



Vijaya Diagnostic Centre

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

Ph : 040 2342 0422 to 427

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	: 24/08/2019 09:27	Sample Collection	: 24/08/2019 09:34
Name	: MR. NARENDRA NATH LAL	Print Date	: 25/08/2019 15:04
Regn No	: 461918535	Age / Sex	: 70 Years / Male
Ref By	: Dr. KAMARAJ C	Regn Centre	: Nizampet - 46
Sample Type	: Serum	Ref no.	:

C-REACTIVE PROTEIN (CRP)

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

Method: Immono Turbidimetry

Comments:-

Comments / Interpretation :

-
- CRP exhibits dramatic increase in concentration following acute or chronic inflammation that may accompany bacterial infections - the most potent stimulus to CRP production; autoimmune or immune complex disease, tissue necrosis, malignancy, myocardial infarction, and trauma. The increase occurs within 24-48 hours and the level may be 2000 times normal.
 - 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:-

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

Comments:-

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.





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Age / Sex : 70 Years / Male

Regn Centre : Nizampet - 46

Ref no. :

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

Comments:-

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 quantitative 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.
- * Confirmation by Blood culture and sensitivity if the patient is not on antibiotics.

DR.NEHA
CONSULTANT MICROBIOLOGIST

Certificate # MC-2657



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Ref By	: Dr. KAMARAJ C	Regn Centre	: Nizampet - 46
Sample Type	: Whole Blood - EDTA	Ref no.	:

COMPLETE BLOOD PICTURE (CBP)

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



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COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Platelet Count <i>Coulter Principle</i>	: 470000	150000 - 410000 /cumm
Peripheral Smear		
RBC <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normocytic Normochromic	
WBC <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Normal in morphology, maturity and distribution	
Platelets <i>Microscopy : Leishman stain/Modified Giemsa Stain</i>	: Thrombocytosis	
Comments:-		

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DR.DILIP KUMAR DAS
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 Westergrens)

Comments:-

Comments / Interpretation :

- ESR is a nonspecific phenomenon, 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	: Negative	NA
<i>Method : Microscopy - Thick & Thin Smears (Leishman & Giemsa stain)</i>		
Comments:-		

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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