

Patient Name	: MR. DEEPAK MISHRA	<b><u>EXTENDED CBC</u></b>	Patient ID / Billing ID	: 452031 / 635903
Age / Sex	: 25 years / Male	<b><u>HAEMOGRAM</u></b>		: Medileaf Diagnostic Centre Khar
Ref. Doctor	: Dr. SURAJ PALSINGH YADAV		Specimen Collected at	
Ref. Client Name	: Medileaf Diagnostic Centre Khar		Sample Collected On	: 16/11/2022 11:02
Sample ID	: G0223120922		Billed On	: 16/11/2022 11:16
			Reported On	: 16/11/2022 03:18

**HAEMATOLOGY REPORT**

Test Name	Observed Value	Unit	Biological Reference Interval	Method
Haemoglobin	14.2	g/dl	13-17	Photometry
<b><u>RED BLOOD CELLS</u></b>				
Erythrocytes (RBC)	3.89	10 <sup>6</sup> /μl	4.5-5.5	Optical
Hematocrit (HCT)	40.4	%	40-50	Calculated
MCV	103.8	fL	83-101	Measured
MCH	36.5	pg	27-32	Calculated
MCHC	35.2	g/dl	31.5-34.5	Calculated
RDW SD	13.9	%	11.6-14.0	Measured
<b><u>RBC MORPHOLOGY</u></b>				
Hyper	6.5	%	-	Light Scatter
Hypo	1.8	%	-	Light Scatter
Macro	10.9	%	-	Light Scatter
Micro	0.2	%	-	Light Scatter
<b><u>WHITE BLOOD CELLS</u></b>				
Total WBC Count	4710	/cu.m.m	4000-10000	Flowcytometry
<b><u>DIFFERENTIAL COUNT</u></b>				
Neutrophils	24.4	%	40-80	Peroxidase
Lymphocytes	42.7	%	20-40	Peroxidase
Eosinophils	17.6	%	1-6	Peroxidase
Monocytes	6.2	%	2-10	Peroxidase
Basophils	1.3	%	0-2	Peroxidase
Atypical Lymphocytes (LUC)	7.8	%	-	Peroxidase

Reported On : 12/09/2022 17:18

**ABSOLUTE COUNT**





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Ref. Client Name : Medileaf Diagnostic Centre Khar  
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Specimen Collected at : Medileaf Diagnostic Centre Khar  
Sample Collected On : 16/11/2022 11:02  
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Neutrophils	1149	/uL	2000-7000	Peroxidase
Lymphocytes	2011	/uL	1000-3000	Peroxidase
Eosinophils	828	/uL	20-500	Peroxidase
Monocytes	292	/uL	200-1000	Peroxidase
Basophils	61	/uL	20-100	Peroxidase
<b>PLATELETS</b>				
Platelet Count	70000	/cu.m.m	150000-410000	Optical
Mean Platelet Volume (MPV)	11.0	fL	-	Measured
PCT	0.08	%	-	Calculated
PDW	63.7	%	-	Calculated
Large Platelet	5000	/cu.m.m	-	Optical
Immature Platelet Fraction(IPF)	7.14	%	-	Calculated
Manual Platelet Count	72000	/cu.m.m	-	-

**Note:**

- Immature Platelet Fraction (IPF) applicable in cases of Platelets less than 50,000 / cumm.
- Haemograms are reviewed and confirmed microscopically.

**Interpretation:**

Immature Platelet Fraction more than 10% indicates recovery of platelet count within 48 hours.

**Remark :** **Kindly correlate clinically.**

Specimen Type : EDTA Whole blood

References: Dacie and Lewis Practical hematology, Eleventh Edition

**\*\*END OF REPORT\*\***

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M.D., D.P.B.

  
**Dr. Swati Patki**  
M.D.(Path), D.N.B.(Path)




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Ref. Doctor	: Dr. SURAJ PALSINGH YADAV	Sample Collected On	
Ref. Client Name	: Medileaf Diagnostic Centre Khar	Billed On	: 16/11/2022 12:16
Sample ID	: G0224120922	Reported On	: 16/11/2022 11:02 : 16/11/2022 02:45

Test Name	Observed Value	<u>ELISA REPORT</u> Unit	Biological Reference Interval	Method
<u>DENGUE NS1 BY ELISA *</u> Dengue NS1 Antigen (Serum)	Positive (32.92)	Panbio Units	Negative: <9 Equivocal: 9 - 11 Positive: >11	ELISA

**Interpretation :**

- Dengue virus is a flavivirus transmitted by mosquito, principally Aedes aegypti and Aedes albopictus.
- Primary dengue virus infection is characterized by elevations in specific NS1 antigen levels 0 to 9 days after the onset of symptoms; this generally persists upto 15 days.
- IgM antibodies are not detectable until 5 - 10 days in case of primary dengue infection and until 4-5 days in secondary infection after the onset of illness.
- IgG appear after 14 days and persist for life in case of primary infection and rise within 1-2 days after the onset of symptoms in secondary infection.

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\* Mark Test is not under NABL Scope

**REPORT**

Negative	No detectable dengue NS1 antigen. The result does not rule out dengue infection. This sample should be tested by serology. If this sample is negative and dengue infection is still suspected, a follow up sample should be taken and tested, using serology, no later than 14 days after the initial sample was taken.
Equivocal	Equivocal samples should be repeated. Samples that remain equivocal after repeat testing should be repeated by an alternative method or another sample should be collected.
Positive	Presence of detectable dengue NS1 antigen. Dengue serology assays should be performed on follow-up samples to confirm dengue infection.

**\*\*END OF REPORT\*\***



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**REPORT**