



Niramaya Medical Foundation & Research Centre Pvt. Ltd.
Sou. Shantabai Deshpande Memorial Institute of Critical Care Medicine
Ashoknagar, Bhigwan Road, Baramati. Pune - 413 102. Ph.(02112) 228982

Department of Clinical Laboratory

NAME OF PATIENTS : MR. BALU DABADE.

YEARS :- 53 YEARS

SEX :- MALE

DISS DATE : 28.11.2023

ADMIT DATE:- 25.11.2023

PATHOLOGY LAB CHARGES SUMMARY

<u>DATE</u>	<u>TEST NAME</u>	<u>TEST CHARGES</u>
25.11.2023	CBC	250
	BSL-R	70
	CRP	500
	DENGUE	600
	LFT	900
	URINE -R	150
26.11.2023	CBC	250
	WEIL-FELIX	500

TOTAL

3220/-

[AMOUNT IN WORDRS.: - THREE THOUSAND TWO HUNDRED TWENTY RS ONLY]

R

NIRAMAY MEDICAL FOUNDATION
& RESEARCH CENTRE PVT. LTD.
Gat No.105
JALOCHI, Baramati, Dist-Pune 413 102



Department of Clinical Laboratory

SID : 15234834
 Name : Mr. BALU DABADE
 Age/Sex : 53 Year / Male
 Ref. By : Dr.A. R. DESHPANDE - M.D.(MED.)
 Sample Collected : OPD



PID : 20232900
 Registered : 25/Nov/23 06:29PM
 Collected : 25/Nov/23 06:29PM
 Reported : 25/11/2023
 Status : Final

SEROLOGY

WIDAL TEST (SLIDE)

Investigation	Result
S.typhi (O Antigen)	1:160
S.typhi (H Antigen)	1:80
S.paratyphi (AH Antigen)	No Agglutination
S.paratyphi (BH Antigen)	No Agglutination
Impression	POSITIVE

(Serum, Tube Agglutination)

Interpretation :

- Agglutination titre greater than 1:80 is considered significant.
- The past history of enteric fever or inoculation of TAB vaccine can interfere with the result.

Clinical significance:

- The organism Salmonella typhi responsible for causing enteric fever/typhoid fever, which is characterised by high consistent fever, loss of appetite, transitory bacteraemia, round or oval shaped ulcers on smooth peritoneal surface of Peyer's patches etc.
- The organism possess 'O' antigen on cell wall and 'H' antigen on its flagella, against which the host body produces immunospecific antibodies.
- Paratyphoid fever caused by Salmonella paratyphi A or B is characterized by milder course of disease.
- These organisms also possess somatic 'O' and flagellar antigen termed as A(H) and B (H) respectively

*** End of Report ***



Department of Clinical Laboratory

SID : 15234851
 Name : Mr. BALU DABADE
 Age/Sex : 53 Year / Male
 Ref. By : Dr.A.R.DESHPANDE M.D.(MEDI)
 Sample Collected : IPD



PID : 20232900
 Registered : 26/Nov/23 09:36AM
 Collected : 26/Nov/23 09:36AM
 Reported : 26/11/2023
 Status : Final

HAEMATOLOGY

COMPLETE BLOOD COUNT-(EDTA WHOLE BLOOD)

Investigation	Result	Units	Bio. Ref. Interval
RBC Parameters			
Haemoglobin - (EDTA Whole Blood) <i>Colorimetric Method</i>	15.4	gm/dl	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.59	million cells/cumm	4.5 - 5.5
Packed Cells Volume / HCT	47.4	%	40.0 - 50.0
MCV(Mean Cell Volume)	84.8	fL	80 - 101
MCH	27.55	pg	27 - 33
MCHC	32.49	g/dL	31.8 - 36
RDW(Red cell distribution width)	13.8	%	12 - 14.5
WBC Parameters			
Total WBC Count (EDTA Whole Blood) <i>Flow Cytometry</i>	13600	cells/cumm	4000 - 11000
Differential Count			
Neutrophils (EDTA Whole Blood)	80	%	30 - 60
Lymphocytes (EDTA Whole Blood)	15	%	20 - 45
Eosinophils (EDTA Whole Blood)	02	%	1 - 6
Monocytes (EDTA Whole Blood)	03	%	2 - 10
Basophils (EDTA Whole Blood) <i>Optical Impedance</i>	00	%	0 - 1
Platelet Parameters			
Platelet Count (EDTA Whole Blood) <i>Electrical Impedance</i>	143000	/cumm	150000 - 500000

Test Done On ERMA PCE-210 Fully Automated Haematology Analyzer.

