Client
Nirmala Collection Centre (Prayagraj)
IIT Chauraha, Pipalgoan, Sadar
& Distt. Prayagraj, UP - 211012

Processed By
Pathkind Diagnostic Pvt. Ltd.
20/29 , Panna Lal Road , Near Raj Nursing Home , Allahabad-211002

Name	**: Mr. JANARDHAN SINGH**	Billing Date	:	10/11/202211:29:31
Age	: 56 Yrs	Sample Collected on	:	10/11/2022 11:31:23
Sex	: Male	Sample Received on	:	10/11/2022 14:13:42
P. ID No.	: P1204200034987	Report Released on	:	10/11/2022 18:39:34
Accession No	**: 12042210661214**	Barcode No.	:	994421535, 994421536
Referring Doctor	: Self			
Referred By	:	Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Fever Lite			
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	**59 L**	150 - 410	thou/µL
WIDAL *Sample: Serum* *Method: aggluttination method*			
Salmonella Typhi 'O'	< 1:80	< 1:80	
Salmonella Typhi 'H'	< 1:80	< 1:80	
Salmonella Paratyphi 'AH'	< 1:80	< 1:80	
Salmonella Paratyphi 'BH'	< 1:80	< 1:80	

HAEMATOLOGY

Malarial Parasite (MP) Smear
Method: Method: Microscopy

Thin Smear *Sample: Whole Blood EDTA*	Not Detected	Not Detected	
Thick Smear *Sample: Whole Blood EDTA*	Not Detected	Not Detected	

SEROLOGY

Dengue Duo Rapid Test

Dengue Virus IgG Antibodies *Sample: Serum* *Method: ELISA*	Negative	Negative	Index Value
Dengue Virus IgM Antibodies *Sample: Serum* *Method: Immunochromatography*	Negative	Negative	

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Test Name	Result	Biological Ref. Interval	Unit
Dengue Ns1 Antigen Test *Sample: Serum* *Method: Immunochromatography*	Negative	Negative	

WIDAL

While the definitive diagnosis oftyphoid fever depends on the isolation of S typhi from blood, stools, urine orother body fluids, the role of the Widal test had been to increase the index of suspicion for the presence of typhoid fever by demonstrating a positive agglutination during the acu convalescent period of infection with evidence of a four-fold rise of antibody titre.

Please note that the test suffers from serious cross-reactivity with other infectious agents, it may produce false-positive results, leading to an over-diagnosis of typhoid fever.

The IgM somatic O antibody appearsfirst and represents the initial serologic response in acute typhoid fever, while the IgG flagella H antibody usually develops more slowly but persists for longer.

In an individual with no prior exposureto S typhi infection (either lack of active infection or absence of passive immunisation),a higher than 1:80 or 1:160 titre on an initial single test, usually indicates towards exposure to typhoid fever. However, even these single high value titres in an endemic area like India where repeated exposures to S typhi may have occurred, do not have any clinical relevance in the absence of a positive isolate of the causat organism OR demonstartion of rising titers of antibodies by testing 2 or more serum samples 1-2 weeks apart.

Researchers from different parts of India have reported that in normally health blood donors, the baseline titre for antibodies to “O” and “H” antigens of Salmonella enterica serotype typhi was 1:40 and hence, based on the above results, it could be recommended to use a cutoff level of >1:80 for a single antibody test titre. Similarly, baseline titre for antibody to H antigen of Salmonella enterica serotype paratyphi A and paratyphi B was 1:80 and the cutoff level was >= 1:160 for a single antibody test titre.

Dengue Duo Rapid Test

Interpretation :

Laboratory Diagnostic of Dengue is usually made by detection of NS1(Non Structural) antigen and / or detection of specific IgM and IgG antibodies in serum sample obtain from a patient with fever. NS1 antigen appear in the blood from day 1 of illness and is detectible up-to 9 days. Dengue specific IgM antibodies appear after 5 days of fever and persist for weeks after primary infection while Dengue specific IgG appear after 1st week of illness and persist for a long time lasting months to years. In secondary infection presence of NS1 antigen and / or of IgM antibodies is of diagnostic importance.

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Under ideal conditions, Point of Care Diagnostic Tests (POCT) are reliable besides having a short turnaround time (TAT). ELISA technique is more sensitive and is the government approved technique for laboratory diagnosis of Dengue. Demonstration of viral nucleic acid by RT PCR and isolation of virus by culture are the gold standard for laboratory diagnosis.

History of vomiting, low platelet count, high AST, positive NS1 antigen have been found to be independent correlate of severe dengue and a nanogram has been developed to help identify patients most likely to suffer from severe dengue (Clin Infect Dis 2017; 64:665)
Due to sensitivity and specificity concerns with some POCT, positive NS1 antigen/ IgM results obtained with rapid dengue tests are considered provisional and point to “Probable Dengue” infection. For confirmation of Dengue infection, GOI notification 2016 mandates to test all positive Rapid tests specimens by ELISA

The test cassette is infectious and hazardous and is disposed off as per Government of India regulation governing disposal of Biomedical Waste and can't be handed over to the patient.

** End of Report**

Dr. Saloni Dwivedi
MD (Pathology)
Consultant Pathologist