Patient Name Age / Sex	: **MR. DEEPAK MISHRA**	**EXTENDED CBC**
	: 26 years / Male	**HAEMOGRAM**
Ref. Doctor	: Dr. SURAJ PALSINGH YADAV	
Ref. Client Name	: Medileaf Diagnostic Centre Khar	
Sample ID	: G0223120922	

Reported On : 10/06/2024 03:18

HAEMATOLOGY REPORT

Test Name	Observed Value	Unit	Biological Reference Interval	Method
Haemoglobin	14.2	g/dl	13-17	Pthotometry
RED BLOOD CELLS				
Erythrocytes (RBC)	**3.89**	10^6/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
RBC MORPHOLOGY				
Hyper	6.5	%	-	Light Scatter
Hypo	1.8	%	-	Light Scatter
Macro	10.9	%	-	Light Scatter
Micro	0.2	%	-	Light Scatter
WHITE BLOOD CELLS				
Total WBC Count	4710	/cu.m.m	4000-10000	Flowcytometry
DIFFERENTIAL COUNT				
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

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Page 1 of 4

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ABSOLUTE COUNT

Patient Name Age / Sex	: **MR. DEEPAK MISHRA** : 26 years / Male			
Ref. Doctor	: Dr. SURAJ PALSINGH YADAV			
Ref. Client Name	: Medileaf Diagnostic Centre Khar			
Sample ID	: G0223120922			

Patient ID / Billing ID	: 452031 / 635903	
Specimen Collected at	: Medileaf Diagnostic Centre Khar	
Sample Collected On	: 16/11/2022 11:02	
Billed On	: 16/11/2022 11:16	
Patient ID / Billing ID	: 452031 / 635903	
Specimen Collected at	: Medileaf Diagnostic Centre Khar	
Sample Collected On	: 10/06/2024 11:02	
Billed On	: 10/06/2024 03:02	

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
PLATELETS				
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

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Page 2 of 4

END OF REPORT

Dr. Pankaj Shah
M.D., D.P.B.

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

Patient Name	: **MR. DEEPAK MISHRA**	Patient ID / Billing ID	: 452031 / 635903
Age / Sex	: 26 years / Male	Specimen Collected at	: Medileaf Diagnostic Centre Khar
Ref. Doctor	: Dr. SURAJ PALSINGH YADAV		
Ref. Client Name	: Medileaf Diagnostic Centre Khar	Sample Collected On	
Sample ID	: G0224120922	Billed On	: 10/06/2024 12:16
		Reported On	: 10/06/2024 11:02 : 10/06/2024 02:45

ELISA REPORT

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

Interpretation :

- Dengue virus ia 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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Page 3 of 4

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.

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END OF REPORT

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Page 4 of 4

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