

Name : Mr. KAUSTUBH BHALEKAR  
Lab No. : 170085191  
Ref By : CGHS  
Collected : 16/12/2022 9:12:00AM  
A/c Status : P  
Collected at : LPL-H.ROAD(HOME VISIT)  
DELHI,  
DELHI

Age : 34 Years  
Gender : Male  
Reported : 16/12/2022 4:42:41PM  
Report Status : Final  
Processed at : LPL-NATIONAL REFERENCE LAB  
National Reference laboratory, Block E,  
Sector 18, Rohini, New Delhi -110085



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b>			
Hemoglobin (Photometry)	14.40	g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)	43.80	%	40.00 - 50.00
RBC Count (Electrical Impedence)	4.93	mill/mm3	4.50 - 5.50
MCV (Electrical Impedence)	88.80	fL	83.00 - 101.00
MCH (Calculated)	29.30	pg	27.00 - 32.00
MCHC (Calculated)	32.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)	13.50	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)	6.90	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC) (VCS Technology)</b>			
Segmented Neutrophils	60.60	%	40.00 - 80.00
Lymphocytes	24.00	%	20.00 - 40.00
Monocytes	12.20	%	2.00 - 10.00
Eosinophils	2.80	%	1.00 - 6.00
Basophils	0.40	%	<2.00
<b>Absolute Leucocyte Count (Calculated)</b>			
Neutrophils	4.18	thou/mm3	2.00 - 7.00
Lymphocytes	1.66	thou/mm3	1.00 - 3.00
Monocytes	0.84	thou/mm3	0.20 - 1.00
Eosinophils	0.19	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedence)	160	thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical Impedence)	10.1	fL	6.5 - 12.0

#### Note

1. As per the recommendation of International council for Standardization in Hematology, the differential



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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood			

2. Test conducted on EDTA whole blood



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
TYPHI DOT/ SALMONELLA TYPHI IgM (ICT)	Non-Reactive		

### Interpretation

RESULT	REMARKS
Reactive	Indicates presence of IgM antibodies against Salmonella typhi.
Non-Reactive	Indicates absence of IgM antibodies against Salmonella typhi.

### Note:

1. Its positivity in serum indicates ongoing or recent infection by Salmonella typhi and the diagnosis should be confirmed by gold standard test such as Blood culture prior to start of antibiotics.
2. IgM antibodies are typically detectable 5-7 days post symptom onset, peaking in 2nd week and frequently remain elevated for 2-4 months following infection.
3. False positive results may be due to cross reactivity with other Salmonella spp., Dengue virus infection & in patients with high levels of Rheumatoid factor.
4. False negative reaction may be due to processing of sample collected early in the course of disease, antibiotic treatment during 1st week and immunosuppression.
5. Test conducted on serum.

### Use

- To diagnose infection due to Salmonella typhi (Enteric fever).

### MALARIA , P.VIVAX AND P.FALCIPARUM ANTIGEN (ICT)

Plasmodium falciparum antigen	Not Detected
Plasmodium vivax antigen	Not Detected

- Note:**
1. In the gametogony stage, P.falciparum may not be secreted. Such carriers may show falsely negative result
  2. This test is used to indicate therapeutic response. Positive test results 5-10 days post treatment indicate the possibility of a resistant strain of malaria
  3. Test conducted on EDTA whole blood

### Comments



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<p>Malaria is a protozoan parasitic infection, prevalent in the Tropical &amp; Subtropical areas of the world. Four species of plasmodium parasites are responsible for malarial infections in humans viz. P.falciparum, P.vivax, P.ovale &amp; P.malariae. Falciparum infections are associated with Cerebral malaria and drug resistance whereas vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.falciparum and P.vivax is of utmost importance for better patient management and speedy recovery.</p>			





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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER PANEL 1; LFT,SERUM</b>			
AST (SGOT) (IFCC without P5P)	27.0	U/L	15.00 - 40.00
ALT (SGPT) (IFCC without P5P)	22.0	U/L	10.00 - 49.00
AST:ALT Ratio (Calculated)	1.23		<1.00
GGTP (IFCC)	16.0	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	69.00	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	0.24	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	0.10	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.14	mg/dL	<1.10
Total Protein (Biuret)	6.20	g/dL	5.70 - 8.20
Albumin (BCG)	4.02	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	1.84		0.90 - 2.00

### Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

### KIDNEY PANEL; KFT,SERUM



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Urea (Urease UV)	15.00	mg/dL	13.00 - 43.00
Creatinine (Modified Jaffe,Kinetic)	0.92	mg/dL	0.70 - 1.30
Uric Acid (Uricase)	5.10	mg/dL	3.50 - 7.20
Calcium, Total (Arsenazo III)	9.00	mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)	3.27	mg/dL	2.40 - 5.10
Alkaline Phosphatase (ALP) (IFCC-AMP)	69.00	U/L	30.00 - 120.00
Total Protein (Biuret)	6.20	g/dL	5.70 - 8.20
Albumin (BCG)	4.02	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	1.84		0.90 - 2.00
Sodium (Indirect ISE)	140.00	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.86	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	107.00	mEq/L	98.00 - 107.00



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>DENGUE FEVER ANTIGEN, NS1, EIA, SERUM (ELISA)</b>			
DENGUE FEVER ANTIGEN NS1 EIA	0.02	Index	<0.90

### Interpretation

RESULT IN INDEX	REMARKS
Negative (<0.90)	No detectable Dengue NS1 antigen.The Result does not rule out Dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal (0.90 - 1.10)	Repeat sample after 1 week
Positive (>1.10)	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assay should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue infection.

**Note:** Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

### Comments

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome



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<b>MALARIA PARASITE / BLOOD PARASITE IDENTIFICATION</b> (Microscopy)	No MP seen in smears examined.		

**Note:** A Single negative smear does not rule out malaria

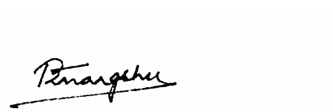
Test conducted on whole blood.



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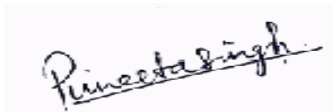
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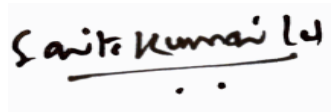
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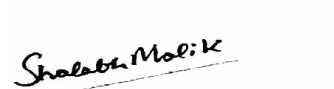
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-----End of report -----





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### IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