*** End of Report ***



Page 3 of 3

Checked By : UDAY K
 Print Date : 26/11/2023 09:39AM

Raut
Dr.Mrs. Madhuri Raut
 MD(PATH) Consultant Pathologist
 Registration No-2000072337



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SEROLOGY

WEIL FELIX TEST

Investigation	Result	Bio. Ref. Interval
Proteus Antigen OX 2 <i>Slide Agglutination</i>	1:40	< 1:160
Proteus Antigen OX 19 <i>Slide Agglutination</i>	1:80	
Proteus Antigen OX K <i>Slide Agglutination</i>	1:20	

Method : (Serum, Tube agglutination)

Test Observation :

Disease	OX19	OX2	OXK
Epidemic typhus	Agglutination +	Low titre /No agglutination	No agglutination
Endemic typhus	Agglutination +	No agglutination	No agglutination
Tickborne spotted fever	Agglutination +	Agglutination +	No agglutination
Scrub typhus	No agglutination	No agglutination	Agglutination +
Brill-Zinsser disease	No agglutination /Low titre	No agglutination /Low titre	No agglutination

Test interpretation:

1. Heterophile agglutination test
2. Rising titre or a single high titre is to be taken as diagnostic of Rickettsial infection.
3. Titres more than 1:160 are considered significant.
4. A rise or fall in titre is more significant than a single elevated titre.
5. False positive reactions may be sometimes seen in Urinary tract Infections by Proteus species, Liver diseases or other infectious diseases like Malaria, typhoid, brucellosis, tuberculosis and Infectious mononucleosis.
6. Rise in titres is of greater clinical significance than high titre in a single test.
7. High levels of residual antibodies can be seen in normal healthy populations or in patients with previous residual infections.

Checked By : UDAY_K
Print Date : 26/11/2023 09:39AM



Raut
Dr.Mrs. Madhuri Raut
MD(PATH) Consultant Pathologist
Registration No-2000072337



Date : 2⁵th November 2023.

Name : Mr.Balu Dabade 53 yrs/Male

Ref by : Dr.A.R.Deshpande MD

USG ABDOMEN AND PELVIS

Many thanks for the reference.

Liver is normal in size and echotexture.

No focal lesion is seen. No dilatation of intra-hepatic biliary radicals.

Gall bladder is partially distended and shows clear contents.

Wall thickness is normal. CBD and portal vein are normal.

Pancreas appears normal in size and echotexture.

Spleen is mildly enlarged(12.4 cm) in size and is normal in echotexture.

No focal lesion is seen.

Both kidneys are normal in size, shape and echotexture.

Left renal non-obstructing calculus of size 5 mm in upper calyx.

No hydronephrosis / hydroureter on either side.

Urinary bladder is distended and shows smooth outline.

No vesical/UV junction calculus.

Prostate is normal in size, shape and echotexture.

Aorta and IVC are normal.

No collection in abdomen and pelvis.

No e/o abnormally enlarged mesenteric, pre / para aortic or iliac lymph nodes.

Impression :

Mild spleenomegaly.

Left renal non-obstructing calculus.

Dr.Rahul Tupe
MD,DMRE

Consultant Radiologist



We Provide Help.... Hope & Health !



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HAEMATOLOGY

COMPLETE BLOOD COUNT-(EDTA WHOLE BLOOD)

Investigation	Result	Units	Bio. Ref. Interval
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RBC Parameters

Haemoglobin - (EDTA Whole Blood) <i>Colorimetric Method</i>	15.8	gm/dl	13.0 - 17.0
RBC Count <i>Electrical Impedance</i>	5.69	million cells/cumm	4.5 - 5.5
Packed Cells Volume / HCT	47.9	%	40.0 - 50.0
MCV(Mean Cell Volume)	84.2	fL	80 - 101
MCH	27.77	pg	27 - 33
MCHC	32.99	g/dL	31.8 - 36
RDW(Red cell distribution width)	13.3	%	12 - 14.5

WBC Parameters

Total WBC Count (EDTA Whole Blood) <i>Flow Cytometry</i>	13000	cells/cumm	4000 - 11000
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Differential Count

Neutrophils (EDTA Whole Blood)	83	%	30 - 60
Lymphocytes (EDTA Whole Blood)	13	%	20 - 45
Eosinophils (EDTA Whole Blood)	02	%	1 - 6
Monocytes (EDTA Whole Blood)	02	%	2 - 10
Basophils (EDTA Whole Blood) <i>Optical Impedance</i>	00	%	0 - 1

Platelet Parameters

Platelet Count (EDTA Whole Blood) <i>Electrical Impedance</i>	155000	/cumm	150000 - 500000
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Test Done On ERMA PCE-210 Fully Automated Haematology Analyzer.

