



IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY

Halar Road Cross Lane, Besides L.I.C. Bldg.
Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280**PRAVIN CHHOTALAL PATEL**
Male/62 YearsReg. Date : **06/12/2022**
Lab. No **122136-18**
Sample No
1983

Ref. Dr.

Dr. MEDICINE DEPARTMENT
VIBRANT HOSPITAL VAP1**C - REACTIVE PROTEIN TITRE**

Test	Result	Unit	Ref. Range
CRP :	<u>42.95</u>	mg/L	Adult < 6.0 mg/L Newborn upto 3 weeks < 4.1 mg/L Infants & Children < 2.8 mg/L
Method	BY IMMUNOTURBIDOMETRIC METHOD.		

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Dr. Mehul SOLANKY
M.D.(Path & Bact)



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VIBRANT HOSPITAL VAP1

DENGUE ANTIGEN & ANTIBODY TEST

Test : Dengue IgM / IgG Antibody

Method : Immunochromatography

Result :

Dengue IgM : **POSITIVE**Dengue IgG : **POSITIVE**

DENGUE NS1 ANTIGEN Negative

EXPECTED VALUE

The NS1 is expected to be detected 1 day after the onset of fever and persists up to 9 days in both Primary & Secondary dengue infection. But if anti NS1 Antibodies is produced, detection of NS1 is inhibited. **Primary Dengue** is characterized by the presence of detectable IgM 3- 5 days after the onset of infection. **Secondary Dengue** is characterized by the elevation of Specific IgG after the onset of infection and in the majority of the cases this is accompanied by elevation of IgM.

INTERPRETATION AND LIMITATIONS OF THE ASSAY

- 1) Method - Rapid Solid Phase Immunochromatographic test.
- 2) The test detects the presence of Dengue NS1 Antigen & IgM & IgG Antibodies to dengue virus in the specimen and should not be used as the sole criteria for diagnosis of DENGUE virus infection.
- 3) In early infections & some secondary infections, Detectable levels of IgM Antibodies may be low. Some patients may not produce detectable levels of Antibodies within the first Seven to Ten days after infection. Hence negative result can not exclude a recent early infection and must be retested after 3- 5 days after the first test.
- 4) Serological cross reactivity across the Flavivirus group (Dengue virus, Japanese encephalitis, St Louis encephalitis, West Nile encephalitis and Yellow fever) is common.
- 5) As with all diagnostic tests, all results must be correlated with the other clinical findings. If the test result is negative and clinical symptoms persist, additional follow up testing using other clinical methods
- 6) This is a screening test only. Therefore, Isolation of Virus, Antigen detection in fixed tissue, RT-PCR & Serological test like haemagglutination test must be used to obtain a confirmation of Dengue Virus infection. is recommended.

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BIOCHEMISTRY REPORT

Test	Result	Unit	Ref. Range
SERUM BILIRUBIN			
Total:	<u>1.03</u>	mg/dL	1.0
Direct:	0.28	mg/dL	0.0 - 0.4
Indirect:	<u>0.75</u>	mg/dL	0.0 - 0.6 mg/dL

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H E M A T O L O G Y R E P O R T

Test	Result	Unit	Ref. Range
Haemoglobin:	<u>8.3</u>	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	6470	X 10 ³ / μ L	4000 - 10000 /uL
Differential Count			
Neutrophils:	72	%	40-80
Eosinophils:	01	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	<u>16</u>	%	M: 20-40; F: 20-40
Monocytes:	<u>11</u>	%	2-10
Neutrophils Absolute Count:	4.68	X 10 ³ / μ L	2.0-7.0
Eosinophils Absolute Count:	0.03	X 10 ³ / μ L	0.02-0.50
Basophils Absolute Count:	0.01	X 10 ³ / μ L	0.02-0.10
Lymphocytes Absolute Count:	1.02	X 10 ³ / μ L	1.0-3.0
Monocytes Absolute Count:	0.73	X 10 ³ / μ L	0.2-1.0
Total RBC Count:	<u>2.53</u>	X 10 ⁶ / μ L	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	<u>25.0</u>	%	42 - 52 %
MCV:	99.0	fL	83 - 101
MCH:	<u>32.7</u>	pg	27-32
MCHC:	33.0	g/dL	31.5 - 34.5
RDW-SD:	<u>69.5</u>	fL	39 - 46
RDW-CV:	<u>16.6</u>	%	11.6 - 14.0
Platelets Count:	<u>25000</u>	/ μ L	150000 - 400000
Plateletcrit (PCT):	0.020	%	
Mean Platelet Volume	8.0	fL	
Malariaial Parasite	M.P. are not seen		

Method: Fully automated bidirectional interfaced analyser (6 Part Differential **SYSMEX XN-1000**).

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PROCALCITONIN REPORT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
PROCALCITONIN: Sepsis	0.25	ng/mL	Less then 0.5 ng/mL - Low Risk for

Method :- BRAHMS PCT Immunoassay on ROCHE COBAS e 411

Notes :- Procalcitonin is a 116 aminoacid prohormone secreted by neuroendocrine cells(c cells of thyroid gland, pulmonary and pancreatic tissues) an excellent PROGNOSTIC marker for sepsis & septic shock.
PCT levels are increased in bacterial infections resulting in sepsis and septic shock.
Cut off for healthy individuals is less then 0.5 ng/mL, which indicates low risk for sepsis & shock.
Levels of more then 2.0 ng/mL Indicates high risk for sepsis & shock.
PCT levels may also be increased in certain non infectious conditions like prolonged cardiogenic shock, severe perfusion anomalies, small cell lung carcinoma or C cell carcinoma of thyroid.

