



# Vijaya Diagnostic Centre

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

## LABORATORY TEST REPORT

Regn Date : 24/08/2019 09:27  
Name : MR. NARENDRA NATH LAL  
Regn No : 461918535  
Ref By : Dr. KAMARAJ C  
Sample Type : Serum

Sample Collection : 24/08/2019 09:34  
Print Date : 17/08/2020 23:29  
Age / Sex : 70 Years / Male  
Regn Centre : Nizampet - 46  
Ref no. :

### C-REACTIVE PROTEIN (CRP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
C - Reactive Protein	: 41.3	Positive : $\geq 5$ mg/L Negative : $< 5$ mg/L

Method : Immuno Turbidimetry

Comments / Interpretation :

- In many cases the changes in plasma CRP level precede changes in the clinical symptoms.
- The degree of elevation of CRP reflects the mass or activity of the inflamed tissue and in acute inflammation or infection correlates well with disease activity.
- Because the increase is non-specific, it cannot be interpreted without a complete clinical history, and even then, only by comparison with previous values.
- A persistently raised CRP level generally indicates that therapy is ineffective.
- Normal CRP levels do not exclude the presence of minor degrees of acute, localized inflammation or some chronic diseases such as SLE and ulcerative colitis.

### UREA

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Urea	: 39	Adult : 17 - 43 mg/dL Newborn : 8.4 - 25.8 mg/dL Children : 10.8 - 38.4 mg/dL Infant : 10.8 - 38.4 mg/dL mg/dL

Method : Urease / GLDH

Comments / Interpretation :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of Pre-Renal, Renal and Post-Renal hyperuremia.

### CREATININE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Creatinine	: 1.0	Adult Male : 0.7 - 1.2 mg/dL Neonate : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL Children : 0.3 - 0.8 mg/dL mg/dL

Method : Jaffe Kinetic IDMS traceable

Comments / Interpretation :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.

  
**DR S G ALI HATIM**  
CONSULTANT BIOCHEMIST





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### WIDAL TEST

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Widal Test	: Negative	NA
Salmonella typhi O	: Less than 1 : 20	
Salmonella typhi H	: Less than 1 : 20	
Salmonella paratyphi AH	: Less than 1 : 20	
Salmonella paratyphi BH	: Less than 1 : 20	

Method : Tube Agglutination

Interpretation :

RESULT	TITRE	INTERPRETATION
Negative	$\leq 1:80$	Specimen is Negative for Widal test / No antibodies to Salmonella or antibodies have not yet reached detectable levels.
Positive	$> 1:80$	Specimen is Positive for Widal test / Presence of antibodies to Salmonella.

- \* This test is for the detection of antibodies to Salmonella in serum of patients with symptoms suspicious of enteric fever.
- \* The result of this test should be correlated clinically and with other Laboratory findings of patient.
- \* Individuals vaccinated with Typhoid vaccine (TAB) may show moderately elevated titres of all three "H" antibodies.



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*neha*

**DR.NEHA**  
CONSULTANT MICROBIOLOGIST



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Sample Type : Whole Blood - EDTA

Sample Collection : 24/08/2019 09:34  
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### COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
<b>Haemoglobin</b> <i>Photometric measurement</i>	: 9.4	13.0 - 17.0 g/dL
<b>Total RBC Count</b> <i>Coulter Principle</i>	: 3.59	4.5 - 5.5 millions/cumm
<b>Packed Cell Volume / Hematocrit</b> <i>Calculated</i>	: 30.3	40.0 - 50.0 Vol%
<b>MCV</b> <i>Derived from RBC Histogram</i>	: 84.3	83.0 - 101.0 fl
<b>MCH</b> <i>Calculated</i>	: 26.2	27 - 32 pg
<b>MCHC</b> <i>Calculated</i>	: 31	31.5 - 34.5 gm/dL
<b>RDW</b> <i>Derived from RBC Histogram</i>	: 15	11.6 - 14.0 %
<b>Total WBC Count</b> <i>Coulter Principle</i>	: 8800	4000 - 10000 Cells/cumm
<b><u>Differential count</u></b>		
<b>Neutrophils</b> <i>VCSn Technology / Microscopy</i>	: 73	40 - 80 %
<b>Lymphocytes</b> <i>VCSn Technology / Microscopy</i>	: 14	20 - 40 %
<b>Eosinophils</b> <i>VCSn Technology / Microscopy</i>	: 2	1 - 6 %
<b>Monocytes</b> <i>VCSn Technology / Microscopy</i>	: 10	2 - 10 %
<b>Basophils</b> <i>VCSn Technology / Microscopy</i>	: 1	0 - 2 %
<b><u>Absolute Leucocyte Count</u></b>		
<b>Absolute Neutrophil Count</b> <i>Method : Calculation</i>	: 6424	2000 - 7000 Cells/cumm
<b>Absolute Lymphocyte Count</b> <i>Method : Calculation</i>	: 1232	1000 - 3000 Cells/cumm
<b>Absolute Eosinophil Count</b> <i>Method : Calculation</i>	: 176	20 - 500 Cells/cumm
<b>Absolute Monocyte Count</b> <i>Method : Calculation</i>	: 880	200 - 1000 Cells/cumm
<b>Platelet Count</b> <i>Coulter Principle</i>	: 470000	150000 - 410000 /cumm
<b><u>Peripheral Smear</u></b>		



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## COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
<b>RBC</b> <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normocytic Normochromic	
<b>WBC</b> <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normal in morphology, maturity and distribution	
<b>Platelets</b> <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Thrombocytosis	



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CONSULTANT PATHOLOGIST



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### ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Erythrocyte Sedimentation Rate (ESR)	: 89	0 - 20 mm/hr
Method : Automated (Modified Westergren)		

Comments / Interpretation :

- ESR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.



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### MALARIAL PARASITE (SMEAR)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Smear For Malarial Parasite <i>Method : Microscopy - Thick &amp; Thin Smears (Leishman &amp; Giemsa stain)</i>	: Negative	NA

#### Comments / Interpretation :

- Positive test result indicates the infestation of Malarial parasite.
- False Negative smears can be observed in partial antimalarial treatment or by sequestration of parasitised cells in deep vascular beds.
- Duration of illness, level of parasitemia and method of examination have a bearing on the result.



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