



MC - 4194



30904703411

TEST REPORT

Reg.No : 30904703411 **Reg.Date** : 16-Sep-2023 18:36 **Collection** : 16-Sep-2023 18:36
Name : MR. ZUBAIR **Received** : 16-Sep-2023 18:36
Age : 23 Years **Sex** : Male **Report** : 16-Sep-2023 20:13
Referred By : HUMMANN SPECIALITY DISGNOSTICS @ MANIKONDA **Dispatch** : 01-Nov-2023 18:18
Referral Dr : ☐ **Status** : Final **Location** : 47 - HYDERABAD

Hematology

Parameter	Result	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)**RBC PARAMETERS**

Hemoglobin(SLS method)	(Cyanide-free SLS method)	15.9	13 - 17	g/dL
Hematocrit (calculated)	(Cummletive Pulse Height)	50.9	40 - 50	%
RBC Count(Ele.Impedence)	(Electrical Impedance)	5.42	4.5 - 5.5	million/cumm
MCV (Calculated)	(Calculated)	93.9	83 - 101	fL
MCH (Calculated)	(Calculated)	29.3	27 - 32	pg
MCHC (Calculated)	(Calculated)	31.2	31.5 - 34.5	g/dL
RDW-CV	(Calculated)	13.60	11.6 - 14	%

WBC PARAMETERS

Total WBC count	(Flow Cytometry)	4900	4000 - 10000	/cumm
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DIFFERENTIAL WBC COUNT(Fluorescence FlowCytometry)

Neutrophils	51	40 - 80	%
Lymphocytes	36	20 - 40	%
Monocytes	10	2 - 10	%
Eosinophils	3	1 - 6	%
Basophils	0	0 - 2	%

Absolute WBC Count

Neutrophil(ABS)	2490	2000 - 7000	/cumm
Lymphocyte(ABS)	1710	1000 - 3000	/cumm
Monocyte(ABS)	550	200 - 1000	/cumm
AEC (Absolute Eosinophil Count)	130	20 - 500	/cumm
Basophil(ABS)	20	0 - 100	/cumm

PLATELET PARAMETERS

Platelet Count (Ele.Impedence)	(Electrical Impedance)	2.33	1.5 - 4.5	lakhs/cumm
MPV	(Calculated)	9.70	7.2 - 11.7	fL

PERIPHERAL SMEAR EXAMINATION (Microscopy)

RBCs	Normocytic normochromic.
WBCs	Within normal limits
Platelets	Adequate on Smear

Sample Type: EDTA Whole Blood**Dr. Archana**Consultant pathologist
MBBS, MD.



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Hematology

Parameter	Result	Biological Reference Interval
PS FOR MP	Malarial parasite is not detected.	

Sample Type: EDTA Whole Blood**Dr. Swathi datla**MBBS MD
Consultant Pathologist



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Clinical Biochemistry

Parameter	Result	Biological Reference Interval
CRP	9.63	<5.0 mg/L

Method:Particle Enhanced Turbidimetric

Sample Type: Serum**CLINICAL SIGNIFICANCE**

- The CRP response frequently precedes clinical symptoms including fever.
- Acute phase response the serum CRP concentration rises rapidly and extensively.
- Alterations are detectable within 6 to 8 hours and the peak value is reached within 24 to 48 hours.
- Levels of up to thousand fold the normal value are associated with severe stimuli such as myocardial infarction, major trauma, surgery, or malignant neoplasm.
- CRP has a half-life of only a few hours, making it an ideal tool for clinical monitoring.
- Postoperative monitoring of CRP levels of patients indicates either the normal recovery process (decreasing levels to normal) or unexpected complications (persisting high levels).
- Persistence of a high serum CRP concentration is usually a grave prognostic sign which generally indicates the presence of an uncontrolled infection.
- CRP determination is better than ESR due to its prompt response to changes in disease activity.

Dr. ArchanaConsultant pathologist
MBBS, MD.



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Serology

Parameter	Result	Biological Reference Interval
S.Typhi O Antigen	1:40 Dilution	<1:80 titre
S.Typhi H Antigen	1:40 Dilution	<1:80 titre
Paratyphi A(H) antigen	1:20 Dilution	<1:80 titre
Paratyphi B(H) antigen	1:20 Dilution	<1:80 titre
Widal Test Is	Negative	

Sample Type: Serum

1. These antibodies titre vary with age, socio economic status, urban or rural areas, past infection, vaccination and antibiotic therapy.
2. Agglutination titres of 1:80 and more are significant and rise in the titres or repetition of the test after a few days will confirm the diagnosis of enteric fever.
3. Anamnestic Reactions: Persons who have suffered from enteric infection in the past or who had received TAB vaccine may show appearance of agglutinations in moderate titre when suffering from other unrelated illness.
4. TAB vaccination: A moderate rise in titre of all three 'H' agglutinins (S. typhi, S. paratyphi A and S. paratyphi B) simultaneously suggestive of recent TAB vaccination.
5. Reconfirmation of slide agglutination test result with other tests e.g. S.Typhi IgM, Widal tube test, blood culture for S. typhi is recommended.

----- End Of Report -----

Dr. Swathi datlaMBBS MD
Consultant Pathologist