

**Patient** : Mr. PRINCE  
**Consultant** : self  
**Address** :

**Age / Sex** : 24 Yrs / Male  
**Date** : 01/09/2025  
**Lab No.** : 13416

TEST NAME	RESULT	UINITS	REF RANGE
<b><u>COMPLETE BLOOD COUNTS</u></b>			
HAEMOGLOBIN Tech:- PHOTOMETRY	14.4	gm/dL	(12 - 16)
TOTAL LEUCOCYTE COUNT Tech:- IMPEDENCE	3800	/cumm	(4000 - 11000)
<b><u>DIFFERENTIAL LEUCOCYTE COUNT</u></b>			
NEUTROPHILS	69	%	(40 - 75)
LYMPHOCYTES	26	%	(20 - 45)
MONOCYTES	03	%	(01 - 08)
EOSINOPHILS	02	%	(1 - 6)
BASOPHILS	00	%	(0 - 1)
PACKED CELL VOLUME Tech:- NUMERIC INTEGRATION	43.2	%	(35 - 48)
RBC Tech:- IMPEDANCE	5.24	m/cumm	(4.00 - 5.50)
MCV Tech:- CALCULATED	84.7	fl	(76 - 96)
MCH Tech:- CALCULATED	27.5	pg	(27 - 32)
MCHC Tech:- CALCULATED	32.5	%	(30 - 35)
PLATELET COUNT Tech:- IMPEDANCE	1.68	lacs/cmm	(1.5 - 4.5)
<b><u>WIDAL TITER</u></b>			
O ANTIGEN(TO)	1:80		
T `H`	1:80		
PARATYPHI A H ANTIGEN	1:40		
PARATYPHI B H ANTIGEN	1:40		
<u>Interpretation:</u>			

Comments:

This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth



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week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases. Non specific febrile disease may cause this titre to increase (anamnesic reaction). The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages. The recommended test specially in the first week after infection is Blood Culture.

**TECHNOLOGIST**

*Nikita*  
**PATHOLOGIST**  
PMC: 46853

Haematology | Clinical Biochemistry | Serology | Hormonal Assay | Immunohistochemistry  
Clinical Pathology | Histopathology | Microbiology | Coagulation Assay

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