPRETATION:

This test detects the presence of Dengue NS1 antigen & IgM, IgG antibodies to dengue virus and should not be used as sole criteria for diagnosis of dengue infection. 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 7 to 10 days after infection. Where symptoms persist, patients should be retested 3-5 days after the first testing date. Serological cross-reactivity across the Flavi virus group (Dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile and yellow fever virus) is common. If the test result is negative and clinical symptoms persist, additional follow up testing using other clinical methods is recommended. A negative result at any time does not preclude the possibility of an early infection of dengue virus.

This is only a screening test. Therefore, isolation of virus, detection in fixed tissues. RT-PCR and serological test like ELISA test, or more specific alternative diagnosis method must be used in order to obtain a confirmation of dengue virus infection.

### WIDAL TEST (SLIDE)

Salmonella typhi "O" Antigen	1:160	1:80 & Above Significant
Salmonella typhi "H" Antigen	1:160	1:80 & Above Significant
Salmonella typhi "AH" Antigen	1:20	1:80 & Above Significant
Salmonella typhi "BH" Antigen	1:20	1:80 & Above Significant

Method : Slide Agglutination

(A diagnostic titre of  $\geq 1:80$  suggests Positive reaction)

NOTE: The test becomes positive after about seven days of fever.

Rising titre is more significant than single titre.

Person who had previous Salmonella infection may show increased titre during an unrelate week.

Results are to be interpreted with reference to previous T.A.B. vaccination

Blood culture is the confirmatory test. It should be done before administration of antibiotics.

## CLINICAL PATHOLOGY

### URINE COMPLETE ANALYSIS

#### PHYSICAL EXAMINATION :

Colour	PALE YELLOW	Pale yellow /colour less
Volume	18 ML	
Appearance	S. TURBID	Clear
pH	5.5	5.0 - 8.0
Specific Gravity	1.025	1.001 - 1.035

#### CHEMICAL EXAMINATIONS :

Urine Albumin ( Protein )	PRESENT (+)	NIL
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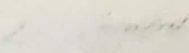
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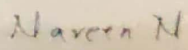


Test Name	Result	Unit	Reference Range
Urine Sugar	NIL		NIL
Bile Salts Urine	ABSENT		ABSENT
Bile Pigments Urine	ABSENT		ABSENT
Urobilinogen	NORMAL		NORMAL
Ketone Bodies Urine	NEGATIVE		NEGATIVE
Blood in Urine	ABSENT		ABSENT
MICROSCOPIC EXAMINATIONS			
Pus Cells	5 - 6	/hpf	< 4 /hpf
Epithelial Cells	1 - 2	/hpf	< 4 /hpf
Rbcs	NIL	/hpf	0 - 2
Casts	NIL	/hpf	Nil
Crystals	NIL	/hpf	Nil
Bacteria	NIL	/hpf	Nil
Other Findings	NIL	/hpf	NIL

----- End Of Report -----

  
Senior Lab Technologist

  
Jayabal. L  
Lab Incharge

  
Dr.Naveen Kumar N  
Consultant Pathologist

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