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Name	:	**MR. GHANAPATHI RAO**	Bill Number	:	**M6165**
Age/Gender	:	**54YEARS/MALE**	Bill Date	:	01-Sep-2024 11:06 AM
Sample Type	:	**WB EDTA**	Sample Collection	:	01-Sep-2024 11:19 AM
Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Tanveer Fathima	Reporting Date	:	01-Sep-2024 02:17 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGRAM			
HAEMOGLOBIN (Method: Cell Counter)	**12.2**	gm/dL	13 -18
RBC Count (Method: Cell Counter)	4.1	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	5,500	Cells/Cumm	4,000 - 11,000
RDW - CV (Method: Cell Counter)	12.8	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	**85**	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	**07**	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	01	%	01 - 06
MONOCYTES (Method: Cell Counter)	07	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	00 - 00
PCV (Haematocrit) (Method: Cell Counter)	36	%	35 - 45
MCV (Method: Cell Counter)	87	FL	83 - 101
MCH (Method: Cell Counter)	29	PG	27 - 32
MCHC (Method: Cell Counter)	35	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	1.77	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC MILD HYPOCHROMIC		
WBCs	NEUTROPHILIA		
PLATELETS	ADEQUATE		

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Age/Gender	:	**54YEARS/MALE**	Bill Date	:	01-Sep-2024 11:06 AM
Sample Type	:	**SERUM**	Sample Collection	:	01-Sep-2024 11:19 AM
Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Bharat Saini	Reporting Date	:	01-Sep-2024 11:41 AM

C - REACTIVE PROTEINS (CRP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
C – REACTIVE PROTEINS (Method: Immunoturbidimetry)	**29.47**	mg/L	0.0 - 6.0
INERPRETAION	POSITIVE		

Note:

1. **The CRP test is a sensitive indicator of inflammatory processes.**
2. **The determination of the CRP level can be used in therapy control**
3. **As with all the diagnostic methods, the final diagnosis should not be based on the result of a single test, but on a correlation of test results with other clinical findings.**
4. **The strength of agglutination is not indicative of the CRP concentration in the samples tested.**

Please Corelate With Clinical Findings If Necessary Discuss

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Age/Gender	:	**54YEARS/MALE**	Bill Date	:	01-Sep-2024 11:06 AM
Sample Type	:	**SERUM**	Sample Collection	:	01-Sep-2024 11:19 AM
Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Bharat Saini	Reporting Date	:	01-Sep-2024 11:41 AM

WIDAL

INVESTIGATION	RESULT
SALMONELLA TYPHI‘ O ‘	1 in 80 DILUTION
SALMONELLA TYPI ‘ H ‘	1 in 80 DILUTION
SALMONELLA PARA TYPHI‘ AH‘	1 in 20 DILUTION
SALMONELLA PARA TYPHI‘ BH‘	1 in 20 DILUTION
BIOLOGICAL REFERENCE	1:80 and above titers considered as positive

Method: *SEMI QUANTITAVE SLIDE AGGLUTINATION*

Interpretation and Remarks:

- The Widal test is applied for the diagnosis of enteric fever that includes typhoid and paratyphoid caused by Salmonella? typhi and Salmonella paratyphi respectively.
- For the slide agglutination test, stained Salmonella antigens are used to detect the presence of specific agglutinin in the patient's serum.
- The slide agglutination test is used as a primary screening procedure.
- Widal test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The Agglutinins appears usually at the end of the first week of infection and increases steadily till third / fourth week after which the decline starts. A positive Widal test may occur because of typhoid vaccination or past typhoid infection and in certain autoimmune diseases. Nonspecific febrile disease may cause titre to increase. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Age/Gender	:	**54YEARS/MALE**	Bill Date	:	01-Sep-2024 11:06 AM
Sample Type	:	**Fluoride Plasma**	Sample Collection	:	01-Sep-2024 11:19 AM
Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Bharat Saini	Reporting Date	:	01-Sep-2024 11:41 AM

RANDOM BLOOD SUGAR (RBS)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
RANDOM BLOOD SUGAR (Method: GOD/POD)	**195**	mg/dl	80 - 150

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Bharat Saini	Reporting Date	:	01-Sep-2024 11:41 AM

CHIKUNGUNYA VIRUS ANTIBODY IGM SERUM

INVESTIGATION	RESULT	NORMAL RANGE
CHIKUNGUNYA - IgM	NON REACTIVE	NON REACTIVE

COMMENTS:

A negative result indicates absence of detectable IgM anti-chikungunya. However, a negative test result does not preclude the possibility of exposure to an infection with Chikungunya virus. A negative result can occur if the quantity of IgM anti-chikungunya present in the specimen is below the detection limit of the assay or the antibodies that are detected are not present during the stage of disease in which a sample is collected.

Test Information:

Chikungunya is rare form of viral infection caused by alpha virus that is spread by bites of infected Aedes aegypti mosquitoes. Major symptoms are in the form of rash, high fever, severe back pain and joint pains, vomiting and mild hemorrhages (in children). Diagnosis can be done based on the presence of Chikungunya antigen or antibodies to Chikungunya.

Sugessted Clinical Correlation If necesarry Kindly Discuss.

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Reff By	:	**DR.SELF**	Sample Received	:	01-Sep-2024 11:20 AM
TypedBy	:	Md Masud Ansari	Reporting Date	:	01-Sep-2024 02:53 PM

S

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