

<b>Name</b> :	<b>Mr. RISHI RAJ DIXIT</b>	<b>Age</b> :	<b>21 Years</b>
<b>Lab No.</b> :	<b>444586030</b>	<b>Gender</b> :	<b>Male</b>
<b>Ref By</b> :	<b>SELF</b>	<b>Reported</b> :	<b>23/5/2023 3:53:29PM</b>
<b>Collected</b> :	<b>23/5/2023 9:37:00AM</b>	<b>Report Status</b> :	<b>Final</b>
<b>A/c Status</b> :	<b>P</b>	<b>Processed at</b> :	<b>Dr. Lal Path Labs Ltd</b>
<b>Collected at</b> :	<b>NAINI SAMPLE COLLECTION CENTER</b>		<b>Civil lines ,Allahabad-211001</b>
	<b>42/8, LABOUR COLONY, NAINI, ALLAHABAD</b>		
	<b>Mob:9807907477</b>		
	<b>ALLAHABAD</b>		

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>FEVER PANEL - BASIC</b>			

#### HEMOGRAM

(Electrical Impedence,Manual,Westerg)

Hemoglobin	13.40	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	43.10	%	40.00 - 50.00
RBC Count	4.51	mill/mm3	4.50 - 5.50
MCV	95.60	fL	83.00 - 101.00
MCH	29.70	pg	27.00 - 32.00
MCHC	<b>31.10</b>	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.70	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.35	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	<b>82.90</b>	%	40.00 - 80.00
Lymphocytes	<b>13.10</b>	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	<b>0.60</b>	%	1.00 - 6.00
Basophils	0.20	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	4.44	thou/mm3	2.00 - 7.00
Lymphocytes	<b>0.70</b>	thou/mm3	1.00 - 3.00
Monocytes	<b>0.17</b>	thou/mm3	0.20 - 1.00
Eosinophils	0.03	thou/mm3	0.02 - 0.50
Basophils	<b>0.01</b>	thou/mm3	0.02 - 0.10
Platelet Count	176	thou/mm3	150.00 - 410.00
Mean Platelet Volume	9.6	fL	6.5 - 12.0



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**Test Report**

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E.S.R.	21	mm/hr	0 - 15

**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
<b>MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN (ICT)</b>			
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.

### WIDAL TEST, SERUM

(Slide Agglutination)

Salmonella typhi O (TO)	<b>Reactive upto Titre 1:80</b>
Salmonella typhi H (TH)	<b>Reactive upto Titre 1:80</b>
Salmonella paratyphi A, H (AH)	Non Reactive
Salmonella paratyphi B, H (BH)	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.



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#### Note:

1. Titres  $\geq 1:80$  of "O" antigen &  $\geq 1:160$  of "H" antigen for Salmonella typhi and titres  $\geq 1:80$  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  $\geq 1:160$  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 suppress 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.

#### 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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<b>URINE EXAMINATION, ROUTINE; URINE, R/E</b> (Dipstick, Microscopy)			
<b>Physical</b>			
Colour	Light Yellow		Pale yellow
Specific Gravity	1.020		1.001 - 1.030
pH	5		5.0 - 8.0
<b>Chemical</b>			
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	<b>Positive</b>		Negative
Nitrite	Negative		Negative
<b>Microscopy</b>			
R.B.C.	<b>2-3 RBC/HPF</b>		0.0 - 2.0 RBC/hpf
Pus Cells	<b>10-12 WBC/HPF</b>		0-5 WBC / hpf
Epithelial Cells	Few		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen



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Dr. Anveksha Sachan  
MD (Pathology)  
Chief of Laboratory  
Dr Lal PathLabs Ltd



Dr. Rajeshwari Jayaraman  
MD,DNB (Pathology)  
Consultant Pathologist

-----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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