Client

Pathkind Labs (Hansrajpur Varanasi)

House No. 113, Tehsil Jakhaniya

Nasirpur, Hansrajpur, Ghazipur, UP

Processed By

Pathkind Diagnostic Pvt. Ltd.

S.No 40, Badi Bagh Lanka, Ghazipur-233001

Name	**: Mrs. Dummy**	Billing Date	:	01/01/202011:16:22
Age	: 42 Yrs	Sample Collected on	:	01/01/2020 11:27:45
Sex	: Female	Sample Received on	:	01/01/2020 13:15:35
P. ID No.	: P1201123210	Report Released on	:	01/01/2020 13:39:41
Accession No	**: 12011910051010**	Barcode No.	:	4548545
Referring Doctor	: Dr.Pradeep maurya			
Referred By	:			

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
	HAEMATOLOGY		
Fever Panel Basic			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	13.9	12.0 - 15.0	gm/dL
Total WBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	**14.7 H**	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	4.4	3.8 - 4.8	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	39.6	36.0 - 46.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	89.0	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	31.3	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	**35.0 H**	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	13.7	11.9 - 15.5	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	**82 H**	40 - 80	%

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Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	**14 L**	20 - 40	%
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	02	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	02	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	**12054 H**	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	2058	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	294	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	294	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**00 L**	20 - 100	/µL
DLC Performed By *Sample: Whole Blood EDTA*	EDTA Smear		
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	338	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	8.7	6.8 - 10.9	fL

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Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Malarial Parasite (MP) Smear			
Method: Method: Microscopy			
Thin Smear	Not Detected	Not Detected	
Sample: Whole Blood EDTA			
Thick Smear	Not Detected	Not Detected	
Sample: Whole Blood EDTA			
Widal			
Sample: Serum			
Salmonella Typhi 'O'	1:320	< 1:80	
Salmonella Typhi 'H'	1:160	< 1:80	
Salmonella Paratyphi 'AH'	< 1:80	< 1:80	
Salmonella Paratyphi 'BH'	< 1:80	< 1:80	
Result :	Positive		

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CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	Pale Yellow	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Slightly Hazy	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.010	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	5.0	4.7 - 7.5	

Chemical Examination

Glucose *Sample: Urine* *Method: Glucose oxidase/peroxidase*	Greenish Yellow (++)	Not Detected	
Protein *Sample: Urine* *Method: Protein-error-of-indicators principle*	Not Detected	Not Detected	
Ketones *Sample: Urine* *Method: Sodium nitroprusside reaction*	Not Detected	Not Detected	
Blood *Sample: Urine* *Method: Peroxidase*	Not Detected	Not Detected	
Bilirubin *Sample: Urine* *Method: Diazo reaction*	Not Detected	Not Detected	

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Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	1-2	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	2-3	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Complete Blood Count (CBC)

Clinical Significance :

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CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

Widal

While the definitive diagnosis oftyphoid fever depends on the isolation of S typhi from blood, stools, urine orother body fluids, the role of the Widal test had been to increase the index ofsuspicion for the presence of typhoid fever by demonstrating a positive agglutinationduring the acute and convalescent period of infection with evidence of a four-fold rise of antibody titre.In many developing countries, including India, the Widal test appears to be the only laboratory means employed in the diagnosis of typhoidfever among suspected patients. As the test suffers from serious cross-reactivitywith other infectious agents, it may produce false-positive results, leading to anover-diagnosis of typhoid fever. The Widal test reaction involves the use of bacterial suspensions of S typhi andS paratyphi'A' and 'B', treated to retain only the 'O' and 'H' antigens. Theseantigens are employed to detectcorresponding antibodies in the serum of apatient suspected of having typhoid fever. The IgM somatic O antibody appearsfirst and represents the initial serologic response in acute typhoid fever, while theIgG flagella H antibody usually develops more slowly but persists for longer.

In an individual with no prior exposureto S typhi infection (either lack of active infection or absence of passive immunisation),a higher than 1:80 or 1:160 titre on an initial single test, usually correlatesfairly well with exposure to typhoid fever. However, even these single highvaluetitres in an endemic area where repeated exposures to S typhi may haveoccurred, do not have any clinical relevance in the absence of a positive isolate ofthe causative organism.

Researchers from different parts of India have reported that in normally health blood donors, the baseline titre for antibodies to "O" and "H" antigens of Salmonella enterica serotype typhi was 1:40 and hence, based on the above results, it could be recommended to use a cutoff level of ≥1:80 for a single antibody test titre. Similarly, baseline titre for antibody to H antigen of Salmonella enterica serotype paratyphiA and paratyphiB was 1:80 and the cutoff level was ≥1:160 for a single antibody test titre.

Urine Routine & Microscopic Examination

Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

and reported.

** End of Report**

Dr. Vikas Gupta
MD Pathologist
Lab Head

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Consultant