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DENGUE NS1 ANTIGEN REPORT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Dengue NS1 ANTIGEN:	0.80(NEGATIVE)	Index	< 1.0 (Index): Negative = 1.0 (Index): Positive

Method: Automated miniVIDAS/VIDAS system based on ELFA technique.

DENGUE DIAGNOSIS

The VIDAS® assays enable the detection of NS1 antigen (DEAG), Anti-Dengue IgM antibodies (DENM) and Anti-Dengue IgG antibodies (DENG). Global analysis of VIDAS® assay results is useful in establishing dengue diagnosis in the different stages of infection as shown in the following table:

Dengue Infection Stage	Vidas Dengue NS1 Ag (DEAG)	Vidas Anti-Dengue IgM (DEAG)	Vidas Anti-Dengue IgG (DEAG)
Naive	NEG	NEG	NEG
Acute Infection	POS	POS/NEG	POS/NEG
Post-acute Infection	NEG	POS	POS
Recovery	NEG	NEG	POS

NEG: NEGATIVE, POS: POSITIVE

Notes:

Dengue virus (DENV) belongs to the Flaviviridae family and is transmitted to humans by Aedes mosquitoes.

DENV are divided into four serotypes: DEN-1, DEN-2, DEN-3 and DEN-4.

During the early phase (less than 5-7 days after onset), direct diagnostic techniques,

such as the identification of viral nucleic acid or NS1 antigen, are preferred. Combining NS1 detection with IgM serological assay in routine diagnosis of DENV infection can help to improve accuracy of dengue diagnosis.1-4

After 5-7 days, serological tests, based on host immune response to virus infection (IgM and/or IgG), are commonly used.4

During primary infection, the antibody response to DENV infection with IgM is usually detectable early after the onset of the symptoms, dengue IgG appear few days after IgM5

During secondary infection, dengue IgG appear earlier and IgM have kinetics close to primary infection but at a lower level.5

Interference may be encountered with certain sera containing antibodies directed against reagent components.

For this reason, assay results should be interpreted taking into consideration the patient's clinical history and the results of any other tests performed.



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VIBRANT HOSPITAL VAP1**DENGUE IgM ANTIBODY REPORT**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Dengue IgM Antibody :	45.7 (POSITIVE)	Index	< 1.0 (Index): Negative = 1.0 (Index): Positive

Method: Automated miniVIDAS/VIDAS system based on ELFA technique.

DENGUE DIAGNOSIS

The VIDAS® assays enable the detection of NS1 antigen (DEAG), Anti-Dengue IgM antibodies (DENM) and Anti-Dengue IgG antibodies (DENG). Global analysis of VIDAS® assay results is useful in establishing dengue diagnosis in the different stages of infection as shown in the following table:

Dengue Infection Stage	Vidas Dengue NS1 Ag (DEAG)	Vidas Anti-Dengue IgM (DEAG)	Vidas Anti-Dengue IgG (DEAG)
Naive	NEG	NEG	NEG
Acute Infection	POS	POS/NEG	POS/NEG
Post-acute Infection	NEG	POS	POS
Recovery	NEG	NEG	POS

NEG: NEGATIVE, POS: POSITIVE

Notes:

Dengue virus (DENV) belongs to the Flaviviridae family and is transmitted to humans by Aedes mosquitoes.

DENV are divided into four serotypes: DEN-1, DEN-2, DEN-3 and DEN-4.

During the early phase (less than 5-7 days after onset), direct diagnostic techniques, such as the identification of viral nucleic acid or NS1 antigen, are preferred. Combining NS1 detection with IgM serological assay in routine diagnosis of DENV infection can help to improve accuracy of dengue diagnosis.¹⁻⁴ After 5-7 days, serological tests, based on host immune response to virus infection (IgM and/or IgG), are commonly used.⁴ During primary infection, the antibody response to DENV infection with IgM is usually detectable early after the onset of the symptoms, dengue IgG appear few days after IgM⁵

During secondary infection, dengue IgG appear earlier and IgM have kinetics close to primary infection but at a lower level.⁵ Interference may be encountered with certain sera containing antibodies directed against reagent components. For this reason, assay results should be interpreted taking into consideration the patient's clinical history and the results of any other tests performed.



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SPUTUM EXAMINATION

Test : Sputum For A.F.B Examination

Specimen : Sputum

Zn Stain : No Acid Fast Bacilli Seen

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VIBRANT HOSPITAL VAP1**GRAM - STAIN SMEAR**

Test	Result
Specimen :	SPUTUM
Result :	
Gram's Stain :	Gram Positive Cocci In Short Chains & Clusters

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CULTURE & SENSITIVITY TEST

Test	Result
Test :	Sputum For Culture & Sensitivity
Specimen :	Sputum
Result :	" No Organism Isolated "

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KOH PREPARATION

Test : KOH Preparation For Fungal Examination

Specimen : Sputum

Result : No Fungal Element Seen

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