***** End of Report *****



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BIOCHEMISTRY

Investigation	Result	Units	Bio. Ref. Interval
Glucose, Random (Plasma, GOD POD)	151.0	mg/dL	70 - 160
Urine Glucose (Urine, Dipstick)	Absent		
Urine Ketones (Urine, Dipstick)	Absent		

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

This test measures blood glucose regardless of last meal. Several random measurements may be taken throughout the day. Random testing is useful because glucose levels in healthy people do not vary widely throughout the day. Blood glucose levels that vary widely are indicative of problems like diabetes.

*** End of Report ***

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SEROLOGY

C-REACTIVE PROTEIN (CRP)

Investigation	Result	Units	Bio. Ref. Interval
C-Reactive Protein (Serum, Turbidilatex)	61.0	MG/DL	0-6

NOTE :

1. C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation (an acute-phase protein).
2. Its physiological role is to bind to phosphocholine expressed on the surface of dead or dying cells (and some types of bacteria) in order to activate the complement system via c1q. CRP is synthesized by the liver in response to factors released by fat cells (adipocytes).
3. It is a member of the pentraxin family of proteins. It is not related to C-peptide or protein C. CRP is used mainly as a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production.
4. Measuring and charting CRP values can prove useful in determining disease progress or the effectiveness of treatments.
5. CRP is therefore a test of value in medicine, reflecting the presence and intensity of inflammation, although an elevation in C-reactive protein is not the telltale diagnostic sign of any one condition.

CRP value SEVERITY OF INFLAMMATION

0 - 6	NORMAL
< 26	MILD
26 - 100	MODERATE
> 100	SEVERE

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SEROLOGY

DENGUE (IGM, IGG, NS1)

Investigation

Dengue Antigen (NS-1)*

Serum

Impression

Dengue Antibodies IgG & IgM

DENGUE IgG ANTIBODY*

(Serum, Immunochromatography)

Impression

DENGUE IgM ANTIBODY*

(Serum, Immunochromatography)

Impression

Interpretation :

Result

NS1 Antigen Not Detected

NEGATIVE

Serum is Non-reactive

Negative

Negative

Negative

1. This test detects the presence of Dengue NS1 antigen & IgM, IgG antibodies to dengue virus and should not be used as sole criteria for diagnosis of dengue infection.
2. In early infections and some secondary infections, detectable levels of IgM antibodies may be testing using other clinical methods is recommended. A negative result at any time does not preclude the possibility of an early infection of Dengue virus. follow up group (Dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile and yellow fever virus) is common.
3. Some patients may not produce detectable levels of antibody within the first 7 to 10 days after infection. Where symptoms persist, patients should be retested 3-5 days after the first testing date.
4. This is only a screening test. Therefore, isolation of virus, antigen detection in fixed tissues, RT-PCR and serological test like hemagglutinationinhibition test, more specific alternative diagnosis method must be used in order to obtain a confirmation of dengue virus infection.

***** End of Report *****

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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION REPORT

Investigation	Result	Units	Bio. Ref. Interval
PHYSICAL EXAMINATION			
Quantity	20 ml	ml	
Colour	Pale yellow		Pale yellow
Appearance	Clear		Clear
Reaction (pH)	5.0		5 - 6.5
Specific gravity	1.010		1.003 - 1.030
CHEMICAL EXAMINATION			
Proteins /Albumin	Absent		Absent
Blood	Absent		Absent
Glucose	Absent		Absent
Bile Pigments (Urine, Fouchet's)	Absent		Absent
Bile salts Urine, Hay's Sulphur	Absent		Absent
Ketones, Urine (Urine, Dipstick)	Absent	Nil	
Urobilinogen	Absent	Nil	Absent
MICROSCOPIC EXAMINATION			
Pus cells	2 - 3	/hpf	0 - 5
Epithelial cells	1 - 2	/hpf	0 - 15
RBCs	2 - 3	/hpf	Absent
Crystals	Absent	/hpf	Absent
Casts	Absent	/hpf	Absent
Amorphous material	Absent		
Bacteria	Absent	/hpf	Absent

This test is used to find the cause of - or monitor – urinary tract infections, bleeding in the urinary system, or kidney or liver disease. It can also be used for diabetes, some diseases of the blood, and bladder stones.

*** End of Report ***

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