

Mr. RAUNAK SINGH		Collected at: Ayurvedon Healthcare Naini H 76 Mukhta Vihar PDA Road Prayagraj UP 211008 Ph 8081515101	Collected : 14/04/2025 03:04 PM
Age : 20 Yrs			Reported : 14/04/2025 08:26 PM
Gender : Male			Report Status : Final
PID : 1201C108250414006497		Processed at: Pathkind Labs Allahabad, 20/29 Panna Lal Rd Near Raj Nursing Home 211002, Ph 7827949724	Ref. By : Self
VID : 1201C108250414003173			
Barcode: 80011897001 , 80011897002 , 80011897003			

Test Name	Result	Biological Ref. Interval	Unit
FEVER STAR BASIC PANEL			
Complete Blood Count (CBC)			
Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	12.80 L	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.66	4.00 - 10.00	thou/ μ L
RBC Count	4.27 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	41.20	40.00 - 50.00	%
MCV	96.50	83.00 - 101.00	fL
MCH	30.00	27.00 - 32.00	pg
MCHC	31.10 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.70	11.80 - 15.60	%
Neutrophils	69.00	40.00 - 80.00	%
Lymphocytes	25.00	20.00 - 40.00	%
Eosinophils	1.00	1.00 - 6.00	%
Monocytes	5.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	5975.40	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2165.00	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	86.60	20.00 - 500.00	/ μ L
Absolute Monocyte Count	433.00	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00	0.00 - 100.00	/ μ L
Platelet Count	179.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	13.80 H	6.80 - 10.90	fL
Method: HB By Photometric ,TLC/RBC/PCV/Platelet Count By Impedance ,MCV/MCH/MCHC/RDW/ANC/ALC/AEC/AMC/ABC/MPV By Calculated ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy			



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Test Name	Result	Biological Ref. Interval	Unit
Erythrocyte Sedimentation Rate (ESR) Sample : Whole Blood, EDTA Method : Modified Westergren Method	74.00 H	0.00 - 10.00	mm 1st Hour
Malarial Parasite (MP) Smear Sample : Whole Blood, EDTA Method : Microscopy of thick smear by Giemsa stain and thin by Leishman's stain			
Thin Smear	Not Detected	Not Detected	---
Thick Smear	Not Detected	Not Detected	---



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Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.025	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Detected	Not Detected	---
Leucocyte esterase Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	5-7	0-5	/hpf
RBC Method : Microscopy	2-3	Not Detected	/hpf



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Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			



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Test Name	Result	Biological Ref. Interval	Unit
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Widal

Sample : Serum
Method : Slide Agglutination

WIDAL.
Result:

Test Name	Result	Unit	Bio. Ref. Range	Method
SALMONELLA TYPHI 'O'	<1:80	Titre	<1:80	Agglutination
SALMONELLA TYPHI 'H'	<1:80	Titre	<1:80	Agglutination
S.PARATYPHI A 'H'	<1:80	Titre	<1:80	Agglutination
S.PARATYPHI B 'H'	<1:80	Titre	<1:80	Agglutination

Authenticated by


Dr. Saloni Dwivedi
MBBS MD (Pathology)
Lab Head

Interpretation
Urine Routine & Microscopic Examination

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

Erythrocyte Sedimentation Rate (ESR)


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Test Name	Result	Biological Ref. Interval	Unit
<p>The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.</p> <p>Malarial Parasite (MP) Smear</p> <p>Peripheral smear examination for detection of malarial parasite helps in the rapid and accurate detection and species identification of Plasmodium.</p> <p>Complete Blood Count (CBC)</p> <p>CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p> <p>Widal</p> <p>While the definitive diagnosis of typhoid fever depends on the isolation of S typhi from blood, stools, urine or other 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 acute and convalescent period of infection with evidence of a four-fold rise of antibody titre. In many developing countries, including India, the Widal test appears to be the only laboratory means employed in the diagnosis of typhoid fever among suspected patients. As 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 Widal test reaction involves the use of bacterial suspensions of S typhi and S paratyphi 'A' and 'B', treated to retain only the 'O' and 'H' antigens. These antigens are employed to detect corresponding antibodies in the serum of a patient suspected of having typhoid fever. The IgM somatic O antibody appears first and represents the initial serologic response in acute typhoid fever, while the IgG flagella H antibody usually develops more slowly but persists for longer.</p> <p>In an individual with no prior exposure to 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 correlates fairly well with exposure to typhoid fever. However, even these single high value titres in an endemic area where repeated exposures to S typhi may have occurred, do not have any clinical relevance in the absence of a positive isolate of the causative organism.</p> <p>Researchers from different parts of India have reported that in normally healthy 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 $\geq 1:80$ 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 $\geq 1:160$ for a single antibody test titre.</p>			

** End of Report **

